



Standards of Practice

Purpose

In Nova Scotia all self-regulating health professions are required to have Standards of Practice (Standards). Each profession's regulatory body must establish, maintain and enforce a set of Standards for their profession. The Nova Scotia Podiatry Association (NSPA) is responsible for the Standards for Podiatrists that practice in the province. The NSPA Standards of Practice are standards of professional behaviour and conduct required of all Podiatrists to ensure that they interact safely and appropriately with their patients and the public.

Standards are a part of the structure within which NSPA governs members in a manner that protects and serves the public by providing direction to Podiatrists and regulating their practices. Each Podiatrist, in his or her professional capacity, is required to understand and comply with these Standards.

The NSPA Standards of Practice will evolve with the profession and may change from time-to-time. New Standards and/or significant revisions will come into force after a period of consultation with regulated Podiatrists.

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STANDARD 1.0: Accountability and Responsibility

Podiatrists are accountable for their practice and responsible for ensuring that their practice activities and conduct meet both the standards of the profession and legislative requirements.

1.1 Knowledge

The Podiatrist will have the prerequisite medical knowledge and skills to provide safe and effective foot care and related podiatric products and services.

Indicators:

A Podiatrist shall demonstrate knowledge of:

- 1.1.1 The anatomy and physiology of the human foot, including the articulation of the tibia and fibula, and those muscles and tendons directly affecting foot function
- 1.1.2 The common systemic disease processes that affect the lower extremities (e.g. Gout, Diabetes Mellitus)
- 1.1.3 The systemic musculoskeletal disease processes that commonly affect the lower extremities (e.g. osteoarthritis, gout)
- 1.1.4 Musculoskeletal disorders originating within the lower extremity
- 1.1.5 The musculoskeletal disorders of the knee that cause symptoms in the legs and/or feet (e.g. nerve entrapment, shin splints, leg length discrepancy, tibia varum or valgum)
- 1.1.6 The musculoskeletal disorders of the hip that affect the evaluation or management of a foot and/or leg problem (e.g. femoral rotation, ante-version of the hip, dislocated hip in a child)
- 1.1.7 Nerve disorders originating in the foot (e.g. tarsal tunnel syndrome, Morton's neuroma, medial and lateral plantar nerve involvement)
- 1.1.8 Nerve root lesions (radiculopathies) affecting the lower extremities
- 1.1.9 Upper motor neuron lesions affecting the lower extremities (e.g., cerebrovascular accident, cerebral palsy)
- 1.1.10 Disorders of the extra-pyramidal tracts manifesting in the lower extremities (e.g. Parkinson's disease)
- 1.1.11 Cerebella disorders manifesting in the lower extremities
- 1.1.12 The anatomical system (e.g. arterial, venous or lymphatic) responsible for manifestations of peripheral vascular disorders
- 1.1.13 Arterial disorders of the leg and thigh causing symptoms in the lower extremities (e.g. superficial femoral or popliteal artery occlusion)
- 1.1.14 Lymphatic disease of the lower extremities
- 1.1.15 Skin diseases that have a high predilection to the feet (e.g. Warts, Unna-Thost disease)

- 1.1.16 Generalized disorders of the skin manifesting in the lower extremity (e.g. Atopic dermatitis, Psoriasis)
- 1.1.17 The appropriate applications and risks of ionizing radiation (e.g. medical radiography and nuclear medicine)
- 1.1.18 The appropriate applications and risks of non-ionizing radiation (e.g. magnetic resonance imaging and ultrasound imaging)
- 1.1.19 The basic principles of pharmacokinetics and pharmacodynamics and how these apply to podiatry
- 1.1.20 The selection of appropriate medications, dosages, and dosage forms
- 1.1.21 Effective communication with patients about the appropriate use of medications
- 1.1.22 The indications, mechanisms of action, contraindications, adverse effects, drug interactions and dosages for medications used in podiatry
- 1.1.23 The legislation, regulation, policies, standards of practice and ethics governing their profession.

The above list is not intended to be all inclusive, but representative of the important medical and professional knowledge that regulated Podiatrists must possess to be effective and successful in their practices.

1.2 Accountability

The Podiatrist will accept accountability and responsibility for his/her practice decisions, actions and professional conduct.

