Sonography Canada / Échographie® Canada

PROFESSIONAL PRACTICE GUIDELINES AND MEMBER POLICIES

Professional Practice Guidelines and Member Policies

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Sonography Canada

Sonography Canada is the national voice for Canadian sonographers. Sonography Canada strives to advance the profession, define the role of sonographers in the Canadian healthcare system and represent the profession to other organizations, government and community.

The objectives of Sonography Canada are to:

- Foster excellence in patient care and professional interaction
- Promote the highest level of professional standards of practice for sonographers in Canada
- Develop and deliver Canadian entry-to-practice credentialing examinations
- Provide the Canadian Clinical Skills Assessment (CCSA) credentialing tool
- Provide the national registry for Canadian credentialed sonographers
- Develop and deliver innovative continuing professional development programs

Sonography Canada's Vision

Sonography is practiced with excellence across Canada.

Sonography Canada's Mission

We are the Canadian voice of medical sonographers, fostering best practices and promoting the pursuit of excellence.

Definition of the Profession

The allied health profession where practitioners are trained and credentialed in using the reflections of high-frequency sound waves to construct an image for a variety of investigative imaging examinations. The examination findings provide key diagnostic information to physicians about a patient's medical condition and assist in patient management and appropriate patient care.

Role of Diagnostic Medical Sonographers

Medical sonography is a diverse and dynamic profession where sonographers are active in many areas of healthcare. Sonographers use their acquired knowledge and training in ultrasound physics, human anatomy, physiology and pathology to analyze data, adapt examination procedures and make judgments to differentiate

normal from abnormal patient conditions based on real-time physiologic information, as well as to effectively communicate with patients and other members of the healthcare team. Sonographers are an integral part of the healthcare team, playing a critical role by providing key diagnostic information facilitating patient care. The quality of a sonographic examination is highly dependent on these professional skills. The final diagnostic interpretation relies on information compiled by the sonographer concerning patient history, clinical symptoms, data collection and understanding of the sonographic findings.

The role of a sonographer is to perform the sonographic examination and to document observations. These observations must be reviewed, along with the images, and subsequently reported by the interpreting physician. Issuing of a final report/diagnosis represents the practice of medicine and is therefore the domain of the interpreting physician unless proper delegation of the task is in place.

Role of Sonography Canada

Sonography Canada is both the credentialing and professional service organization for sonographers in Canada. Our organizational responsibilities include:

- development and maintenance of the National Competency Profiles (NCP's) for sonography in Canada
- development of the national Scope of Practice for the profession based on the NCP's
- credential development, delivery and maintenance processes
- development, delivery, assessment and documentation of CPD activities e.g.: conferences, educational videos, professional journal
- determining the maintenance requirements for professional credentials and organization membership
- provision of group professional liability insurance for members
- professional advocacy
- public and government relations

Membership in the organization is maintained by adherence to the organizational requirements and policies. Members are subject to suspension or expulsion for failure to comply with these requirements and policies, for being in contravention of their professional code of ethics, scope of practice or the criminal code of Canada, or actions contrary to the interests of Sonography Canada. Investigation of non-compliance or professional infractions must be evidence based to result in any punitive action being taken against a member.

Sonographer Qualifications

Credentialing is the process used by Sonography Canada to assess the eligibility of graduates of Canadian accredited diagnostic medical sonography training programs and internationally educated sonography professionals to obtain professional credentials in Canada.

To become a Canadian credentialed sonographer, you must obtain membership in Sonography Canada and comply with credential/membership maintenance requirements. Individuals who do not meet these requirements should reference the Sonography Canada Code of Ethics, Code of Conduct, Scope of Practice, and certification information available on the Sonography Canada website for guidance.

The professional designations obtained after successful completion of the Sonography Canada credentialing process are:

Canadian Registered Generalist Sonographer (CRGS®) - includes abdomen, male and female pelvis, obstetrics, peripheral veins for DVT, and superficial structures including (but not limited to) breast, thyroid, and scrotum.

Canadian Registered Cardiac Sonographer (CRCS®) – includes adult cardiac anatomy, function, physiology, pathology and adult congenital assessment.

Canadian Registered Vascular Sonographer (CRVS®) – includes dedicated vascular ultrasound imaging, including (but not limited to) the abdominal vessels, arterial and venous studies of the upper and lower limbs, head and neck and physiologic arterial assessment.

These credential designations are reserved for individuals credentialed by Sonography Canada and whom maintain their Sonography Canada membership in good standing.

For further information on the Sonography Canada credentialing process, go to the following link: Credentials & Exams

National Competency Profiles

The National Competency Profiles (NCPs) list the competencies that are expected at entry-to-practice of the three Sonography Canada credentialing categories. Its primary purpose is to set standards for education and credentialing.

The NCP has been accepted by Accreditation Canada for use in the accreditation of sonography education programs. As well as meeting other requirements, accredited programs must develop curriculum and learning activities which ensure that graduates can demonstrate all the competencies (skills) listed in the relevant section of the NCP. The NCP establishes a minimum educational standard. Educational programs are able to include additional competencies to meet local and regional needs, at their discretion.

For credentialing, Sonography Canada assesses the competencies of applicants utilizing both clinical and knowledge-based assessment vehicles. The blueprints for these assessment instruments are derived from the NCP.

Since it provides information about the job tasks that sonographers may be expected to perform, the NCP is used by many other stakeholders in the profession: employers, physicians, practicing sonographers, students, government agencies and the general public.

Provincial Regulation of the Profession

In Canada, regulation of a health profession is governed under provincial law. Directed by the Minister of Health, the designated professions govern the professional conduct of members through annual licensure by a regulatory college. The role of a regulatory college is to:

- mandate and monitor all members compliance with licensure in that jurisdiction
- determine the entry to practice requirements of the profession
- determine the scope of practice
- mandate the continuing professional development required for maintenance of license
- act as the public guardian for patients/clients to ensure safe practice by appropriate trained, credentialed, and licenced practitioners
- act as the arbitrators of all patient and professional complaints against members.
- investigate complaint validity to protect all involved

Non-regulated health professionals in Canada are not governed under provincial or federal law. This means there is no legal avenue of patient or professional complaint or adjudication outside the criminal code. Professionals are subject to their workplace patient/professional complaint process. The entry to practice requirements and scope of practice are not protected by law, nor is the professional credential. Traditionally, non-regulated health professions in Canada have depended on professional associations, like Sonography Canada.

Examination Protocols

Due to the complexity of practice guideline development and current NCP revalidation, this will be a future project for Sonography Canada as mandated by the Board of Directors. Projected development start is fall 2018.

Below is a list of recommended current examination standards and protocol resources:

GENERALIST

Canadian Association of Radiologists (CAR)

http://www.car.ca/en/standards-guidelines/standards.aspx

Society of Obstetricians and Gynaecologists of Canada (SOGC)

***** *membership may be required for full content*

https://sogc.org/clinical-practice-guidelines.html

Perinatal Services of British Columbia

http://www.perinatalservicesbc.ca/health-professionals/guidelines-standards/standards/ultrasound-assessments

Australasian Society for Ultrasound in Medicine (ASUM)

http://www.asum.com.au/standards-of-practice/

The British Medical Ultrasound Society (BMUS)

https://www.bmus.org/static/uploads/resources/Guidelines_for_Professional_Ultrasound_Practice_Revision_Dec_2016_Vo2IWse.pdf

American Institute of Ultrasound in Medicine (AIUM)

http://www.aium.org/resources/guidelines.aspx

VASCULAR

Society of Vascular Ultrasound (SVU)
http://www.svunet.org/practicemanagementmain/professionalperformanceguidelines

CARDIAC

Canadian Society of Echocardiography (CSE) & CorHealth Ontario

https://www.corhealthontario.ca/resources-for-healthcare-planners-&-providers/eqi/standards

American Society of Echocardiography (ASE)

http://asecho.org/wordpress/wp-content/uploads/2013/05/Quality-Echo-Lab-Operations.pdf

Glossary of Terms

Accreditation: a process by which organizations become officially recognized or authorized to operate by meeting the accepted standards of the accreditation organization.

Accreditation Organization: an organization whose role is to assess and recognize diagnostic medical sonography facilities and/or educational programs to ensure they meet the accepted standards. Some examples are Accreditation Canada (AC) - EQual, Intersocietal Accreditation Commission (IAC) and provincial College of Physicians and Surgeons.

Certificate: refers to the confirmation of certain characteristics of an object, person, or organization. This confirmation is often, but not always, provided by some form of external review, education, assessment, or audit. A diploma or degree is an indication of educational programs process of graduate certification

Code of Conduct: a set of guidelines outlining the social norms, rules and responsibilities of and proper practices for, an individual, party, organization or profession.

Code of Ethics: a code of professional responsibility, which will define difficult issues, difficult decisions that will often need to be made, and provide a clear account of what behavior is considered "ethical" or "correct" or "right" in the circumstances.

Credential: a professional designation acknowledging a person's qualifications obtained by successful completion of a professional credentialing process.

Credentialing Organization: is responsible for developing and maintaining the credentialing examinations and curriculum blueprinting. Entry to practice credentialing and blueprinting is based on the National Competency Profile (NCP) which is jointly developed and administered by the National Credentialing and Professional Services organizations (i.e. Sonography Canada). They are also responsible for the delivery of entry to practice and any additional credential examination processes and are the arbitrators of these processes.

Credential Designation: a title earned by an individual who has met and maintained the competency requirements of a profession.

Examination Protocols/Standards: should be clearly documented and available for instruction, clarification, along with appropriate image documentation and acceptable examination times for the specific institution, facility, or site. These practices, examination standards, or examination times can vary from national or international recommended practices. However, they must be documented with appropriate evidence and be available to the public and staff for reference. These examination standards should be reviewed regularly.

Good Standing: means a member who meets all conditions of their membership category including timely payment of dues and compliance with the CPD Policy, as well as that the member is not currently subject to any disciplinary action by the corporation or by any provincial regulatory college.

Institution/Employer: a hospital, health region, or private facility responsible for health care and all the ancillary processes involved in delivering care. Institutions/Employers may and will determine their own employment, practice and examination standards based on best practice, policies, guidelines, recommendations, as well as provincial, national and international standards. These may vary but must adhere to all provincial and federal regulations governing healthcare. Deviations, additions and exceptions to best practice guidelines and recommendation or professional functions outside the practitioners' normal scope of practice must be clearly documented as a written policy and be available for reference by the public and staff.

License: is granted by a provincial regulator approved by the provincial health ministries. The provincial regulator or regulatory college is responsible for ensuring that all sonographers:

- meet entry-level competence
- have appropriate professional credentials
- work within their scope of practice
- adhere to all provincial and national standards and laws
- maintain their clinical competence through ongoing education and training

Medically Directed Activities/Delegated Acts: are medical care activities and professional functions considered to be outside the normal scope of practice of a profession. These activities are assigned to a sonographer through a written medical directive whereby the responsible physician or physician group clearly accepts ultimate responsibility for the activity or function. The medical directive must clearly define the activity or professional function being assigned, to whom it is being assigned, why it is being assigned, and under what conditions or circumstances. The additional education and training to perform these assigned activities or professional functions must be clearly documented. All medical directives must be documented and accessible to the public and allied health professionals for reference.

