

Administration of Injectable Substances ~~(Including Local Anaesthesia)~~

The member ~~will always~~ can only administer any the injectable substances listed in Part I of the General Regulation made under the *Chiropody Act, 1991* using a safe technique.

CRITERIA: To meet the requirements of ss. 5(1)2 and 5(2) 3 of the *Chiropody Act, 1991*, the member shall administer injectable substances only if he or she has obtained the qualifications required to do so as specified in the College's General Regulation Part I – Injections, Prescriptions and Standards of Practice and the College has specifically advised the member that he or she is able to do so. ~~The member shall administer any injectable substances only if they have gained a qualification to do so which is recognized by the College of Chiropodists of Ontario. (see *Chiropody Act, 1991* section 5(1)2) and College Local Anaesthesia policy [We do not have such a policy]).~~

1. The member shall convey appropriate information to the patient and obtain consent before the administration of any injectable substance (see refer to Consent Guideline).
2. The member will be proficient in the procedures that follow in the case of anaphylaxis, or other clinical emergencies which can result from the administration of an injectable substance.
3. The member will ensure that the needles, syringes and substances to be injected are sterile.
4. The member will always follow the criteria outlined in the Infection Control Standard.
5. The member will not discharge the patient from the clinic following administration of an injectable substance until the patient and/or the member are convinced that no adverse reactions or complications are likely to occur.
6. In all cases where any injectable substance is administered, the dosage, quantity, site, effectiveness and the presence or absence of adverse reactions, will be charted in detail (see refer to Records Standard and Regulation ss. 17 (1)(2)(3)(4)(5) of the *Chiropody Act, 1991*).
7. The disposal of sharps, including needles, syringes and vials should be in accordance with the criteria outlined in the Infection Control and Safety and the Practice Environment Standards.
8. An emergency kit and oxygen supply will be maintained in good order in the suite. Instructions for their use will be in the office manual. (refer to Guideline for Dealing with Office Medical Emergencies in the Podiatry and Chiropody Office Setting)

Assessment and Management

The member shall perform an assessment for each patient seen in clinical practice and establish a management plan based on the assessment.

CRITERIA: Assessment

1. The initial assessment recorded shall include pertinent information gathered from the patient's history and relevant clinical findings.
2. A differential diagnosis shall be stated as well as a treatment plan with anticipated prognosis.
3. Required tests, referrals and/or consultations shall be recorded (~~see~~ refer to Records Standard and Regulation ss. 17 (1)(2)(3)(4)(5) of the *Chiropody Act, 1991*).
4. The patient record shall be reviewed ~~periodically~~ at every visit and amended where there is a change in health status.

CRITERIA: Management

1. Treatment areas should provide privacy, security and comfort.
2. The condition, treatment plan and prognosis shall be discussed with, and explained to the patient and patient consent should be obtained (~~see~~ refer to Patient Relations Standard ~~Communication~~).
3. No member shall treat or attempt to treat a problem or condition which the member recognizes, or should have recognized, is beyond their experience, scope or competence (~~see Competency~~ refer to Competence Standard).
4. No member shall provide treatment which ~~they know~~ he or she knows, or should have known, would be harmful or which is inappropriate to meet the needs of the patient.
5. No member shall continue treatment of a patient where such need is no longer indicated or treatment has ceased to be effective.
6. Consultation with and/or referral to another health professional shall be made when the patient's condition is beyond the member's scope of practice, or where the member deems the referral/consultation to be in the best interest of the patient.
7. The treatment plan shall be reviewed periodically.

Competence

The member shall conduct ~~themselves~~ him or her self so that patients receive the member's most effective ~~personal~~ ~~should this not be professional???~~ performance. in a professional manner.

CRITERIA:

1. Each member is responsible for maintaining his or her competence.
2. Each member is responsible for evaluating his or her own educational needs and meeting those needs through programs of continuing education.
3. The member shall perform within his or her scope of practice, education and experience.
4. The member will refer, or assist patients to find the necessary professional help when the condition or status of the patient falls outside his or her scope of practice, education or experience (see ~~refer to~~ Professional Misconduct Regulation, Chiropractic Act, 1991)
5. The member shall not engage in the practice of chiropractic/podiatry while his or her ability to do so is impaired (see ~~refer to~~ Professional Misconduct Regulation, Chiropractic Act 1991)
6. The member shall ensure that he or she meets the Quality Assurance requirements outlined in the Quality Assurance Regulation, *Chiropractic Act, 1991* and the Quality Assurance Policy of the College.
7. The member shall maintain current knowledge of legislation, standards and policies pertaining to the delivery of chiropractic/podiatric care and to the education or general welfare of his or her patients.

