



VIRTUAL CARE STANDARDS: FAQs

EFFECTIVE: DECEMBER 8TH, 2020

REVISED –
EFFECTIVE:

These FAQs refer to the [Standards for Virtual Care in Ontario by CASLPO Audiologists and Speech-Language Pathologists](#).

PATIENT CARE

Q1: Can intervention be provided via different virtual care technologies combined with in-person services?

A1: Yes, intervention can include a combination of in-person and virtual care with each patient. You will determine, along with your patient, the most suitable intervention choice(s), for each facet of care and adapt when appropriate throughout the plan of care. Be flexible when considering the options and keep the patient's best interests first.

Q2: How can I best handle a patient emergency if one occurs when providing virtual care services?

A2: Have a risk-management plan outlining how you will handle a patient emergency should one occur when providing virtual care. Discuss the risk management plan with the patient and relevant others as part of the consent conversation. The details of your plan will depend on the patient and their circumstances.

Consider:

- What tasks are you doing? What are the patient risks associated with the tasks? (e.g., virtual swallowing assessment and treatment, hearing aid programming adjustment, counseling)
- Do you have support personnel or a helper in the patient's environment who can assist the patient in an emergency? Does this person know what to do?
- What is the patient's medical history? Do they have a condition that could lead to an adverse event (e.g., history of seizures, TIAs, fainting spells)?
- Do you have contact information for family members or caregivers of the patient who can be reliably contacted in an emergency?

- Ensure you know the patient’s location and other crucial information so that if you need to call 911 you can advise emergency medical professionals.

Q3: What are my obligations to find alternative audiology and SLP services if seeing the patient in-person is not currently an option?

A3: You are required to arrange alternative services or make reasonable attempts to arrange alternative services if the patient or substitute decision maker does not want virtual care and you are not providing in-person services. According to the [Professional Misconduct Regulation](#), if you know that the patient needs audiology or speech-language pathology services, it is an act of professional misconduct to discontinue services that are needed unless,

Paragraph 8 of section 1: Discontinuing professional services that are needed unless,

- ii. alternative services are arranged, or reasonable attempts have been made to arrange alternative services
- iii. the patient or client is given a reasonable opportunity to arrange alternative services,
- iv. restrictions in length or type of service are imposed by an agency,
- vi. discharge criteria are imposed by the employing agency

You can direct the patient and/or family to the [Public Register](#) of Audiologists and SLPs on the CASLPO website, provide them with a list of other companies, clinics or professionals in the same area, and/or give them information about the associations (OSLA, SAC and CAA) who have lists of private practitioners with their focus of practice.

Reasonable attempts can be defined as what a typical, rational registrant, exercising average care, skill, and judgment would do in similar circumstances. These attempts would serve as a comparative standard. If your patient has challenges accessing technology, reading, processing language, or navigating websites, it would be reasonable to provide assistance or ensure they have access to someone who can help them find another clinician. If you are not sure if your attempts to arrange alternative services would be considered reasonable, discuss the matter with your colleagues or contact our Practice Advice Team.

Q 4: Under what circumstances can an audiologist conduct a remote hearing assessment?

A 4: It depends. A remote, or virtual, hearing assessment is currently a deviation from the Practice Standards and Guidelines for Hearing Assessment by Audiologists of [Adults](#) and [Children](#). Current standards require that hearing assessment take place in a soundproof booth using a dual channel audiometer. Otoscopy and manual pure tone audiometry are also expected practice standards.

A deviation from practice standards must always be in the patient’s best interest. Further, a deviation from any standard must follow a sound clinical rationale for the decision, which is documented in the patient record. The Standards for Virtual Care recommend that audiologists must use their professional judgement regarding the appropriateness of virtual care for each patient at all stages of clinical intervention. A remote hearing assessment may

not be appropriate or possible for every patient given their circumstances. An in-person assessment of hearing is currently the preferred option.

Consider the following when determining if a remote hearing assessment is appropriate or feasible:

- Is this the first assessment with a new patient or a repeat assessment of a known patient to confirm hearing is stable or has minimally changed?
- What are the patient's characteristics? For example, do they have visual, cognitive or medical issues? Will they need support from a helper for a remote hearing assessment?
- What are the risks to the patient of a remote assessment? For example, if you cannot conduct otoscopy, bone conduction, or speech reception testing what are the risks of proceeding or making clinical decisions based on the remote assessment?
- Can you ensure that your remote assessment results will be accurate and reliable?

