

Notice to the Professions

Providing Virtual Care during COVID-19 Pandemic - Update

April 9, 2020

CSHBC recommends that Registered Audiologists (RAUDs), Registered Hearing Instrument Practitioners (RHIPs), and Registered Speech-Language Pathologists (RSLPs) who work in private practice conduct a risk assessment, suspend in-person elective and non-essential services, and only provide urgent and emergent services. The College recommends that RAUDs, RHIPs, and RSLPs who work in public health clinics, hospitals, health agencies, long-term care facilities, school districts, and other public sector settings conduct a risk assessment and follow the direction of their employers and public health officials.

Further to the above recommendations, registrants may consider offering “virtual care,” when and where appropriate and according to client ability and needs. CSHBC’s Virtual Care standard of practice (PDF) defines virtual care as “the provision of health care services at a distance, using information and digital communications technologies and processes.” Registrants providing virtual care must adhere to specific standards outlined in the standards and the Registrant Code of Ethics.

Registrants should assess what clinical services can be provided by virtual care. This may include, but not be limited to, phone or video consults with parents, video or phone therapy sessions with clients directly, reviewing written homework or videos submitted to clinicians for feedback and guidance, and some hearing testing/screening that may be amenable to virtual care.

Registrants must also ensure that any delegation of services to communication health assistants/non-registrants complies with Part 12 of the CSHBC Bylaws and the Standard of Practice on Communication Health Assistants (Delegation & Assignment). As well, registrants must also consider and adhere to the CSHBC’s specific standards on obtaining informed consent and supervision, which are relevant in the virtual care context.

Virtual care service providers

CSHBC has received requests from registrants regarding specific virtual care service providers and whether specific providers comply with the CHSBC’s standards. CSHBC has not and cannot vet service providers; moreover, the College’s jurisdiction is over registrants and ensuring that –

in order to meet its public protection mandate – registrants are practicing in manner that meets standards of practice.

For registrants using service providers, ensure that you have obtained consent from the client to the services and manner that these services are being provided by, and that you are adhering to applicable privacy legislation and CSHBC standards.

The Office of Virtual Health and Digital Health Team at Provincial Health Services Authority (PHSA) has developed a Virtual Health toolkit for use during the COVID-19 pandemic. The toolkit provides information on virtual care technology solutions, endorsed by the Ministry of Health and PHSA. COVID-19 resources on the BC Centre for Disease Control website also link to the toolkit.

Privacy guidelines for registrants transitioning to virtual care provision

During the COVID-19 pandemic, there are registrants who wish to provide virtual care for appropriate clients and within the CSHBC standards, who do not usually provide these types of services. While CSHBC cannot prescribe or recommend specific virtual healthcare services for the provision of virtual care, such as platforms and applications, there are a number of principles that registrants should keep in mind when providing virtual services.

Private practice registrants are covered under the [*Personal Information Protection Act*](#) (PIPA).

In **private practice settings**, registrants should:

- Determine that the virtual healthcare system has appropriate security measures, such as encryption, and is otherwise PIPA compliant;
- Determine where the virtual healthcare system stores any data collected, and that it is PIPA compliant;
- Consider that free services may not offer the same level of security that may be provided by paid services;
- Consider that paid services do not automatically guarantee more security;
- Determine whether the virtual healthcare system is encrypted for audio, video, or both services;
- Obtain specific client consent for virtual health care services, which outlines electronic communication privacy risks including any risks associated with tele- or video-conferencing;
- Consider costs associated with any virtual health care system, including costs that clients may need to incur in order to participate in the virtual services.

Public practice registrants are covered under the *Freedom of Information and Protection of Privacy Act* (FOIPPA).

In **public practice settings**, employers may have determined which platforms are to be used for virtual services, and registrants should comply with those requirements.

Relevant privacy legislation

Registrants must always adhere to relevant privacy legislation, and not just when providing virtual care. Specific legislation that is applicable to your provision of virtual care depends on your context.

In BC, the *Freedom of Information and Protection of Privacy Act* (FOIPPA) sets out the access and privacy rights of individuals as they relate to the **public sector**, and applies to those registrants working in schools, hospitals, and other public sector employment roles. On March 26, 2020, the BC Government issued a Ministerial Order under FOIPPA that temporarily enables broader use of communications tools for health care workers and other public sector staff during the COVID-19 pandemic. Read the [Ministerial Order](#) (PDF), which is in effect until June 30, 2020.

The *Personal Information Protection Act* (PIPA) applies to any **private sector** organization (such as a business or corporation, union, political party, and not-for-profit) that collects, uses, and discloses the personal information of individuals in BC. PIPA also applies to any organization located within BC that collects, uses, or discloses personal information of any individual inside or outside of BC.

In some cases, both private and public sector legislation – i.e. FIPPA and PIPA – may apply. However, both pieces of legislation set out the rules for collection, use, and storage of information. Registrants must adhere to these requirements, as well as the guidelines in CSHBC's Document & Records Management Guidelines.

If you are unsure of which privacy legislation relates to you and your practice, you can also consult the [Office of the Information and Privacy Commissioner \(OIPC\) for British Columbia](#), which enforces both FIPPA and PIPA. OIPC BC offers a number of resources for [public bodies](#), [organizations](#), and individuals. As stated in a [March 16, 2020 statement from the OIPC BC on COVID-19](#) (PDF), if you work for a public body or private organization and are unsure of your responsibilities or authority to collect and use personal information, contact OIPC BC at 250.387.5629 [or info@oipc.bc.ca](mailto:info@oipc.bc.ca).

Please note that the College cannot provide legal advice to registrants.

Invoicing and coverage of virtual services

As registrants transition to virtual services, where appropriate, it is important to note on sales agreements or invoices what kind of services were provided (i.e., in person or via virtual care). This is in keeping with CSHBC's Policy on Sale of Supplies & Equipment.

Third party funders may differ in what virtual services they will or will not cover. Registrants should check with the relevant third-party funder for updated information. For example, Indigenous Services Canada (ISC) has updated information on the Non-Insured Health Benefits (NIHB) program. See ISC's [April 16, 2020 bulletin: COVID-19 – Information for MS&E Providers Update](#) (PDF).

Modifications to CSHBC programs and processes to address the extraordinary circumstances of the COVID-19 pandemic are short-term and not precedent-setting or permanent.