

2450 Del Paso Road, Suite 105  
Sacramento, CA 95834  
(916) 575-7170, (916) 575-7292 Fax  
[www.optometry.ca.gov](http://www.optometry.ca.gov)

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**To:** Board Members **Date:** August 3, 2017

**From:** Jessica Sieferman **Telephone:** (916) 575-7170  
Executive Officer

**Subject:** **Agenda Item 3 – Discussion Regarding the Provision of Optometric Services from Non-Fixed Locations (“Mobile Clinics” or “Mobile Services”)**

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## A. Opening Remarks by Board President and Members

The Board recognizes the need to promote access to quality optometric services and patients’ desires to receive quality care outside traditional brick and mortar practice locations. During this agenda item, Board members will collaborate with other DCA entities and industry stakeholders to determine potential ways to address mobile optometric practice while maintaining adequate consumer protection.

The following information is intended to provide background information regarding current statutes/regulations, history, and concerns previously raised.

### Definition:

California Code of Regulations (CCR) § [1507](#) defines “extended optometric clinical facility” as “any clinical facility employed by an approved optometry school for instruction in optometry which exists outside or beyond the walls, boundaries, or precincts of the primary campus of the approved optometry school, and in which optometric services are rendered.”

Health and Safety Code (HSC) § [1765.105](#) defines “mobile service unit” or “mobile unit” as “a special purpose commercial coach as defined in Section 18012.5, or a commercial coach as defined in Section 18001.8, that provides services as set forth in Section 1765.110, and meets any of the following criteria:

- (A) Is approved pursuant to this chapter by the state department as a service of a licensed health facility, as defined in Section 1250.
- (B) Is approved by the state department pursuant to this chapter as a service of a licensed clinic, as defined in Section 1200.
- (C) Is licensed pursuant to this chapter by the state department as a clinic, as defined in Section 1200.
- (D) Is licensed pursuant to this chapter as an “other” type of approved mobile unit by the state department. “Other” types of approved mobile units shall be limited to mobile units

performing services within new health facility or clinic licensure categories created after the effective date of this chapter. The State Department of Health Services shall not create a new health facility or clinic licensure category under this subparagraph absent a legislative mandate.

(2) "Mobile service unit" or "mobile unit" does not mean a modular, relocatable, or transportable unit that is designed to be placed on a foundation when it reaches its destination, nor does it mean any entity that is exempt from licensure pursuant to Section 1206.

#### Current Statutes and Regulations:

Currently, mobile optometric clinics are limited to those functioning "as a part of a school teaching program as approved by the Board" (CCR § [1507\(e\)](#)).

Mobile clinics may operate under the Mobile Health Care Services Act (HSC § [1765.101-1765.175](#)) provided there are "written policies established by the governing body of the licensee, to govern the services that the mobile unit provides. The policies shall include, but shall not be limited to, policies related to patient care, personnel training and orientation, personnel supervision, and evaluation of services provided by the mobile unit. (HSC § [1765.160](#)).

However, the Board, as the "government body" for optometrists does not have any "written policies established." To remedy this, the Board Sponsored Senate Bill 349.

#### Prior Legislation:

SB [349](#) established requirements to allow a nonprofit or charitable organization, a governmental agency or a school to own and operate mobile optometric facilities in California.

During the 2015 legislative session, concerns were raised regarding the Board's decision to limit who can own the mobile facilities. In addition, concerns were raised that this bill did not adequately protect consumers. COA raised concerns with "how to ensure the standard of care and quality care is being provided in mobile facilities." They are also concerned that "patients will not be able to access the doctor afterwards to obtain their medical records, prescription, or follow-up care due to the clinic being mobile." Due to these concerns, the Author's office pulled the bill.

#### Access to Care Concerns

Numerous concerns related to access to quality care have been raised in recent years. Rural and underserved areas have limited access to optometric care and could benefit from mobile services. In addition, many more elderly individuals choose to receive in-home health care rather than live in residential care facilities (as defined in BPC § [3070.1](#)). In response, many optometrists would like to provide in-home services to those patients. However, the current statutes and regulations limit access to care.

#### Legislation and Regulation Committee (LRC)

In October 2016, the LRC met in Sacramento to discuss the issues raised and next steps. Several issues required more research and full Board input. The LRC subsequently requested the Board devote a full day to the discussion.

### **B. Presentations by Department of Consumer Affairs (DCA) Agencies Currently Regulating Non-Optometric Mobile Services; Discussion**

To identify potential statutory/regulatory framework, staff surveyed all DCA agencies to determine who regulates mobile services. Agencies who reported regulating non-optometric mobile services included the Veterinary Medical Board (VMB), Board of Pharmacy, Dental Board of California, and Board of Barbering and Cosmetology (BBC). These agencies were invited to provide an overview of how they regulate the mobile services to adequately protect the public. Some of those agencies will provide presentations during this agenda item.

Presentation materials received from the VMB and BBC are attached for reference (Attachment 1). Additional materials will be forwarded as available.

**C. Presentations by Entities Currently Providing California Mobile Optometric Services; Discussion**

To understand the current mobile services in the industry, staff invited several entities currently providing these services to provide an overview of their operation. Invitees included the following:

- Vision Services Plan (VSP)
- Vision to Learn
- Prevent Blindness
- 20/20 Onsite
- Western University of Health Sciences College of Optometry
- UC Berkeley College of Optometry
- Marshall B. Ketchum University Southern California College of Optometry

Presentation materials will be provided as available.

**D. Review of Optometric Mobile Practice and Location Registration Requirements in Other States**

The Association of Regulatory Boards in Optometry (ARBO) surveyed all member Boards to determine who regulates mobile optometric practice and/or requires practice location registration. Responses are attached for review (Attachment 2). Staff is still reaching out to those who did not respond and requesting follow up information from those who responded. Any additional information received prior to the meeting will be distributed during the meeting.

