



College of Audiologists and  
Speech-Language Pathologists of Ontario

Ordre des Audiologistes et  
des Orthophonistes de l'Ontario

# STANDARDS FOR VIRTUAL CARE IN ONTARIO BY CASLPO AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS

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These standards apply to virtual care provided to patients in Ontario by CASLPO audiologists and speech-language pathologists registered in Ontario.

Audiologists and speech-language pathologists providing virtual care to patients outside Ontario must comply with any jurisdictional licencing requirements and standards.

## GUIDING PRINCIPLES

Audiologists (AUDs) and speech-language pathologists (SLPs) are expected to have the knowledge and skills to engage in virtual care effectively and to use their professional judgement regarding the appropriateness of this medium for each patient at all stages of clinical intervention. Virtual care may not be appropriate for all patients, all procedures, and in all circumstances.

Audiologists and speech-language pathologists who provide virtual care must adhere to the [Code of Ethics](#) and other relevant CASLPO standards. This includes the [Records Regulation](#) which specifies that you record the medium (virtual, electronic) for the services you provide (32.(2).2). In addition, these standards apply to the use of support personnel ([SLPs](#), [AUDs](#)) providing patient care via virtual practice under your supervision.

Audiologists and speech-language pathologists must make efforts to remain current with all aspects of virtual practice, including evidenced-based practice, given that technologies, platforms, functions, security measures and data collection change rapidly. Regardless of the specific technology used, the following practice standards must be applied when providing virtual care.

## DEFINITION

**VIRTUAL CARE** (formerly telepractice) is the provision of direct, technology enabled audiology and speech language pathology services to patients who are in a different location from the audiologist, SLP or supervised support personnel. Virtual care also includes training or educating parents, partners and significant others, via technology, for the benefit of the patient. Finally, it includes technology enabled instruction and consultation to support personnel and other professionals who are directly interacting with the patient in real time.

Different formats of virtual care can include synchronous (interacting with the patient in real-time), asynchronous (interaction not occurring at the same time), telephone, video, audio, or written electronic formats (emails and text messages).

# STANDARDS

## 1) CONSENT



### Standard 1

Audiologists and speech-language pathologists must obtain consent for services and outline the nature, benefits, risks, limitations and alternatives specific to virtual care.

The use of technology in providing virtual care has benefits, risks and limitations. When obtaining consent from the patient or their substitute decision maker (SDM), you are required to set expectations for virtual care by outlining specific benefits, risks and limitations. Ensure you also obtain and document consent for the proposed service. Please refer to the [Consent Tool](#) for discussion points.

If the patient refuses to consent to virtual care services and you cannot provide in-person services, reasonable attempts must be made to arrange alternative services for the patient as required by the [Professional Misconduct Regulation](#).



### Standard 2

Audiologists and speech-language pathologists must obtain consent for the collection, use, disclosure and retention of personal health information when using virtual care platforms, products and services.

When obtaining and documenting knowledgeable consent to collect, use, retain and disclose personal health information (PHI), you must ensure the patient or SDM understands the technology as it relates to the transmission and possible retention of PHI. This necessitates that you understand the security provisions and can describe them sufficiently to obtain “knowledgeable” consent.

## 2) SECURITY AND CONFIDENTIALITY



### Standard 3

Audiologists and speech-language pathologists must take all reasonable steps to ensure that personal health information (PHI) is transmitted, managed and stored in a secure and confidential manner.

When providing virtual care and transmitting PHI via technology, you must maximize confidentiality in all environments. This applies to both real-time and recorded virtual services.

When providing virtual care, collect, use and disclose the minimum amount of PHI needed to provide services safely.

You must consider and make reasonable efforts to manage different areas of security. Making reasonable efforts includes, but is not limited to:

- a) Where the patient is physically located
  - Educating the patient, family and other professionals on patient privacy. The patient should be in a quiet area where others cannot hear or see the session.
- b) Where you are physically located
  - Ensure that your location is private and others cannot hear or see the session.
- c) The virtual practice platform, data transmission and storage system
  - If you are working on your own or for a small organization, research the different virtual care products and their security features. Ensure that the product you are considering complies with the [Personal Health Information Protection Act](#) (PHIPA).
  - If you work for an organization that has an information technology (IT) department, collaborate with them to research a virtual care product that is PHIPA compliant.
  - Although a product may indicate that it is PHIPA compliant, you must determine which version of their products has the required security features. With some products you may have to set security features to meet PHIPA requirements.
  - If you are using a virtual care platform that is designed to store digital recordings made during the delivery of service, determine the security features specific to confidential storage and retention of PHI.
  - If you are using a specific virtual care product that requires the patient's identifying information, ensure that the product has security and confidentiality standards. Alternatively, use other methods to conceal the patient's identity such as, initials or a pseudonym. For further guidance refer to the [Information and Privacy Commissioner of Ontario](#).
  - Keep informed and up to date through education and interactions with colleagues knowledgeable in virtual care (for example, special interest groups, associations etc.).

