Nova Scotia College of MiRTP

STANDARDS OF PRACTICE

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INTRODUCTION[1]

The medical imaging and radiation therapy profession is regulated in Nova Scotia by the Nova Scotia College of Medical Imaging and Radiation Therapy Professionals (NSCMIRTP). This Standards of Practice document applies to the following practitioners:

- Diagnostic Medical Sonography
- Magnetic Resonance Technology
- Nuclear Medicine Technology
- Radiological Technology
- Radiation Therapy

This document also addresses Medical Imaging and Radiation Therapy Professionals (MIRTPs) who work in direct patient care roles, and those who do not provide direct patient care (including those who practice through research, education provision, consultation, management, administration, equipment sales, quality control, information technology development, regulation and policy development, and/or relevant system development pertaining to the foregoing disciplines).

Professions in Canada are regulated in accordance with provincial legislation and subsequent regulations; federal and provincial health and safety statutes; personal and health information access and protection laws; and regulators' standards of practice, codes of ethics, and other published documents that set out requirements that practitioners must meet.

Legislation that establishes the profession's regulatory body also outlines and describes a profession's scope of practice. This scope comprises a series of specific activities, the performance of which requires MIRTPs to be educated and licensed to perform. Individual competence or sphere of practice can be influenced by a variety of factors, including experience, continuing education completed or pursued, role and responsibilities and employment-setting opportunities.

SETTING THE STANDARDS OF PRACTICE FOR THE PROFESSION

As the regulators for MIRTPs in Nova Scotia, the College plays an important role in setting standards of practice to govern the practice of MIRTPs and to communicate to the public and employers our professional expectations and requirements.

WHAT ARE STANDARDS OF PRACTICE?

A Standards of Practice document sets out unchanging principles that apply to all MIRTPs, who must uphold them throughout their careers. The regulator of each profession is given the mandate to create such Standards of Practice via legislation and regulations. Standards of Practice have the authority of

[1] Elements of this introduction have been adapted from the NSCMIRTP document, Scope of Practice (May 2017) and documents published by the Alliance of Medical Radiation Technologists Regulators of Canada.

legislation and supersede any overlapping workplace-specific policies or procedures. Standards can draw on other documents such as codes of ethics, bylaws, or guidelines that the regulator has published.

HOW ARE STANDARDS OF PRACTICE USED?

The general purpose for Standards of Practice documents is to guide and direct the behaviour of practitioners, who must ensure the public interest is met through the provision of safe and ethical care to patients and clients. Standards accomplish this by setting out minimum, measurable expectations for practitioners across all specialties, focus areas, and practice settings. These expectations are stated, and their related behaviours are described in the Standards document, which can also be used to determine if the standards are being achieved.

Ensuring that Standards are met is a shared responsibility between the MIRTPs, the College, and employers as follows:

- MIRTPs are required to follow and meet the Standards in their daily practice regardless of their role and responsibilities.
- The College is accountable to the public for ensuring that all MIRTPs meet the Standards. The College applies the Standards in all its proceedings, including assessment of continuing competence activities and responding to reports and complaints against a member's practice.
- Standards are used by employers to support the development of organizational policies, job descriptions and performance-appraisal tools and when addressing professional practice issues. Employers support an MRT practice by ensuring that the essential resources are available to support MRTs in meeting the Standards, and that organizational policies are consistent with the Standards.

WHO MUST ADHERE TO THE STANDARDS OF PRACTICE?

Standards of practice apply to all MIRTPs, including those who provide: direct patient care; a mix of direct and indirect patient care; and those MIRTPs who only provide indirect patient care. MIRTPs who provide indirect patient care services may be defined as MIRTPs practicing as: an administrator; an educator; a researcher; or MIRTPs working in imaging informatics and other indirect patient care services, including but not limited to product development and testing, quality assurance and product/equipment sales. This document therefore provides Standards of Practice using Standard Statements that describe the Standard, and Indicators that show how the standards are met by direct and indirect clinical MIRTP practice. It is understood that the application of all performance indicators may not be appropriate or required in all situations and for all roles.

HOW ARE THE STANDARDS OF PRACTICE ORGANIZED?