After considering these factors, if you determine that a remote hearing assessment is in the patient's best interest, the results will be sufficiently reliable, and there is relatively low risk of patient harm if conducted, document your clinical rationale and proceed.

Ensure you follow the Standards for Virtual Care if conducting a remote hearing assessment. Be prepared to modify the assessment approach or move to an in-person assessment if the remote method proves to be unsafe or inaccurate.

Q5: I have a patient who had a stroke last year and he is an active member of an aphasia conversation group. He is going to Florida for a month but is very keen to continue with the group. As he is a resident of Ontario, can he still attend?

A5: Audiologists and speech-language pathologists providing virtual care to patients outside Ontario must comply with any jurisdictional licencing requirements and standards (Standards for Virtual Care). From CASLPO's perspective, you can provide SLP and audiology services to patients outside of the province. However, you must contact the regulatory authority (college, state board, council, etc.) in the location the patient is temporarily residing, explain the situation, ask if you can provide services, and follow all their registration requirements and standards.

If your research shows that there is no regulatory authority in the patient's location, then document the fact in the patient record and provide services.

Some CASLPO registrants choose to be members of regulatory authorities in other jurisdictions and can provide virtual care services in that province, state, or country.

Please find below information from associations regarding external jurisdictions:

[SAC Regulatory and Licencing Bodies across Canada](#)

[ASHA State by State](#)

[ASHA Telepractice and License Policies](#)

[Audiology and Speech-Language Pathology Associations Outside of the United States](#)

SUPERVISION

Q6: We work in a school board with Communication Disorders Assistants (CDA). What is the CDA's role with virtual care? Are there any differences with our supervision?

A6: Communication Disorders Assistants (CDAs) are support personnel. According to the [Position Statement on the Use of Support Personnel by Speech-Language Pathologists](#), and the [Position Statement on the Use of Support Personnel by Audiologists](#), 'support personnel' refers to individuals who are directly assigned clinical tasks and related work and are supervised by the audiologist (AUD) or speech-language pathologist (SLP) to assist in the provision of speech-language pathology or audiology intervention. The Position Statements apply to all modes of intervention: in-person, virtual, consultation, training, etcetera.

Support personnel under your supervision can carry out speech, language, and hearing therapy programs with students virtually. However, you must ensure that support personnel have the required competencies to provide virtual care. If they require further training, it should be provided.

Regarding supervision, the Position Statements state the following:

The SLP/AUD is responsible for the patient and all aspects of patient care. Support personnel must be supervised by an SLP/AUD when providing SLP/AUD services. The SLP/AUD will use different methods of supervision as deemed appropriate for safe and effective patient care.

- a) All support personnel must be directly observed providing patient intervention on a regular basis; however, not necessarily with every patient. Direct observation can be in person, via secure live video or video recordings as close to the therapy session as possible.
- b) The amount and method of ongoing supervision the support personnel requires will depend on the following:
 - Complexity of the patient and presenting disorders, issues, and concerns
 - Risk of harm associated with the assigned task
 - The specific competence of the support personnel
 - Experience and level of comfort of the support personnel
 - Experience and level of comfort of the SLP/AUD

Q7: If we give tasks to parents or caregivers through virtual care, do we have to supervise them?

A7: No, parents, family members and caregivers are not considered support personnel. The Position Statements do not apply where:

- The SLP/AUD provides information, strategies or support to other professionals or service providers who the SLP/AUD is not required to supervise (healthcare aides, teachers, early childhood educators, classroom assistants, etc.)
- The SLP/AUD provides information, strategies or support to family or caregivers

SECURITY

Q8: I work in a shared office space with other professionals providing virtual care to families. We have been provided with headsets and microphones; however, we overhear patient personal health information from our colleagues. Is this allowed?

A8: Yes, because under the *Personal Health Information Protection Act 2004* (PHIPA), audiologists and SLPs are not allowed to disclose personal health information that may be inadvertently heard or viewed. Also, most employers require their employees to sign confidentiality agreements, including employees who are unregulated. It is strongly recommended that such confidentiality agreements be in place for all healthcare and education work environments. As a department/agency, take reasonable steps to safeguard personal health information, for example,

- restrict personnel access to only those who work in a particular office and minimize disclosing any sensitive personal health information.
- Avoid using the patient's (student's) full name
- Use screen protectors which guards the screen from being seen from the side

Q9: When providing virtual care services, what steps must I take to promote security in both the patient's and my own environment?