National Competency Profiles (NCPs): the nationally defined list of knowledge and skills required for entry-to-practice in a given profession. Its primary purpose is to set standards for education and credentialing. In Canada, the individual health professions determine these competencies through national surveying of practitioners, educators, employers and allied health professionals. These surveys are performed every 5-7 years to ensure the currency of practice. The NCPs are used by many stakeholders in the profession: employers, physicians, practicing sonographers, students, provincial regulatory bodies, government agencies and the general public.

Non-Regulated Health Profession: a profession in Canada not governed under provincial or federal law. Therefore, there is no legal avenue for patient or professional complaint or adjudication outside the criminal code.

Patient Privacy/Confidentiality: national, provincial and institutional/employer laws and policies are in place which closely govern patient privacy and freedom to information for health records in all Canadian jurisdictions. It is the responsibility of the sonographer to be familiar with all laws and policies which apply to their workplace. A breach of these laws and policies may result in disciplinary action. Investigation of breaches of these laws are not the responsibility of Sonography Canada and should be directed to the appropriate workplace or provincial government authority.

Point of Care Ultrasound (PoCUS): an ultrasound examination provided and performed by a primary care physician (or their designate), specialty physician or other regulated allied healthcare professional whose scope of practice includes the knowledge, judgement and skills to perform limited examinations of the patient, usually as an adjunct to the physical examination or therapy, to identify the presence or absence of a limited number of specific findings.

Policy: a mandatory directive for which compliance is required for a Sonography Canada member. Contravention of policies will be considered a breach of professional Code of Ethics, Code of Conduct, and Scope of Practice and will be subject to disciplinary action by Sonography Canada up to and including withdrawal of membership.

Position Statement: an explanation or recommendation based on national or international standards which reflect the fundamental professional objectives and values of Sonography Canada.

Practice Guideline: an outline of conduct, action, or responsibility approved by Sonography Canada based on acceptable national or international standards of practice.

Professional Liability Insurance (PLI): holding a policy protects sonographers against liability or allegations of liability for injury or damages that have resulted from a negligent act, error, omission, or malpractice that has arisen out of your professional capacity as a sonographer. It can be provided through a group plan from a professional organization or private provider. These policies should contain language specifically related to the profession and its scope of practice.

Professional Services Organization: provides members with the necessary tools to practice safely and appropriately based on the Code of Ethics and Conduct, Scope of Practice, National Competency Profile and Professional Liability Coverage. The organization is also responsible for providing:

- maintenance requirements for continuing professional development programs (CPD)
- development, delivery, assessment and documentation of CPD activities e.g.: conferences, educational videos, professional journal
- Professional Liability Insurance (PLI)

- assistance to insurance carriers in cases of professional liability claims.

Registration: membership to an organization, which monitors the requirements for maintenance of professional standards and credentials.

Regulated Health Profession: in Canada, regulation of a health profession is governed under provincial law. Directed by the Minister of Health, the designated professions govern the professional conduct of their members through annual licensure by a regulatory college.

Regulatory Organization: professional regulation, better known as self-regulation, is a provincial matter governed by the provincial ministries of health. Regulatory Colleges in each province license sonographers to practice in their jurisdiction. Responsibilities include:

- requirements for license application and maintenance
- ensuring compliance of practitioners to their policies and standards such as Scope of Practice, Code of Ethics and continuing education requirement
- ensuring all members have adequate professional liability coverage
- acting as the public guardian for patients/clients
- ensuring safe practice by appropriately trained, credentialed and licensed practitioners
- acting as the investigator and arbitrator in all cases of professional malpractice
- acting fairly and justly to represent both the public and licensed practitioners during the complaint process

Not all Canadian provinces are currently regulated, see the below list of regulated provinces:

Ontario: College of Medical Radiation Technologists of Ontario (CMRTO) https://www.cmrto.org/

Quebec: Ordre des technologues en imagerie médicale, en radio-oncologie et en électrophysiologie médicale du Québec (OTIMRO) http://www.otimroepmq.ca/

Scope of Practice: describes the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping within the terms of their professional license. In the case of non-regulated professions, the scope of practice is determined by the national professional organization representing and credentialing practitioners and represent advisory recommendations only and have no legal protection.

Explanation of the Professional Practice Guidelines

The following evidence-based policies, position statements and practice guidelines are intended for use by practicing sonographers, educators and employers in ensuring that high quality, safe and ethical sonography is practiced with excellence across Canada.

Sonography Canada members must, as a condition of membership, abide by Sonography Canada's Code of Ethics, Code of Conduct, Scope of Practice and policies. Documented workplace policies may provide acceptable alternatives to Sonography Canada's position statements and practice guidelines provided they do not cause the sonographer to contravene the Code of Conduct, Code of Ethics or to work outside their scope of practice and comply with provincial legislative and regulatory policies and standards.

Failure to comply with Sonography Canada's policies and practices; acts of negligence in the practice of the profession; or any other matter that could be deemed contrary to the public interest can result in Sonography Canada disciplinary actions up to and including loss of active membership and withdrawal of Sonography Canada credential(s) according to Sonography Canada Disciplinary Policy.

The Sonography Canada Professional Practice Guidelines are intended as the entry-to-practice standard for Canadian sonographers in the delivery of safe, effective, high quality and ethical patient care. The guidelines are based on the Sonography Canada National Competency Profiles, national practice surveys, and review of national and international practice standards and guidelines, and should be considered as a reference document for all Canadian workplace guidelines.

Sonography Canada strongly recommends that all workplace policies, position statements, practice standards, practice guidelines, delegated medical acts and delegated medical authority be clearly documented, dated and authorized by the appropriate administrative authority and should be available for reference by all professional staff at all times.

Employers are strongly encouraged to incorporate or reference these policies, position statements and practice guidelines in their own workplace documents. Sonography Canada is pleased to facilitate this by making our policies, positions and practice guidelines freely available on our website or by contacting profpractice@sonographycanada.ca

There is a full Glossary of Terms to provide a clear understanding of the document content.

1.0

Sonography Canada Member Policies

Document Number	1.1
Document Type	Policy
Category	Sonography Canada Member Policies
Title	Scope of Practice
Pages	1 of 1
Approval Date	October 1, 2018
Projected Review Date	Fall 2020

Policy:

The term sonographer is reserved for individuals registered by a recognized professional body. A sonographer must have the knowledge, skills and judgment necessary to perform a thorough diagnostic ultrasound, acquire and analyze data and provide a professional account of sonographic findings. Sonographers must demonstrate exemplary communication and patient care skills. The boundaries of practice are established by law and limited to the areas for which an individual has shown clinical competency.

Canadian sonography holds itself to a very high standard of practice, encouraging all individuals working as sonographers to seek credentialing through Sonography Canada, reference the National Competency Profiles for entry-level competency requirements, and adhere to the principles described in the Code of Ethics and the Code of Conduct for sonographers.

In a regulated jurisdiction, Sonography Canada members must be aware of and comply with the laws, regulations, standards, and codes that govern diagnostic medical sonographers in their particular jurisdiction.

Sonography Canada Professional Practice Guidelines

Document Number	1.2
Document Type	Policy
Category	Sonography Canada Member Policies
Title	Code of Conduct
Pages	1 of 2
Approval Date	October 1, 2018
Projected Review Date	Fall 2020

Policy:

Sonography Canada members will demonstrate behavior that is in keeping with the core values of the organization. Members are expected to conduct themselves in a professional and appropriate manner at all times.

Sonography Canada values the dignity and worth of each person. Every individual has the right to work in an environment of integrity, respect and compassion in a professional atmosphere that is harassment free. In turn, every patient deserves the best care, respect and compassion from all Sonography Canada members/sonographers.

Definitions / Associated Terms:

Compassion- Demonstrate compassion for our patients, their families and our colleagues when we:

- Listen actively to patient's needs and respond appropriately
- Use empathy effectively
- Make an extra effort to accommodate any special needs
- Ensure a safe, comfortable work environment
- Provide help when needed

Commitment to quality- Demonstrate a commitment to quality when we:

- Provide the right services to the right person at the right time
- Demonstrate pride in being a sonographer
- Seek opportunities to grow and improve as a sonographer
- Maintain a sense of responsiveness to the needs of the patients

Respect for the individual- Demonstrate respect for the individual when we:

- Maintain patient privacy
- Maintain confidentiality of patient and colleagues
- Be courteous to patients and others
- Treat others as one would like to be treated

- Acknowledge and value differences
- Act professionally

Harassment- a course or pattern of objectionable or improper comment(s) or behavior(s), that is known or should reasonably be known to be unwelcome, that is directed at, and is offensive to any patient, colleague or member of the public. It includes improper, disrespectful or offensive comment; behavior or displays made on either a one-time or continuous basis that would demean, belittle, or cause personal humiliation or embarrassment.

Personal Harassment- includes, without limitations a course or pattern of aggressive, intimidating, and/or bullying behavior including yelling in anger, shouting, throwing or slamming property, sarcastic remarks, profane gestures, threatening harm to a person or property, or invading an individual's personal space.

Sexual Harassment- emphasizing unwelcome behavior of a sexual nature which includes but is not limited to gender-based slurs, jokes, unwelcome remarks, comments or conduct emphasizing the sex or sexual orientations of a person, unwelcome solicitations, touching, petting, pinching, leering, display of sexually offensive pictures or materials, sexually suggestive gestures, questions or discussions about sexual activities, derogatory or degrading remarks, sexual advancement of someone in a position to grant or deny or benefit, and reprisal for rejecting the sexual advances of someone in such a position.

Racial Harassment- harassment on the basis of race, citizenship, place of origin, creed, colour or ethnic origin. Racial harassment includes, but is not limited to, demeaning racial remarks, racial epithets, insults, jokes or innuendoes, displaying racist, degrading, derogatory or offensive pictures and other materials, taunts, refusal to work with an individual or perform a test on a patient on these grounds, negative actions and communications and physical abuse.

Document Number	1.3
Document Type	Policy
Category	Sonography Canada Policies
Title	Code of Ethics
Pages	1 of 2
Approval Date	October 1, 2018
Projected Review Date	Fall 2020

Policy:

The *Code of Ethics for Diagnostic Medical Sonographers* serves as a foundation for sonographers' ethical practice. It provides guidance for ethical relationships, responsibilities, behaviours and decision-making, and it is to be used in conjunction with the professional standards, laws and policies that guide practice.

The aim of this code of ethics is to promote excellence in patient care by fostering responsibility and accountability thereby ensuring the integrity of professionals involved in all aspects of diagnostic medical ultrasound.

The code serves as a means of self-evaluation for ethical practice providing a basis for self-reflection and feedback. It is designed to create an environment where ethical issues can be identified and discussed, and to provide guidelines for the practitioner regarding ethical behaviour.

The code informs other health-care professionals as well as members of the public about the ethical commitments of sonographers and supports the delivery of safe, compassionate, competent and ethical care.