The Standards of Practice are organized in four broad areas or units:

Standard 1.0: Patient-Centered Care

Standard 2.0: Ethical Practice

Standard 3.0: Responsibility and Accountability

Standard 4.0: Practice Management

Each unit includes several specific standards, each of which includes the following:

- Standard Statement: the legal and professional expected level of performance by a MIRTP.
- Indicators: these statements describe behaviours that demonstrate how a MIRTP meets the stated standard. The indicators are not provided in order of importance; nor do they comprise all-inclusive or comprehensive lists of all instances where a standard must be met. General standards are applicable to all MIRTPs, while specific indicators apply to one or more of the MIRTP's practice area.

STANDARD 1.0

PATIENT CARE

Standard Statement:

MIRTPs incorporate a patient-centered approach and takes steps to optimize the provision of safe, ethical, and competent health-care services.

Indicators:

Demonstrate patient-centered behaviours by:

1.1 Taking into consideration the patient's individual circumstances (e.g., physical and emotional needs, values, and cultural background) during and throughout the delivery of care.

1.2 Determining if the patient has the capacity to provide informed consent.

1.3 Obtaining informed consent by confirming the patient or substitute decision-maker fully understands the procedure prior to initiating services, including:

a) The purpose of the procedure (e.g. scan, treatment or intervention);

b) Potential or real risks and adverse effects (e.g. discomfort, fall, allergic reaction, skin or contrast reaction);

c) The benefits of the procedure (e.g. enhances the image, informs the diagnosis, plan of care and treatment plan); and

d) The expected outcome(s) associated with the procedure (e.g. timeframe for the result, anticipated effects of the treatment, post procedural instructions, need for additional imaging, intervention or treatment).

1.4 Respecting the patient's or substitute decision maker's right to refuse services or to withdraw consent at any time; and explore the reason(s) behind the refusal or wish to withdraw consent.

1.5 Assessing and monitoring patients' responses and taking appropriate action to address the patient's questions, reactions, discomfort or anxiety; then adjusting the procedure(s) as necessary.

1.6 Supporting patients' comfort and safety throughout the procedure(s); during transportation, transfers, positioning; and during personal care (e.g.: toileting, repositioning, emotional support, pain management, fall prevention techniques, etc.).

Demonstrate effective communications by:

1.7 Assessing potential communication barriers (e.g. hearing, eyesight, language, literacy level) and take steps to address the barriers.

1.8 Evaluating the patient's understanding of the procedure and adapting communication style accordingly.

1.9 Allowing the patient time to confirm understanding of information, to ask questions, or to clarify instructions.

1.10 Advising the patient of any post-procedure care and confirming understanding of the shared instructions or information.

1.11 Applying professional judgment to determine if immediate communication with another appropriate health-care professional is required.

1.12 Communicating observations, technical impressions, concerns regarding the image, treatment, or treatment prescription to the reporting health professional or other relevant health-care member.

Support the timely access to services by:

1.13 Identifying the need for advocacy and taking steps to advocate for the patient and any relevant required services.

1.14 Encouraging patient self-advocacy, by educating patients on their rights and about the availability or scheduling of alternative services.

Ensure safety of the patient, self, and others by:

1.15 Screening the patient for any contraindications or risks to the procedure(s) and making required adjustments (e.g.: falls, previous allergic reactions, MRI patient screening, pregnancy).

1.16 Adhering to the principle of As Low As Reasonably Achievable (ALARA) for patients, colleagues and others, in accordance with the appropriate safety legislation.

1.17 Abiding by relevant safety codes and regulations.

1.18 Seeking timely assistance from the appropriate health-care provider(s) when issues arise that are outside one's personal sphere of practice and/or scope of practice that require intervention to reduce the risk of harm or injury to the patient, self, or others (e.g., pain management, change in the patient's health status).

1.19 Recognizing and acting on near misses, no-harm incidents or harmful incidents.

1.20 Applying the infection prevention and control standards to prevent contamination of persons, equipment and environment (e.g., employ routine practices, perform aseptic or sterile technique, use the required personal protective equipment).

1.21 Making use of the proper shielding devices when necessary.

Optimize the provision of procedure, treatment and services by:

1.22 Verifying and evaluating the procedural information (e.g., patients' identity, requisition, prescription, consultation request, authorization) for the completeness and appropriateness.