Indicators:

A Podiatrist shall:

- 1.2.1 Demonstrate honesty, integrity and trustworthiness in all interactions
- 1.2.2 Accept responsibility for knowing and acting consistently within the principles, practice standards, ethics, laws and regulations under which they are accountable
- 1.2.3 Have adequate professional liability and malpractice/Indemnity insurance to cover their practice
- 1.2.4 Understand the role of NSPA and its relationship to one's own practice
- 1.2.5 Recognize their capabilities and limitations and perform only the functions that fall within their scope of practice and for which they possess the required knowledge, skills and judgment
- 1.2.6 Accept responsibility for errors and mistakes, and report them immediately to the appropriate authority so steps can be taken to minimize risks and consequences
- 1.2.7 Meet all requirements to maintain and renew registration with NSPA

- 1.2.8 Meet Continued Professional Development (CPD) requirements, as set out in NSPA CPD manual.
- 1.2.9 Take appropriate action to promote safe, competent and ethical care for patients
- 1.2.10 Intervene and take appropriate action when made aware of activities or situations that pose significant safety risks to patients, colleagues and/or the public
- 1.2.11 Prevent, manage and resolve conflict-of-interest situations with patients, colleagues, employers and suppliers
- 1.2.12 Demonstrate ability to maintain appropriate professional boundaries with patients, colleagues, staff, students and family members
- 1.2.13 Refrain from using any official position on council or committees for self aggrandizement or personal/professional benefit to the detriment of NSPA and/or its other members
- 1.2.14 Disclose to appropriate authority any potential or existing personal or legal conflict that makes it difficult to participate in an intervention or provide service
- 1.2.15 Maintain the required mental and physical wellness to meet the responsibilities of their professional role
- 1.2.16 Inform the appropriate authority in the event of becoming unable to practice safely, competently and/or ethically.

1.3 Fitness to Practice

Podiatrists are responsible for maintaining their own physical, psychological and emotional fitness to practice.

Incapacity refers to a situation in which a practitioner may be suffering from a physical or mental condition or disorder that would compromise patient care. Incapacity is inclusive of any cognitive or physical condition or pattern of use of alcohol and/or drugs (illicit, over-the-counter or prescription) that interferes with an individual's occupational, social, legal, financial, emotional or physical functions.

Indicators:

A Podiatrist shall:

- 1.3.1 Act only in a manner that would be seen as providing safe and competent services
- 1.3.2 Not engage in dishonesty, fraud, deceit, misrepresentation, sexual harassment or any other form of conduct that adversely reflects on the profession or on the Podiatrist's fitness to serve patients professionally
- 1.3.3 Refrain from practicing under terms or conditions that interfere with or impairs the proper exercise of his/her professional judgment and skill, that causes a deterioration of the quality of his/her service, or that requires him/her to consent to unethical conduct
- 1.3.4 Avoid misuse or abuse of alcohol, illicit drugs, or over-the-counter or prescription medications

- 1.3.5 Understand the side effects of his/her own medications and treatments
- 1.3.6 Ensure that any cognitive or physical impairment he/she may experience does not pose a risk to patients, colleagues or the public
- 1.3.7 Cease providing professional services until the reason for any incapacity has been eliminated
- 1.3.8 Inform NSPA when a serious injury, medical condition or any other condition has either immediately affected or may affect over time, his or her ability to practice safely and competently
- 1.3.9 Urge and encourage impaired or incapacitated colleagues to stop practicing and to seek treatment and counselling
- 1.3.10 Report to the appropriate authorities any colleagues, co-workers or other staff that may not be fit to practice or pose a significant safety risk to patients, colleagues or the public.

In situations where patient/public safety is identified as a clear and present concern, the Podiatrist may be directed, by NSPA, to cease or limit providing professional services until resolution of the situation has resulted in the re-instatement of a safe clinical environment.

STANDARD 2.0: Advertising and Marketing

Podiatrists are responsible for promoting their services and practices in a manner that meets highest ethical standards and enhances the public image of the profession.

2.1 Advertising and Practice Promotion

Podiatrists, who choose to advertise their services, will only use materials and messages considered to be ethical and comply with all legislation and policies of the profession.

Advertisement means any communication made orally, in print or through electronic media by, or on behalf of, a member to the public or to one or more individuals, and having as its substantial purpose the promotion of the member or clinic or group with which the member is associated. Any statement by a member made in the course of an interview with the media is deemed to be an advertisement.