**E. Review of and Possible Action Regarding Mobile Optometric Practice and Related Laws and Regulations: Health and Safety Code § [1765.160](#), Business and Professions Code §§ [3070](#), [3077](#), [3109](#) and California Code of Regulations § [1507](#)**

In addition to HSC 1765.160 and CCR § 1507 mentioned above, other statutes related to mobile practice should be considered. Those include, but are not limited to, the following:

Practice Location Registration:

Optometrists are required to notify the Board of primary practice locations and obtain either a Statement of Licensure (BPC § [3070](#)) or Branch Office License (BPC § [3077](#)) for any additional practice locations. Mobile clinic optometrists would practice at various locations throughout the state (i.e., wherever the mobile clinic is temporary stationed). Thus, compliance does not appear possible given the current statutory requirements.

Employment Restrictions:

Optometrists can only be employed by another optometrist, an ophthalmologist, or a health care service plan (BPC § [3109](#)). Thus, optometrists providing the mobile optometric services cannot be employed by other entities.

**Attachments:**

1. VMB and BBC Presentation materials
2. State Optometry Board Responses

## SMALL ANIMAL MOBILE CLINIC

### 43. Hot and Cold Water

### 44. 110-Volt Power

### 45. Collection Tank for Waste

### 46. Floors, Tabletops and Countertops

#### Objective(s)

- Maintain hot and cold water.
- Maintain 110-volt power source for diagnostic equipment.
- Maintain collection tank for waste material.
- Maintain floors, tabletops and countertops clean and disinfected.

#### CCR § 2030.2(a)(1) – (3) and (5)

For purposes of these regulations, a “small animal mobile clinic” shall mean a trailer or mobile facility established to function as a veterinary premises which concentrates in providing veterinary services to common domestic household pets and is required by section 4853 of the code to be registered with the board.

(a) A small animal mobile clinic shall have:

- (1) Hot and cold water.
- (2) A 110-volt power source for diagnostic equipment.
- (3) A collection tank for disposal of waste material.
- (5) Floors, table tops, and counter tops shall be of a non-porous material suitable for regular disinfecting, and cleaning, and shall be cleaned and disinfected regularly.

#### NOTE:

In addition to the above minimum standards, small animal mobile clinics shall comply with the minimum standards set forth in CCR §§ 2030(f)(6) and 2030.2, including the following items as applicable:

1. After Hours Referral
2. License/Permit Displayed
3. Correct Address
5. General Sanitary Conditions
6. Temperature and Ventilation
7. Lighting
9. Exam Rooms
10. Food and Beverage
11. Fire Precautions
12. Oxygen Equipment
13. Emergency Drugs and Equipment
14. Laboratory Services
- 15–17. X-Ray Standards
18. Waste Disposal
19. Disposal of Animals
20. Freezer/Carcass Storage
21. Compartments
- 24–33. Surgery Standards
- 34–39. Drug Standards
- 40–42. Practice Management Standards



# Mobile Clinic Inspection Report

Name of Facility		Permit	
Address		City	Zip
Managing Licensee		Telephone	VET #
Inspection #		Inspector #	
<input type="checkbox"/> Initial Inspection	<input type="checkbox"/> Routine Inspection	<input type="checkbox"/> Follow-Up Inspection	<input type="checkbox"/>

Licensee		License #			Licensee		License #			
<b>General</b>		SAT	UNS	COR	<b>Surgery</b>		SAT	UNS	COR	
1	After Hours Disclosure CCR 2030.2(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24	Separate Surgery CCR 2030.2(b)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	License / Permit Displayed B&P 4850	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25	Surgery Lighting / X-ray / Emergency CCR 2030(g)(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Correct Address B&P 4852	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27	Endotracheal Tubes CCR 2032.4(b)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Facilities</b>		SAT	UNS	COR	28	Resuscitation Bags CCR 2032.4(b)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	General Sanitary Conditions CCR 2030	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29	Anesthetic Equipment CCR 2030(f)(10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Temp & Ventilation CCR 2030.2(b)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	Anesthetic Monitoring CCR 2032.4(b)(3)&(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Lighting CCR 2030.2(a)(4) & (b)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31	Surgical Packs & Sterile Indicators CCR 2030(g)(9)&(10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Exam area CCR 2030.2(b)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32	Sterilization of Equipment CCR 2030(f)(8), (g)(8)(B) & (h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Food & Beverages CCR 2030(f)(6) & 3368	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33	Sanitary Attire CCR 2030(g)(11) & (h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Fire Precautions CCR 2030.2(b)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Dangerous &amp; Controlled Drugs</b>			SAT	UNS	COR
12	Oxygen Equipment CCR 2030(f)(11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34	Expired Drugs CCR 2030(f)(6)/B&P 4342	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Emergency Drugs & Equipment CCR 2030.2(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35	Drug Security Controls CCR 2030(f)(6)/ CFR 1301.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Laboratory Services CCR 2030(f)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36	Drug Logs CCR 2030(f)(6)/ CFR 1304.22(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	X-ray CCR 2030(f)(4) & 30255(b)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37	VACSP B&P 4836.1(b)(1)&(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	X-ray Identification CCR 2032.3(c)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38	CURES Reporting B&P 4170/ H&S 11165	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	X-ray Safety Training for Unregistered Assistants B&P 4840.7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39	Current DEA CCR 2030(f)(6)/ CFR 1301.11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	Waste Disposal CCR 2030(f)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Practice Management</b>			SAT	UNS	COR
19	Disposal of Animals CCR 2030(f)(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40	Managing Licensee CCR 2030.05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	Freezer/Carcass Storage CCR 2030.2(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41	Veterinary Reference Library CCR 2030(f)(9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	Compartments 2030.2(a)(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42	Record Keeping CCR 2032.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<b>Mobile Clinic</b>			SAT	UNS	COR
					43	Hot & Cold Water CCR 2030.2(a)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					44	110-Volt Power CCR 2030.2(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					45	Collection Tank for Waste CCR 2030.2(a)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					46	Floors, Tables & Counters CCR 2030.2(a)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Legend**

CCR = California Code of Regulations	H&S = Health & Safety Codes	If you have questions you were not able to resolve with the inspector, you may call the Board for clarification at 916-515-5220.
B&P = Business & Professions Codes	CFR = Title 21 of the Code of Federal Regulations	

