



**OT AUSTRALIA WA
(AUSTRALIAN ASSOCIATION OF OCCUPATIONAL
THERAPISTS – WA Inc)**

STANDARDS OF CONDUCT AND PRACTICE

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STANDARDS OF CONDUCT AND PRACTICE

Contents

PREAMBLE	4
SECTION A: CLIENT AUTONOMY, WELFARE AND PARTICIPATION	6
1. CLIENT AUTONOMY	6
2. DUTY OF CARE.....	6
3. CONFIDENTIALITY	7
4. DISTRESS AND ABUSE	8
5. CLIENT PROPERTY	8
6. CUSTOMER INVOLVEMENT, PARTICIPATION AND FEEDBACK.....	9
SECTION B: ETHICS, INTEGRITY AND ACCOUNTABILITY.....	10
1. PERSONAL INTEGRITY.....	10
2. PERSONAL RELATIONSHIPS WITH CLIENTS.....	10
3. PROFESSIONAL ETHICS, INTEGRITY AND ACCOUNTABILITY.....	10
4. PROFESSIONAL DEMEANOUR	11
5. SUBSTANCE MISUSE	12
6. PERSONAL PROFIT/GAIN	12
7. ADVERTISING AND PROMOTION OF PRODUCTS/SERVICES.....	12
8. INFORMATION/REPRESENTATION.....	13
SECTION C: STATUTORY OBLIGATIONS.....	14
1. COMPLIANCE WITH LEGAL REQUIREMENTS	14
SECTION D: UNDERPINNING KNOWLEDGE, UNDERSTANDING AND SKILLS	15
1. FUNDAMENTAL KNOWLEDGE AND CONCEPTS	15
2. PROFESSIONAL PRINCIPLES AND SKILLS	16
3. SAFE PRACTICE ENVIRONMENT	17
SECTION E: PROFESSIONAL COMPETENCE AND STANDARDS.....	18
1. CLINICAL COMPETENCE - GENERAL	18
2. EVIDENCE BASE, REASONING AND PROBLEM SOLVING	19
3. EQUITY OF SERVICE PROVISION.....	19
4. PROVISION OF SERVICES TO CLIENTS.....	20
5. INFORMED CONSENT	20
6. DELEGATION.....	21
7. COLLABORATIVE PRACTICE AND TEAMWORK	22
8. CONTINUITY OF CARE.....	24
9. MANAGEMENT OF PHYSICAL RESOURCES.....	24
10. MANAGEMENT OF HUMAN RESOURCES	24
11. SUPERVISION AND PROFESSIONAL SUPPORT	25
12. ADMINISTRATION AND MANAGEMENT OF INFORMATION	25
13. QUALITY, SAFETY AND CONTINUOUS IMPROVEMENT.....	26
14. CONTINUING PROFESSIONAL DEVELOPMENT.....	27
15. OCCUPATIONAL THERAPIST STUDENT EDUCATION.....	27

16.	DEVELOPMENT OF THE PROFESSION.....	28
17.	RESEARCH	28
SECTION F: CLINICAL COMPETENCE – SPECIFIC.....		29
1.	REFERRAL.....	29
2.	SCREENING	30
3.	ASSESSMENT.....	30
4.	INDIVIDUAL INTERVENTION - PLANNING	31
5.	INDIVIDUAL INTERVENTION - IMPLEMENTATION	32
6.	EVALUATION OF EFFECTIVENESS/OUTCOME MEASUREMENT.....	33
7.	DISCONTINUATION OF SERVICES.....	33
8.	CLINICAL DOCUMENTATION	33
9.	INFECTION CONTROL	34
GLOSSARY		35

Preamble

These Standards will guide Occupational Therapists in evaluating their competency in the delivery of Occupational Therapy services to maximize outcomes for clients, and ensure appropriate accountability to the profession, the employer, and the community at large.

The Standards apply to all Occupational Therapists, whether engaged in clinical practice, management, education or other field of endeavour. They serve as minimum standards of Occupational Therapy practice and are not intended to restrict development of higher level standards or competencies; or standards or competencies specific to areas of specialization.

Each standard is supported by a number of criteria that give more explicit explanation of the standard. There is some overlap between standards as achieving mutual exclusivity is difficult. Some standards relate to conduct and attitudes; some relate to knowledge, and others to specific skills and sets of tasks.

The key standards are:

Section A Client Autonomy, Welfare, and Participation

- Client Autonomy
- Duty of Care
- Confidentiality
- Distress and Abuse
- Client Property
- Client Involvement, Participation and Feedback

Section B Ethics and Integrity

- Personal Integrity
- Personal Relationships with Clients
- Professional Ethics and Integrity
- Professional Demeanour
- Substance Misuse
- Personal Profit/Gain
- Advertising
- Information/Representation

Section C Statutory Obligations

- Legal Requirements

Section D Underpinning Knowledge, Understanding and Skills

Fundamental Knowledge and Concepts
Professional Principles and Skills
Safe Practice Environment

Section E Professional Competence

Clinical Competence – General
Evidence Base, Reasoning and Problem Solving
Equity of Service Provision
Provision of Services to Clients
Informed Consent
Delegation
Collaborative Practice and Teamwork
Continuity of Care
Management of Physical Resources
Management of Human Resources
Supervision and Professional Support
Administration and Management of Information
Quality, Safety and Continuous Improvement
Continuing Professional Development
Occupational Therapist Student Education
Development of the Profession
Research

Section F Clinical Competence – Specific

Referral
Screening
Assessment
Individual Intervention-Planning
Individual Intervention-Implementation
Evaluation of Effectiveness/Outcome Measurement
Discontinuation of Services
Clinical Documentation
Infection Control

The term “client” is used in this document, but may be interchanged with the terms patient, consumer or customer.

SECTION A: CLIENT AUTONOMY, WELFARE AND PARTICIPATION

1. Client Autonomy

Occupational Therapists shall practice in a manner that respects, acknowledges and empowers the autonomy of the client.