First Principles:

Consider first the well-being of the patient:

1. Practice the profession of sonography in a manner that treats the patient with dignity and a person worthy of respect.
2. Engage in continuing professional development to maintain and improve your professional knowledge, skills and attitudes.
3. Contribute to the development of the profession, whether through clinical practice, research, teaching, administration or advocacy on behalf of the profession or the public.
4. Refuse to participate in or support practices that violate the aspirations or ethical practice standards of the profession.
5. Promote and maintain your own health and well-being.
6. Practice competently, with integrity and without impairment.

Responsibilities to patient well-being:

1. Provide information about the procedure and respond to the patient's concern and questions.
2. Respect the patient's self-determination and the right to refuse the procedure.
3. Recognize the patient's individuality and provide care in a non-judgmental and non-discriminatory manner.
4. Promote the privacy, dignity and comfort of the patient and his/her family.
5. Protect the confidentiality of acquired patient information.
6. Strive to ensure patient safety.
7. Promote equitable access to care.

Responsibilities to professional competence:

1. Obtain the appropriate knowledge, skills and judgement to ensure competence
2. Practice according to published and recognized standards.
3. Work to achieve and maintain appropriate credentials.
4. Acknowledge personal limits and not practice beyond one's knowledge, skills and judgement.
5. Perform only those procedures that are medically indicated and properly requisitioned, thereby restricting practice to validated and appropriate tests. (For research studies follow established research protocol obtaining and documenting informed patient consent as needed.)
6. Ensure the completeness of examinations and the timely communication of important information to the appropriate interpreter.
7. Strive for excellence and continued competence through continuing professional development.
8. Perform ongoing quality improvement.

Responsibilities to professional integrity:

1. Be truthful and promote honesty in interactions with patients, colleagues and the public.
2. Accurately represent your personal level of knowledge, skills, judgement and professional certification and credentials.
3. Avoid situations which constitute conflict of interest.
4. Maintain appropriate personal boundaries with patients, their families, colleagues and the public including avoidance of inappropriate sexual conduct, be it verbal or nonverbal.
5. Promote cooperative interprofessional relationships.

Sonography Canada Professional Practice Guidelines

Document Number	1.4
Document Type	Policy
Category	Sonography Canada Policies
Title	Appeals and Discipline
Pages	1 of 3
Approval Date	October 1, 2018
Projected Review Date	Fall 2020

Policy:

Any Member may be subject to disciplinary action by the Corporation, up to and including expulsion of a Member from the Corporation, for violating either the Code of Ethics or the Code of Conduct of the Corporation; for an act of negligence in the practice of the profession; or for any other matter that is deemed contrary to the public interest or the best interest of the Corporation.

Responsibilities

Appeals and Discipline Committee

The Appeals and Discipline Committee ("the Committee") of the Board of Directors is responsible for hearing all complaints made against Members and for initiating disciplinary reviews of Members under circumstances as provided for below. The Committee will make recommendations to the Board of Directors with respect to all complaints received and disciplinary reviews initiated.

Board of Directors

The Board of Directors is responsible for determining, based on the Committee's recommendations, disciplinary actions to be taken by the Corporation with respect to all complaints received or disciplinary reviews initiated.

Members

It is the responsibility of each Member to report to Sonography Canada if there has been:

a. A finding of negligence or malpractice against the Member by a court or in a civil proceeding or lawsuit,
b. A finding of a Member having either pleaded guilty or having been found guilty of a criminal offence,
c. A disciplinary action taken against a Member by a provincial regulatory college. Reporting of such actions must be submitted to the Executive

Director of Sonography Canada, in writing, within 30 days of such finding or disciplinary action.

Submitting a Complaint

Any Member or member of the public may submit a complaint against a Member provided the complaint is:

- Made within ninety (90) days of the incident(s) upon which the action is based, and
- Submitted in writing, including all supporting documentation, addressed as follows:

Executive Director
Sonography Canada
P.O. Box 1220
Kemptville, ON K0G 1J0

Disciplinary Review Initiated by the Committee

The Committee may, at its discretion, initiate a disciplinary review of a Member upon receipt of:

- A report from the Member
- A report from the Public
- A report or a complaint from a provincial regulatory college
- A formal request from the Board of Directors

Complaint Review Process

1. Sonography Canada shall notify the Member who is the subject of the charges of such a complaint within 30 days of receipt of the complaint.
2. The Committee shall convene a hearing, either in person or by way of teleconference, to hear the complaint, within forty-five (45) days of the Member being notified of the complaint.
3. The Committee shall provide to the Member at least fifteen (15) days before the hearing, a notice stating the date, time, and place the hearing will be held.
4. The Member may attend the hearing to provide evidence and/or may provide written submissions in their defence.
5. The Member is responsible for all costs which they may incur. If the hearing is to be held in person, the Member may request to be heard by way of teleconference. In the event that the Committee recommends that action not be taken against the Member, then the Committee may, at their discretion, award to the Member some or all reasonable travel costs for participating in the hearing.

6. The Committee may receive evidence in any manner it considers appropriate and is not bound by rules of law respecting evidence applicable to judicial proceedings.
7. After review of the evidence and having provided the Member with reasonable opportunity to participate in the hearing, the Committee shall make its recommendations to the Board of Directors within 30 days of the hearing date. The Board will then render its decision in the matter at the next scheduled meeting of the Board.
8. The Committee shall record the Board's decision and its reasons for it in writing and provide a copy of those reasons to the Member affected within 30 days of the Board's decision.
9. If the Board decides to terminate, suspend or otherwise change the Member's status, such an order will be effective upon receiving proof that the Member has been provided with the written reasons for doing so.
10. In the event that a member of the Board has a formal complaint brought against them, the Board shall assign all duties of such Board member to another member of the Board pending review and disposition of the charges.

Decisions of the Board of Directors

The decision of the Board of Directors is final.

Sonography Canada Professional Practice Guidelines

Document Number	1.5
Document Type	Policy
Category	Sonography Canada Policies
Title	Social Media
Pages	1 of 3
Approval Date	October 1, 2018
Projected Review Date	Fall 2020

Summary Statement:

Following a review of social media practice guidelines from allied health, nursing and physician professional organizations, provincial regulators, ministries of health and a variety of institutional guidelines, Sonography Canada has developed the following professional policy addressing the use of social media by sonography practitioners in Canada.

For Sonography Canada members, the basis of this policy is the Code of Conduct, Code of Ethics and the policy on patient privacy contained in this document.

While personal and professional social media platforms provide a very useful medium for education, discussion and information sharing and are seen as a beneficial communication tool, members must be cognizant of the professional principles, policies and guidelines which govern its use to ensure protection of patient privacy as well as public and professional safety.

"Social media" refers to web and mobile technologies and practices that people use to share content, opinions, insights, experiences, and perspectives online. There are many prominent examples of social media platforms, including Facebook, Twitter, Instagram, YouTube, LinkedIn, blogging sites, chat forums, among many others.

Many sonographers and organizations are now using social media to interact with members, colleagues and patients, to seek out medical and professional information online, and to share content with a broad audience.

These platforms are highly accessible, informal, and public. There are important considerations that sonographers must understand in order to adhere to their professional obligations while online or engaging in social media.

Policy:

1. Assume that all content on the Internet is public and accessible to all.
2. Comply with all legal and professional obligations to maintain patient privacy and confidentiality.

3. Read, understand, and apply the strictest privacy settings necessary to maintain control over access to personal information, and social media presence undertaken for personal and professional purposes.
4. Set and maintain privacy settings to limit access to personal information. Be aware others can copy and share your information without your knowledge or permission.
5. Sharing patient information or images, even if anonymized, on social media for non-professional use is in contravention of the Sonography Canada Code of Ethics and Code of Conduct and represents a failure to protect patient privacy and confidentiality.
6. Report any breaches in privacy and confidentiality breaches to an appropriate authority, employer, regulator or professional organization, immediately.
7. Know the technology and social media platforms you use and have the skills and judgment to use them appropriately and ethically.
8. Reflect on the intent and consequences of your online behaviour before participating in the use of social media.

Guidelines

- Be aware that social media platforms are constantly evolving and be proactive in considering how professional expectations and regulations apply in any given set of circumstances.
- Know the benefits and risks of social media.
- Use the same level of professional conduct in your online interactions as you would in personal interactions.
- Ensure that your personal and professional communications are separate by using different accounts and passwords for personal and professional activities.
- Maintain all professional boundaries. Set and communicate these boundaries with all online colleagues.
- End your professional relationships appropriately.
- Do not accept professional "friend" requests on your personal social media accounts.
- Maintain professional and respectful relationships with patients, colleagues, and other members of the health-care team.
- Comply with the law related to defamation, copyright, and plagiarism when posting content online.
- Avoid conflicts of interest.

References:

Government of Canada

http://www.inspection.gc.ca/about-cfia/newsroom/stayconnected/protocol/eng/1380562698834/1380564418191

Ontario Public Services

https://www.ontario.ca/page/ontario-public-service-social-media-guidelines

College of Physicians and Surgeons of Ontario

http://www.cpso.on.ca/Policies-Publications/Positions-Initiatives/Social-Media-Appropriate-Use-by-Physicians

International Nurse Regulator Collaborative

http://www.cno.org/globalassets/docs/prac/incr-social-media-use-common-expectations-for-nurses.pdf

College of Medical Radiological Technologists of Ontario (CMRTO)

https://www.cmrto.org/social-media-policy/

Others

https://www.sor.org/about-radiography/media-centre/social-media-guidance-scor-groups

http://www.svunet.org/codeofconduct

https://open.alberta.ca/dataset/d4588194-cb54-4254-9826-64395c7f4be2/resource/b369bb77-b30e-429a-aa71-575a6cc73440/download/2010-GOASocialMediaPolicy-2010.pdf

https://novascotia.ca/treasuryboard/manuals/PDF/300/30609-03.pdf

Sonography Canada Professional Practice Guidelines

Document Number	1.6
Document Type	Policy
Category	Sonography Canada Policies
Title	Delegated Acts
Pages	1 of 1
Approval Date	October 1, 2018
Projected Review Date	Fall 2020

Policy:

Delegated acts fall within Sonography Canada's Scope of Practice. Implementation of a delegated act requires a medical directive from a physician describing the delegated act, practice guidelines, and proper training required. The following three criteria must be met:

1. Sonographers must have undertaken training to acquire the knowledge, skills and judgment to perform the act

2. The institution must have in place policies, procedures and standardized protocols related to the act

3. The institution must have in place a formal ongoing quality assurance program related to the act

Sonography Canada does not advise on, nor approve the adequacy of training, protocols, and quality assurance (QA) programs. These will vary based on the delegated act and the institution involved. Sonographers must be provided with sufficient education, training and support to be fully competent as outlined above. The act must be formally delegated and the above three criteria met for members to be protected by Sonography Canada Professional Liability Insurance.

It should be noted that because an item can be delegated to fall under a sonographer's scope of practice, it could be encroaching on the role of other health professions and regulations surround the task or act.

Sonography Canada Professional Practice Guidelines

Document Number	1.7
Document Type	Policy
Category	Sonography Canada Policies
Title	Membership Renewal and Maintenance Policy
Pages	1 of 1
Approval Date	October 1, 2018
Projected Review Date	Fall 2020

Policy:

Membership in Sonography Canada is required in order to maintain Sonography Canada issued credentials in good standing.