Date of Inspection		Correction Due Date	
Time Inspection Started:	Completed:	Submit Corrections to:	
Managing Licensee Present at time of inspection?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inspected by:		Date:	
Acknowledgment of receipt by (print):		Inspector Approval Stamp:	
Signed by:		Initial:	



# California Board of Barbering and Cosmetology

## Mobile Units





## About the BBC

Licensing and Regulating of:

- ❖ Barbers
- ❖ Cosmetologist
- ❖ Estheticians
- ❖ Electrologists
- ❖ Manicurists
- ❖ Apprentices
- ❖ Establishments (including Mobile Units)







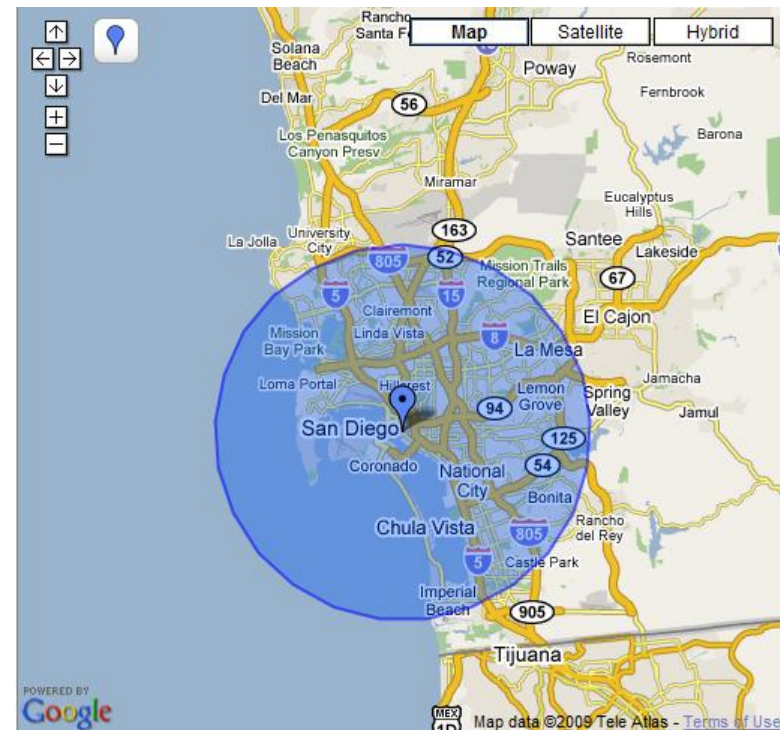
## Mobile Unit Requirements

- Be at least 24 feet in length (bumper to bumper)
- Potable water supply – not less than 100 gallons
- On demand hot water, not less than 6 gallons
- Self contained, recirculation flush chemical toilet
- Non-corrosive metal container for trash
- Split-lead generator with remote starter, muffler and vent
- Cabinet doors must have safety catches
- Equipment must be anchored to the mobile unit
- Ramp



# Service Requirements

Services are Limited Within a 50 Mile Radius  
from the Permanent Base Address  
(California locations only)



# Licensing Application / Inspection Process


 BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDWARD G. BROWN, JR.  
**BOARD OF BARBERING AND COSMETOLOGY**  
 P.O. Box 944226, Sacramento, CA 94244-2260  
 P (800) 952-5210 F (916) 575-7281 www.barbercosmo.ca.gov



**(1008) APPLICATION FOR LICENSE TO OPERATE**  
**A MOBILE UNIT \$150.00 (non-refundable)**

<b>For Cashiering Use Only: 1020</b>		
Entity #	Receipt #	Amount \$
Entity #	License #	
<b>SECTION A: MOBILE UNIT INFORMATION</b>		
Name of Mobile Unit (print clearly)		Telephone Number ( )
Permanent Base Street Address (include suite or space number if applicable and print clearly)		Suite/Space #
City	State	Zip Code
Contact Name and Email Address		Contact Telephone Number ( )
Full Name of Person Responsible for Driving the Mobile Unit	Insurance Provider and Policy #	CA Driver's License #
<b>SECTION B: OWNERSHIP</b> (Individual, Married Couple or Registered Domestic Partners, Partnership, Corporation or LLC) complete only <i>ONE</i> section that applies to the type of ownership established for your business.		
If Owner is an <b>INDIVIDUAL</b> complete the following and attach an Affidavit.		
Individual: One person will control all ownership liabilities, requirements, and responsibilities of the mobile unit.		
Last Name	First Name	Middle Name
(OR)		
If Owner is a <b>MARRIED COUPLE</b> or <b>REGISTERED DOMESTIC PARTNERS</b> complete the following and attach an Affidavit for each individual.		
Married Couple or Registered Domestic Partners: Two persons will share all ownership liabilities, requirements, and responsibilities of the mobile unit.		
Last Name	First Name	Middle Name
Last Name	First Name	Middle Name

Form 03-M-201 (Revised July 2017) Page 3 of 7

License Application  
\$150.00







BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.  
**BOARD OF BARBERING AND COSMETOLOGY**  
 P.O. Box 944226, Sacramento, CA 94244-2260  
 P (916) 575-7168 F (916) 575-7281 www.barbercosmo.ca.gov



**MOBILE UNIT REQUIRED EQUIPMENT LIST**

FOR PURPOSES OF APPROVING THE INITIAL APPLICATION – The following documents must accompany the application.

**APPLICATION REQUIREMENTS (Initial Approval by Board)**

- Floor Plan** – A detailed floor plan showing the location of doors, windows, rest room, facilities, sinks, lift or ramps, ventilation, equipment, and dimension of the Mobile Unit in compliance with this article.
- Proof of Purchase** – A copy of proof of purchase or lease of the Mobile Unit and shop equipment.
- City and County Licenses/Permits** – Copies of applicable City and County license or permits to provide the mobile barbering, cosmetology or electrolysis services in each city or county of operation and the territory where the services will be offered.
- Proof of Compliance** – Proof of compliance with applicable city, county, and state plumbing, electrical and fire laws.
- California Drivers License** – Proof of a valid California driver’s license issued to an officer or employee responsible for driving the mobile unit.
- Permanent Base Address** – A permanent base address from which the Mobile Unit shall operate.
- Affidavit** – Completed Affidavit for each owner.