Occupational Therapists shall:

- 1.1 Practice in a manner that demonstrates respect for the individual worth and dignity of clients, their family and carers.
- 1.2 Practice in a manner that appreciates the uniqueness of each individual in regard to their abilities, limitations, their social, cultural, spiritual, educational backgrounds, occupational roles, personal life history and lived experiences.
- 1.3 Recognize, respect and uphold the rights, dignity and autonomy of clients and their role in the therapeutic process including the need for client choice, decision making and the benefits of working in partnership.
- 1.4 Involve clients as much as possible in the service delivery process, including involvement in assessment, intervention and discharge planning.
- 1.5 Establish, prior to an intervention, the name under which the client wishes to be known and addressed. Reference shall be made to local procedures where appropriate.
- 1.6 Obtain informed consent from clients or their guardians in regard to decisions that affect them, and in regard to seeking or conveying information about them.
- 1.7 Respect client need for privacy and confidentiality.
- 1.8 Seek to optimise the capacity of clients to self-manage their health.
- 1.9 Inform clients of their entitlements.

2. Duty of Care

Occupational Therapists have a duty to take care for clients whom they accept for treatment/intervention.

Occupational Therapists shall:

- 2.1 Take all reasonable care to avoid acts or omissions, which can be reasonably foreseen to injure or cause harm to a client.
- 2.2 Obligate themselves to protect clients if they believe that they are threatened by a colleague's conduct, performance or health. As soon as an Occupational

Therapist becomes aware of such a situation, they should discuss the matter with a senior professional colleague to determine appropriate action.

- 2.3 Place the safety of clients before any personal and professional loyalties at all times.
- 2.4 Exercise relevant duty of care when applicable under certain legislation (for example, when acting as a mental health clinician, senior mental health clinician or authorised mental health clinician under the Mental Health Act).
- 2.5 When accepting a referral, be obliged to refer the client for further professional advice or treatment if it becomes clear that the task is beyond the scope of practice of the Occupational Therapist.

3. Confidentiality

Occupational Therapists are ethically and legally obliged to safeguard confidential information relating to clients.

Occupational Therapists shall:

- 3.1 Avoid disclosure of confidential information except where the client or legal guardian gives consent; where there is legal justification (by statute or court order); or where it is considered to be in the public interest in order to prevent serious harm, injury or damage to the client, carer, any other person or the environment in which the client resides.
- 3.2 Not disclose to third parties (which may include relatives, police, lawyers and the media) regarding the client's diagnosis, treatment, prognosis or future requirements except where there is valid consent or legal justification to do so.
- 3.3 Keep all records secure and make these available only to those who have a legitimate right/need to see them.
- 3.4 At all times, adhere to policies on electronic records or transmission of such, with particular regard to confidentiality issues.
- 3.5 Grant access to records by clients in accordance with current statutory provision and the policy and procedures of the service.
- 3.6 Ensure protection of client confidentiality by means of consent in writing when producing visual or written material and adherence to service policies and procedures where appropriate.
- 3.7 Hold discussions concerning a client in a location and manner appropriate to the protection of the client's right to confidentiality and privacy.

4. Distress and Abuse

Occupational Therapists must not engage in or condone behaviour that causes mental or physical distress. Such behaviour includes neglect, intentional acts, indifference to the pain or misery of others, unauthorised research and other malpractice.

Occupational Therapists shall:

- 4.1 Explain any treatment or intervention that is likely to cause pain or distress to the client. Normally, every effort should be made to ensure that the client understands the nature, purpose and likely effect of the proposed treatment before it is undertaken.
- 4.2 Never leave a client in pain or distress after treatment, unless and until every effort has been made to alleviate it. If distress continues, other relevant parties should be informed as soon as is reasonably practicable.
- 4.3 If having witnessed or having evidence of behaviour which appears to inflict unnecessary or avoidable pain or distress or unreasonable restraint, make this known confidentially to his/her head occupational therapist, line manager or other appropriate person or agency.
- 4.4 Intervene as appropriate and within the limits of his/her professional competence in an effort to prevent actions referred to at Point 4.4 from happening, having regard for any local policies and procedures.

5. Client Property

Occupational Therapists shall take all reasonable precautions to avoid damage to a client's property.

Occupational Therapists shall:

- 5.1 Show respect for clients' property and belongings.
- 5.2 If an intervention by the Occupational Therapist is likely to result in damage to or change in appearance or function of a client's property, inform the client of the likelihood and extent of such damage or change to permit the client to make an informed choice regarding whether they wish to proceed with such intervention. For example, in installing home aids/modifications or modifying an item of clothing. There is exemption from this in emergency situations.

6. Customer Involvement, Participation and Feedback

Occupational Therapists shall value, develop and maintain collaborative partnerships and relationships with clients and carers. Partnerships developed include those with individuals, client and carer organisations and groups, and non-government organizations that are client and/or carer driven.

Occupational Therapists shall:

- 6.1 Support and develop client and carer participation initiatives.
- 6.2 Incorporate client participation policies, guidelines and standards into practice.
- 6.2 Seek feedback from customers/clients regarding the quality and effectiveness of services, and their satisfaction with these.
- 6.3 Assist customers/clients to access grievance or complaint mechanisms and to have their grievances or complaints appropriately managed.
- 6.4 Actively utilize customer feedback to enhance service delivery quality and safety.
- 6.5 Actively involve customers/clients in the planning and development of services.

SECTION B: ETHICS, INTEGRITY AND ACCOUNTABILITY

1. Personal Integrity

Occupational Therapists shall maintain a high standard of personal integrity.

Occupational Therapists shall:

- 1.1 Adhere to the highest standards that are expected of occupational therapists and they must not engage in any criminal, unprofessional or other unlawful activity.

2. Personal Relationships with Clients

Occupational Therapists shall observe caution in forming personal relationships with clients and if entering into such relationships should be mindful of their ethical and professional obligations.

Occupational Therapists shall:

- 2.1 Not enter into relationships that exploit clients sexually, physically, emotionally, financially, socially or in any other manner. It is unethical for Occupational Therapists to indulge in relationships with clients that may impair their professional judgment and objectivity and/or may give rise to advantageous/disadvantageous treatment of the client.

3. Professional Ethics, Integrity and Accountability.

Occupational Therapists shall practice in a manner that observes Occupational Therapy-specific and generally accepted codes of professional ethics and professional behaviour.

Occupational Therapists shall:

- 3.1 Adhere to the ethical practices as defined by OT AUSTRALIA in the document "A
Code of Ethics for Occupational Therapists", OT AUSTRALIA, 2001.
- 3.2 Abide by the ethical practices of the specific facility or agency from which the Occupational Therapy service is provided, including guidelines for client consent, privacy and confidentiality.
- 3.3. Act in the best interests of clients.
- 3.4. Respect the confidentiality of clients.

