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Standard for Record Keeping

College of Occupational Therapists of Ontario
Regulator of occupational therapists in Ontario

Introduction

The Standards of Practice establish the minimum expectations for all occupational therapists in Ontario. They describe how occupational therapists will provide safe, quality, ethical, accountable, and effective services. The Standards apply to all registrants of the College of Occupational Therapists of Ontario ("the College"), regardless of practice setting, job title, or role. The Standards, together with the Code of Ethics, Competencies, and Practice Guidance, establish the expectations for professional practice and the delivery of occupational therapy services.

Code of Ethics	The Code of Ethics defines the College's expectations for ethical practice. It includes a set of values and principles, and is intended for use in all **contexts** and for all levels of decision-making. It forms the foundation for occupational therapists' ethical obligations. Occupational therapists must know and adhere to these principles.
Competencies	The *Competencies for Occupational Therapists in Canada,2021,* articulates the broad range of skills and abilities required of all occupational therapists. Occupational therapists are to remain familiar with the Competencies to inform practice and professional development.
Standards	Standards of Practice establish the minimum expectations for occupational therapists—expectations that contribute to public protection. Standards apply to all occupational therapists, regardless of their role, job description, or area of practice.
Practice Guidance	Practice Guidance provides information about specific practice situations or legislation. These are recommended practices.

How the Standards are developed and updated

The Standards are based on core occupational therapy principles outlined in the *Competencies for Occupational Therapists in Canada* (2021). The College monitors and revises Standards regularly through its committees, subcommittees, focus groups, and panels. The College consults with registrants and the public to ensure the Standards include core practice elements before seeking approval by the College's Board of Directors. Registrant input is vital to ensuring the Standards reflect changing practice environments and expectations. Data from College committees and program areas such as Investigations and Resolutions, Quality Assurance, Registration, and the Practice Resource Service helps the College keep the Standards current.

How the Standards are used

Clients and the public

Occupational therapy clients and the public use the Standards to understand what they can expect from occupational therapists. These expectations include knowing that services are being provided in ways that are accessible, culturally sensitive, equitable, and inclusive.

The College

The College uses the Standards in all statutory programs to ensure that applicants and registrants have the competencies and skills to practise effectively, to address questions or concerns about a registrant's practice, and to review and support the provision of quality services.

Failure to comply with the Standards constitutes professional misconduct (*Ontario Regulation 95/07*, s. 1 [1]).

The College's Practice Resource Service is available as an additional resource to help registrants and the public if they have questions about the Standards and occupational therapy practice. The Practice Service is confidential and available at 416-214-1177 or practice@coto.org.

Occupational therapists

Clinical and non-clinical occupational therapists are expected to use these Standards in their daily practice and, when requested by the College, be able to demonstrate how their practice meets the performance indicators. Occupational therapists must be able to provide a reasonable rationale when a Standard was not met, including when contextual factors required a deviation from the expectations.

In applying the Standards, occupational therapists must use professional judgement in the following ways:

- Determine how to best meet client needs in accordance with the Standards.
- Understand that these Standards are the College's interpretation of regulatory and practice expectations. When Standards and legislation conflict, the legislation prevails.
- If workplace policies conflict with the Standards, collaborate with their employers to identify and work toward resolving the differences in clients' best interests.

Employers

Employers of occupational therapists use the Standards to know and follow the College's expectations of occupational therapists working at their organization.

Educators and students

Educators and students use the Standards to inform curriculum and placement expectations.

Use of the terms "client," "patient," and "service"

The College uses the term "client" to align with the *Competencies for Occupational Therapists in Canada*. It states that clients are "people of any age, along with their families, caregivers, and substitute decision makers. Therapists may also work with collectives such as families, groups, communities, and the public at large" (2021, p. 19). **The term "clients" applies to people and organizations that occupational therapists work with in both clinical and non-clinical settings.**

The *Regulated Health Professions Act, 1991* (RHPA) uses the term "patients" to refer to people receiving care from regulated health professionals. This definition is not as broad as the term "client" used in the *Competencies.* In these Standards, the College uses the broader term "client" with one exception: it remains consistent with the RHPA by using the term "patient" when referring to sexual abuse legislation.

The term "service" is used throughout these Standards to encompass all aspects of occupational therapy, including assessment, intervention, and consultation. "Service" also includes non-clinical roles

or activities completed by occupational therapists in their practice setting (for example, leading education sessions, coordinating services, researching, or teaching).