Initial Approval By: \_\_\_\_\_ Date: \_\_\_\_\_

FOR PURPOSES OF THE EQUIPMENT FOR MOBILE UNITS – The inspection for final approval shall be made to ensure compliance with Article 7, Section 7354 and 7357 of Business and Professions Code.

**EQUIPMENT REQUIREMENTS (Final Approval)**

- The mobile unit must be a self contained, self supporting, enclosed mobile unit that is at least 24 feet in length. - Business and Professions Code section 7354.
- A self contained, potable water supply. The potable water tank shall not be less than 100 gallons, and the holding tanks shall be of adequate capacity.
- Continuous, on-demand hot water tanks which shall not be less than six gallons capacity.
- A self-contained, recirculating, flush chemical toilet with holding tank.
- A covered galvanized, stainless steel, or other noncorrosive metal container for purposes of depositing hair clippings, refuse, and other waste materials.
- A split-lead generator with remote starter, muffler, and a vent to the outside.
- A sealed combustible heater with an outside vent.
- All storage cabinet doors shall have safety catches.
- All equipment which is not stored in storage cabinets shall be securely anchored to the mobile unit.
- Proof of Insurance** – Proof of vehicle insurance as required by California Vehicle Code (CVC) Section 34630.
- Vehicle Registration** – Current vehicle registration as required by California Vehicle Code (CVC) Section 4150.

Final Inspection By: \_\_\_\_\_ Date: \_\_\_\_\_

MU-02  
03/15

# Mobile Unit Inspection



# Section 979

California Code of Regulations

## Disinfecting Non-Electrical Tools

Fine Amount: \$100.00 - \$500.00



Thank you!





**BarberCosmo**  
Board of Barbering & Cosmetology



# MOBILE UNIT PROGRAM





## MOBILE UNIT APPLICATION RESPONSIBILITIES/REQUIREMENTS

### **Mobile Unit Application Requirements:**

Please call or email the Board of Barbering and Cosmetology (Board) at [barbercosmo@dca.ca.gov](mailto:barbercosmo@dca.ca.gov) if you have any questions about these requirements.

- A signed completed Application for License to Operate a Mobile Unit with a check or money order made payable to the Board of Barbering and Cosmetology mailed to P.O. Box 944226, Sacramento, CA 94244 for \$150.00.
- Affidavits completed and attached for all owners of the business (each individual must have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN)).
- Include with each Affidavit a copy of a current valid government issued photographic identification (ID). Acceptable forms of identification are: driver's license, state ID card, passport ID card, or military ID card.
- Attach a detailed floor plan showing the location of doors, windows, restrooms, facilities, sinks, lift or ramps, ventilation, equipment, and dimension of the mobile unit (must be self-contained, self-supporting, enclosed, and at least 24 feet in length).
- Attach proof that you are the person/company that either owns or leases the mobile unit and shop equipment.
- If the applicant is a corporation, limited liability company (LLC), or a partnership, attach a copy of your Employer Identification Number (EIN) certificate from the Internal Revenue Service (IRS).
- Attach copies of applicable city and county licenses or permits to provide the mobile barbering, cosmetology, or electrolysis services in each city or county of operation and the territory where the services will be offered.
- Attach proof of compliance with applicable city, county, and state plumbing, electrical, and fire laws (if applicable).
- Attach a copy of a valid California driver's license issued to an officer or employee responsible for driving the mobile unit.
- A permanent base address from which the mobile unit shall operate.
- Attach proof of vehicle insurance as required by California Vehicle Code section 34630.

**Prior to receiving an establishment license all outstanding fines must be paid by all owners.**

### **Owner Responsibilities:**

- The owner(s) of a mobile unit and all operators shall be responsible for implementing and maintaining the Board's laws and regulations the Board's laws and regulations can be found on the Board's website at [www.barbercosmo.ca.gov](http://www.barbercosmo.ca.gov) under "Laws & Regs".
- All mobile units that provide barbering, cosmetology (including manicurist and estheticians), or electrology services are subject to inspections by the Board. If violations are found, both the owner(s) and all operators may be issued a citation and assessed an administrative fine ranging from \$25 to \$1,000 per violation.
- All operators performing barbering, cosmetology, or electrology services shall have a current license that is displayed at their primary work station. **Note:** The Board recommends that owners verify the license of each individual prior to employment. License verification can be done online at [www.breeze.ca.gov](http://www.breeze.ca.gov).

### **Owner Responsibilities - continued:**

- A person licensed by the Board (except an apprentice) shall be in charge of the mobile unit at all times.
- No services shall be performed while the mobile unit is in motion.
- No person having charge of a mobile unit, whether as an owner or an employee, shall permit any room, or part thereof, in which any occupation regulated under this chapter is conducted or practiced, to be used for residential purposes or for any other purpose that would tend to make the unit unsanitary, unhealthy, or unsafe, or endanger the health and safety of the consuming public.
- The geographical boundaries within which the mobile unit is licensed to operate shall include only the cities and counties within which the mobile unit has permits to provide services, and shall extend no further than a 50 mile radius from the permanent base address from which the mobile unit operates.
- The owner(s) of a mobile unit shall be responsible for adherence to all local, state and federal laws and regulations regarding the operation of vehicles to be used as a mobile unit.
- An itinerary showing dates, locations, and times of service shall be made available, upon request, to an authorized representative of the Board.

### **Rules and Regulations:**

- Please review the Board's laws and regulations to ensure that your mobile unit is in compliance with the law. The Board laws and regulations can be found on the Board's website at [www.barbercosmo.ca.gov](http://www.barbercosmo.ca.gov) under "Laws & Regs".