- 3.5. Practice and conduct themselves in a manner that does not damage or reflect poorly on the profession, the service or the employer.
- 3.6. Recognise the need for effective self-management of workload and be able to practise accordingly.
- 3.7. Have a duty to report any malpractice that they witness, whether by an Occupational Therapist or another professional, to the appropriate authorities.
- 3.8. Act within the limits of their knowledge, skills and experience and, if necessary, refer on to another professional.
- 3.9. Be able to audit, reflect on and review practice in keeping with the principles of evidence based practice and research.
- 3.10. Provide any important information about their conduct, competence or health as may be requested or required from time to time or would be of relevant interest to, relevant regulatory bodies, their supervisor, line manager or their employer.
- 3.11. Take appropriate action if their health or other factors could be adversely affecting their fitness to practice. This may involve obtaining advice from a suitably qualified medical practitioner or a consultant in occupational medicine. This advice should consider whether the therapist's practice should change, and in what way, or whether it is necessary stop practicing altogether. Such issues must be discussed openly with the employer, and where relevant, the Occupational Therapy Registration Board.
- 3.12. Identify issues that constrain practice and develop strategies to resolve these.

Furthermore:

- 3.13. Any reference to the quality of service rendered by, or the integrity of, a professional colleague will be expressed with due care to protect the reputation of that person.
- 3.14. Loyalty within any profession may be outweighed by public interest considerations in relation to the moral and legal obligations imposed by society generally.

4. Professional Demeanour

Occupational Therapists shall conduct themselves in a professional manner appropriate to the setting.

Occupational Therapists shall:

- 4.1. At all times when carrying out professional duties, act and dress in such a way as to maintain the confidence of the client.

- 4.2 Maintain personal appearance, clothing, jewellery and footwear appropriate to the setting and in accordance with Occupational Safety and Health provisions and any local policies and procedures.

5. Substance Misuse

Occupational Therapists must not be under the influence of any substance that is likely to impair the performance of their duties.

Occupational Therapists shall:

- 5.1 Not undertake any professional activities whatsoever, including driving, while under the influence of alcohol, drugs or other substances likely to impair professional conduct or performance of duties.
- 5.2 Not encourage others in the misuse of alcohol, drugs or other toxic substances.

6. Personal Profit/Gain

Occupational Therapists must not accept tokens such as favours, gifts or hospitality from clients and their families or commercial organisations when this might be construed as seeking to obtain preferential treatment.

Occupational Therapists shall:

- 6.1 Maintain a prime duty to the client and not let this duty be influenced by any commercial or other interest that conflicts with this duty. (For example, in arrangements with commercial providers which may influence contracting for the provision of equipment.)
- 6.2 Observe local policies in the case of receiving gifts.

7. Advertising and Promotion of Products/Services

Occupational Therapists may seek to advertise or promote their services and products provided it is in a manner that observes legislative requirements and the requirements of fair trading and is conducted in a professional manner.

Occupational Therapists shall:

- 7.1 Comply with the requirements of the Occupational Therapists Registration Board of W.A., and the relevant section of the OT AUSTRALIA *Code of Ethics* with regard to advertising.
- 7.2 Ensure that advertising in respect of professional activities shall be accurate and professionally restrained. Advertisements, whether written or

audiovisual, shall not be false, fraudulent, misleading, deceptive, self-laudatory, unfair or sensational. Explicit claims should not be made in respect of superiority of personal skills, equipment or facilities. Professional signs shall be dignified and professionally restrained.

- 7.3 Not imply or make explicit in any advertising of an Occupational Therapy service or the services of an individual Occupational Therapist endorsement by the Australian Association of Occupational Therapists (OT AUSTRALIA) – state or national branch.
- 7.4 Only use the logo of Occupational Therapy Australia (OT AUSTRALIA) (state or national branch) in compliance with stated conditions of use.
- 7.5 Not make or support unjustifiable statements relating to particular products or services.
- 7.6 Not allow the advice or recommendations given to a client in regard to products or services to be affected or influenced by the actual or potential receipt of financial or other rewards.

8. Information/Representation

Occupational Therapists shall accurately represent their qualifications, education, expertise, training and competence and the information about services they provide.

Occupational Therapists shall:

- 8.1 Not convey any information they know, or have reasonable grounds to know, to be false, fraudulent, deceptive or untrue.
- 8.2 On becoming aware of information as in Point 8.1, draw it to the attention of the appropriate person or authority for action to be taken.

SECTION C: STATUTORY OBLIGATIONS

1. Compliance with Legal Requirements

Practicing Occupational Therapists shall:

- 1.1 Maintain current registration with the Occupational Therapists Registration Board of W.A. (Occupational Therapists Registration Act 1980 or replacement legislation) and observe the requirements of the registration board or bodies appointed under the Act in all matters covered thereunder.
- 1.2 Understand what is required of them by the Occupational Therapy Registration Board of WA, under the Act including though not limited to timely renewal of annual registration.
- 1.3 Undertake all professional duties in compliance with Federal and State laws and regulations.
- 1.4 Fulfil their individual responsibility to be aware of current legal issues affecting their practice.
- 1.5 Report to the Occupational Therapy Registration Board, individuals purporting to be practicing as Occupational Therapists or purporting to provide Occupational Therapy services and who are neither registered Occupational Therapists, nor working under the supervision of a registered Occupational Therapist.