1.23 Developing and/or interpreting a treatment plan or intervention based on the physician prescription or consultation request.

1.24 Correctly identifying the anatomical orientation (e.g. indicate patient positioning, laterality); and identifying the imaging or treatment parameters, and field and treatment volumes to maximize outcomes.

1.25 Selecting, applying, and adjusting the procedural parameters and the patient's position as required and appropriate to the procedure or treatment.

1.26 Using the proper equipment and materials to position the patient accurately (e.g. immobilization devices).

1.27 Determining settings and verifying the technique or protocol to be used in the procedure or treatment.

1.28 Selecting and administering the correct substance (e.g. drugs, treatment, contrast, radiopharmaceuticals), the correct dose, at the correct time, for the required duration, via the correct route (orally, topical, by injection, inhalation, or into the body through an orifice).

1.29 Performing procedures involving the application or administration of ionizing radiation, high-frequency sound waves and magnetic resonance only when the conditions under the applicable legislation have been met.

1.30 Evaluating outputs (e.g., images, data, tests) to confirm accuracy and reliability of procedure(s), prior to the patient leaving the department or clinic.

1.31 Storing images in the appropriate format and ensuring all images and data are archived according to organizational policy.

MIRTPs have indirect patient care responsibilities in meeting the standards including:

1.32 Anticipating, advocating for, and planning that the required resources are in place to support the delivery of safe and competent patient care and services (access to relevant clinical data, staffing, equipment, policies, and staff education).

1.33 Taking steps to support timely access to services (e.g. advocate for resources, adjust staff schedules and room booking).

1.34 Ensuring that patients receive safe and competent care when services are provided by a student; and immediately intervening when patient care or the quality of an image might be compromised.

1.35 Engaging in quality assurance and product testing activities; and reporting concerns that may impact safety of the patient, staff, or other.

1.36 Facilitating and providing staff training on new equipment; and evaluating staff competence in operating the equipment safely and efficiently to produce positive and optimal outcomes.

1.37 Providing content expertise that is in the best interest of the public (e.g.: when providing consultation on policies; when participating or leading organizational meetings and initiatives; and in product or software development, etc.).

1.38 Engaging in imaging informatics competently to ensure accuracy, access and completeness of the information; and for timely reporting and diagnosing.

STANDARD 2.0

ETHICAL PRACTICE

Standard Statement:

MIRTPs adhere to the profession's Code of Ethics and engage in practice that respects the rights of the patient, substitute decision-maker, and others.

Indicators:

To demonstrate this Standard has been met, the MIRTP will:

Identify and manage ethical dilemmas by:

2.1 Recognizing situations that result in an ethical dilemma.

2.2 Following the profession's Code of Ethics to help manage and resolve the ethical dilemma.

2.3 Seeking assistance from or consulting with colleagues as appropriate to help manage the situation.

2.4 Documenting the situation, actions taken, and rationale for such actions.

Identify and manage perceived, potential, and real conflicts of interest by:

2.5 Refraining from activities that could result in a personal benefit (e.g. financial, emotional and political).

2.6 Declaring any perceived, potential, and real conflicts of interest with appropriate person (e.g.: patient, supervisor, manager).

2.7 Documenting the situations in which conflicts of interest arise when they cannot be avoided by recording the efforts made to prevent or manage the situation(s).

Maintain confidentiality when collecting, using, and disclosing personal information of patients by:

2.8 Following privacy and confidentiality legislation (e.g., Personal Health Information Act, Freedom of Information and Protection of Privacy Act), regulations, and organizational policies.

2.9 Obtaining the patient's or substitute decision-maker's consent to collect, use, and disclose personal information.

2.10 Identifying data that is considered personal information (e.g.: patient/staff member/ student names, address, phone number, email address, health-card number, social insurance number, health information, etc.).

2.11 Restricting access to personal information, including that stored in archival systems such as electronic records (e.g.: log-off computer; close patient records/images when providing services to another patient; access patient information only if assigned to provide services to patient; obtain and discuss patient information in a private area, etc.).