How the Standards are organized

As one document, the Standards are sorted alphabetically by title. Each Standard contains:

- An introduction to the main topic explaining why the Standard is important
- Performance indicators or specific behaviours that show how the Standard is to be met
- A list of further resources, including College, legislative, and regulatory documents

General resources

Association of Canadian Occupational Therapy Regulatory Organizations, Association of Canadian Occupational Therapy University Programs, and Canadian Association of Occupational Therapists. (2021). *Competencies for occupational therapists in Canada*. https://acotro-acore.org/sites/default/files/uploads/ot_competency_document_en_hires.pdf

College of Occupational Therapists of Ontario. (2020). *Code of Ethics*. https://www.coto.org/resources/code-of-ethics

Occupational Therapy Act, 1991, Statutes of Ontario (1991, c. 33). Retrieved from the Government of Ontario website: https://www.ontario.ca/laws/statute/91o33

Ontario Regulation 95/07, Professional Misconduct. (2007). Retrieved from the Government of Ontario website: https://www.ontario.ca/laws/regulation/070095

Regulated Health Professions Act, 1991, Statutes of Ontario (1991, c. 18). Retrieved from the Government of Ontario website: https://www.ontario.ca/laws/statute/91r18

Standard for Record Keeping

Occupational therapists' records are legal documents intended to officially capture the entirety of occupational therapy services provided. Records document the following:

- How occupational therapists are monitoring client health status
- The processes of consent and assessment
- Professional analysis and interventions made
- Client input, intervention plans, and outcomes
- Other clinically significant events

Records are a mechanism to communicate health information to clients and other professionals, partners, and interested parties. They enable interprofessional collaboration and continuity of care. Client records demonstrate the provision of safe, ethical, and effective occupational therapy.

In addition to complying with the Standard for Record Keeping, occupational therapists must complete and retain records according to applicable privacy laws and organization-specific policies and procedures.

Clinical and non-clinical occupational therapists have record keeping responsibilities related to the appropriate management of information and effective communication. In non-clinical settings, documentation needs vary for occupational therapists, and only some record keeping indicators may apply.

Occupational therapists are expected to:

1. Be sensitive to the wording of notes

1.1 When entering information into client records, ensure that all information is truthful and accurate. Consider the subtleties of what is being said and what is not being said and how information is phrased. The occupational therapist should be mindful of their own social positions and refrain from comments that contain biases when documenting about clients.

1.2 Keep in mind how the information in the records will be received by clients and others who will read it. For example, there is a difference in tone between writing that a client "refused" versus "declined" an element of service.

1.3 Keep all parts of records respectful, using professional and culturally sensitive language.

2. Attend to administrative requirements

2.1 Adopt a documentation process that allows for consistent application of the Standards.

2.2 Date and sign every entry.

2.3 Indicate the duration or timing of services provided.

2.4 Keep records that are accurate and complete, clearly organized, legible, and in English or French.

2.5 Explain abbreviations in a note or refer readers to a list of terms or abbreviations with explanations.

2.6 Complete records in a timely manner in accordance with the clinical need and organizational requirements.

2.7 At clients' request or when lawfully required, provide access to their records or to the process for obtaining them.

2.8 Retain all data that was used to inform clinical decisions but cannot be included or summarized in the record. Note the location of this data (for example, paper-based standardized assessment forms). When converting data to an electronic format, ensure that the integrity of the data is maintained.

2.9 If the information being collected falls under the *Personal Health Information Protection Act, 2004:*

a. Develop and follow policies and procedures for the management of lock box information
b. If acting as a health information custodian, have a contingency plan for unexpected events to ensure that clients continue to have access to their records.

3. Know what details to record

3.1 Document client-identifying information and referral details (for example, source and reason). Confirm client identity and the accuracy of any referral information provided.

3.2 Include the initial and ongoing consent of clients or substitute decision-makers.

3.3 Record all findings, interventions, reports, and service details. Record client input and input from others (obtained with consent) that has clinical value.

3.4 Document relevant clinical information about group therapy in which clients participate (for example, stated goals, client insights, and adverse events). Notes may be made in individual client records or in a group record, such as a file containing a group's purpose, duration, attendance, and resources provided.