SECTION D: UNDERPINNING KNOWLEDGE, UNDERSTANDING AND SKILLS

1. Fundamental Knowledge and Concepts

Occupational Therapists shall know the key concepts of the biological, physical, social, psychological, and clinical sciences, which are relevant to their profession-specific practice

Occupational Therapists shall:

- 1.1 Understand the structure and function of the human body, relevant to their practice.
- 1.2 Demonstrate knowledge of health, disease, disorder and dysfunction.
- 1.3 Demonstrate knowledge of the biopsychosocial constituents of health.
- 1.4 Be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process.
- 1.5 Recognise the role of other professions in health, disability and social care
- 1.6 Understand the theoretical basis of, and the variety of approaches to, assessment and intervention.
- 1.7 Understand activity and occupation as it relates to health and well-being
- 1.8 Understand the theoretical concepts underpinning occupational therapy specifically the occupational nature of human beings and how they function in everyday activities.
- 1.9 Be aware of the origins and development of Occupational Therapy, including the evolution of the profession towards the current emphasis on autonomy and empowerment of individuals, groups and communities.
- 1.10 Understand the use of the current philosophical framework for occupational therapy that focuses on client-centredness and the social model of disability.
- 1.11 Be able to analyse human occupation from an holistic perspective and the demands made on individuals in order to engage in occupation.
- 1.12 Understand the impact of occupational dysfunction and deprivation on individuals, families, groups and communities and recognize the importance of restoring opportunities.
- 1.13 Be able to use the foundation sciences fundamental to everyday practice and be able to interpret them in relation to human functioning and dysfunction.
- 1.14 Recognise the socio-cultural environmental issues that influence the context within which people live and work.
- 1.15 Recognise the impact of inequality, poverty, exclusion, identity, social difference and diversity on occupational performance.

- 1.16 Recognise the value of diversity and complexity of human behaviour through exploring different physical, psychological, environmental, social, emotional and spiritual perspectives.
- 1.17 Be aware of social, housing and environmental policies and services and their impact on human needs within a diverse society.
- 1.18 Understand the impact of legislation on the delivery of care.
- 1.19 Demonstrate knowledge of interpersonal and counseling processes.
- 1.20 Demonstrate knowledge of group processes and the therapeutic use of group settings.

2. Professional Principles and Skills

Occupational Therapists must know how professional principles are expressed and translated into action through a number of different assessment, treatment and management approaches and how to select or modify approaches to meet the needs of an individual.

Occupational Therapists shall:

- 2.1 Have knowledge and skills in the assessment of performance components, the occupational environment and occupational performance.
- 2.2 Have knowledge and skills in the analysis of activity and occupation.
- 2.3 Have knowledge in a wide range of treatment and intervention approaches including:
 - Selection and use of graded and adapted activity
 - Use of modification of the social, temporal and physical environment including the prescription of adaptive equipment.
 - Use of education techniques
 - Training in areas of occupational performance (self-care, work and leisure)
 - The application of specific remedial and remediation techniques as applied to underpinning the sensorimotor, perceptual and cognitive components of performance
- 2.4 Have knowledge of group processes and how to effectively use group processes to achieve therapy goals.
- 2.5 Be able to select, modify and apply relevant approaches based on the unique needs, characteristics, abilities, limitations, history and background of clients.

3. Safe Practice Environment

Occupational Therapists must understand the need for and be able to establish and maintain a safe practice environment.

Occupational Therapists shall:

- 3.1 Be aware of applicable health and safety legislation, and any relevant safety policies and procedures in the workplace, such as incident reporting, and be able to act in accordance with these.
- 3.2 Be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation.
- 3.3 Be able to select appropriate personal protective equipment and use it correctly.
- 3.4 Be able to establish safe environments for clinical practice, which minimize risks to patients, clients and users, those treating them, and others, including the use of hazard control and particularly infection control
- 3.5 Know and be able to apply appropriate moving and handling techniques relevant to area of practice.

SECTION E: PROFESSIONAL COMPETENCE AND STANDARDS

1. Clinical Competence - General

Occupational Therapists shall achieve and continuously maintain high standards of competence.

Occupational Therapists shall:

- 1.1 Have an individual responsibility to maintain their level of professional competence.
- 1.2 Have regard to statutory duties, in so far as these affect both client and colleagues.
- 1.3 Only provide services and use techniques for which they are qualified by education, training and/or experience, and are within their professional competence and within the scope that legislation enables.
- 1.4 Provide the best possible care, either alone or with other health professions.
- 1.5 Demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, clients, families and carers.
- 1.6 Demonstrate understanding of the effect that communication skills may have on the assessment and treatment of clients, and shall modify the means of communication to address potential barriers such as age, disability, language and education.
- 1.7 Select, move between and use appropriate forms of verbal and non-verbal communication with clients and others; taking into account issues such as culture, age, gender, religious beliefs and socio-economic status.
- 1.8 Understand the need to use an appropriate interpreter to assist patients whose first language is not English, wherever possible.
- 1.9 Use interpersonal and counseling processes to establish, facilitate and maintain ongoing communication and partnerships with clients, carers and other involved persons and systems.
- 1.10 Exercise care, when giving a second opinion, to confine it to the issue and not the competence of the first professional.
- 1.11 Act promptly and courteously to facilitate the client in accessing a second opinion, if so requested by a client.
- 1.12 Obtain informed consent to give treatment (except in an emergency).
- 1.13 Act or practise for another Occupational Therapist only where he/she knows that they have the clinical competence to do so. Such duties should not be undertaken in the absence of adequate supervision and training.

- 1.14 Ensure that adequate self-directed learning takes place as well as other training and supervision where the work to be performed on behalf of another therapist is not familiar or current in terms of knowledge and skill.
- 1.15 Limit their work, modify their practice or stop practising if performance or judgment is affected by their health. The appropriate response shall be determined in liaison with the profession head and line manager, and the Occupational Therapy Registration Board where appropriate, and shall take into account the best interests of clients receiving service.

2. Evidence Base, Reasoning and Problem Solving

Occupational Therapists shall be able to use evaluation, research, reasoning and problem solving skills to determine appropriate actions.

Occupational Therapists shall:

- 2.1 Recognise the value of research to the systematic evaluation of practice
- 2.2 Be able to undertake literature reviews.
- 2.3 Be able to conduct evidence-based practice, evaluate practice systematically and participate in audit processes.
- 2.4 Be aware of methods used commonly in health care research
- 2.5 Be able to demonstrate a logical and systematic approach to problem solving
- 2.6 Be able to evaluate research and other evidence to inform their own practice.

3. Equity of Service Provision

Occupational therapists shall provide services to all clients in a fair and just manner.

Occupational Therapists shall:

- 3.1 Be sensitive to cultural and lifestyle diversity and provide services, which reflect and value these.
- 3.2 Not allow their views about clients' sex, age, colour, race, disability, sexuality, social or economic status, lifestyle, culture or religious beliefs affect the way they treat them or the professional advice they give.
- 3.3 Base priorities on sound ethical principles and current best practice in relation to the reasonableness, availability and suitability of services to meet the needs of clients. Resources will never be infinite, and therefore, choices may have to be made. Where a system of priorities must be established, the needs, wishes

and feelings of the clients and carers should be taken into account wherever possible.