To maintain your membership in Sonography Canada, members are required to pay their annual fees by April 30th each year and to maintain the required number of Continuing Professional Development (CPD) credits in accordance with the Sonography Canada CPD Program.

Effective May 1, 2014, those members who do not have Canadian credentials are also required to maintain the same number of Continuing Professional Development (CPD) credits as Canadian credentialed members.

Professional Liability Insurance (PLI) runs from May 1st to Apr. 30th. In the event that PLI premiums are not paid in full by April 30th, the member is no longer covered by PLI until both dues and insurance premiums are paid in full.

Non-Compliance

If for any reason the dues have not been paid by May 1st they are considered in arrears and a $25.00 late fee will be levied. A notice will be sent out to the member. If the renewal fee is not paid by July 1st the member's status becomes "Interim" and a 60-day late fee of $75.00 will be applied.

In the event that the fees are still not paid by November 1st, the member's membership in Sonography Canada will be terminated and their Sonography Canada credentials revoked. Reinstatement as a member will be subject to the Member Reinstatement Policy.

Members who are non-compliant with the CPD Policy are not able to renew their membership until such time as they are able to demonstrate compliance with the CPD policy. This will result in the delay of the member's dues payment and resultant additional fees or loss of membership as noted above.

Sonography Canada Professional Practice Guidelines

Document Number	1.8
Document Type	Policy
Category	Sonography Canada Member Policies
Title	Member Reinstatement Policy
Pages	1 of 1
Approval Date	October 1, 2018
Projected Review Date	Fall 2020

Policy:

Sonographers with Canadian Credentials CRGS®, CRCS®, CRVS® or CRS™

A Sonographer with Canadian credentials whose membership has been terminated must apply for reinstatement of active status adhering to the following conditions;

- Repayment of all yearly dues owing
- Payment of a late fee in the amount of $75.00
- Proof of compliance with CPD program

If the CPD requirements are not met OR the reinstatement request occurs after a 5-year period of dues lapse, the applicant must complete a Canadian Clinical Skills Assessment (CCSA™) and knowledge-based exams in the discipline being applied for.

Sonographers without Canadian Credentials

A Sonographer without Canadian credentials whose membership has been terminated must reapply and be accepted as an "external candidate", then successfully complete both knowledge-based exams in the discipline being applied for and a Canadian Clinical Skills Assessment (CCSA™).

Document Number	1.9
Document Type	Policy
Category	Sonography Canada Policies
Title	Continuing Professional Development (CPD) Program
Pages	1 of 1
Approval Date	October 1, 2018
Projected Review Date	Fall 2020

Summary Statement:

Learning activities must enrich the individual sonographer and the profession as a whole by improving knowledge, performance and competency to improve patient care. By providing a broader range of program delivery models and learning activities Sonography Canada can positively affect professional growth in an ever-changing health care environment while addressing the diminishing education funding and educational leave many practitioners are facing.

Policy:

Sonography CPD Program Credit Requirements

Total triennium credit requirement = 40

Sonography Based Credits:

Sonography Based credits per triennium = 30 minimum

Directed Sonography Based activities per triennium = 15 minimum

Relevant to Practice Credits:

Relevant to Practice credits per triennium = 10 maximum

- Members are not obligated to complete Relevant to Practice or Self-Directed activities to achieve their 40 credits.
- Sonography Canada is encouraging members to obtain their credits gradually throughout their triennium to demonstrate on-going learning by recommending all members achieve a minimum 10 credits per year toward their total 40 credits.
- Trienniums end on December 31.

Types of Learning Activities and Methods

There are two main types of learning activities, Sonography Based and Relevant to Practice:

Sonography Based

- Must directly involve the practice of sonography.
- Must enrich the member in a direct way by improving sonography knowledge, performance and competency to directly improve patient care.

Relevant to Practice

- Not sonography based but must enhance professional practice.

These activities enable the member to expand and improve their knowledge, skills and interprofessional relationships, promoting and enhancing the profession of diagnostic medical sonography and ultimately enhancing patient care.

Within these two activity types, there are two methods of learning: *Directed* and *Self-Directed*

Directed Activities

Are pre-approved by Sonography Canada or another approved CPD provider and must have a certificate of completion to obtain CPD credit.

Self-Directed Activities

Are not pre-approved. These activities will require the member to provide a record of the type of learning activity, date, and time spent on activity.

Self-Reflection is required for all Self-Directed activities. A short summary statement will be selected from a dropdown list describing how the activity is relevant to sonography or your practice.

For full explanation of the CPD program and a list of CPD providers, refer to our website or email cpd@sonographycanada.ca

2.0

Professional Practice Standards

Sonography Canada Professional Practice Guidelines

Document Number	2.1
Document Type	Position Statement
Category	Professional Practice Standards
Title	Professional Liability Insurance
Pages	1 of 1
Approval Date	October 1, 2018
Projected Review Date	Fall 2020

Position Statement:

Sonography Canada cannot overemphasize the importance of sonographers having their own personal Professional Liability Insurance (PLI) coverage. If a sonographer is ever involved in a claim, it is strongly recommended that they have coverage to provide personal legal support to protect their professional reputation and livelihood. Sonographers need to protect themselves against civil claims; error or omission and professional negligence or inappropriate conduct. PLI coverage is a mandatory requirement for provincial regulatory college membership and will provide defense against any complaints brought against a sonographer by the college.

Professional liability coverage offered by employers, unions, or other organizations is often tied to place of employment, may not be profession specific, and may have important restrictions. We advise members to review their PLI coverage policies to ensure they are sufficiently covered for their role as a sonographer.

Sonography Canada PLI coverage is designed for sonographers and based on the current Sonography Canada Scope of Practice, Code of Conduct, and Code of Ethics. Sonographers who are cross trained in another modality such as MRT can indicate it on their application and then be covered under the policy for both roles.

Information about the Sonography Canada PLI coverage can be found at: www.sonography.bmsgroup.com or by email info@sonographycanada.ca .

Sonography Canada Professional Practice Guidelines

Document Number	2.2
Document Type	Position Statement
Category	Professional Practice Standards
Title	Sonographer's Role and the Technical Impression
Pages	1 of 1
Approval Date	October 1, 2018
Projected Review Date	Fall 2020

Position Statement:

The primary role of the sonographer is to perform the ultrasound scan, record the ultrasound images and document their observations. The sonographer must be able to recognize abnormalities, document limitations, form a preliminary set of findings, and extend the scope of the examination to explore these pathological conditions as per provincial guidelines and institutional delegations.

Sonographers' technical impressions are intended as a form of communication between the sonographer and the interpreting physician. Issuing of a final report/diagnosis is the domain of the interpreting physician and represents the practice of medicine.

Technical impressions should follow a detailed format appropriate for the examination, with a clearly visible disclaimer which should include:

- technical impressions are sonographer observations only
- are for use by the interpreting physician only

The technical impression should contain at least three patient identifiers and a sonographer identifier. A technical impression should not include interpretations, recommendations or differential diagnoses, unless otherwise directed by institutional policy.
Any edits to final technical impressions must be completed by the sonographer who performed the examination and the changes must be documented for future reference and review. The technical impression should be kept as permanent record according to institutional, provincial and national retention guidelines.

References:

Canadian Association of Radiologists (CAR)
https://car.ca/wp-content/uploads/Ultrasound-Performing-Diagnostic-Obstetric-Ultrasound-Examinations-2010.pdf

https://car.ca/wp-content/uploads/Communication-of-Diagnostic-Imaging-Findings.pdf

American Society of Echocardiography (ASE)
http://www.asecho.org/wordpress/wp-content/uploads/2013/05/Quality-Echo-Lab-Operations.pdf

Sonography Canada Professional Practice Guidelines

Document Number	2.3
Document Type	Position Statement
Category	Professional Practice Standards
Title	Physician Supervision
Pages	1 of 1
Approval Date	October 1, 2018
Projected Review Date	Fall 2020

Position Statement:

A reporting physician must be available by telephone or other electronic/digital means for consultation with the sonographer and the referring physician. A mechanism must be in place to address unexpected or urgent findings. A sonographer's technical impressions is for the reporting physician's information only and must not be used as a preliminary report. Therefore, there needs to be an effective mechanism in place locally to ensure timely dissemination of ultrasound reports. Reporting times will vary depending on facility, examination priority as indicated on the requisition, and method of report delivery. The reporting physician should be aware at all times of the implications for the patient of the contents of the report and act in accordance with local guidelines, policies and procedures.

References:

British Medical Ultrasound Society (BMUS)
https://www.bmus.org/static/uploads/resources/SCoR__BMUS_Guidelines_for_Professional_Ultrasound_Practice_Revised_Jan_2018.pdf

Canadian Association of Radiologists (CAR)
https://car.ca/wp-content/uploads/Ultrasound-Performing-Diagnostic-Obstetric-Ultrasound-Examinations-2010.pdf

Sonography Canada Professional Practice Guidelines

Document Number	2.4
Document Type	Position Statement
Category	Professional Practice Standards
Title	Patient Privacy
Pages	1 of 1
Approval Date	October 1, 2018
Projected Review Date	Fall 2020

Position Statement:

Members of Sonography Canada must adhere to their specific provincial and institutional patient privacy legislation and policies. Please refer to the links below for provincial privacy legislation:

Alberta Personal Information Protection Act

British Columbia Personal Information Protection Act

Manitoba Personal Health Information Act

New Brunswick Personal Health Information Privacy and Access Act

Newfoundland and Labrador's Personal Health Information Act

Northwest Territories Health Information Act

Nova Scotia Personal Health Information Act

Nunavut - *In development*

Ontario Personal Health Information Protection Act

Prince Edward Island Health Information Act

Québec An Act Respecting the Protection of Personal Information in the Private Sector

Saskatchewan Health Information Protection Act

Yukon Health Information Privacy and Management Act

Sonography Canada Professional Practice Guidelines

Document Number	2.5
Document Type	Position Statement
Category	Professional Practice Standards
Title	Patient Consent
Pages	1 of 4
Approval Date	October 1, 2018
Projected Review Date	Fall 2020

Position Statement:

Obtaining informed consent prior to initiating any ultrasound examination or procedure is part of Sonography Canada's National Competency Profile and the Canadian Scope of Practice of sonographers. The elements of informed consent are defined in the Health Care Consent Act, written in 1996 and amended in 2004:

Elements of Consent

- Patient or substitute decision maker must have capacity to give consent.
- Consent must relate to procedure
- Consent must be informed
- Consent should be obtained in the patient's language of choice.
- Consent must be given voluntarily
- Consent must be respectful of the patient's gender, sexual orientation, and religious beliefs
- Consent must not be obtained through misrepresentation or fraud

Consent is considered to be informed if:

- Patient understands information and the elements of informed consent
- A reasonable person would consider they had enough information
- The patient received responses to requests for additional information

Consent can be given verbally. The need for written consent is dependent upon the type of procedure and the policies of the institution.

Guidelines for the Sonographer

- Before beginning the procedure or treatment, the sonographer should fully explain to the patient what the sonographer is going to do and why. This is particularly important when the procedure forms part of a plan or course of treatment.
- If a patient gives any sign of not knowing or understanding the procedure, then the sonographer should not perform it, even if the patient's record

indicates that consent has been given. The sonographer should refer the patient back to their physician to ensure informed consent is obtained.