## CONFIDENTIALITY MEASURES

You must consider security and confidentiality relating to PHI that may be accessed via the devices used for virtual care. Use all measures that are required to ensure confidentiality:

- Password protection (password, finger, facial recognition)
- Data encryption and/or anonymising identifying patient information
- A secure network
- Two-factor authentication

When salient clinical information captured from audio or video recordings has been sufficiently documented in the patient record or it is no longer needed, then the recordings may be deleted. When deleting the recordings from devices, ensure that it is done in a secure manner to prevent the possibility of a privacy breach.

## 3) SERVICES



Standard

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Audiologists and speech-language pathologists must continually assess whether virtual care is an appropriate service delivery model based on the patient's unique needs, environment, technical abilities and equipment.

Some parts of the patient plan of care may not be possible through virtual practice. Other parts are not possible without supervised support personnel, or someone to assist the patient such as a family member or caregiver in the patient's physical environment.

Use your knowledge, skill and judgement in all facets of the patient's care to determine if and what type of virtual care is appropriate for your patient. Different formats of virtual care can include synchronous or asynchronous care, via video, audio, or written electronic formats (emails and text messages).

The virtual care proposed must align with the patient's:

- capacity to develop skills and comfort with the virtual medium of care
- hearing and vision abilities
- comprehension, literacy and cognition
- culture
- environment and surroundings, being aware of privacy and confidentiality
- available technology and successful history of use
- need for access to an appropriate person who can provide reliable technical or other types of support, especially with young children
- medical status and vulnerability to potential adverse effects of the intervention
- need for medical support if necessary



Standard  
5

Audiologists and speech-language pathologists must have the knowledge and skills to effectively integrate virtual practice into the patient’s plan of care.

Select assessments, treatment materials and procedures that work effectively for the virtual care technology you are using e.g., computer, mobile device, tablet, etc.

You must be able to adapt assessments, materials or procedures so that they are appropriate for the selected modality and preserve accurate clinical information and data while maximizing patient progress. If a standardized assessment does not have a virtual administration version, you must interpret the results cautiously and you may not be able to use the standardized scores. As with all published, standardized assessments, you must adhere to copyright restrictions.

When directing procedures via virtual practice that require hands-on contact, for example, an ear mold impression, auditory brainstem response (ABR) or swallowing assessments, it is your responsibility to ensure the person conducting the procedure in-person with the patient has the required competencies. If they do not, it is your responsibility to ensure that they are trained in the necessary competencies.

Always make efforts to ensure that the quality of audio and video signals is appropriate for the service being provided.

#### 4) TECHNOLOGY



Standard  
6

Audiologists and speech-language pathologists must obtain and apply the technical knowledge and skill to select and use the most effective and secure technologies for virtual care.

Virtual care includes the use of technologies such as telephone, teleconferencing, real-time video, video conferencing, email, texting, online chat, apps and therapy platforms accessed through computers and mobile devices. The technology allows for synchronous and asynchronous service delivery.

You must make efforts to acquire the knowledge and skills to be proactive, reactive and be able to adapt in the moment when providing virtual care.

To be **proactive** you must learn and remain current about:

- hardware technologies
- assessment and treatment products and their features

- security measures
- the steps required to achieve the best audio and visual transmission possible
- anticipating technical problems and disruptions
- how to access information technology (IT) support when needed

To be **reactive** you must learn and remain current about:

- updates and changes with technology and products
- identifying and problem-solving technical problems and disruptions
- adapting the assessment or treatment session in the moment

To be **adaptive** you must:

- anticipate the need to change virtual care technologies based on your patient's progress, needs, and preferences
- change virtual care technologies based on changes in the products and advances in the technology



Standard  
7

Audiologists and speech-language pathologists must take reasonable steps to ensure that any equipment used in the provision of virtual care for clinical assessments, measurements and interpretation of results is adequate and reliable.

Assessment results obtained through virtual care and their interpretation must take into consideration the medium by which they were obtained.

For assessment and treatment where precise measurements are required, for example with hearing and voice, use equipment that provides precise and reliable data. Make sure that equipment is calibrated and in proper working order.

Additional information or instruction may need to be given to the person who is supporting the patient. For example, you may need to educate family members and support personnel not to coach the patient during an assessment (advertently or inadvertently) and on relevant [infection control procedures](#) where the patient is receiving services.

The assessment, plan of care, and therapeutic progress must be the same or similar to those obtained or carried out in-person.

## EXCEPTIONS

Audiologists and SLPs must always strive to meet the standards. There may be unusual circumstances or situations when it is in the patient's best interest to deviate from a standard. Document your clinical reasoning and rationale in the patient record, including your discussion with the patient regarding the standard when obtaining consent. If required, contact [Practice Advice](#).