### **Mobile Unit Requirements:**

- A mobile unit must be self-contained, self-supporting, enclosed mobile unit that is at least 24 feet in length.
- A self-contained, potable water supply. The potable water tanks shall be not less than 100 gallons, and the holding tanks shall be of adequate capacity. In the event of depletion of potable water, operation shall cease until the supply is replenished.
- Continuous, on-demand hot water tanks which shall be not less than six-gallon capacity.
- A self-contained, recirculating, flush chemical toilet with holding tank.
- A covered galvanized, stainless steel, or other noncorrosive metal container for purposes of depositing hair clippings, refuse, and other waste materials.
- A split-lead generator with a remote starter, muffler, and a vent to the outside.
- A sealed combustible heater with an outside vent.
- All storage cabinet doors shall have safety catches.
- All equipment which is not stored in storage cabinets shall be securely anchored to the mobile unit.
- A ramp or lift shall be provided for access to the mobile unit if providing services for disabled individuals.

### **Inspection:**

- After you receive initial approval from the Board and the mobile unit is ready to be inspected, please contact the Board by phone at (916) 574-7570 or email at [barbercosmo@dca.ca.gov](mailto:barbercosmo@dca.ca.gov) to schedule an appointment for an inspection by a Board inspector for final approval.



## (1008) APPLICATION FOR LICENSE TO OPERATE A MOBILE UNIT \$150.00 (non-refundable)

<b>For Cashiering Use Only: 1020</b>		
Entity #	Receipt #	Amount \$
Entity #	License #	
<b>SECTION A: MOBILE UNIT INFORMATION</b>		
Name of Mobile Unit (print clearly)		Telephone Number (     )
Permanent Base Street Address (include suite or space number if applicable and print clearly)		Suite/Space #
City	State	Zip Code
Contact Name and Email Address		Contact Telephone Number (     )
Full Name of Person Responsible for Driving the Mobile Unit	Insurance Provider and Policy #	CA Driver's License #
<b>SECTION B: OWNERSHIP</b> (Individual, Married Couple or Registered Domestic Partners, Partnership, Corporation or LLC) complete only <i>ONE</i> section that applies to the type of ownership established for your business.		
<b>If Owner is an INDIVIDUAL complete the following and attach an Affidavit.</b>		
<b>Individual:</b> One person will control all ownership liabilities, requirements, and responsibilities of the mobile unit.		
Last Name	First Name	Middle Name
<b>(OR)</b>		
<b>If Owner is a MARRIED COUPLE or REGISTERED DOMESTIC PARTNERS complete the following and attach an Affidavit for each individual.</b>		
<b>Married Couple or Registered Domestic Partners:</b> Two persons will share all ownership liabilities, requirements, and responsibilities of the mobile unit.		
Last Name	First Name	Middle Name
Last Name	First Name	Middle Name

**SECTION B: CONTINUED**

(OR)  
**If Owner is a PARTNERSHIP (list ALL partners - attach a separate sheet if needed) complete the following and attach an Affidavit for each partner.**

**Partnership:** Two or more persons will share all ownership liabilities, requirements, and responsibilities of the mobile unit. If this category applies, each person is to provide his/her name in the appropriate sections, along with the partnership's EIN. Partnerships must be issued an EIN from the IRS for the application to be processed. Your application will not be processed without an EIN.

Employer Identification Number (EIN)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name			Middle Name					

(OR)  
**If owner is a CORPORATION or LLC (one or more persons in a corporation or LLC registered with the California Secretary of State to show ownership) complete the following and attach an Affidavit for each owner or member.**

**Corporation or LLC:** A corporation registered with the State of California, Secretary of State, will be responsible for all liabilities and requirements of the mobile unit. If this category applies, list the name of the corporation or LLC, along with all officer's names and titles or members (if LLC with no officers) as well as the EIN for the corporation or LLC. Corporations or LLC's must register with the California Secretary of State and be issued an EIN from the IRS for the application to be processed.

Name of Corporation or LLC									
Employer Identification Number (EIN)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title/Member	Last Name	First Name			Middle Name				

**SECTION C: APPLICATION ATTACHMENTS**

Please initial that you have included the following documents with your application package. All incomplete applications will be returned to sender.

- Completed and signed application with the required **Application and Inspection Fee of \$150.00**
- Completed and signed Affidavits are attached for all owners of the mobile unit.
- A legible copy of an acceptable photographic identification for each owner: a driver’s license, a state ID card, passport ID card, or military ID card.
- A detailed floor plan showing the location of doors, windows, restrooms, facilities, sinks, lift or ramps, ventilation, equipment, and dimension of the mobile unit.
- Proof that you are the person/company that either owns or leases the mobile unit and shop equipment.
- If you are a corporation, LLC, or partnership attach a copy of your EIN certificate from the IRS.
- Copies of applicable city and county licenses or permits to provide the mobile barbering, cosmetology, or electrolysis services.
- Proof of compliance with applicable city, county, and state plumbing, electrical, and fire laws (if applicable).
- A copy of a valid California driver’s license issued to an officer or employee responsible for driving the mobile unit.
- Proof of vehicle insurance as required by California Vehicle Code section 34630.

If you are unable to supply any of the above documentation please supply a letter of explanation.

(Optional) What is your spoken and written language preference? \_\_\_\_\_

**SECTION D: CERTIFICATION**

*I certify that I have read and understand the information, **Know Your Workers’ Rights**, provided by the California Board of Barbering and Cosmetology. I certify under penalty of perjury under the laws of the State of California that the information provided on this application is true and correct to the best of my/our knowledge and that the establishment will meet all the requirements set forth in the Barbering and Cosmetology Act & the California Code of Regulations before opening business.*

**WHO MUST SIGN THIS FORM:**

- IF INDIVIDUAL OWNER: THE OWNER
- IF A MARRIED COUPLE or REGISTERED DOMESTIC PARTNERS: BOTH INDIVIDUALS
- IF A PARTNERSHIP: ALL AUTHORIZED PARTNERS
- IF A CORPORATION or LLC: THE PRESIDENT, THE TREASURER, or MEMBER(S) (if LLC with no Officers)

X	_____	_____	_____
	Signature	Print Name	Date
X	_____	_____	_____
	Signature	Print Name	Date
X	_____	_____	_____
	Signature	Print Name	Date
X	_____	_____	_____
	Signature	Print Name	Date

**Please have all parties sign the application and include the initial license fee of \$150.00.**



**BOARD OF BARBERING AND COSMETOLOGY**

P.O. Box 944226, Sacramento, CA 94244-2260

P (800) 952-5210 F (916) 575-7281 [www.barbercosmo.ca.gov](http://www.barbercosmo.ca.gov)



**AFFIDAVIT**

Please print clearly. Make additional copies as needed. Attach a copy of your government issued photo ID.