4. Provision of Services to Clients

Occupational Therapy Services should be client centred and needs led.

Occupational Therapists shall:

- 4.1 Negotiate and act on behalf of the clients in relation to upholding and promoting the autonomy of the individual where this is relevant and appropriate.
- 4.2 Maximise the benefits arising from such negotiations to the client within available resources
- 4.3 Exercise duty of care for clients whom they accept for treatment/intervention.
- 4.4 Recorded clearly assessment of need and objectives of treatment/intervention for every client.
- 4.5 Record on all occasions unmet needs.
- 4.6 If resource limitations do not allow all assessed needs to be met, clearly state those objectives that have to be achieved in order to maintain a minimum level of satisfactory and safe occupational therapy service to clients and carers.
- 4.7 If the minimum level of service identified in Point 4.6 cannot be reached, notify the appropriate profession head and manager, and where applicable and appropriate, the referrer.
- 4.8 State and substantiate their views to employers about resource and service deficiencies, which may have implications for clients and carers.
- 4.9 Report details (including substantive statistical data) of service achievements and deficiencies to the line manager.

5. Informed Consent

Occupational Therapists shall obtain informed consent from a client (or their legal guardian) prior to undertaking any assessment or intervention (except in emergency situations)

Occupational Therapists shall:

- 5.1 Advise clients of the privacy statement policy of their organisation or practice and obtain informed consent from clients in regard to decisions that affect them, including prior to implementing assessment or treatment, and in regard to seeking or conveying information about them.

- 5.2 Where a client is not mentally competent to give consent, seek consent from those authorized to give it. (Such as legal guardians, or parents in the case of children.)
- 5.3 Provide clients (or their legal guardian) with appropriate and timely information, and in a form that is capable of being understood by the client, so that they may make informed choices about their health and care.
- 5.4 Take reasonable steps to ensure that the client (or their guardian) understands the nature, purpose and likely effect of the proposed intervention, and any risks involved or other treatments possible; including the likely effect and outcome if they refuse treatment.
- 5.5 Give clients (or their guardian) the opportunity to exercise a right of refusal that, if so exercised, must normally be respected and the decision documented.
- 5.6 Have knowledge of situations where legislative exceptions to the need for informed consent exist (for example, compulsory treatment under the mental health act), and shall respond to the situation appropriately and sensitively.
- 5.7 Understand the need for informed consent to be waived in true emergency situations where the duty of care to the client becomes paramount.

6. Delegation

Occupational Therapists who delegate treatment or other procedures must be satisfied that the person to whom these are delegated is competent to carry them out. Such persons may include students, support staff or volunteers. In these circumstances, the Occupational Therapist will retain ultimate responsibility for the client.

Occupational Therapists shall:

- 6.1 Acknowledge that people who consult an Occupational Therapist or who receive services from an Occupational Therapist are entitled to assume that a person who has the knowledge and skill to practise their profession will carry out their treatment at a competent level.
- 6.2 Ensure that whenever they give tasks to another person to carry out on their behalf, that person has the knowledge, skills and competence to carry out the tasks safely and effectively.
 - If that person is not a health professional, they must not be asked to do the work of a health professional.
 - If that person is a health professional, they must not be asked to do work that is outside their scope of practice.

- If they are training to be a health professional, the delegating Occupational Therapist should ensure they are competent to carry out the task safely and effectively.
- 6.3 Whenever delegating a task to another, always continue to give adequate and appropriate supervision and remain responsible for the outcome.
- 6.4 Support so as not to endanger the safety of the client, the right of the assistant to refuse work activity where competence of the individual to carry out the intervention is in doubt. If refusal raises a disciplinary, training or supervision issue, this must be dealt with separately.

7. Collaborative Practice and Teamwork

Occupational Therapists shall respect the needs, practices, special competencies and responsibilities of other professions, institutions and statutory and voluntary agencies that constitute their working environment and/or the care environment/network of the client; and facilitate collaboration for the sake of optimum client care/service. Occupational Therapists may expect the same consideration from other professionals and may take appropriate action to facilitate this.

Occupational Therapists shall:

- 7.1 Identify relevant stakeholders involved in the work setting or care of the client.
- 7.2 Acknowledge the contribution of team members and other professions, demonstrate respect for differing perspectives of team members, and for organisational boundaries.
- 7.3 Recognize the need for multi-professional collaboration to ensure the provision of well coordinated services delivered in the most effective way.
- 7.4 Understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team.
- 7.5 Communicate effectively, co-operate, and share knowledge and expertise with professional colleagues for the benefit of clients.
- 7.6 Acknowledge differences in opinion between team members and others and negotiate suitable outcomes in the best interests of the client.
- 7.7 Make constructive contribution to debriefing, crisis and conflict management within teams.
- 7.8 Make contributions to the development of practices, policies and structures of teams.
- 7.9 Undertake administrative functions as appropriate to support team functioning.

- 7.10 Constructively support team strategies and processes for assessing and reviewing the organisation's/service's/team's effectiveness.
- 7.11 Contribute an occupational perspective to the team's intervention, service planning and review processes.
- 7.12 Articulate the scope of practice of occupational therapy to team members and others when appropriate.
- 7.13 Refer clients to, or consult with, other professionals or service providers when additional knowledge and expertise is required.
- 7.14 Identify their key roles and core skills in multi-disciplinary team work, ensuring that they are not undertaking work which is deemed to be outside the scope of Occupational Therapist practice or competence.
- 7.15 Accept responsibility as part of the team, for their own professional conduct, and any care or advice they provide, any failure on their part to act and any tasks they ask someone else to carry out.
- 7.16 Avoid undertaking education of non-Occupational Therapists (other than Occupational Therapy support staff and others working under the supervision of a registered Occupational Therapist) in any Occupational Therapy techniques or procedures, where there is the likelihood that such non-Occupational Therapists will or may:
- Cause harm to a patient.
 - Attempt to provide these services in a manner that may either deliberately or inadvertently bring the Occupational Therapy profession, Occupational Therapy service or Occupational Therapist into disrepute or in any way cause them harm.
 - Misrepresent themselves as being Occupational Therapists, or as providing Occupational Therapy.
 - Be unable to implement these techniques or procedures to a satisfactory level, given issues of competence, or inadequate complementary knowledge, skills, understanding and experience.
 - Be unable or unwilling to recognize and acknowledge the limitations or conditions under which they may utilize this technique or procedure, as advised by the Occupational Therapy educator.
 - Be unable or unwilling to recognize the specific expertise of Occupational Therapy in regard to this particular technique, medium or procedure.
 - Be unable or unwilling to acknowledge an Occupational Therapist or Occupational Therapy service as the source of the education and/or expertise.

