COTBC Practice Standards for Preventing Sexual Misconduct, 2017

Practice Standard #3: Addressing Concerns Related to Potential Sexual Misconduct

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Practice Standards for Preventing Sexual Misconduct

Practice Standard #3: Addressing Concerns Related to Potential Sexual Misconduct

Principle Statement:

The occupational therapist will take action to address any concerns related to sexual misconduct identified within his or her own practice.

Practice Expectations

The occupational therapist must do the following:

1. Accept accountability for a professional boundary violation as it occurs, including sexual misconduct.

2. Seek proper assistance as required.

3. Discuss any identified potential professional boundary issues or concerns with the client (e.g., those encountered when entering into an unavoidable dual relationship).

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Practice Standards for Preventing Sexual Misconduct

Practice Standard #3: Addressing Concerns Related to Potential Sexual Misconduct, continued

Principle Statement:
The occupational therapist will take action to address any concerns related to sexual misconduct identified within his or her own practice.

Practice Expectations, continued

4. Clarify roles and reestablish professional boundaries, if possible.

5. Obtain and revisit informed consent, acknowledging that there are circumstances when it is never acceptable to cross a professional boundary despite the client’s consent.

6. Document the circumstances including an account of why a dual relationship is unavoidable (if applicable), risk assessment, precautions taken, plan, client reactions, and informed consent process.

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Practice Standards for Preventing Sexual Misconduct
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Principle Statement:
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Practice Expectations, continued

7. Where there is a potential or actual professional boundary issue that cannot be adequately resolved, arrange for care by another occupational therapist or appropriate health care professional, and end the client relationship, ensuring that the client is not adversely affected during this process.

8. Follow duty to report obligations and report in writing to the appropriate regulatory body if there is good reason to believe that a health professional has engaged in sexual misconduct. If concerns about sexual misconduct are based on information from a client, the occupational therapist must first obtain the client's consent before making a report. If the client does not have the capacity to consent to health care treatment, the occupational therapist must obtain the consent of the client's parent, guardian, or substitute decision maker.