Indicators:

A Podiatrist shall:

- 2.1.1 Ensure that all advertising, promotional, presentational materials and commentary, regardless of venue or circumstance, are:
 - 2.1.1.1 Appropriate to the setting, truthful and within the scope of practice
 - 2.1.1.2 Of a nature that ensures credibility and engenders public trust
 - 2.1.1.3 Considerate of the overall integrity and reputation of the profession
 - 2.1.1.4 Compliant with copyright law and all other applicable legislation

- 2.1.2 Ensure that materials, information and presentations designed to reflect or promote one's practice to both current and potential patients are:
 - 2.1.2.1 Truthful and factual in all respects
 - 2.1.2.2 Professional in description, content and presentation
 - 2.1.2.3 Respectful in every manner of other health professions and colleagues
 - 2.1.2.4 Clearly identifiable as being provided by a Podiatrist
 - 2.1.2.5 Inclusive of only matters within the training and scope of practice
 - 2.1.2.6 Of a nature that does not inappropriately evoke concern, fear or disgust
 - 2.1.2.7 Exclusive of any claims of guaranteed results, or clinically predictive of specific outcomes
 - 2.1.2.8 Compliant with patient confidentiality requirements
 - 2.1.2.9 Compliant with all NSPA standards, policies and code of ethics
 - 2.1.2.10 Reflective of broadly accepted evidence-based research and information
 - 2.1.2.11 Respectful of widely accepted public health doctrine
 - 2.1.2.12 Exclusive of any claims or allusion to professional superiority
- 2.1.3 Not dispense any product, or part thereof, representing that it is new, unused, or rebuilt, when such is not the fact
- 2.1.4 Offer merchandise and service on its merits, and refrain from attacking competitors or disparaging their services, products or business methods
- 2.1.5 Not disclose the name or identifying features of a patient unless the patient's prior consent has been obtained
- 2.1.6 Submit to NSPA for review and approval any advertising or marketing materials if he/she is unsure whether the proposed advertising complies with these standards.

2.2 Use of Titles

Podiatrists will only use titles approved by legislation/regulation for their profession.

Indicators:

A Podiatrist may:

- 2.2.1 Use the following titles, abbreviations and initials if he or she is a regulated member on the Membership Register:
 - 2.2.1.1 Podiatrist
 - 2.2.1.2 Podiatric Surgeon (appropriate qualifications are required)
 - 2.2.1.3 Dr. (Podiatrist must follow name, e.g. Dr. J. Bloggs, Podiatrist)

STANDARD 3.0: Financial Accountability

Podiatrists have a professional responsibility to ensure that their financial processes and billing practices are fair, ethical and within the boundaries prescribed by law and NSPA standards.

3.1 Fees and Compensation

Podiatrists will charge fair and reasonable fees for their services and products and offer patients flexible and appropriate payment options.

Indicators:

A Podiatrist shall:

- 3.1.1 Have a fee schedule that is up-to-date, clear and readily available to current and potential patients and third-party payers
- 3.1.2 Review with patients the fees for proposed services and/or products prior to commencement of assessment or treatment
- 3.1.3 Apply a consistent fee schedule regardless of insurance coverage
- 3.1.4 Use his/her discretion in reducing fees according to a patient's personal or financial circumstances
- 3.1.5 Not participate with other health professions or any other person in agreements to divide fees or to cause financial or other exploitation when providing professional services
- 3.1.6 Make referrals based solely on the best interests of the patient, and not on any personal financial interest, incentives or other benefits.

3.2 Billing Practices

Podiatrists will engage in billing practices that are ethical, legal and fair.

Indicators:

A Podiatrist shall:

- 3.2.1 Bill only for services actually rendered or goods actually sold unless a financial agreement for services has been agreed to by the patient
- 3.2.2 Bill only for the dates on which services are provided or goods were received
- 3.2.3 Bill only for the person to whom the services or goods were actually provided
- 3.2.4 Adhere to the clinic's general fee schedule or the contract within which services or goods are provided and are not inflated beyond these specific fees
- 3.2.5 Bill only one patient or that patient's third-party payer(s)

- 3.2.6 Not misrepresent diagnostic information, services rendered, or products dispensed or engage in any scheme to defraud in connection with obtaining payment or reimbursement for such services or products.