8. Continuity of Care

Occupational Therapists shall where at all possible practice in a manner that actively optimizes continuity of client care.

Occupational Therapists shall:

- 8.1 Seek to optimise the transmission of accurate, relevant and timely information, in a manner observant of the requirements of confidentiality, to others involved in the care of the client.
- 8.2 Seek to minimise unnecessary duplication in obtaining information from clients and carers.
- 8.3 Adhere to the principle that with the exception of the seeking of a second opinion, it is not considered to be in the interests of good client care that there be more than one Occupational Therapist taking overall responsibility for the assessment and treatment of a client for any one presenting problem.
- 8.4 Where more than one Occupational Therapist is involved in the treatment of the same client, liaise with each other and agree on areas of responsibility.

9. Management of Physical Resources

Occupational Therapists will utilize physical resources and facilities in a safe and appropriate manner.

Occupational Therapists shall ensure:

- 9.1 Ethical use of organisational resources.
- 9.2 Establishment of priorities for resource acquisition within agreed budgets.
- 9.3 Use equipment within manufacturers/organisational instructions and guidelines.
- 9.4 The practice environment is appropriately maintained and modified to ensure health and safety needs are met for clients, carers, visitors and staff.

10. Management of human resources

Occupational Therapists shall ensure:

- 10.1 Selection and orientation of volunteers and support staff using timely and appropriate processes and completion of all relevant documentation according to the requirements of the organisation.
- 10.2 Training, supervision and support are provided to volunteers and support staff to ensure competent levels of support.

- 10.3 Delegation is appropriate commensurate with the roles, abilities and interests of volunteers and support staff.
- 10.4 Acknowledge the contribution of volunteers and support staff and ensure their performance is monitored and evaluated.

11. Supervision and Professional Support

Occupational Therapists shall:

- 11.1 Supervise effectively tasks that they have asked others to carry out for them.
- 11.2 Supervise and direct the services of assigned Occupational Therapy support staff.
- 11.3 Supervise other Occupational Therapists in the Occupational Therapy service as determined by the Occupational Therapy professional leader and in accordance with the Therapist's level of experience and skills, and formal position and seniority in the service.
- 11.4 Undertake supervision of all supervisees in accordance with best practice, and the requirements for service, professional and clinical accountability, and the support and development needs of staff.
- 11.5 Provide supervision appropriate to the level of competence of the individuals for whom they have responsibility.
- 11.6 Undertake performance development activities to develop and maintain their supervisory skills.
- 11.7 Expect professional supervision and support from a more experienced Occupational Therapist and actively pursue and participate in such supervision where practicable.

12. Administration and Management of Information

Occupational Therapists shall:

- 12.1 Undertake duties as specified in the job description for the Occupational Therapy position in a competent manner.
- 12.2 Comply with the policies and procedures of the employing organisation, to the extent that they do not breach legislation or codes of ethics or conduct.
- 12.3 Undertake administrative and management activities commensurate with their job description and in a manner that complies with the OT AUSTRALIA WA Standards of Practice.

- 12.4 Use language in all communications and records that is respectful of clients, carers and others.
- 12.5 Handle relevant internal and external communication in a timely manner.
- 12.6 Maintain records and statistic data to meet service, organizational and legislative requirements.
- 12.7 Adhere to standards and requirements for maintenance, storage or transfer of records.

13. Quality, Safety and Continuous Improvement

Occupational Therapists will actively promote the delivery of efficient, effective, safe and high-quality services.

Occupational Therapists shall:

- 13.1 Understand the principles of quality, assurance, quality control and continuing improvement.
- 13.2 Be aware of the role of audit and review in quality management, including quality control, quality assurance, continuous improvement and the use of outcome measures.
- 13.3 Be able to maintain an effective audit trail and work towards continual improvement.
- 13.4 Establish or participate in establishment of clinical objectives for all individual, group and total services offered to clients according to current best practice.
- 13.5 Participate in review and upgrade of clinical practice on a regular basis to ensure that it reflects best available evidence.
- 13.6 Understand the value of reflection on clinical practice and the need to record the outcome of such reflection.
- 13.7 Recognise the value of case conferences and other methods of review.
- 13.8 Contribute to the monitoring and evaluation of Occupational Therapy services for consistency in supporting the organisation's goals and objectives, policies and guidelines, and meeting the needs of the client base.
- 13.9 Develop, participate in or implement activities to actively enhance the quality and safety of Occupational Therapy services.
- 13.10 Participate actively and constructively in the organisation's clinical and corporate governance activities, quality improvement program and accreditation process.
- 13.11 Take appropriate action in emergency situations in accordance with the policies and procedures of the service/organisation.

14. Continuing Professional Development

Occupational Therapists shall be personally responsible for actively maintaining and developing their personal professional competence, and shall base service delivery on accurate and current information in the interests of high quality care.

Occupational Therapists shall:

- 14.1 Undertake continuing professional development. The maintenance and development of professional standards is a requirement of continued practice.
- 14.2 Maintain an up-to-date level of professional knowledge and skill to assure continuing competence.
- 14.3 Provide and/or request training in areas where the Therapist's skills require development in order to achieve proposed clinical or service objectives.
- 14.4 Be responsible for maintaining a portfolio detailing continuing professional development.
- 14.5 Develop personal goals, ensure currency of Occupational Therapy practice and ensure maintenance of standards through performance review and performance development processes.
- 14.6 Have a duty to ensure that wherever possible their professional practice is evidence based and consistent with established research findings.
- 14.7 Stay up-to-date with changes in practice, and as technology and techniques develop.
- 14.8 Provide input to in-service training and other professional activities.
- 14.9 Create and utilize networks for the exchange of resources, knowledge and information.

15. Occupational Therapist Student Education

Occupational Therapists have a professional responsibility to participate in the education of occupational therapy students.