2.12 Refraining from unauthorized access to personal and health information and reporting and acting on incidents of unauthorized access.

2.13 Securely and permanently destroying personal information, following organizational policies.

Maintain professional boundaries in relationships with patients, patients' families, staff members, students, and colleagues by:

2.14 Adhering to the profession's Code of Ethics, workplace policies and professional legislation and regulations.

2.15 Refraining from entering into a personal relationship with a patient that could adversely affect an existing patient care relationship.

2.16 Recognizing there is a power imbalance between the MIRTP and the patient, subordinate staff members, and students.

2.17 Recognizing situations leading to and the implications of professional boundary crossing and violations and seeking further guidance when needed.

2.18 Identifying warning signs that a boundary issue might be developing, such as:

a) Selecting a patient based on looks, age, or social standing.
b) Preferentially scheduling patient's appointments.
c) Being preoccupied with the patient's social life outside the professional relationship;
d) Looking forward to physical contact with the patient and feeling betrayed if the patient pulls back.
e) Dressing differently for specific patients.
f) Experiencing discomfort or defensiveness when discussing or documenting patient interactions.
g) Receiving feedback that others perceive as potential professional boundary issues with the patient.

2.19 Taking steps to avoid boundary issues or misunderstandings, by:

a) Ensuring consent is obtained prior to touching the patient.
b) Explaining to the patient the reason for removing any clothing or other items that interfere with diagnostic or therapeutic procedures and providing the patient with a gown or sheet to cover exposed body areas.

c) Avoiding direct communication with patients on social media, outside the professional relationship.

2.20 Not engaging in sexual misconduct, meaning any actual, threatened, or attempted sexualized behaviour or remarks by a registrant towards a patient or in a patient's presence. Sexual misconduct constitutes professional misconduct. No conduct constitutes sexual misconduct if the conduct is clinically appropriate to the professional services being provided by the registrant. A registrant must not engage in sexual misconduct by:

a) Making sexually suggestive, flirtatious, or demeaning comments about a patient's body, clothing, or sexual history, orientation or preferences.
b) Discussing the registrant's sexual history, sexual preferences, or sexual fantasies with a patient.
c) Any behaviour, communication, gestures, or expressions that could be reasonably interpreted by the patient as sexual.
d) Rubbing against a patient for sexual gratification.
e) Removing the patient's clothing, gown, or draping without consent or emergent medical necessity.
f) Failing to provide privacy while the patient is undressing or dressing, except as may be necessary in emergency situations.
g) Dressing or undressing in the presence of a patient.
h) Posing, photographing, or filming the body or any body part of a patient for the purpose of sexual gratification.
i) Showing a patient sexually explicit material.
j) Requesting or making advances to date or have a sexual relationship with a patient, whether in person, through written or electronic means.
k) Hugging, touching or kissing a patient in a sexual manner.
l) Fondling or caressing a patient.
m) Terminating the professional-patient relationship for the purpose of dating or pursuing a romantic or sexual relationship.
n) Sexual abuse as a form of sexual misconduct. The following acts between a registrant and a patient constitute sexual abuse:
    i. Sexual intercourse.
    ii. Genital to genital, genital to anal, oral to genital, or oral to anal contact.
    iii. Masturbation of a registrant by a patient or in the patient's presence.
    iv. Masturbation of a patient by a registrant.
    v. Encouraging the patient to masturbate in the registrant's presence.
    vi. Sexualized touching of a patient's genitals, anus, breasts, or buttocks.

For the purposes of this Standard only:
"Patient" means the individual who is the recipient or intended recipient of health care services from a registrant, and, where the context requires, includes a substitute decision-maker for the recipient or intended recipient of health care services, and includes a vulnerable former patient.

1. An individual becomes a patient upon the first instance of receiving a health care service by a registrant.
2. An individual, except for a "vulnerable former patient", remains a patient for twelve (12) months following the date of the last health care service provided by a registrant. A registrant must fully assess whether an individual is a "vulnerable former patient" prior to engaging in any sexualized conduct with that individual and must never engage in any form of sexualized conduct with a vulnerable former patient.
3. The registrant's spouse or intimate partner is not considered a patient.