Any action involving billing anomalies that result in a Podiatrist's receipt of funds under false pretenses is considered fraudulent and constitutes professional misconduct.

STANDARD 4.0: Communication and Information

Podiatrists are responsible for effective communication and provision of accurate and complete information in support of their professional practice.

4.1 Professional Communication

Podiatrists will use their communication skills and techniques to facilitate the provision of quality care and excellence in service to patients.

Indicators:

A Podiatrist shall:

- 4.1.1 Use communication skills and techniques to promote relationships and establish rapport with a diversity of patients, families, colleagues and other healthcare professionals
- 4.1.2 Recognize the need for, and take steps to ensure patient relationships are maintained on a professional level
- 4.1.3 Recognize and communicate with patients who may be in a state of disorientation or confusion
- 4.1.4 Counsel the patient and/or the patient's family on the roles and responsibilities involved in the rehabilitation process
- 4.1.5 Counsel and provide information on available community resources for the patient, care giver and/or family
- 4.1.6 Communicate with patients, members of the public, other health professions, colleagues and third parties in his/her professional capacity in a manner that is:
 - 4.1.6.1 Always truthful and factual in all respects
 - 4.1.6.2 Professional in its content and presentation
 - 4.1.6.3 Inclusive of only those matters within the training and scope of practice
 - 4.1.6.4 Respectful of other health professionals, colleagues and competitors
 - 4.1.6.5 Of a nature that does not inappropriately evoke strong negative emotions
 - 4.1.6.6 Compliant with patient confidentiality requirements and legislation
 - 4.1.6.7 Compliant with all NSPA standards, policies and code of ethics

- 4.1.6.8 Respectful of widely accepted public health doctrines
- 4.1.6.9 Exclusive to any claims or implications of professional superiority.

4.2 Informed Consent

Podiatrists are responsible for providing accurate and complete information to ensure patients are fully informed to make decisions about all aspects of their foot care.

Indicators:

A Podiatrist shall:

- 4.2.1 Disclose to each patient the diagnosis and purposed treatment alternatives
- 4.2.2 Disclose the nature of the proposed examination, procedure or treatment
- 4.2.3 Disclose the potential risks including any special or unusual ones
- 4.2.4 Provide patients with the opportunity to ask questions concerning the examination and solutions proposed as well as the risks involved
- 4.2.5 Answer patients' questions to their satisfaction
- 4.2.6 Obtain an initial signed patient consent form prior to performing any examination, testing procedure, interventions or treatments
- 4.2.7 Update or obtain a new consent form if there are any significant changes to the patient's proposed testing procedures, interventions or treatments
- 4.2.8 Ensure that all signed consent forms are kept with the patient's records.

Reference to *patient* throughout is understood to be inclusive of the patient, or where appropriate, the legal/authorized substitute decision maker.

4.3 Treatment Recommendations

Podiatrists will make treatment recommendations/solutions based on the patient's health data and the Podiatrist's best professional judgment.

Treatment recommendations are what the practitioner has deemed appropriate for the specific patient based on case history, examination and any other diagnostic measures.

Indicators:

A Podiatrist shall:

- 4.3.1 Ensure that each patient is specifically and fully informed of the proposed solution to their foot problems
- 4.3.2 Communicate the findings of the examination/testing, specific diagnosis and treatment recommendations to each patient based on their presenting complaint, case history, physical examination and test results

- 4.3.3 Present to the patient treatment recommendations that are consistent with the individual's treatment plan and that are not contingent upon any other factors than those listed above.

4.4 Disclosure of Harm

Podiatrists are responsible for informing patients and taking appropriate action in the event that their professional services result in any negative or harmful outcomes.

Disclosure of harm is the acknowledgement and discussion of a negative outcome as the result of a harm (any outcome that negatively affects the patient's health and/or quality of life) that occurs in the course of providing podiatric health services.

Indicators:

A Podiatrist shall:

- 4.4.1 Inform the patient if he or she becomes aware that the patient has suffered harm in the course of receiving services, and that the harm may negatively affect the patient's health or quality of life
- 4.4.2 Respond effectively and in a timely manner to mitigate patient harm, ensure disclosure and prevent reoccurrence once the situation has been recognized
- 4.4.3 Make the disclosure of potential harm directly to the patient or through the substitute decision maker
- 4.4.4 Notify the patient as soon as possible, taking into account their clinical and emotional condition
- 4.4.5 Propose appropriate steps to treat the harm, or refer patient to other healthcare providers or facilities, if appropriate.