A9: The Standards for Virtual Care describe your responsibility to maximize confidentiality in all environments (see Standard 3). PHIPA applies for virtual care as well as in-person care and requires regulated health professionals to maintain privacy, confidentiality, and security of personal health information.

To promote security in the patient's and your own environment, consider:

- a) where the patient is physically located,
- b) where you are physically located, and
- c) the virtual platform you are using.

Refer to Standard 3 and the information below the standard, as well as the following suggestions:

To promote security in a home-based workspace:

- Have a private workspace set up in your home and ask the patient to do the same.
- Take reasonable measures to ensure screen content is not viewable and phone or video conversations involving personal or sensitive information cannot be overheard by others.
- Use strong passwords and encryption on your devices (computers, tablets, phones).
- Do not leave your computing devices unattended or unsecured at any time.
- Encourage the patient to minimize distractions within the home when receiving virtual care services. Request other household members and friends who are not required during the session be in a different room (i.e., family members or helpers etc).

- The Information and Privacy Commissioner advises the use of work-issued computers and devices. These devices should not be shared or accessible by others. Ensure that sensitive information on these devices can only be accessed by you with a password.

Considerations when working with students:

- Only use school board approved apps and platforms. Consult with your school boards on this matter.
- Provide students with guidance on how to use the services in ways that protect their privacy.
- Consider products that do not require students to identify themselves by name, e-mail, or other identifying information.
- Prioritize and protect student privacy in the use of social media. Ensure you follow school policies related to the use of social media.

Consult with the [Information and Privacy Commissioner of Ontario \(IPC\)](#) for useful fact sheets and resources on protecting patient privacy.

[IPC Fact Sheet: Working from home during the Covid-19 pandemic](#)

[IPC Fact Sheet: Protecting Your Students' Privacy Online](#)

[IPC Fact Sheet: What is Personal Information?](#)

Q10: What information should we know about third party cloud storage and privacy?

A10: The Information and Privacy Commissioner of Ontario (IPC) has published [Thinking About Clouds? Privacy, security and compliance considerations for Ontario public sector institutions](#) and a [Privacy Fact Sheet: Working from Home during the COVID-19 Pandemic](#) .

Given the everchanging advancement in technology, the College does not recommend or endorse any single cloud storage system, network, software, or hardware. We suggest you consult with the [Information and Privacy Commissioner of Ontario](#) (IPC), or an information and communication technology and/or privacy expert for up-to-date advice and questions about whether the technology and third-party cloud storage is secure.

The IPC states that PHIPA does not require that personal health information be retained and stored in Canada. That is, there is no legislative prohibition on storing and accessing personal health information outside of Canada. However, IPC strongly recommends, 'know your cloud service provider' [Page 12, Thinking About Clouds](#). Health Information Custodians must take reasonable steps to ensure that outsourcing decisions come with measures to prevent unauthorized access to records, taking into account the nature of the records. It is up to each audiologist and speech-language pathologist to do their own due diligence to ensure that they are protecting personal health information in a reasonable manner.

When determining what safeguards should be put in place, consider the nature of the patient records, including:

- the sensitivity and amount of information in the record

- the number and nature of people with access to the information
- any threats and risks associated with the way information is stored
- when using mobile devices or cloud-based servers to access, store, or back up PHI – even temporarily – you must ensure that the PHI on the device or server has reasonable security protocols.

If possible, enable secure remote access to your networks, databases, and email accounts. For example, you should use strong access controls such as multi-factor authentication, and a virtual private network (VPN) with end-to-end encryption. Never use unsecured WIFI when collecting, using or disclosing or storing patients' personal health information.

Q11: What must I do if there is a privacy breach?

A11: Privacy breaches must be reported to the Information and Privacy Commissioner of Ontario (IPC). In some cases, breaches also need to be reported to CASLPO.

The College has a [Practice Advice Article on Reporting Privacy Breaches](#). You may also refer to the IPC website directly ([IPC Website: Report a Privacy Breach](#)).

Consider the following advice based on IPC documents.

Steps employers can take to avoid a privacy breach include:

- Review and update existing policies to address risks to access, privacy and security of personal health information of patients. If you do not have existing policies, then you should create them.
- Consult with Information and Technology (IT) experts to ensure you have technical, physical and administrative safeguards in place, including encryption, strong passwords, firewalls and anti-malware scanners.
- Have a Privacy Breach Plan that outlines what the organization will do to handle a privacy breach in the event that one occurs.