- There may be indications that the patient has withdrawn consent to the procedure, or he or she may even resist. Assuming the patient is mentally capable, he or she can withdraw consent to a procedure at any time. If there are any indications consent has been withdrawn, the sonographer should not perform the procedure until the patient's consent is obtained.
- Although a patient may have been capable of giving consent at the beginning of a course of treatment, he or she may become incapable at some stage during the course of treatment. The sonographer must be aware of signals that a patient may no longer be capable of giving consent. The sonographer may be obliged to ensure that the physician assesses the patient's capacity during a course of treatment in order to ensure the patient's continuing consent to the course of treatment.
- If in doubt about whether a patient is capable of giving consent, or has given an informed consent, the sonographer should refer the patient back to the responsible physician.
- In the case of pediatric patients, a sonographer should refer to their provincial health care consent act.

Sonographers should make certain that their institution has procedures or protocols in place which address the following:

- Who is the appropriate health care provider to inform the patient about the proposed treatment and to obtain the consent?
- How will the patient's consent be documented so that other members of the health care team know the consent was obtained?
- What steps should be taken if a healthcare professional has reason to believe that the patient's consent was not informed, that the patient has changed his or her mind, or that he or she is not, or was not, capable of giving consent to the proposed treatment?

Students and Consent

Patient consent for the student involvement must be obtained by the supervising sonographer. Students should participate not only in the procedure itself but also the process of pre-procedural discussion. Careful supervision of the performance of all aspects of the procedure performed by the student is necessary until the supervising sonographer is confident that the student can achieve a diagnostic examination in a competent and empathetic manner. A student must not conduct an intimate examination on a child or an adult who lacks capacity to consent. If capacity is in question, capacity must be ascertained and recorded by a qualified practitioner before proceeding.

Links to Provincial Legislation:

Alberta

https://www.albertahealthservices.ca/info/page3064.aspx

British Columbia

www.bclaws.ca/Recon/document/ID/freeside/00_96181_01

Manitoba

https://www.gov.mb.ca/health/livingwill.html

New Brunswick

https://www.gnb.ca/legis/bill/editform-e.asp?ID=208&legi=54&num=5

Newfoundland and Labrador

www.assembly.nl.ca/Legislation/sr/statutes/a04-1.htm

Northwest Territories

www.yhssa.hss.gov.nt.ca/sites/default/files/bp_061_0.pdf

Nova Scotia

https://novascotia.ca/just/pto/services_hcd.asp

Nunavut

consentqi.ca/policy/

Ontario

https://www.ontario.ca/laws/statute/96h02

Prince Edward Island

https://www.princeedwardisland.ca/en/legislation/consent-treatment-and-health-care-directives-act

Quebec

http://www.legisquebec.gouv.qc.ca/en/showdoc/cs/P-39.1

Saskatchewan

http://www.publications.gov.sk.ca/freelaw/documents/english/Statutes/Statutes/H0-021.pdf

Yukon

www.hss.gov.yk.ca/pdf/im_manual_section2.pdf

References:

Health Care Canada Consent Act
https://www.ontario.ca/laws/statute/96h02

College of Physicians and Surgeons of Ontario

http://www.cpso.on.ca/Policies-Publications/Policy/Consent-to-Medical-Treatment

The Society of Radiographers
https://www.sor.org/practice/obtaining-consent

Sonography Canada Professional Practice Guidelines

Document Number	2.6
Document Type	Position Statement
Category	Professional Practice Standards
Title	Chaperones
Pages	1 of 3
Approval Date	October 1, 2018
Projected Review Date	Fall 2020

Summary Statement:

A patient or the patient's legal representative, such as a parent, guardian or surrogate decision maker, has the right to request a chaperone during the patient's examination or treatment. The care provider may also request to have a chaperone present during a patient's examination or treatment for their own professional liability protection.

This position statement provides guidance on intimate examinations and the use of chaperones. It applies to all sonographers and equally to all genders of patients, practitioners and students and it encompasses all sonography disciplines. It has been developed from review of national and international policies and guidelines.

Position Statement:

It is important to maintain a professional boundary when patient examinations are intimate in nature as these examinations can be embarrassing and/or distressing for patients. Whenever you examine a patient you should be sensitive to what they may consider as intimate. This is likely to include examinations of breasts, genitalia and rectum, but could also include any examination where it is necessary to touch or even be close to the patient.

The following are examples that would be considered intimate examinations:

- Male genitalia
- Female reproductive system or urethra (e.g. endovaginal examinations)
- Rectum and anus (e.g. endorectal examinations)
- Venous and arterial assessments which include the groin
- Female breast

This list is not meant to be definitive. What is considered intimate can vary between patients and cultures. For example, a standard transthoracic echocardiogram on a female is not considered an intimate examination but still requires sensitivity. As well, a transabdominal ultrasound examination may be considered intimate by some patients.

Patient Communication and Consent

The patient must agree to the examination prior to commencement. Please review the Sonography Canada Patient Consent position statement.

Some patients may have ethnic, religious, cultural or other concerns with respect to being examined or treated by a person who is not of the same gender. The patient has the right to decline the examination or treatment and should not feel pressured into continuing. If possible, the examination or treatment should be conducted by a practitioner of the requested gender. If one is not available on the day of attendance the patient may have to be offered a new appointment.

The patient should be offered the security of having an impartial observer (a chaperone) of the same gender as the patient present during an intimate examination and the patient has a right to request that one is present. For professional integrity and safety, the practitioner should give equal consideration to their own need for a chaperone irrespective of the examination being undertaken or the gender of the patient. This applies whether or not you are the same gender as the patient.

A chaperone will ideally be:

- a member of staff
- the same gender as the patient
- someone who has understanding of the responsibilities of the role
- sensitive and respectful to the patient's dignity and confidentiality
- familiar with the procedures involved in a routine intimate examination
- able to stay for the whole examination
- be prepared to raise concerns about a practitioner or patient if misconduct occurs.

If a chaperone is offered but declined by the patient, institutional policies may allow the practitioner to proceed with the examination. However, having a chaperone present can strengthen a practitioner's defence if an allegation of unprofessional behaviour is made.

In some departments and circumstances, a member of staff with chaperone training may not be available and institutional or facility policies may allow a relative or friend of the patient to be used as a comforter, carer or 'informal chaperone' if this is acceptable to both the patient and the practitioner involved. This may apply particularly to children and parents. This practice may, however, make any allegation more difficult to defend as the relative or friend is not an impartial observer.

When it is felt that the examination could be misinterpreted by the patient or the person accompanying them, it is always recommended to have an independent chaperone present.

Patient consent for the student involvement must be obtained by the supervising practitioner. Patients may be reluctant to be examined by inexperienced individuals

and the embarrassment and lack of expertise of the student. Students should participate not only in the procedure itself but also the process of pre-procedural discussion. Careful supervision of the performance of all aspects of the procedure performed by the student is necessary until the trainer is confident that the student can achieve a diagnostic examination in a sympathetic fashion. A student cannot formally chaperone another student.

A student must not conduct an intimate examination on:

- a patient without qualified practitioner supervision
- a child or an adult who lacks capacity to consent. If capacity is in question, capacity must be ascertained and recorded by a qualified practitioner before proceeding.

Please reference your institution guidelines on patient consent and institutional guidelines.

References:

The Society of Radiographers
https://www.sor.org/practice/obtaining-consent
https://www.sor.org/learning/document-library/intimate-examinations-and-chaperone-policy-0

National Institute of Health
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4816900/

Canadian Medical Protective Association
https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2014/recognizing-boundary-issues

Society of Obstetricians and Gynaecologists of Canada (SOGC)
https://www.jogc.com/article/S1701-2163(16)35024-1/pdf

American Institute of Ultrasound in Medicine (AIUM)
www.aium.org/resources/guidelines/femalepelvis.pdf

Sonography Canada Professional Practice Guidelines

Document Number	2.7
Document Type	Position Statement
Category	Professional Practice Standards
Title	Ultrasound Examination Viewing
Pages	1 of 1
Approval Date	October 1, 2018
Projected Review Date	Fall 2020

Position Statement:

It is important that a sonographer, while performing an examination, give their full attention to the task to ascertain a thorough examination and obtain the necessary diagnostic images. It is our recommendation, tempered with the patient's needs, that the sonographer performs the ultrasound examination without the presence of non-medical, third parties in the examination room unless the third party is required to assist or add benefit in the performance of the ultrasound. Third party viewing of a fetus should be performed after the obstetrical examination.

It is recommended, institutions have policies in place to support sonographers' ability to perform ultrasound examinations effectively and efficiently while maintaining focus on the medical examination and allow for patient privacy to be respected and maintained.

Document Number	2.8
Document Type	Position Statement
Category	Professional Practice Standards
Title	Recording of Ultrasound Examinations
Pages	1 of 1
Approval Date	October 1, 2018
Projected Review Date	Fall 2020

Position Statement:

Institutions should have policies in place to protect both the rights of the sonographer as an employee, as well as the privacy rights of the patients. Sonographers have the right to not be photographed or recorded. Additionally, sonographers should not have their ability to provide quality medical care impeded by the presence and added pressure of cameras in the examination room.

Sonography Canada Professional Practice Guidelines

Document Number	2.9
Document Type	Position Statement
Category	Professional Practice Standards
Title	Use of Ultrasound for Non-Diagnostic Purposes
Pages	1 of 2
Approval Date	October 1, 2018
Projected Review Date	Fall 2020

Position Statement:

Sonography Canada defines diagnostic medical ultrasound as a medical diagnostic investigation procedure that uses high frequency sound waves (ultrasound) to interrogate organs, tissues or blood flow inside the body and produce dynamic visual images. The interrogation and interpretation of the images are used to formulate a diagnosis. Diagnostic medical ultrasound is a procedure that is requested by a physician, performed by a sonographer and interpreted and reported by a physician with expertise in the field.

Sonography Canada endorses Health Canada's position statement which recommends that diagnostic fetal ultrasound be done only when the expected medical benefits outweigh any foreseeable risks. According to Health Canada, the ALARA (as low as reasonably achievable) principle should be used to reduce unnecessary, potentially hazardous exposure to individuals.

When no measurements are taken, no morphological assessment performed and no dictated diagnostic report of findings for the exam provided; the examination is deemed to be exclusively for entertainment purposes. Therefore, these entertainment ultrasound facilities and personnel operate outside of medical guidelines and without any patient safety controls, which may result in a lack of technical safeguards, operator expertise or governance of technical competency.

Sonography Canada does not support persons or facilities that participate in ultrasound for entertainment activities. Professional liability insurance purchased through the Sonography Canada group insurance plan does not cover any activities carried out for entertainment ultrasound purposes.