A "vulnerable former patient" is an individual who has ever been a patient of the registrant and who:

1. Was experiencing any "vulnerability" at the time they were a patient; and
2. Continues to experience any "vulnerability".

A "vulnerability" includes personal circumstances which makes an individual especially susceptible to exploitation by those in a position of greater power, based on factors which may include, but are not limited to:

1. Age and maturity;
2. Impaired decision-making ability;
3. Lack of access to secure housing; and/or
4. A need to frequently access health care services.

"Spouse" means either of two persons who:

1. Are married to each other; or
2. Have cohabited in a conjugal relationship with each other continuously for at least two (2) years.

"Intimate partner" means either of two persons who have been in a conjugal relationship for at least six (6) months, regardless of whether or not they cohabitate

2.21 The MIRTP must comply with a mandatory duty to report as follows:

a) To the Registrar if the registrant has reasonable grounds to believe that another registrant has engaged in sexual misconduct.

b) To the regulatory body of another health profession if the registrant has reasonable grounds to believe that a member of that profession has engaged in sexual misconduct.

c) To an employer if the registrant has reasonable grounds to believe that a regulated or unregulated employee has engaged in sexual misconduct.

2.22 The MIRTP must cooperate with any regulatory body or committee of a regulatory body with respect to any regulatory process related to this Standard.

MIRTPs that have indirect patient care responsibilities meet the standards by:

2.23 Acting as mentor and coach, and role-modeling professional behaviours and attitudes towards staff members, students, and others.

2.24 Providing consultation and guidance on managing ethical dilemmas to staff and students.

2.25 Advocating for and maintaining systems that support confidential storage, retrieval, transfer and destruction of confidential personal information.

2.26 Facilitating access to the appropriate resources to help maintain confidentiality and privacy of personal information (e.g. staff training, policies, computer systems).

2.27 Reporting a breach in confidentiality or unauthorized access to the appropriate authorities.

2.28 Acting to ensure the patient is notified when a breach of confidentiality of personal information has occurred, according to organizational polices and applicable legislation.

STANDARD 3.0

PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY

Standard Statement:

MIRTPs promote and contribute to excellence in the profession, accepts individual responsibility for competence, demonstrate leadership attributes and remains accountable to one's regulator and the public.

Indicators:

To demonstrate this Standard has been met, the MIRTP will:

Maintain the knowledge, skill and judgment required of the role and its responsibilities by:

3.1 Practicing within individual sphere of practice (individual competence) and professional scope of practice.

3.2 Recognizing when a procedure, responsibility or expectation is beyond the level of personal sphere of practice or professional scope of practice and ensuring the patient has access to needed services by an appropriate and competent MIRTP.

3.3 Taking responsibility for decisions and actions.

3.4 Continually enhancing knowledge of emerging practices, techniques and equipment, evidence-based practice, and organizational policies and procedures, as appropriate to scope of practice.

3.5 Engaging in the continuing competence activities as defined and required by the regulatory body (e.g.: continuing professional development credits and practice hours).

3.6 Facilitating access to activities and opportunities that support staff involvement in continuing education and professional development.

3.7 Taking the appropriate steps when learning needs of staff and students are identified (e.g.; initiating and monitoring remediation needs, provide supervision).

3.8 Providing constructive feedback to support change in practice and in the health-care environment.

3.9 Applying critical thinking and professional judgement considering evidence-based practice and potential options and outcomes, before acting; and then reflecting on the actions taken and actual outcome(s) obtained.

3.10 Demonstrating critical thinking when making decisions and when managing problems or complex situations.

Engage in leadership activities to support collaborative practice, and to encourage practice advancement and new technology by:

3.11 Engaging in mentorship opportunities with colleagues, staff, students and others.

3.12 Participating in the development of new knowledge and research.

3.13 Engaging in change management strategies and team building techniques.

3.14 Demonstrating effective mediation, negotiation and dispute resolution techniques.

3.15 Educating others on the role and competence of the MIRTPs and relevant procedures.

3.16 Engaging in research to promote advancement in patient care services and the profession.

3.17 Adhering to the legislation governing practice (e.g.: Medical Imaging and Radiation Therapy Professionals Act, Health Protection Act, Hospitals Act, Canadian Nuclear Safety Commission Regulations, Personal Health Information Act, etc.).