I am completing this Affidavit as a:			
<input type="checkbox"/> Individual <input type="checkbox"/> Married Couple or Registered Domestic Partners <input type="checkbox"/> Partner <input type="checkbox"/> Corporation Officer <input type="checkbox"/> LLC Officer or Member			
Last Name		First Name	Middle Initial
Residence Address (home address)		City	State    Zip Code
Phone Number (    )	Fax Number (    )	E-mail Address	
Social Security Number or Individual Taxpayer Identification Number □ □ □ - □ □ □ - □ □ □ □ □ □		Date of Birth □ □ - □ □ - □ □ □ □ □ □ Month    Day    Year	
Do you hold or have you held any additional licenses issued by the Board of Barbering and Cosmetology? If yes, list license types, numbers: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any outstanding fines owed to the Board of Barbering and Cosmetology?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a legal name change? If yes, provide any other names used: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of or pled no contest to, a violation of any law of the United States, in any state, local jurisdiction, or any foreign country? <b>If yes, answer the following questions. Attach additional pages if needed.</b> <i>Your application will be delayed by 2 to 6 months, if the information provided is not complete</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Conviction(s): _____			
Type of Violation(s): _____			
Court(s) Where Conviction(s) Occurred: _____			
Penalties Received: _____			
<ul style="list-style-type: none"> <li>• Include copies of arrest records, court documents, verification of restitution received by the court, and verification of successful completion of probation.</li> <li>• A letter from you describing the underlying circumstances of arrest as well as any rehabilitation efforts or changes in life since that time to prevent future problems.</li> </ul>			
Include all misdemeanor and felony convictions, regardless of the age of the conviction, including those which have been set aside and/or dismissed under California Penal Code Section 1000 or 1203.4 (Traffic violations of \$500.00 or less need not be reported).			
Have you ever had any professional or vocational license or registration denied, suspended, revoked, placed on probation or other disciplinary action taken by this or any other governmental authority in this state or any other state, or any foreign country? If yes, please attach an explanation that includes license type, action, and company name (if applicable), year of action and state that it occurred in.			<input type="checkbox"/> Yes <input type="checkbox"/> No
I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in the foregoing affidavit, including all supplementary statements.			
X Signature		Date	
<b>FOR OFFICIAL USE ONLY</b>			
Date Sent to Enforcement	Enforcement Approval		Date



**BOARD OF BARBERING AND COSMETOLOGY**

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**INFORMATION COLLECTION, ACCESS AND DISCLOSURE**

The Information Practices Act, Sec. 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

**AGENCY NAME:**

Board of Barbering and Cosmetology

**TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE:**

Executive Officer

**ADDRESS:**

2420 Del Paso Road, Suite 100, Sacramento, CA 95834

**INTERNET ADDRESS:**

[www.barbercosmo.ca.gov](http://www.barbercosmo.ca.gov)

**TELEPHONE AND FAX NUMBERS:**

(916) 574-7570 phone (916) 575-7281

**AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION:**

Sections 7300 to 7457, inclusive, comprising Chapter 10 Division 3, of the California Business and Professions Code.

**CONSEQUENCES OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION:**

It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete.

**PRINCIPAL PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED:**

The information requested will be used to determine qualifications for licensure or certification to determine compliance with the group and corporate practice provisions of the law and to establish positive identification.

**ANY KNOWN OR FORESEEABLE DISCLOSURES WHICH MAY BE MADE OF THE INFORMATION:**

Your completed application becomes the property of the Board and will be used by authorized personnel to determine your eligibility for a license or certification. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Gov. Code Section 6250 et seq.) and the Information Practices Act (Civ. Code Section 1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the department unless otherwise specifically exempt from disclosure under the law. **Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure.**

**SOCIAL SECURITY NUMBER (SSN) OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN) DISCLOSURE**

Disclosure of your SSN or ITIN is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [42 U.S.C.A. Section 405(c)(2)(C)] authorizes collection of your SSN or ITIN. Your SSN or ITIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or ITIN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

**TAXPAYER INFORMATION**

Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the board. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid.



BOARD OF BARBERING AND COSMETOLOGY

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P (916) 575-7168 F (916) 575-7281 www.barbercosmo.ca.gov



MOBILE UNIT REQUIRED EQUIPMENT LIST

FOR PURPOSES OF APPROVING THE INITIAL APPLICATION – The following documents must accompany the application.

APPLICATION REQUIREMENTS (Initial Approval by Board)

- Floor Plan – A detailed floor plan showing the location of doors, windows, rest room, facilities, sinks, lift or ramps, ventilation, equipment, and dimension of the Mobile Unit in compliance with this article.
Proof of Purchase – A copy of proof of purchase or lease of the Mobile Unit and shop equipment.
City and County Licenses/Permits – Copies of applicable City and County license or permits to provide the mobile barbering, cosmetology or electrolysis services in each city or county of operation and the territory where the services will be offered.
Proof of Compliance – Proof of compliance with applicable city, county, and state plumbing, electrical and fire laws.
California Drivers License – Proof of a valid California driver's license issued to an officer or employee responsible for driving the mobile unit.
Permanent Base Address – A permanent base address from which the Mobile Unit shall operate.
Affidavit – Completed Affidavit for each owner.