STANDARD 5.0: Professional Services

Podiatrists are responsible for providing professional services that meet both the standards of the profession and legislative requirements.

5.1 Scope of Practice

The role of Podiatrists within the Nova Scotia health system is to provide health services related to the human foot.

Indicators:

A Podiatrist is authorized to:

- 5.1.1 Diagnose and treat ailments, diseases, deformities and injuries of the human foot, including the articulation of the tibia and fibula, and those muscles and tendons directly affecting foot function, including the employment of preventive measures and the use of medical, physical or surgical methods but not including treatment of systemic disease, except the local manifestation in the foot

5.1.2 Engage in research, education and administration with respect to health

5.1.3 Provide restricted activities outlined by regulation (see Section 5.4).

5.2 Competency-Based Practice

The Podiatrist will apply professional knowledge and skills to provide competent, safe and effective healthcare services to their patients.

Indicators:

A Podiatrist shall:

5.2.1 Perform a general assessment including collection of patient information such as complaints, past medical history including drug history, allergies and sensitivities, previous interventions, overall health, physical and occupational demands, etc.

5.2.2 Perform appropriate assessment of lower extremity including dermatological, vascular, neurological, musculoskeletal, biomechanical, footwear and orthoses

5.2.3 Perform relevant diagnostic testing such as dermal thermography and gait analysis

5.2.4 Access and review additional reports/findings from other healthcare providers relevant to the patient's concerns

5.2.5 Formulate a diagnosis of a patient's condition based on information gathered in general assessment, diagnostic testing and physical examination

5.2.6 Engage in discussion with the patient and/or their family regarding the diagnosis, treatment options and benefits/risks of each alternative

5.2.7 Develop an appropriate treatment plan for the patient according to best standards and evidence-based practices

5.2.8 Recognize other possible conditions/abnormalities that may require referral to another healthcare provider

5.2.9 Manage patient condition using the appropriate treatment and according to the best standards and evidence-based practices, including but not limited to:

5.2.9.1 Prescribing medications according to regulation

5.2.9.2 Administer injectables according to regulation

5.2.9.3 Prescribe and/or modify orthoses

5.2.9.4 Prescribe and/or modify footwear

5.2.9.5 Prescribe support stocking

5.2.10 Provide patient treatment by performing procedures based on best practices and evidence-based practices, including but not limited to:

5.2.10.1 Debridement

5.2.10.2 Joint mobilization and manipulation

- 5.2.10.3 Non-surgical interventions such as padding, taping, joint immobilization
- 5.2.10.4 Therapeutic modalities such as ultrasound, wax bath, TENS, hydrotherapy
- 5.2.10.5 Casting such as orthotics, serial, total contact, surgical and traumatic
- 5.2.10.6 Specimens for analysis
- 5.2.11 Manage the pedal manifestations using the most appropriate treatment according to the best standards and evidence-based practices, including but not limited to:
 - 5.2.11.1 Biomechanical conditions
 - 5.2.11.2 Nail disorders
 - 5.2.11.3 Dermatological problems
 - 5.2.11.4 Infections, e.g. bacterial, viral, bacteremia
 - 5.2.11.5 Musculoskeletal conditions and problems
 - 5.2.11.6 Deformities, e.g. forefoot, mid foot, rear foot, ankle
 - 5.2.11.7 Peripheral vascular disorders
 - 5.2.11.8 Central nervous system disorders
- 5.2.12 Provide patients with education, documentation, prescriptions and/or supplies required to implement treatment plan
- 5.2.13 Manage any complications arising from the treatment, including referral to specialists or other healthcare providers
- 5.2.14 Evaluate effectiveness of treatment, discuss results with patient and adjust treatment plan as necessary
- 5.2.15 Ensure appropriate follow-up and continuity of care for each patient.

5.3 Patient-Focused Service

The Podiatrists will provide foot care health services and products that are always in the best interests of their patients.