Other Canadian medical professional organizations have concurrent position statements. Below a link to the joint policy statement from the Society of Obstetricians and Gynaecologists of Canada (SOGC) and the Canadian Association of Radiologists (CAR):

https://car.ca/wp-content/uploads/Joint-CAR-SOGC-Statement-on-the-Non-medical-Use-of-Fetal-Ultrasound.pdf

References:

Australasian Society for Ultrasound in Medicine (ASUM)

http://www2.asum.com.au/wp-content/uploads/2015/09/F1-Policy.pdf

American Institute of Ultrasound in Medicine (AIUM)
http://www.aium.org/patients/entertainment.aspx

Society of Diagnostic Medical Sonographers (SDMS)
http://www.sdms.org/about/who-we-are/sdms-position-statements

World Federation for Ultrasound in Medicine and Biology (WFUMB)
http://wfumb.squarespace.com/safety-statements/

Sonography Canada Professional Practice Guidelines

Document Number	2.10
Document Type	Position Statement
Category	Professional Practice Standards
Title	Fetal Sex Determination and Disclosure
Pages	1 of 2
Approval Date	October 1, 2018
Projected Review Date	Fall 2020

Position Statement:

The supreme court of Canada (McInerney v. MacDonald 1992) concluded that a patient is entitled to examine and copy from their medical record all information the physician considered in administering advice or treatment. Therefore, Sonography Canada recommends that:

- Assessment of external fetal genitalia is a component of routine second trimester obstetrical ultrasound.
- The sonographer is not to release any information about the examination directly to the patient, but that findings will be reported and can be obtained from the referring physician.
- A reasonable attempt will be made by the sonographer to assess the external fetal genitalia, but the examination time will not be extended for the sole purpose of determining fetal sex.
- The sonographer will document "male", "female" or "not determined" in their technical impression.
- Repeat exams will not be scheduled for the sole purpose of determining fetal sex.
- Sonography Canada does not support fetal sex disclosure in a non-diagnostic environment.

Unless formally delegated to a sonographer by a medical directive at their institution, it remains the responsibility of the reporting physician to diagnose fetal gender based on direct observation or by assessment of diagnostic images, and to report it to the referring physician.

References:

McInerney v. MacDonald (1992), 93 Dominion Law Reports (4th) 415 Supreme Court of Canada

Harrington K, Armstrong V, Freeman J, Aquilina J, Campbell S. Fetal sexing by ultrasound in the second trimester: maternal preference and professional ability. Ultrasound Obstet Gynecol 1996, Nov; 8:293–4.

SOGC policy statement, Fetal Sex Determination and Disclosure. JOGC APRIL 2007, page 368

Sonography Canada Professional Practice Guidelines

Document Number	2.11
Document Type	Position Statement
Category	Professional Practice Standards
Title	Point of Care Ultrasound (PoCUS)
Pages	1 of 3
Approval Date	October 1, 2018
Projected Review Date	Fall 2020

Summary Statement:

Sonography Canada acknowledges the use and benefit of Point of Care Ultrasound (PoCUS) to optimize or expedite patient care. We fully encourage all healthcare professionals using PoCUS to obtain the necessary knowledge, skills and judgement through formal training programs and adhere to the following relevant recommendations.

Position Statement:

An ultrasound examination provided and performed by a primary care physician (or their designate), specialty physician or other regulated allied healthcare professional whose scope of practice includes the knowledge, judgement and skills to perform limited examinations of the patient, usually as an adjunct to the physical examination or therapy, to identify the presence or absence of a limited number of specific findings. Point of Care Ultrasound Point of Care Ultrasound (PoCUS) is considered a different examination than a comprehensive or limited sonographic evaluation of a patient performed in a dedicated imaging facility or department in a consultative process between the physician providing primary or specialty care for the patient and the consulting imaging specialist. PoCUS can at times be invaluable at the point of care to clarify uncertain findings of the physical exam, identify important conditions in the context of acute care of the unwell patient, or provide image guidance that improves the success and safety of many procedures in the acute care setting, particularly when time saving for diagnosis or treatment is necessary.

Diagnostic sonography is widely accepted to be the most "user dependent" mode of imaging, requiring significant training and experience. Recently, technological advances in miniaturization have resulted in a proliferation of sonography equipment that is more available, portable and user friendly. These features, among others, have resulted in a rapid increase in the number and variety of previously non-imager healthcare professionals who have incorporated this modality into their bedside practice. There is no question of the value of sonographic

evaluation in medical imaging, if used appropriately by properly trained health care professionals. It is critical to utilize this modality in a manner that is objective, standardized and of the utmost quality.

Typically, the PoCUS assessment is goal-oriented and adds immediate information to a clinical examination. Other medical specialties may use PoCUS at the bedside directly relevant to their area of expertise to efficiently diagnose certain conditions in patients presenting with particular symptoms and signs. PoCUS can also be used in remote communities where access to diagnostic sonography by certified imaging specialists is limited, but it should not be used in this role as a substitute for a comprehensive or limited consultative sonographic examination.

Access and Documentation

It is essential that representative images of the findings and written interpretations of the PoCUS exam be recorded in the patient's medical record to ensure the proper communication with other health care professionals and to ensure the appropriate management of the patient. Documentation and image capture and recording will also allow peer review and quality analysis.

Training Standards

As with any medical act or procedure, it is of critical importance that the practitioner obtains the knowledge, skill and judgement required to be properly and adequately perform and interpret these limited PoCUS examinations. A requirement should be included in the practitioners regulated scope of practice. Practitioners must be registered in good standing with their appropriate regulatory body.

Training should include a significant number of didactic courses. The topics should include, but not be limited to: physics of ultrasound, anatomy related to the scan indications, appropriateness of examination choice and outcomes expectation, image concept and interpretation. Continuing professional development is also recommended.

The Canadian Point of Care Ultrasound Society promotes the safe and effective use of the PoCUS through comprehensive training and certification. In addition, the below standardized training guidelines were written specifically to point of care adult and neonatal echocardiography, but the concept may be applicable to PoCUS in general.

Canadian Point of Care Ultrasound Society
https://www.cpocus.ca/

2010 Canadian Cardiovascular Society/Canadian Society of Echocardiography Guidelines for Training and Maintenance of Competency in Adult Echocardiography
https://ccs.ca/images/Guidelines/Guidelines_library/CCS_CSE_Echo_Guideline.pdf

Targeted Neonatal Echocardiography in the Neonatal Intensive Care Unit: Practice Guidelines and Recommendations for Training

https://academic.oup.com/ehjcimaging/article/12/10/715/2397090

Quality Assurance of Equipment

Users of medical devices have a responsibility to follow procedures that guarantee the ongoing safety and efficacy of the devices, their utilization, maintenance and proper cleaning or sterilization.

Ultrasound units used for POCUS applications should be subject to documented periodic inspection and maintenance. Equipment specifications and performance must meet all provincial and federal guidelines, including Health Canada guidelines. Updating of the hardware and software on a timely basis according to manufacturers' recommendations is important and any service performed must be documented with service records maintained by the site.

Quality Improvement Program

Facilities should maintain and regularly update procedure manuals. Procedures should be based on an accepted national or international standard of practice and be systematically as part of the overall quality improvement program of the facility. Quality review should include the evaluation of the accuracy of interpretation as well as the appropriateness of the examination. Incidence of complications and adverse reactions should be recorded and periodically reviewed to identify opportunities to improve patient care. Data should be collected in a manner which complies with the statutory and regulatory peer review procedures to protect confidentiality of the peer review data.

References:

American Institute of Ultrasound in Medicine (AIUM)
http://www.aium.org/resources/viewStatement.aspx?id=49

Australasian Society for Ultrasound in Medicine (ASUM)
http://www.asum.com.au/files/public/SoP/Current/Education/Statement-on-the-Use-of-Ultrasound-by-Medical-Practitioners-B8.pdf
http://www.asum.com.au/files/public/SoP/Current/PoCUS/ASUM-Discussion-Paper-Definition-of-POCUS.PDF

British Medical Ultrasound Society (BMUS)
https://www.bmus.org/static/uploads/resources/SCoR__BMUS_Guidelines_for_Professional_Ultrasound_Practice_Revised_Jan_2018.pdf

Canadian Association of Radiologists (CAR)
https://car.ca/wp-content/uploads/CAR-Position-Statement-on-the-Use-of-Point-of-Care-Ultrasound.pdf

Society of Diagnostic Medical Sonography (SDMS)
http://www.sdms.org/about/who-we-are/sdms-position-statements

3.0

Equipment and Technical Standards

Sonography Canada Professional Practice Guidelines

Document Number	3.1
Document Type	Position Statement
Category	Equipment and Technical Standards
Title	Safety and Bioeffects
Pages	1 of 1
Approval Date	October 1, 2018
Projected Review Date	Fall 2020

Summary Statement:

Through due diligence, Sonography Canada has determined the British Medical Ultrasound Society (BMUS) statements reflect the most current research and practice standards on safety and bioeffects for diagnostic medical ultrasound. Sonography Canada supports the following practice statements provided with the permission of the BMUS.

The British Medical Ultrasound Society – Guidelines for the Safe Use of Diagnostic Ultrasound Equipment * PDF*

https://www.bmus.org/static/uploads/resources/BMUS-Safety-Guidelines-2009-revision-FINAL-Nov-2009.pdf

Sonography Canada Professional Practice Guidelines

Document Number	3.2
Document Type	Position Statement
Category	Equipment and Technical Standards
Title	Quality Control
Pages	1 of 3
Approval Date	October 1, 2018
Projected Review Date	Fall 2020

Policy Statement:

The use of regular audits is recommended to ensure ongoing quality management within an ultrasound department. These recommendations are strongly supported by Health Canada, Royal College of Canada, Canadian Association of Radiologist (CAR), American Institute of Ultrasound Medicine (AIUM) and College of Physicians of Canada. Audits can be an invaluable tool in assessing the functionality of a department and in helping to achieve and maintain the highest level of patient care. Possible types of audits include, but are not limited to:

1. Personnel
   - Current active sonography credential(s) and professional registration where applicable
   - Competently perform examinations with the required knowledge, skills and judgement
   - Meeting Continuing Professional Development requirements
   - Adheres to institutional policies, procedures and protocols

Health Canada: Guidelines for Safe use of Diagnostic Ultrasound
http://www.hc-sc.gc.ca/ewh-semt/pubs/radiation/01hecs-secs255/index-eng.php

2. Policies, Procedures and Protocols
   - All institutions must develop and maintain policy, procedure and protocol manuals.
   - All institutions must regularly review these manuals to update or clarify information so as to enhance efficiency, productivity, and level of care, complying with the most current standards, guideline recommendations and legislative requirements.

Royal College: Quality Standards
http://www.royalcollege.ca/rcsite/health-policy/quality-standards-practice-e

3. Quality of Patient Care
    - Examine patient wait times, reporting mechanisms and review quality processes
    - Report Generation – time and accuracy used to address patient communication concerning overall facility performance.

Royal College: Quality Standards-
http://www.royalcollege.ca/rcsite/health-policy/quality-standards-practice-e

4. Safety and Bioeffects
    - Review equipment service records
    - Regular ongoing maintenance of equipment and timely identification of potential problems.

Please go to the Sonography Canada position statement on Safety and Bioeffects for more information.