3.5 Identify tasks that have been assigned to others (for example, occupational therapy assistants or students), and confirm that client consent was obtained. Include names and titles of the persons assigned if known or indicate any workplace protocol followed for assignment.

3.6 Document information about any controlled acts delegated to the occupational therapist (referencing medical directives or orders, acceptance of the delegation and outcomes).

3.7 Include relevant details when services are transferred or ending (for example, client status and input, transfer of accountability, resources provided, and recommendations and referrals).

4. Apply signature and designation correctly

4.1 Apply a signature to each entry after verifying that the information is accurate and complete. The signature must include the author's designation and either their full name or, if the full name is referenced or easily available, their first initial and last name or their initials.

4.2 Take steps to ensure the security of all signatures, including those that are electronic.

4.3 Where there are shared and overlapping roles and responsibilities with other professionals and combined reports are created, identify the portion of the report for which the occupational therapist is responsible. If there is no clear delineation, the occupational therapist is accountable for the entire report.

4.4 Review the record keeping completed by occupational therapy assistants to confirm that it is accurate and follows appropriate College Standards and workplace policies. Document this review.

4.5 When co-signing records completed by students, ensure that all entries and signatures are accurate and complete.

5. Use acceptable systems

5.1 Ensure that any digital devices and paper systems used to create and maintain clinical records have the following features:

a. Access records by client's name and a unique identifier (such as date of birth)
b. Produce a copy of any record in a timely manner in print or by secure digital means
c. Allow more than one author or contributor to sign, if applicable
d. Maintain an audit trail that records the date of each entry, the identity of the author, and any changes made to the record—while preserving the original content
e. Protect against unauthorized access
f. Back up digital files and allow for file recovery.

6. Manage record changes appropriately

6.1 Respond in a timely manner to requests for changes. Clients can request changes to the record verbally or in writing. The occupational therapist has 30 days to respond to the request. They are expected to correct factual errors but need not change a professional opinion.

6.2 When a record needs to be changed due to errors, additions, or omissions:

a. Maintain all original entries or have an audit trail of changes.
b. Identify, date, and sign or initial changes. This is done by the occupational therapist who created the original entry or the person in the organization who is currently responsible for the record.
c. Use an addendum (additional note) to modify a document after distribution. The addendum includes the reason for the changes being made. Send copies of the addendum to everyone who received the original document.

7. Safely store client personal information and personal health information

7.1 Use controls to securely store records (such as locked filing cabinets, restricted office access, a protocol of logging off devices after use, and secure passwords).

7.2 Travel with or transport personal information and personal health information only when it is essential for service delivery. When records and information are in transport, prevent them from being visible to others.

7.3 Store paper records securely, and back up all electronic records.

7.4 Electronically communicate client information confidentially and securely (for example, using encryption, password protection, de-identification, and secure networks).

7.5 Implement physical and technical safeguards to protect the privacy of personal information

and personal health information that is disclosed. This includes any financial information collected for the purposes of delivering services. Safeguards may include:

a. Confirming the recipient's email address or other contact information
b. Periodically auditing and deleting preprogrammed numbers
c. Using transmission receipts or mail tracking
d. Placing a confidentiality statement on outgoing communications, including email, fax, and paper.

8. Manage breaches of confidentiality or privacy securely

8.1 Stay informed of workplace policies and procedures for reporting a privacy breach.
8.2 If the occupational therapist is responsible for clients' personal information and personal health information, ensure that policies and procedures are in place for managing and tracking breaches.
8.3 If personal information or personal health information has been lost, stolen, released to the wrong persons, or accessed without authorization, make reasonable efforts to notify everyone involved.
8.4 Report breaches of confidential client health information as required, either to the employer or to the appropriate privacy commissioner.

9. Properly document financial transactions

9.1 Ensure that all records related to billing and payment are clear and include:

a. Full name and designation of the providers of the services or products
b. Full name of the client to whom the services or products were provided
c. Full name and address of any third party to whom fees were charged, if applicable
d. Items sold or services delivered
e. Date of services or purchases
f. Fee for services or products
g. Method of payment
h. Invoice or receipt of payment
i. Any differential fees charged for services (for example, reduced fees)

9.2 Store financial information in client records or note the location where the information is securely stored.

10. Keep equipment records

10.1 Maintain documents to show that the equipment used to provide occupational therapy services is safe, clean, and well-maintained (for example, sterilization protocols and routine inspection reports).
10.2 If not directly responsible for ensuring that equipment has appropriate service records, know where to access these records.