Indicators:

A Podiatrist shall:

- 5.3.1 Make the patient the primary focus when providing service and products
- 5.3.2 Practice honesty, truthfulness and integrity with patients at all times
- 5.3.3 Represent self clearly and accurately with respect to name, title, role and credentials
- 5.3.4 Respect and protect individual worth, dignity, uniqueness and diversity regardless of their diverse values, beliefs and cultures

- 5.3.5 Develop trusting relationships and respect, and always maintain professional boundaries
- 5.3.6 Recognize, respect and promote the patient's right to be informed and make informed choices
- 5.3.7 Provide clearly described options to patients regarding services, products and costs
- 5.3.8 Inform patients fully of the nature and possible risks and effects of services rendered and products dispensed
- 5.3.9 Make no guarantees regarding results of products or procedures, but may make a statement reasonable of prognosis
- 5.3.10 Ensure that patient's concerns are addressed in a timely manner
- 5.3.11 Make a referral to another practitioner or health professional if the patient's requirements are outside his or her area of competence or comfort
- 5.3.12 Refrain from providing clinical services solely by correspondence, except in extenuating circumstances that shall be fully documented
- 5.3.13 Provide appropriate education, counselling and support documents to patients and their caregivers
- 5.3.14 Make decisions about the allocation of time and resources under one's control based on the needs of the patient
- 5.3.15 Protect patient information and maintain privacy and confidentiality
- 5.3.16 Begin, maintain and end professional relationships in a way that puts the patient's needs first
- 5.3.17 Ensure that facilities, access and procedures are patient friendly
- 5.3.18 When on domiciliary visit must ensure that treatment given in patients' homes or otherwise outside the clinical environment, is limited to treatment that can safely and appropriately be given in such environs
- 5.3.19 Take appropriate action to prevent or resolve ethical issues and conflicts of interest when dealing with particular patients
- 5.3.20 Take appropriate action to ensure a patient's safety and quality of care and financial interests are considered when unethical or incompetent care/service is suspected or observed
- 5.3.21 Provide reasonable notice of withdrawal of services to patients, ensuring all obligations and contractual agreements are met.

5.4 Supervision of Students

Podiatrists are responsible for the quality and safety of care and services provided by students under their supervision.

Indicators:

A Podiatrist supervising students performing a restricted activity shall:

- 5.4.1 Be authorized to perform the restricted activity being performed by the student
- 5.4.2 Be a member in good standing, notify NSPA about the preceptorship and ensure the student's educational institution has approved the preceptorship
- 5.4.3 Be physically present and available to assist the student
- 5.4.5 Ensure that the students are appropriately trained and have the necessary competencies to perform the assigned activities
- 5.4.6 Ensure that for any services provided by the student, appropriate records and documentation takes place
- 5.4.7 Ensure that supervised student's use and disclosure of any health information is within the context of the Health Information Act
- 5.4.8 Ensure that an appropriate policy and procedure for the reporting and recording of adverse events is in place and that students are trained in this procedure
- 5.4.9 Ensure that supervised students are trained in, and implement, routine public health procedures such as hygiene and infection control.

Supervising podiatrists who are found to be in non-compliance with the above described responsibilities are in violation of the NSPA Regulations. Noncompliance may result in the formal filing of a complaint and subsequent investigation of that complaint, possibly leading to a hearing and disciplinary action.

STANDARD 6.0: Health Records

Podiatrists are responsible for ensuring the security, privacy and confidentiality of patient records as per the Standards and applicable legislation.

Under the Health Information Act "record" means "a record of health information in any form, and includes notes, images, audiovisual recordings, x-rays, books, documents, maps, drawings, photographs, letters, vouchers and papers and any other information that is written, photographed, recorded or stored in any manner, but does not include software or any mechanism that produces records."

Podiatrists must be certain that all Electronic Medical Records (EMR) systems are compliant with the requirements for the protection, privacy, and security of the electronic records as set out in the Nova Scotia Electronic Health Record Regulation (to the Health Information Act).

6.1 Record Keeping Requirements

Podiatrists are responsible for ensuring that their patient record practices meet both the standards of the profession and legislative requirements.