3.18 Acting in accordance with regulatory documents (e.g.: Standards of Practice, Code of Ethics, Bylaws, Professional Practice Guidelines and Position Statements).

3.19 Recognizing and acting when practice-setting/employment policies conflict with legislation, regulations, or other regulatory documents.

3.20 Following the most restrictive guideline, regulation, or legislation when multiple documents exist.

3.21 Taking responsibility for the treatment, procedure or services through to completion or when an appropriate hand-off or transfer of care has taken place.

3.22 Taking appropriate action to ensure their own physical, psychological and emotional health does not negatively affect their ability to provide safe, competent, compassionate and ethical care.

Adhere to mandatory reporting obligations by:

3.23 Reporting unethical, unsafe, or incompetent behaviours to the appropriate regulatory body.

3.24 Reporting suspected or confirmed vulnerable person's abuse, according to provincial legislation.

3.25 Complying with self-reporting obligations as required by legislation and regulations (e.g.: cases of incapacity, an accusation and/or finding of guilt of committing a criminal offence, etc.).

3.26 Filing a report with the appropriate regulatory body when having reasonable grounds to believe that another regulated health professional has sexually abused a patient, according to the legislation and regulation.

STANDARD 4.0

PRACTICE MANAGEMENT

Standard Statement:

MIRTPs optimize communication between colleagues and among all members of the healthcare team to support continuity of care within a safe practice environment.

Indicators:

To demonstrate this Standard has been met, MIRTPs will ensure that patient's health records are comprehensive, complete, and accurate by:

4.1 Confirming the following information is documented in the patient record:

a) Patient's demographic information and medical history.

b) Relevant identifiers.

c) Allergies, reactions, adverse effects, treatment concerns or emergency situations.

d) Pregnancy or contraindications to the ordered procedure.

e) Time, dose, duration of any substances or treatment.

f) Technical impressions and observations—including abnormal test results.

g) A notation on implementation of the informed consent process when: it's a high-risk procedure; when patient refuses to give consent; when a dialogue occurred about the intervention or treatment plan; when the consent is not implied; in a situation when the patient's provision of or inability to provide informed consent.

h) Post-procedure instruction provided and patient's understanding; and

i) A notation that a change was made to the health record, the origin of the request, the rationale for the change and what specifically was changed.

Adhere to all applicable record keeping guidelines, policies, regulations and legislation including:

4.2 Following all College guidelines, applicable legislation and regulations, and organizational policies for compiling, using, protecting, and disposing of personal information and health records.

4.3 Maintaining pharmaceutical dispensing records according to legislation and organizational policies.

4.4 Using the appropriate and workplace/organization-wide approved abbreviations and terminology.

4.5 Ensuring patient-information and data systems comply with applicable privacy and confidentiality legislation, regulations, and employers' policies and guidelines.

Document other activities including:

4.6 Recording the results of quality control tests, equipment faults and other problems.

4.7 Recording informatics activities.

4.8 Managing the flow of information by confirming receipt of patient record, images, and pertinent data by the intended recipient.

4.9 Documenting radiopharmaceutical processes according to legislation.

4.10 Documenting drug and substance administration.

4.11 Documenting occupational health and workplace safety issues; near misses, no-harm incidents or harmful incidents; adverse events; and emergency situations.

Engage in workplace-safety and risk-management activities, including:

4.12 Adhering to organizational policies and relevant provincial and federal legislation and guidelines pertaining to health and safety.

4.13 Ensuring the practice setting is safe and potential risk of harm to patients, colleagues, and others is prevented or minimized (e.g.: radiation safety, patient ancillary devices, MR safe or compatible devices).

4.14 Ensuring equipment and materials are handled, stored, transported, and disposed of according to applicable safety and operational standards as per legislation, regulations, guidelines, and organizational policies, and employers' and manufacturers' policies and guidelines.

4.15 Protecting themselves, their colleagues, other members of the health-care team, any other individuals who may be present as well as any patient from any unnecessary exposure to radiation (use required person-protection equipment).