CAR Policy: Life Cycle Guidance
http://www.car.ca/uploads/standards%20guidelines/CAR-LifecycleGuidance-MainReport-e_20131127.pdf

Health Canada: Diagnostic Ultrasound
http://www.hc-sc.gc.ca/ewh-semt/pubs/radiation/01hecs-secs255/index-eng.php

5. Image quality
    - Peer review of studies performed
    - Biomedical evaluation of image quality
    - Adheres to institutional policies, procedures and protocols

CAR Policy: Peer Review Guide
http://car.ca/uploads/standards%20guidelines/20120831_EN_Peer-Review.pdf

Royal College: Quality Standards
http://www.royalcollege.ca/rcsite/health-policy/quality-standards-practice-e

Government of Ontario: Quality Advisory
http://www.hqontario.ca/What-is-Health-Quality/Quality-Advisory-Initiatives/Diagnostic-Imaging

The following sites concur with recommendations for all categories listed above:

Canadian Association of Radiologists (CAR)
http://www.car.ca/uploads/education%20lifelong%20learning/201101_en_car_guide_clinicalaudit.pdf

College of Physicians and Surgeons of Alberta
http://cpsa.ca/wp-content/uploads/2015/03/Standards_Diagnostic_Imaging.pdf?x91570

American College of Radiology
https://www.acr.org/~/media/ACR/Documents/PGTS/guidelines/US_Performing_Interpreting.pdf

American Institute of Ultrasound in Medicine (AIUM) – Standards and Guidelines for Ultrasound Practices
http://www.aium.org/officialStatements/26

Sonography Canada Professional Practice Guidelines

Document Number	3.3
Document Type	Position Statement
Category	Equipment and Technical Standards
Title	High-level Transducer Decontamination
Pages	1 of 3
Approval Date	October 1, 2018
Projected Review Date	Fall 2020

Summary Statement:

These are the national recommendations for high level disinfection of ultrasound transducers based on the CSA Group guidelines published in their document Canadian Medical Device Reprocessing (CAN/CSA-Z314-18) in 2018. *Sonographers must be aware and adhere to regional and/or institutional policies for high-level decontamination.*

When using an ultrasound transducer on intact skin, between patients the transducer and cord must be cleaned and undergo low-level disinfection as per manufacturer guidelines. Ultrasound transducers which come in contact with mucous membranes (transesophageal, transvaginal probes, etc.) and non-intact skin should be covered in a single-use clean/sterile probe cover just prior to the scan and removed prior to cleaning and sterilization or high-level disinfection. Each institution should have standard operating procedures in place for staff to follow when handling, cleaning, and disinfecting or sterilizing transducers which are in compliance with the equipment manufacturer's guidelines and national standards. The following document outlines the standards for proper transducer decontamination using high-level disinfection.

Position Statement:

Sonographers must use approved probe covers and wear personal protective equipment (PPE) as per Material Safety Data Sheets (MSDS) guidelines during decontamination. Non-latex options should be available for latex sensitive or allergic patients. Proper hand hygiene must be performed throughout the cleaning and decontamination process.

While performing biopsies, a disposable sterile transducer cover must be used and aseptic technique must be followed. Sterile gel should be used to lubricate the exterior of the probe cover.

Probe covers should be removed using gloves and disposed of immediately within the ultrasound room. Care must be taken not to contaminate the probe with the patient's secretions.

The transducer should be disconnected from the system and the gel should be immediately wiped off the transducer and cable with a soft, dry wipe to remove any visible debris or organic material. Devices should be wiped from clean to soiled end in a single motion using friction. At this time electrical leak testing should be performed as per manufacturer's instructions for use (MIFUs).

To avoid cross contamination within the transducer cleaning area, reprocessing room or station, it should be separated from functional work areas to maintain one-way flow, from dirty to clean. High-level decontamination can be done in a Medical Device Reprocessing (MDR) department. Further information regarding specifications of the cleaning area can be found in the complete CSA document.

If contaminated items are transported in an open cart, it must have a waterproof cover. Containers shall indicate that they contain contaminated medical devices and be of a design to allow for effective decontamination after each use.

Transducers must be cleaned prior to the high-level disinfection process. This cleaning process should be performed in compliance with the MIFU. Typically, the operative end of the transducer will be covered or immersed in an enzymatic detergent, manually brushed or wiped to remove all debris or blood products, rinsed as required, and dried with a lint-free cloth.

The entire cord must also be wiped thoroughly with a manufacturer-approved disinfectant prior to the high-level disinfection process.

Inspection of transducer for any damage should be completed. If any issues are noted the transducer should no longer be used for scanning until repaired or replaced. Preventative maintenance should also be performed on the transducer as outlined by the manufacturer.

The transducer must be soaked or processed using a high-level disinfectant solution or other approved method as per the MIFUs. This can be completed by a Health Canada approved automated transducer reprocessing system or manual high-level disinfection. The specific processes will vary with products used. Care must be taken to ensure the cleaning solution does not enter the device or connector.

The probe must be rinsed, as needed, with bacteria-free water after the use of a high-level disinfection solution. Do not allow any solutions to air dry on the transducer. If using manually disinfection the probe must be rinsed three separate times.

The probe must then be air dried or dried with a low-linting cloth prior to storage.

For storage, a "HIGH-LEVEL DISINFECTED" label should be placed on the transducer and be kept in a dedicated and well-ventilated cabinet. The probe must be kept dry and free from environmental contaminants.

All high-level disinfection solutions must be tested as per manufacturer and institutional policy. Some specifications require testing the solution at each disinfection. Protective equipment must be used as per MIFUs and a neutralizing substance may be needed to neutralize the disinfectant before it can be disposed of. Some type of fume hood should be available for venting/absorbing the high-level disinfection gases where applicable and a spill kit must be available for department use.

Documentation and Monitoring

As part of the cleaning and decontamination process, proper documentation and monitoring is essential for adequate quality control. Below is a list of basic documentation. Institutions may require additional components.

- Disinfectant (product, lot number, expiry date, dates of solution change and initials of staff person who performed the tasks)
- Test strip (product, lot number, expiry date, quality control test results, individual test results and initials of staff person who performed the tasks)
- Probe (probe type, unique identifier, date and time, soak time, temperature of solution, results of probe inspection, and initials of staff person who performed the task)
- For automated reprocessing (date of maintenance, fault codes and actions taken, filter changes, cycle printouts, verification of cycle parameters after repair or maintenance, and the relevant disinfectant, test strip, and probe documentation)

Filters from ventilation systems and water filtration systems should be monitored and changed as instructed by MIFUs. Preventative maintenance should be done on all relevant components of the process be created based on MIFUs for the individual component, completed at appropriate intervals and properly documented. Sonography Canada recommends that a review and update of the reprocessing techniques should be done on an annual basis.

Resources

Alberta – College of Physicians and Surgeons of Alberta

http://cpsa.ca/wp-content/uploads/2015/04/mdr-assessment-general-template.pdf

British Columbia - College of Physicians and Surgeons of British Columbia

https://www.cpsbc.ca/files/pdf/Reprocessing-Requirements-Ultrasound-Probes.pdf

Ontario – Public Health of Ontario -Provincial Infectious Diseases Advisory Committee

https://www.publichealthontario.ca/en/eRepository/CDS_Reprocessing_Decision_Chart.pdf

https://www.publichealthontario.ca/en/eRepository/PIDAC_Cleaning_Disinfection_and_Sterilization_2013.pdf

UVC Radiation as an Effective Disinfectant Method to Inactivate Human Papillomaviruses

http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0187377

References:

CSA Group
https://store.csagroup.org/ccrz__ProductDetails?viewState=DetailView&cartID=&sku=CAN/CSA-Z314-18&isCSRFlow=true&portalUser=&store=&cclcl=en_US

Sonography Canada Professional Practice Guidelines

Document Number	3.4
Document Type	Position Statement
Category	Equipment and Technical Standards
Title	Medical Gel
Pages	1 of 4
Approval Date	October 1, 2018
Projected Review Date	Fall 2020

Position Statement:

Infection Prevention and Control (IPAC) Canada, a national and international infection prevention and control leader, developed a position statement regarding the use of medical gel. Sonography Canada is utilizing this document with permission of Infection Prevention and Control Canada, December 2017.

POSITION STATEMENT

Medical Gels

Background

Medical gels are used routinely in clinical practice during physician exams and diagnostic procedures. Contamination of gels* from improper handling can result in serious health care associated infections such as bacteremia and septicaemia. [1,2,5,7,8,9,10,11,12]

*Medical Gels include ultrasound gels, lubricating gels, and other medicated gels.

Position Statement

To provide for safe handling of medical gels, the following is recommended.

1. INDICATIONS FOR PARTICULAR GELS

Indication	Type of Gel		
	Single dose Sterile	Bacteriostatic	Non-sterile
Whenever a biopsy, puncture of any kind, or imminent surgery is to be performed regardless of body site	√		
Near a fresh surgical wound	√		
Procedure penetrating mucous membrane	√		
Endoscopies on intact mucous membranes	√	√	
Non-endoscopic procedure on mucous membranes (e.g., vaginal/ rectal exam)	√	√	
Non-intact skin	√		
Intact skin			√
Babies in NICUs and critical pediatric patients [11]	√		

2. GENERAL CONSIDERATIONS

a) Sterile gel:

- Single use packaging is required for sterile gel as an opened sterile gel package is no longer sterile
- Sterile product must be used employing the principles of asepsis
- Discard the opened package at end of procedure

b) Nonsterile gels

- Non-sterile gel containers must never be topped up (i.e., refilled when partially empty)
- If multidose containers of nonsterile gel are used on intact skin, the container must be sealed correctly when not in use [11]
- Containers of gel should never be washed and refilled for use but should be discarded when empty[11]
- When a new bottle is opened, the bottle should be dated and discarded after 1 month or expiry date if earlier[5]
- Bulk containers of gel are not recommended due to risk of contamination, therefore their use should be discouraged

c) Warming of Gel

- Do not warm gel due to the increased risk of bacterial multiplication[13]

d) Storage of Gels

- Products must be stored in clean areas where they are protected from sources of contamination such as moisture, dust, insects, etc.
- Discard the medical gel if in doubt about integrity

This position statement was developed by Standards and Guidelines:

Chair: Madeleine Ashcroft

Principal Authors: Clare Barry, Madeleine Ashcroft, Brenda Dewar, Colleen Lambert, Anne Augustin, Mary-Catharine Orvidas

References

1. Gaillot, O., Maruéjouls, C., Abachin, E., Lecuru, F., Arlet, G., Simonet, M., & Berche, P. (1998). Nosocomial outbreak of Klebsiella pneumoniae producing SHV-5 extendedspectrum-ß-lactamase, originating from a contaminated ultrasonography coupling gel. Journal of Clinical Microbiology, 36(5), 1357-1360.
2. Weist, K., Wendt, C., Petersen, L.R., Versmold, H., & Rüden, H. (2000). An outbreak of pyodermas among neonates caused by ultrasound gel contaminated with methicillinsusceptible Staphylococcus aureus. Infection Control and Hospital Epidemiology, 21(12), 761-764.
3. Laboratory Center for Disease Control. (December 1998). Hand Washing, Cleaning, Disinfection and Sterilization in Health Care. Canada Communicable Disease Report, 24(S8).
4. Association for Professionals in Infection Control and Epidemiology, Inc. (2016). APIC text of infection control and epidemiology. Washington, DC: Author.
5. Health Canada. Health Products and Food Branch. Notice to Hospitals: Important safety information on ultrasound and medical gels. December 14, 2004.
6. Capital Health Infection Prevention and Control (IPAC). Position Statement on Safe Use of Medical Gels: December 2011.
7. Hutchinson, J., Runge, W., Mulvery, M., et al. (2004). Burkholderia cepacia Infections Associated.
8. Jacobson, M., Wray R., Kovach, D., Henry, D., Speert, D., Matlow, A, (2006). Sustained Endemicity of Burkholderia Cepacia Complex in a Pediatric Institution, Associated with Contaminated Ultrasound Gel: Infection Control and Hospital Epidemiology (ICHE). 2006, April 27. 362-6.
9. Hutchinson, J., Runge W, Mulvey, M, Norris G, Yetman, M., Valkova, N, Villemur, R, Lepine, F. Burkholderia cepacias infections Associated with Intrinsically Contaminated Ultrasound Gel: The Role of Microbial Degradation of Parabens. Infection Control and Hospital Epidemiology (ICHE), (2004) April 25(4); 291-6
10. CDC: Clinician Outreach and Communication Activity (COCA) Safety Communication: Bacteria Found in Other-Sonic Generic Ultrasound Transmission Gel Poses Risk of Infection. CDC April 20,2012