Steps you can take as an individual regulated health care professional to avoid a privacy breach, include:

- Be alert to fraudulent activity online. Learn about and implement strategies to avoid phishing scams and cyberattacks. [IPC Fact Sheet: Protecting Against Phishing](#).
- Ensure you are using secure networks, internet connections and e-mail accounts. For example, do not under any circumstances use unsecured WIFI networks.
- Ensure the devices you use (e.g., laptops, computers, mobile phones), whether personal or provided by an employer, have up-to-date security software to reduce privacy and security risks.
- Only use work-related e-mail accounts and ensure you have strong passwords, encryption and multi-factor authentication.
- Verify the identity of recipients when communicating by e-mail, text or other means to avoid misdirection of information.
- Include only relevant information to the intended recipient in electronic communications.

- Take appropriate precautions to protect patient records, either paper or electronic. Ensure secure retention and destruction of patient records regardless of format.
- Create a long-term strategy to monitor the effectiveness of your safeguards to maintain security of patient personal health information against theft, loss and unauthorized use and disclosure.

IPC resources:

[Safeguarding Privacy on Mobile Devices](#)

[Instant Messaging and Personal E-mail Accounts](#)

[Communication Personal Health Information by E-mail](#)

DOCUMENTATION AND INVOICES

Q12: How do we document adaptations to assessment when providing virtual assessments?

A12: When you adapt an assessment, the College's [Records Regulation](#) would require you to document on (paragraph 2 of section 32):

- the nature and results of each assessment including the combination of formal and informal testing used
- the clinical findings
- what type of professional contact took place (in-person, telephone, virtual platform, other)

Standard scores, percentiles and standard deviations may not be applicable when used virtually. However, you may have obtained useful clinical information to assist with your plan of care which can be documented.

Q13: When we are billing patients, families or third parties for audiology or SLP services, do we have to include 'virtual care' on the invoice?

Q13: Yes, you do.

The [Professional Misconduct Regulation states that](#) submitting an account or charge for services that the member knows is false or misleading is an act of professional misconduct (re. paragraph 23 of section 1).

Also, the [Code of Ethics](#) states:

Audiologists and SLPs shall be honourable and truthful in all their professional relations (4.1.3).

The [Records Regulation](#) requires you to keep a financial record and many registrants use patient and third party invoices as their financial record. If you are doing so, include the following information in the patient's financial record:

s. 33. (1) Subject to subsection (2), every member shall maintain a financial record for each patient that contains the following information regardless of whether the member bills the patient directly for professional products or services provided to the patient or bills a third party:

4. Each professional product or service provided to the patient and the date it was provided.

The professional service you provide and bill for is either virtual or in-person audiology or SLP assessment, treatment, consultation, or education and training.

Finally, Insurance Companies and other funders who are third party payors for many patients, expect this (?) information to be included on the invoice.

Q14: What are the requirements for deleting recordings?

A14: To securely delete recordings, you must protect against their theft, loss, and unauthorized use or disclosure (refer to Information and Privacy Commissioner of Ontario). You must also ensure that any recording cannot be reconstructed or retrieved after disposal.

To securely delete recordings, you should:

- Develop a secure destruction policy to complement your retention policy that determines what recordings should be destroyed, by whom, and when.
- When deleting electronic recordings, either physically destroy the storage media or overwrite the information stored on the media. The best method will vary depending on the type of media.
- Ensure secure deletion from all devices. Empty the delete folder.
- If you need technical support to delete recordings, ensure that any agreement you arrange with an external service provider, such as an information technology expert, knows how to delete recordings securely. (Explore options: [Securely Erasing a Storage Device](#))
- Document which recordings you have deleted — in a way that does not include the personal information contained in the record.

INSURANCE

Q15: What type of insurance do we need if we are offering virtual care. Is the \$2,000,000 professional liability insurance enough to cover regular therapy and virtual care?

Q15: CASLPO requires registrants to have professional liability insurance in accordance with [By-law # 6](#) that is, \$2,000,000 per claim for every employment setting. If you work for two different employers, you will have to have professional liability insurance for each employment setting. The College does not require extra insurance because you provide virtual care. The

provision of virtual care has been well established as a mode of service provided by audiologists and SLPs.

However, other types of insurance may be required by your employer or contractor. Check with your employer or contractor if they have additional insurance requirements. If you are in private practice and are predominantly providing virtual care, you may choose to contact your insurance carrier, explain your role, and ask what they recommend. You may decide to take out additional insurance, for example, cybersecurity or additional insurance for virtual care.

Audiology and speech-language pathology Professional Associations provide access to insurance companies.