4.16 Decontaminating, when necessary, in accordance with any license(s) issued under the applicable legislation.

4.17 Recognizing and responding appropriately to adverse events and emergency situations (e.g.: cardiac arrest, adverse reactions to medications and/or procedures).

4.18 Taking the appropriate action on identified learning needs of colleagues, other staff members and students (e.g.; initiating and monitoring remediation needs, provide supervision, report incompetence or concerns).

4.19 Complying with applicable occupational health and workplace safety legislation, employer's policies and manufacturer's guidelines.

4.20 Monitoring equipment outputs (e.g., images, recordings) to ensure appropriate performance.

4.21 Documenting activities associated with the operation of equipment in accordance with applicable legislation, and employers' and manufacturers' policies and guidelines.

4.22 Tracking and reporting safety trends and creating a plan to address safety issue.

4.23 Following infection prevention and control standards, protocols and guidelines to reduce risk of cross contamination and exposure to infectious diseases.

4.24 Determining the quality, serviceability, and operability of the equipment and materials to be used in the procedure in accordance with the standards set by legislation, safety codes, guidelines and facility policies, and if the standards are not met, taking corrective action.

4.25 Conducting the required quality control tests according to the applicable legislation, guidelines, safety code and the facility policies.

GLOSSARY

ALARA:
Acronym for a philosophy of radiation and high frequency sound waves use based on using dosages as low as reasonably achievable to attain the desired diagnostic, therapeutic, or other goal

Client:
Is the direct recipient of private services, a customer, other stakeholder, person or company who is engaged in a contractual agreement with the member or the practice setting, and the patient's family member.

Competence:
The combined knowledge, skill and judgment required to perform a role or function.

Confidentiality:
The protection and non-disclosure of personal and health information to ensure the privacy of the individual to whom the information belongs is maintained.

Ethical dilemma:
Is a decision-making problem between two possible moral imperatives or moral conflicts, neither of which is the correct or unmistakable correct or preferable decision or path.

Implied consent:
Consent inferred from the patient's (or alternate decision maker's) actions and surrounding circumstances.

Indirect patient care:
A description of a function that describes non-patient care activities that indirectly affect patient care and services (e.g. administration/management functions, product/equipment development, testing or sales, student services or education, informatics, research, quality control and policy analysis).

Informed consent:
The process whereby permission to proceed with identified intervention procedures is obtained from a patient based on reasonable disclosure of the facts, risks and alternatives. Informed consent may be expressed orally or in writing or it may be implied, depending on the circumstances.

Personal sphere of practice:
Refers to the MIRTP's personal knowledge, skill and judgment or competence. Personal sphere of practice can be influenced by a variety of factors, including experience, continuing education completed or pursued, and employment-setting opportunities.
Scope of Practice:
Includes both the legislative scope of practice statement and the defined professional activities performed by MIRTPs who are educated, trained, and licensed to perform.

Substitute decision-maker:

A person who makes decisions for someone who is incapable of making their own decisions, and who is authorized to give or refuse consent to an intervention on behalf of a person who is incapable with respect to the intervention. In most cases this will be a family member or partner. In others, this may be an individual specifically selected by the client, or appointed by the Court, the Board or Public Guardian and Trustee Office.

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Transport Canada. (1990). Transport and Packaging of Radioactive Materials Regulations—Dangerous Goods Regulations. Retrieve on March 24, 2018 at http://www.tc.gc.ca/eng/tdg/ safety-menu.htm

CONTACT US

Operations

There is 0.75 staff working variable business hours Monday thru Friday. NSAMRT is closed on weekends and holidays.

Please direct all general inquires to:

Nova Scotia Association of Medical Radiation Technologists
380 Bedford Highway Suite 310
Bedford, Nova Scotia B3M 2L4

Phone

902–832–3167

Fax

902–445–9572 Email

info@nsamrt.ca

Response Times

Licenses, Documents and Web postings: Allow 2 weeks for processing.

Email: Allow up to 5 business days for response

Voicemail: Allow 3 business days for response

Communications & Media Information

All inquiries regarding duties or actions of a NSAMRT registrant are to be directed initially to the Registrar.

Individuals are requested to contact the Registrar at (902) 832–3167 or at julieavery@nsamrt.ca.


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