Occupational Therapists shall:

- 15.1 Participate constructively in the training, education and supervision of undergraduate and post-graduate Occupational Therapy students on placement in the workplace, in accordance with assigned responsibilities, level of experience and expertise.
- 15.2 If agreeing to undertake the role of fieldwork educator, provide a learning experience for students, which complies with professional competencies, standards, policies and procedures recognized by the OT Association and compatible with the stage of the student's education and training.

- 15.3 If accepting students for fieldwork education, have a clear understanding of the roles and responsibilities of the student, the educational institution and the fieldwork educator.
- 15.4 Provide a positive role model for Occupational Therapy students and other students on placement in the workplace.

16. Development of the Profession

Occupational Therapists shall promote an understanding of, and contribute to, the development of Occupational Therapy.

Occupational Therapists shall:

- 16.1 Accept responsibility to promote and/or contribute to the continuing development of the profession by critical evaluation, audit and research.
- 16.2 Provide accurate information regarding the nature of Occupational Therapy and services that can be offered in a manner suitable to the needs of the enquirer.
- 16.3 Use opportunities to promote the role of occupational therapy to relevant others.

17. Research

Occupational Therapists will appreciate and support the undertaking of quality and ethical research to enhance knowledge and refine practice.

Occupational Therapists shall:

- 17.1 Promote and support research in applied areas of Occupational Therapy.
- 17.2 Comply with national, state and organisational regulations and standards when developing or conducting research, including, but not limited to, obtaining consent from participants and stakeholders prior to the commencement of research.
- 17.3 Address properly the ethical implications and considerations of research.
- 17.4 Obtain approval from a properly constituted committee or other body to undertake research in accordance with organisational requirements.
- 17.5 Engage appropriate supervision when involved in research/evaluation activities.
- 17.6 When undertaking research, have a responsibility to share their findings in order to inform or change practice.

SECTION F: CLINICAL COMPETENCE – SPECIFIC

1. Referral

The Occupational Therapist shall:

- 1.1 Receive a referral from an authorized source in accordance with legislation, regulations or the policy and procedures of the service.
- 1.2 Assume responsibility for Occupational Therapy services only on request from recognised referral sources when bound by regulations (workers' compensation, MVIT, etc.).
- 1.3 Ensure they fully understand the request, and obtain sufficient information to enable them to determine the appropriateness of the referral.
- 1.4 Determine the appropriateness of the referral and eligibility of the individual for a service.
- 1.5 Accept referrals that they deem to be appropriate and for which they have the resources and competence to fulfil.
- 1.6 Accept referrals for clients who have an actual or potential dysfunction or deficit in occupational performance or performance components.
- 1.7 Document the date of receipt of referral to Occupational Therapy, the referral source and the kind of services requested.
- 1.8 Assume full responsibility for the determination of appropriate type, nature and mode of Occupational Therapy service, in collaboration with the client (and/or where relevant, the legal guardian.)
- 1.9 With the client's (or legal guardian's) consent, and with regard for local policy and procedures, refer or facilitate referral of the client to other appropriate resources when, in the judgment of the Occupational Therapist, the knowledge and expertise of another professional is required.
- 1.10 If a referral is inappropriate, discuss the matter with the referring professional, and also the client. The Occupational Therapist may then choose to offer alternative or modified intervention if appropriate and agreed, or decline the referral and where possible refer on for further professional advice or treatment.
- 1.11 Define to accept a referral or to initiate treatment, subject to any legal requirements to provide a minimum service, if the basic standards of treatment or intervention cannot be met.

2. Screening

The Occupational Therapist shall:

- 2.1 Undertake as appropriate and independently or as a team member, screening assessment of the referred clients who present with possible problems in occupational performance.
- 2.2 Apply a minimum of one screening method from standardized or non-standardised formats available that is appropriate to the client's age, sex, education, cultural and social background, medical status and functional performance.
- 2.3 Communicate the results of the screening with recommendations to the client, to all appropriate team members and referring agent.

3. Assessment

The Occupational Therapist shall:

- 3.1 Consider the client's medical, functional performance, vocational, educational, recreational and social history, environmental and biopsychosocial factors and personal/family goals.
- 3.2 Select assessment methods appropriate to the client's age, sex, education, cultural background, work history, health and medical status and functional performance using at least one of the following formats:
 - Standardised assessments
 - Non-standardised assessments
 - Observation
 - Interview
 - Record review
- 3.3 Consult, after consent is obtained, with other relevant persons regarding the client's functional performance, and other factors relevant to assessment; e.g. carers and family members; other health professionals.
- 3.4 Assess the functional abilities and deficits as related to the client's needs in the following areas, as appropriate:
 - Occupational performance: self-care, work, play/leisure and social skills.
 - Performance components: sensorimotor, cognitive and psychosocial.
 - Environment: physical, social and cultural.
- 3.5 Use applicable occupational therapy and service models to guide occupational analysis/assessment.

- 3.6 Ensure complete assessments either within the service or by referral to other professionals, within the time limit specified by the service.
- 3.7 Use standardised evaluation tools and normative data where possible for clients as assessed.
- 3.8 Utilise a descriptive report format including a statement of client's limitations, (difficulties and problems), abilities (competencies and strengths), goals and priorities.
- 3.9 Analyse assessment data to determine the client's current status and the impact on the discharge process.
- 3.10 Document the client's current status (including comparison with normative data where possible) in an approved report format, including a summary of findings, the specific assessment methods used and recommendations.
- 3.11 Communicate assessment results to client and (with appropriate consent) significant others (family, carer, guardian) as appropriate.
- 3.12 Communicate assessment results to the appropriate team members in the facility, and with appropriate consent, to other teams, agencies or individuals involved in the client's care.
- 3.13 Refer the client, with appropriate consent, to appropriate services or request consultation by other professionals when in the opinion of the Occupational Therapist, assessment results indicate a need for additional interventions.

4. Individual Intervention - Planning

The Occupational Therapist shall:

- 4.1 Use the results of assessment to develop an individual Occupational Therapy intervention plan that:
 - States measurable short-term and long-term objectives, expressed in terms appropriate to the client's needs, goals and prognosis
 - Adopts current best practice principles of Occupational Therapy practice
- 4.2 Observe the following procedures in the planning process:
 - Consult with the client, client's family/carer, guardian, other professionals, employer and community resources to assist in the development of realistic short and long term goals.
 - Select the media, methods, environment and personnel needed to accomplish the defined goals.
 - Plan for ongoing management and intervention evaluation.
 - Develop a tentative discharge/closure plan.