11. Oleszkowicz, S.C., Chittick, P., Russo, V., Keller, M.S., Sims, M., Band, J. Infections Associated with Use of Ultrasound Transmission Gel (2012):33 (12): 1235-1237
12. Clinical Outreach and Communication Activity (COCA) CDC Emergency Communication System. Safety Communication: Bacteria Found in Other-Sonic Generic Ultrasound Transmission Gel Poses Risk of Infection. April 20,2012
13. Spratt, H.G., Levine, D., Tillman, L. (2014). Physical therapy clinic therapeutic ultrasound equipment as a source for bacterial contamination. Physiother Theory Pract, 2014; 30(7): 507–511

Sonography Canada Professional Practice Guidelines

Document Number	3.5
Document Type	Position Statement
Category	Equipment and Technical Standards
Title	Outdated Ultrasound Medical Equipment
Pages	1 of 1
Approval Date	October 1, 2018
Projected Review Date	Fall 2020

Position Statement:

There is no current standard that states when ultrasound equipment must be replaced. In the past, this was based on a qualitative opinion or subjective analysis. Since there is a significant cost associated with the acquisition of ultrasound units, there is pressure to extend these machines past their operational lifespan.

For these reasons, Sonography Canada would encourage the following:
Equipment

- The implementation of a quality control/quality assurance program for the ongoing testing of diagnostic equipment.
- Liaising with a medical physics/biomedical group, manufacturer, or vendor service provider to oversee and consult on implementation, best practice and analysis of quality control data.
- Performance of baseline testing for new or repaired equipment.
- Performance of quality assurance tests as outlined by the medical physicist/biomedical group at your facility, manufacturer, or vendor service policies at annual intervals.

Technical Standard

- Performing regular periodic reviews of clinical practice standards and workflow changes.

If a noticeable degradation or trend exists, this would provide a documented and quantifiable rationale for the replacement of the ultrasound unit.

References:

CAR Policy: Life Cycle Guidance
https://car.ca/wp-content/uploads/car-lifecycleguidance-mainreport.pdf

Health Canada: Diagnostic Ultrasound
http://www.hc-sc.gc.ca/ewh-semt/pubs/radiation/01hecs-secs255/index-eng.php

Sonography Canada Professional Practice Guidelines

Document Number	3.6
Document Type	Position Statement
Category	Equipment and Technical Standards
Title	Picture Archiving and Communication System (PACS)
Pages	1 of 1
Approval Date	October 1, 2018
Projected Review Date	Fall 2020

Position Statement:

Sonographers' technical impressions that are stored electronically through Picture Archiving and Communication System (PACS) must not be changed. A visible disclaimer should be included on the document to indicate that this is a technical impression only. Any changes to this technical impression can only be made by the sonographer and the addendum must be signed and dated by the sonographer. In addition, it is highly desirable that PACS installations be configured such that the sonographer's technical impressions are available only to the reporting physician.

Any modification to final conclusions, comments or diagnoses by the reporting physician must be clearly signed and dated by the reporting physician responsible.

Specific institutional or provincial policies should be reviewed and adhered to.

- The sonographer must ensure that they have selected the correct patient demographics from the worklist before they start the scan.
- In case of the wrong patient being selected from the worklist the sonographer should:
  - Rescan the patient with the correct demographics
  - Delete the images under the incorrect patient name in PACS.
- If the patient has left the department and/or cannot be re-scanned, the incorrect patient's demographics should be xxxx'd out and the correct institutional required patient information typed on each image.

4.0

Other

Sonography Canada Professional Practice Guidelines

Document Number	4.1
Document Type	Position Statement
Category	Other
Title	Musculoskeletal Disorders, Repetitive Strain Injury and the Importance of Proper Ergonomics in Ultrasound
Pages	1 of 2
Approval Date	October 1, 2018
Projected Review Date	Fall 2020

Position Statement:

The physical demands of being a sonographer can result in repetitive strain injury (RSI), or other musculoskeletal disorders (MSD). With the increasing demand for ultrasound examinations, sonographers will be directly impacted.

Musculoskeletal injury has become a serious problem in the profession of sonography. Workplace musculoskeletal injuries can vary from causing mild discomfort, to becoming severely debilitating if proper ergonomics are not employed. Symptoms can range from pain and numbness, to total loss of function.

By being proactive, taking the appropriate precautions, utilizing ergonomic equipment correctly and being aware and informed about best ergonomic practices, sonographers can reduce their exposure to work related risk factors and therefore, prevent or minimize injury.

The following links are excellent resources regarding proper ergonomics that all sonographers should review and adhere to. These internationally recognized guidelines and resources can be used to advocate for improved workplace RSI or MSD safety initiatives.

Resources

Society of Diagnostic Medical Sonography (SDMS)
http://www.sdms.org/resources/careers/work-related-musculoskeletal-disorders
http://www.sdms.org/docs/default-source/Resources/industry-standards-for-prevention-of-work-related-msk-disorders.pdf (Sonography Canada participated in the development of this document)

Australasian Society of Ultrasound in Medicine (ASUM)
https://www.asum.com.au/files/public/SoP/Current/Safety_Technical/Guidelines-for-Reducing-Injuries-to-SonographersSonologists-C6.pdf

United Kingdom Health and Safety
http://www.hse.gov.uk/healthservices/management-of-musculoskeletal-disorders-in-sonography-work.pdf

In addition, "The Occupational Health and Safety Act (OHSA) of Ontario requires employers to ensure that workers are aware of the hazards associated with the workers' job and workplace, and that controls are implemented to reduce the risk of injury from these hazards. MSD risk factors in the workplace must be treated the same as any other workplace hazard." Most provincial ministries of labour will have similar requirements. Please refer to your specific provincial legislation.

https://www.labour.gov.on.ca/english/hs/pubs/ergonomics/is_ergonomics.php

The Importance of an Ergonomic Workstation to Practicing Sonographers, Joan P. Baker, MSR, RDMS, RDCS, Carolyn T. Coffin, MPH, RDMS, RDCS, RVT
https://onlinelibrary.wiley.com/doi/pdf/10.7863/ultra.32.8.1363

Public Service Alliance of Canada
http://psacunion.ca/repetitive-strain-injuries

Workers Health and Safety Centre Federation of Ontario
https://www.whsc.on.ca/Files/Resources/Ergonomic-Resources/RSI-Day-2016_MSD-Case-Study_The-economics-of-ergon.aspx\

Other Information

http://www.aium.org/uls/general-video5.htm

http://www.ultrasoundpaedia.com/ergonomics/

https://www.rsitips.com/rsi-for-sonographers/

Sonography Canada Professional Practice Guidelines

Document Number	4.2
Document Type	Position Statement
Category	Other
Title	Ultrasound Examination Scheduling and Time Allotments
Pages	1 of 2
Approval Date	October 1, 2018
Projected Review Date	Fall 2020

Summary Statement:

Sonography Canada supports the Management Information Systems (MIS) Standards, endorsed by the Canadian Institute for Health Information (CIHI) guidelines for ultrasound examination scheduling and time allotments.

Position Statement:

The Canadian Institute for Health Information (CIHI) is an independent, not for profit organization that provides essential information on Canada's health systems and the health of Canadians by promoting data quality and standards. Policy-makers across Canada utilize CIHI's data system, Management Information System (MIS) Standards, to set health standards for improved operations within health facilities.

The Management Information System (MIS) Standards is a set of national standards for gathering and processing data and for reporting financial and statistical data to improve the effectiveness and efficiency of Canada's health care facilities. Managers and ministries of health report detailed financial and statistical data, generated with the MIS Standards, to the CIHI's Canadian MIS database. In turn, the database extrapolates important information such as resource use accountability, budgets based on meaningful workload and activity projections, precise resource allocation and informed management decisions for comparability of operations nationally.

Medical Imaging Workload Measurement System (PDF) *1

Medical Imaging Schedule of Unit Values (PDF) *1

*1 The above documents and explanation below are excerpts from the MIS Standards 2016 with the copyright permission from the CIHI 2016.

Sonography Canada supports these documents as they are the National Standard Guidelines across Canada.

The Workload Measurement System includes all Ultrasound activities using Average Time methodology which is the national average of time it takes to perform one workload unit*2 (exam count) and the unit values*3 (measure of worth/time) to complete the examination. Each exam/activity is assigned a code. The exam/activity times include all components from start to finish of the procedure. These include everything from initial setup, patient instructions, performing examination, image acquisition, to clean up and documentation. The workload units are standardized to compare productivity.

- See page 10 of the Medical Imaging Schedule of Unit Values document for the unit values and relevant information for ultrasound examinations.
- See page 20 of the Medical Imaging Schedule of Unit Values document under "Miscellaneous" for the additional unit values for portable exams, operating room, and isolation.

The following is an example to better understand this concept:

Abdomen U/S complete

Code US205 = Complete Abdomen Ultrasound = 35 unit values = 1 workload unit (exam count)

Abdomen U/S complete with quantitative doppler

Code US205 (Abdomen) + US110 (Doppler) = 65 unit values (35 Abdomen + 30 Doppler) = 1 workload unit (1 Abdomen + 0 Doppler)

This means, according to the MIS Standards, the technologist is given the average time of 65 minutes to perform all steps needed to complete this exam once for the average technologist under average circumstances. The single workload unit (exam count) is a standardized method of accountability to compare productivity and provide a mechanism for future planning and decision making across all health facilities.

This workload measurement system assesses the average output per exam for similar functions and work performed in various facilities across Canada and take into consideration workflow, technical protocols and resource utilization. Any activity in the schedule of unit values can be utilized by any medical imaging facility and is reflective of the realistic average time required to perform a specified duty. Therefore, Sonography Canada recognizes and supports the MIS Standards as the National Standard guidelines.

*2 - Unit Value - system to measure worth/time or efficiency of one component of a whole activity.

*3 - Workload Unit - unit of work used to calculate productivity.

References:

Canadian Institute of Health Information (CIHI)

https://www.cihi.ca/en/about-cihi

https://www.cihi.ca/en/submit-data-and-view-standards/data-standards/management-information-system-standards

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