10.3 Retain equipment records for a minimum of 5 years from the date of last entry, even if the equipment is discarded.

11. Follow rules for retaining and disposing of records

Record retention and disposal requirements vary based on the privacy legislation that applies to an occupational therapist's practice or services. Records may also include audiovisual, multimedia, and financial records.

11.1 Know the privacy legislation that applies as well as any organizational or employment policies on record retention and disposal. For records governed by the *Personal Health Information Protection Act, 2004:*

a. Ensure that records are accessible and maintained for at least 10 years after the date of the last entry. With pediatric records, they must be maintained 10 years after the client reached (or would have reached) 18 years of age.
b. Ensure that records are maintained longer than 10 years if there is reason to believe that the health information will be needed for a valid purpose (for example, a pending legal proceeding).
c. Follow legal requirements for the secure disposal of records.
d. Maintain a list of files that have been disposed, including names and dates. Destroy the list after 10 years unless organizational or practice policy indicates otherwise.

Related College documents

Standard for Consent
Standard for the Supervision of Students and Occupational Therapy Assistants

Resources

Personal Health Information Protection Act, 2004, Statutes of Ontario (2004, c. 3, Sched. A). Retrieved from the Government of Ontario website: https://www.ontario.ca/laws/statute/04p03

Glossary of Terms

Co-create
Co-create is to “create (something) by working with one or more others” (Merriam-Webster, n.d.).

Context
Context strongly influences occupational possibilities and healthcare services. There are three layers of context:

1. Micro context refers to the client’s immediate environment: their own state of health and function, family and friends, and the physical environment they move through
2. Meso context refers to the policies and processes embedded in the health, education, justice, and social service systems that affect the client
3. Macro context refers to the larger socioeconomic and political context around the client: social and cultural values and beliefs, laws, and public policies

Culturally safer
Culturally safer is a refinement on the concept of cultural safety. Competent occupational therapists do everything they can to provide culturally safe care. But they remain aware that they are in a position of power in relation to clients. They are mindful that many marginalized people—Indigenous people, for example—have a history of serious mistreatment in healthcare settings. These clients may never feel fully safe. Occupational therapists allow those who receive the services to determine what they consider to be safe. They support them in drawing strength from their identity, culture, and community. Because cultural safety is unlikely to be fully achievable, occupational therapists work toward it.

Ecological considerations for care
Occupational therapists consider the wider impact of the tools used to practise in order to support the sustainability of environmental resources. As environmental stewards where possible, occupational therapists recognize the ecosystems on which human health depends and support sustainability as part of a global initiative.

Intersectionality
Intersectionality describes how a person’s multiple social identities (for example, ability, age, class, education, ethnicity, gender, geography, immigration status, income, indigeneity, race, religion, and sexual orientation) combine, overlap, or intersect to create different modes of discrimination and privilege. Intersectionality can help occupational therapists understand the myriad factors affecting a client’s health and the disparities in access to healthcare.

Power imbalance
Occupational therapists are in a position of trust and authority over their clients. As a result, the client-therapist relationship is inherently unequal, which results in a power imbalance in favour of the occupational therapist. The client relies on the occupational therapist’s clinical judgement and experience to address health-related issues, and the occupational therapist knows the client’s personal information and has the ability to influence the client’s access to other resources and services.

This power imbalance places the client in a vulnerable position in the therapeutic relationship. Occupational therapists are expected to be aware of this inherent imbalance, and ensure that professional boundaries are maintained to protect the client’s best interests and keep the client safe.

Vulnerable client
The vulnerability of a client is determined by many factors, including their health status, life stage, social context, ability to access supports and resources, and the overall complexity of their condition and needs. Some indications of client vulnerability in occupational therapy practice may include those people who are at risk of being highly dependent on the occupational therapist or the services they can help them access, and where services may be prolonged or are high risk and intensive.

Resources

Merriam-Webster. (n.d.). Cocreate. In *Merriam-Webster.com dictionary*. Retrieved November 27, 2022, from https://www.merriam-webster.com/dictionary/cocreate

College of Occupational Therapists of Ontario
20 Bay St, Suite 900, PO Box 78, Toronto, ON M5J 2N8
T 416-214-1177 • 1-800-890-6570 F 416-214-1173
www.coto.org