Indicators:

A Podiatrist shall:

- 6.1.1 Ensure that all patient records are dated, accurate, legible and comprehensive
- 6.1.2 Include patient's name, address, phone number, birth date, gender and personal healthcare number
- 6.1.3 Verify the identification of each patient
- 6.1.4 Document accurately the facts of the patient's personal health history
- 6.1.5 Document the results of any assessments and tests
- 6.1.6 Record dates, subjective information, objective information, assessment notes, services rendered and proposed
- 6.1.7 Document any follow-up activities, inquiries and recommendations.

6.2 Custodianship of Health Records

Podiatrists are responsible for the care and control of the health records in their practices as required by the Health Information Act of Nova Scotia.

Indicators:

A Podiatrist shall:

- 6.2.1 Maintain safeguards to protect confidentiality and to protect against reasonably anticipated threats or hazards to the security, integrity, loss or unauthorized use, disclosure, modification or unauthorized access to health information
- 6.2.2 Maintain a process for confirming patient identification when accessing the patient's records, for example, photo ID
- 6.2.3 Provide reasonable and sufficient notice to those patients affected by a change in the location of the patient's practitioner or of the patient's health record
- 6.2.4 Inform active patients as to when the Podiatrist is leaving the current practice, where the Podiatrist can be contacted, and how access to the health record will be available to the patient.

6.3 Health Record Retention

Podiatrists are responsible for the availability, retention and disposition of patient health records as per legislative requirements.

Indicators:

A Podiatrist shall:

- 6.3.1 Ensure that access to patient health records is available to patients (current and former) and other appropriate parties
- 6.3.2 Keep records for a minimum of 10 years from the date of last entry or, if the patient was less than 18-years-old at the time of the last entry, 10 years from the date the patient became 18 (until the patient turns 28)
- 6.3.3 Ensure that any records stored off-site are in a safe and secure facility where access is only available to authorized personnel
- 6.3.4 Ensure that any records stored off-site are inventoried with the name of the patient, date of last visit, and the date the record was sent to storage
- 6.3.5 Destroy patient health records by secure and confidential means such as shredding
- 6.3.6 Transfer patient records to the care and control of another regulated practitioner in the event of a transfer, sale or closure of his/her practice unless the patient expressly objects to such transfer.

6.4 Electronic Health Records

Podiatrists who use electronic records software must ensure that their systems have safeguards to protect the confidentiality and security of their patients' information.

Indicators:

A Podiatrist shall:

- 6.4.1 Ensure that an electronic patient record meets all the requirements describe in 6.1 above
- 6.4.2 Ensure that only authorized persons can access identifiable health information on electronic devices
- 6.4.3 Ensure each authorized user is uniquely identified
- 6.4.4 Ensure that each authorized user has a documented access level based on that individual's role and responsibilities
- 6.4.5 Ensure that appropriate password controls and data encryption are used
- 6.4.6 See that audit logging is always enabled and meets the requirements of the Nova Scotia Electronic Health Record Regulation
- 6.4.7 Ensure that authorized users can be authenticated where electronic signatures are permitted

- 6.4.8 Transmit and remotely access identifiable health information as securely as possible
- 6.4.9 Ensure that data is regularly backed up in a safe and accessible location
- 6.4.10 Implement and regularly test data recovery protocols
- 6.4.11 Ensure that all identifiable health information is removed and cannot be reconstructed when disposing of computer hardware or devices used to store patient records.

STANDARD 7.0: Safety

Podiatrists are responsible for providing a safe environment for patients and staff – one that reduces and manages risks associated with hazards, pathogens and disasters.

7.1 Safe Work Practices

A Podiatrist will provide a safe work environment for patients and staff.

Indicators:

A Podiatrist shall:

- 7.1.1 Identify and remove any hazards/risks that may affect patients or staff in the work environment
- 7.1.2 Implement and monitor procedures to reduce risks related to handling and use of hazardous materials
- 7.1.3 Practice proper hygiene and appropriate infection control measures as per the NSPA Infection Control Manual

7.2 Emergency Preparedness

Podiatrists will have a plan and tested procedures in place to protect the safety of patients and staff in the event of an emergency or disaster.

Indicators:

A Podiatrist shall:

- 7.2.1 Be familiar with, and follow occupational health and safety guidelines with regard to fire hazards including using emergency safety equipment and evacuation procedures
- 7.2.2 Follow occupational health and safety guidelines with regard to patient and staff emergencies such as use of first aid kit and procedures and obtaining medical help