- Develop the Occupational Therapy plan in conjunction with the program plans of other professionals.
 - Involve the client, and the family, carer, guardian or employer as appropriate in development of the intervention plan and provide rationale for selection of interventions.
 - Ensure compliance with confidentiality requirements and consent in all of the above.
- 4.3 Document the treatment plan within the time limit specified by the service.

5. Individual Intervention - Implementation

The Occupational Therapist shall:

- 5.1 Implement treatment/intervention according to the goals and objectives established in the intervention plan and within the content, time frame, cost projections and outcome objectives specified.
- 5.2 Regularly re-evaluate the goals and objectives established in the initial intervention plan and changes in the client's occupational performance and the performance components of those skills:
- Within the specified content, time frame, cost projections and outcome objectives or as required by a change in the client's status or other factors that may impact on the intervention plan.
 - Without detriment to the client's condition
 - Ensuring maximum gain from treatment in the occupational performance and performance component areas
- 5.3 Modify the treatment/intervention plan in accordance with changes identified in 5.2 above.
- 5.4 Document the Occupational Therapy services provided, the client's progress towards the treatment/intervention objectives and any changes in the intervention plan, at a frequency recommended by the service.
- 5.5 Communicate regularly or as determined by the service, with other involved professionals and family/carers/significant others.
- 5.6 Review and refine the discharge plan.

6. Evaluation of Effectiveness/Outcome Measurement

The Occupational Therapist shall:

- 6.1 Measure the outcome of intervention by comparing results obtained with the original or revised short-term and long-term goals.
- 6.2 Use accepted outcome measures where relevant to measure any changes.
- 6.3 Document outcomes achieved in relation to the initial assessment and intervention plan.

7. Discontinuation of Services

The Occupational Therapist shall:

- 7.1 Discontinue services when in the opinion of the Occupational Therapist and/or the client, the specified goals have been achieved, the client has derived maximum benefit from Occupational Therapy treatment, or at the request of the client.
- 7.2 Review plans for discharge that considers all factors considered in the initial intervention plan and the achieved outcome of intervention.
- 7.3 In consultation with the client, organize referral for ongoing management of the client by other professionals and community supports if considered necessary.
- 7.4 Finalise and document plans for discharge and ongoing management.
- 7.5 Ensure the discharge plan is consistent with:
 - The client's functional abilities and deficits, their goals and prognosis and the nature and availability of community resources.
 - The discharge plan of other professionals.
- 7.6 Document a discharge summary in accordance with the guidelines of the service.
- 7.7 Terminate the client-therapist relationship.

8. Clinical Documentation

Occupational Therapists shall accurately record all information related to clinical activities.

The Occupational Therapist shall:

- 8.1 Maintain clinical documentation in a format that complies with the requirements and standards of the profession and the service in which the therapist works.
- 8.2 Ensure documentation complies with legislative requirements.

- 8.3 Use accepted terminology according to standards and guidelines of the profession and the service in which the therapist works.
- 8.4 Ensure security, confidentiality and privacy requirements of clinical documentation, in compliance with local policies and procedures (unless manifestly incorrect) and relevant legislation.
- 8.5 Document client consent or refusal.
- 8.6 Ensure clinical documentation is completed in a timely manner to ensure safe and seamless service delivery, and meet any service requirements for reporting timelines.
- 8.7 Ensure that clinical records and reports are accurate, legible, factual, contemporaneous, dated and attributed, and free from bias.
- 8.8 Ensure that subjective opinion is always identified as such and should be clinical and relevant.
- 8.9 Ensure that disposal of records should be in accordance with local policies and procedures (unless manifestly incorrect) and relevant legislation.

9. Infection Control

Occupational Therapists shall:

- 9.1 Not refuse to treat a client because they have an infection unless there is a risk of harm (cross infection) to the therapist, colleagues or other patients.
- 9.2 Adhere to rules of confidentiality when dealing with a client who has an infection, and observe any special rules of confidentiality that may be determined by the service.
- 9.3 Have in place procedures that protect themselves, their clients, carers, families, visitors, other staff and others from infection. In particular, the therapist shall have procedures in place to protect clients from cross-infection.
- 9.4 Obtain medical advice and act on it if they suspect or know that they may have an infection that may cause harm to others, particularly clients. This may include the need for the Occupational Therapist to stop practicing altogether, or to change practice in some way to protect the best interests of clients and work colleagues.

GLOSSARY

ASSESSMENT – the process of determining the need for treatment, establishing a baseline of performance, identifying factors that affect or influence performance, and establishing client goals and preferences.

This information may be gathered through record review, specific observation, interview, and the administration of information collection procedures. Such procedures include, but are not limited to, the use of standardised tests, performance checklists, and activities and tasks designed to evaluate specific performance abilities.

CLIENT – the person/s seeking advice and services from the therapist. In this document, the term includes the patient and all consumers of Occupational Therapy services.

EVALUATION- measuring the effectiveness of an intervention program by comparing pre-intervention assessment results with post-intervention assessment results, identifying the direction (improvement or deterioration), quantity and nature of any changes in performance and client satisfaction with performance; and drawing conclusions about the overall impact of the intervention program to date.

EVIDENCE BASED PRACTICE – practice based on the review and application of evidence from research that uses the most sound research methodology, available at that point in time. It implies routine updating of practice as new and high quality evidence becomes available.

ETHICS – the moral principles by which actions and proposals may be judged; the rules of conduct recognised in respect of a particular class of actions.

INTERVENTION PLANNING – the development of an individual client's treatment plan.

OCCUPATIONAL PERFORMANCE – life tasks (self-care, work, play/leisure and social skills): all those activities that individuals must perform to meet their own needs and to be contributing members of the community.

OUTCOME MEASUREMENT- systems of evaluating health related change due to a preventative or clinical intervention or service.

PERFORMANCE COMPONENTS – the skill areas (sensorimotor, cognitive, psychosocial) a person develops to facilitate carrying out self-care, work, play/leisure and social skills.

RESEARCH – systematic enquiry or investigation into a subject in order to discover facts or principles.