Initial Approval By: \_\_\_\_\_ Date: \_\_\_\_\_

FOR PURPOSES OF THE EQUIPMENT FOR MOBILE UNITS – The inspection for final approval shall be made to ensure compliance with Article 7, Section 7354 and 7357 of Business and Professions Code.

EQUIPMENT REQUIREMENTS (Final Approval)

- The mobile unit must be a self contained, self supporting, enclosed mobile unit that is at least 24 feet in length. - Business and Professions Code section 7354.
A self contained, potable water supply. The potable water tank shall not be less than 100 gallons, and the holding tanks shall be of adequate capacity.
Continuous, on-demand hot water tanks which shall not be less than six gallons capacity.
A self-contained, recirculating, flush chemical toilet with holding tank.
A covered galvanized, stainless steel, or other noncorrosive metal container for purposes of depositing hair clippings, refuse, and other waste materials.
A split-lead generator with remote starter, muffler, and a vent to the outside.
A sealed combustible heater with an outside vent.
All storage cabinet doors shall have safety catches.
All equipment which is not stored in storage cabinets shall be securely anchored to the mobile unit.
Proof of Insurance – Proof of vehicle insurance as required by California Vehicle Code (CVC) Section 34630.
Vehicle Registration – Current vehicle registration as required by California Vehicle Code (CVC) Section 4150.

Final Inspection By: \_\_\_\_\_ Date: \_\_\_\_\_





**CALIFORNIA STATE BOARD OF OPTOMETRY**  
 2450 DEL PASO ROAD, SUITE 105, SACRAMENTO, CA 95834  
 P (916) 575-7170 F (916) 575-7292 www.optometry .ca.gov



Mobile Optometric Clinics by State

Arizona	Arizona does not specifically regulate “mobile entities” as we do not regulate where a doctor practices. The only requirement, of course is that there is a licensed optometrist inside the mobile unit.
Delaware	At this time the Delaware Board of Examiners in Optometry do not have any Rules & Regulations pertaining to “Mobile Optometric Facility” or “Portable Optometric Facility.
New Hampshire	The NH Board of Optometry does not have any specific statues for mobile facilities other than they are required to be licensed in New Hampshire.
Alberta College of Optometrists	We have Standards of Practice that govern “bricks and mortar” offices as well as mobile offices. Our rule is that whatever is required in an optometric office is required in a mobile or temporary office. I have attached our Standards of Practice on this – please refer them to Section 1.1.
Virginia	Virginia does not have any regulations pertaining to mobile optometric facilities. My staff indicates that there have been some inquiries, but that has been the extent of it.
New Mexico	New Mexico does not at this time.
Washington	Public Health – Always Working for a Safer and Healthier Washington WAC 246-851-260 Mobile optometric units. (1) Doctors of optometry operating mobile units are required to maintain the minimum equipment requirements of WAC 246-851-250 in such units. (2) Before examining a patient or filling a prescription for a patient, the doctor of optometry must provide to the patient his complete name, his business phone number, the address of his regular office, and his regular office hours. If such doctor of optometry does not maintain a business phone or regular office, he must provide this information to the patient, and must give him his personal phone number and address in place of his business number and address. If the practice of a mobile unit is owned in whole or in part by someone other than the doctor of optometry operating the mobile unit, such fact must also be provided to the patient, along with the names, phone numbers and addresses of all those who own an interest in the practice. The information required by this section may be provided to the patients by means of a sign on or near the mobile unit which the public may reasonably be expected to see and comprehend. [Statutory Authority: RCW 18.54.070. WSR 91-22-061 (Order 210B), § 246-851-260, filed 11/1/91, effective 12/2/91; WSR 91-06-025 (Order 119B), recodified as § 246-851-260, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). WSR 78-02-030 (Order PL 281), § 308-53-205, filed 1/17/78.]  “It is quite dated and is being scheduled for review.”
Oregon	852-001-0002 - Definitions As used in this division:

	<p>(9) "Mobile facility" is a vehicle that is equipped to render optometric services where an optometric physician examines or treats patients inside the vehicle.</p> <p>(14) "Practice location" is a physical site or mobile facility where an optometric physician provides services.</p> <p>852-050-0016 - Notice of Place of Practice                  (1) Each active licensee must notify the Board in writing of each place of practice before engaging in practice at that location. If the licensee is practicing in a mobile facility or with a portable unit, the licensee must report the Base of Operations and specific locations of such practice to the Board in compliance with this rule.</p> <p>852-050-0018 - Official Address of Record                  (1) Each active licensee must notify the Board in writing of each place of practice before engaging in practice at that location. If the licensee is practicing in a mobile facility or with a portable unit, the licensee must report the Base of Operations and specific locations of such practice to the Board in compliance with this rule.</p>
Idaho	The Laws and Rules of Idaho do not define this type of facility in which an optometrist would operate.
North Dakota	North Dakota has no written laws in this regard.
South Carolina	<p>SECTION 40 37 320.</p> <p>(B) Mobile units may be used; however, the optometrist shall obtain a registration for the mobile unit from the board. A mobile unit must be limited to visiting and providing services to licensed health care facilities within this State.</p>
Canada – British of Columbia	<p>As you know, Canadian professional regulation can be substantially different from American.</p> <p>Our regulatory framework provides for regulation of an optometric place of practice by regulating any registrant (licensee) who practises there. Mobile clinics are not specifically defined; however, a registrant seeking an exemption from any provision of the place of practice requirements (Part 10 of our Bylaws) for a mobile or rural clinic must apply, in writing, to the Registrar. The relevant section of our Bylaws follows:</p> <p>Exemptions for rural or mobile practices                  122 (1) Upon application, the board may exempt a registrant from any provision of this Part if it determines that an exemption is reasonable because</p> <ul style="list-style-type: none"> <li>(a) the registrant's place of practice or intended place of practice is in a rural location, or</li> <li>(b) the registrant's place of practice or intended place of practice is a mobile clinic.</li> </ul> <p>(2) A registrant must apply to the board for an exemption from any provision of this Part by letter to the registrar.                  (3) The board may grant an exemption for a period it specifies and subject to any limits or conditions it considers necessary or appropriate.</p>
West Virginia	West Virginia has no provisions on mobile optometric facilities. The only provisions we have on an optometric facility is that the optometrist's office must be separate from the area where eyeglasses are sold
Colorado	The Colorado Board of Optometry does not mention mobile/portable facilities in their laws or rules.
Kentucky	KRS 320.310 (1) The board may refuse to issue, refuse to renew, limit or restrict, revoke or suspend a license, may place on probation, or reprimand a licensee, may order restitution, may impose a fine not to exceed one

thousand dollars (\$1,000) for each violation of this chapter or the corresponding administrative regulations, or may impose any combination of these penalties if it finds that an applicant or a licensee has:

***(f) Practiced as an itinerant, peddled from door to door, established a temporary office, or practiced optometry outside of or away from his or her regular office or place of practice, except that the board may promulgate administrative regulations to authorize the practice of optometry outside of the licensee's regular office for a charitable purpose as defined by the board***

So, the only time a KY optometrist can practice away from their regular office or place of practice is for a charitable event that has been approved by the board. We require all licensed optometrists to have their place of practice listed with the board office.



# **GUIDELINES TO THE ACO STANDARDS OF PRACTICE**



**Alberta College of Optometrists  
#102, 8407 Argyll Road NW  
Edmonton, Alberta  
T6C 4B2**

# **TABLE OF CONTENTS**

<b>Introduction</b>	<b>3</b>
<b>Part 1: Practice Management Guidelines</b>	<b>4</b>
1.1 Optometric Facilities	
1.2 Patient Records	
1.3 Optometric Knowledge and Clinical Expertise	
1.4 Legal Obligations	
1.5 Standards of Behavior	
1.6 Marketing and Promotion	
1.7 Staff Training and Responsibilities	
1.8 Communication	
<b>Part 2: Clinical Practice Guidelines</b>	<b>23</b>
2.1 Examination, Assessment, Diagnosis, Treatment and Management	
2.2 Clinical Practice Guidelines	

# Introduction

The Alberta College of Optometrists is mandated to carry out its activities and govern its regulated members in a manner that protects and serves the public interest. The goal of these Guidelines is to maintain appropriate standards of professional competence and ethical conduct by Regulated Members of the Alberta College of Optometrists (ACO). A Doctor of Optometry or optometrist is defined as a Regulated Member with the ACO.

Guidelines are meant to provide guidance and direction as to the scope of services that Doctors of Optometry are authorized to provide and the manner in which those services are provided. They are based on the best available and most current optometric and medical clinical evidence and research. It is incumbent upon each practitioner to exercise professional judgment when determining the current and future needs of each individual patient.

Guidelines are in constant evolution to reflect advances in optometric and medical science, certification of new competencies, development of innovative technology and updates to legislative scopes of practice.

These Guidelines may be used by the ACO in judging the competence and professional conduct of ACO members. A Hearings Tribunal may make reference to the Guidelines in determining whether or not actions on the part of an optometrist amount to a finding of unprofessional conduct.

The **ACO Guidelines** are set out as a reference to specific ACO Standards of Practice and are presented in **black, bold typeface**. The ACO Standards of Practice are presented in *red Italics*. The numbering system reflects that used in the separate ACO Standards of Practice document.

# Part 1

## Practice Management Guidelines

### 1.1 Optometric Facilities

*1.1.1 In order to provide professional services, an optometrist must maintain or have access to an optometric facility.*

- GL-1.1.1a**      **The optometric facility must have:**
- **an individual facility address,**
  - **a posted list of the name(s) of optometrist(s) who provide services at that location,**
  - **a telephone number,**
  - **appropriate, confidential, and secure storage of patient records,**
  - **in-office sinks and disposal facilities, sufficient to enable the maintenance of infection control standards as per the Alberta College of Optometrists Infection Prevention and Control Policy,**
  - **an Annual Practice Permit openly displayed,**
  - **an Annual Professional Corporation Permit or Limited Liability Partnership Permit (where applicable) openly displayed, and,**
  - **an Office Privacy Policy openly displayed; or, an Office Privacy Policy compliance sign openly displayed with a readily available Office Privacy Policy for review.**
- GL-1.1.1b**      **Optometrists who will be away from his/her office for an extended length of time must make arrangements with other appropriate practitioners for patient care.**
- GL-1.1.1c**      **Optometrists must provide their patients with easily accessible information regarding after-hours care. Each office location must have an answering machine, which is reviewed on a regular basis, which provides patients with after-hours contact information and patient options for appropriate urgent or emergent vision care services. It is not considered adequate to only have after-hours care information posted on a clinic website.**

*1.1.2 Optometric facility location and signage should be designed and displayed in a professional manner.*

*1.1.3 Examination areas must respect the privacy and confidentiality of patients.*

*1.1.4 An optometric facility must maintain a prescribed minimum amount of ophthalmic instrumentation in a safe, hygienic and accurate manner dependent on the level of services that are offered at the facility.*

**GL-1.1.4a In order to provide comprehensive vision care services, an optometric facility must contain and maintain the following minimum amount of general ophthalmic instrumentation in a safe, hygienic and accurate working order:**

**Equipment to assess the refractive condition of the patient:**

- distance and near visual acuity charts,
- an instrument for measuring corneal curvature,
- a retinoscope and lens set, or other similar devices for the accurate measurement of an objective refraction,
- a phoropter or other similar device for the accurate measurement of a subjective refraction, and,
- a lensometer or other similar device for measuring the power of a lens.

**Equipment to assess the binocular, accommodative, motility and sensory function of the patient:**

- prisms (either variable, loose, or in bars),
- a stereoacuity test, and,
- a colour vision test.

**Equipment to assess the ocular health of the patient:**

- a direct ophthalmoscope, indirect ophthalmoscope or other instrumentation for viewing the posterior segment of the eye. (NOTE: The use of imaging or photographic equipment without direct or indirect evaluation of the eye is not sufficient),
- a slit lamp biomicroscope, gonioscopes and fundus lenses,
- a tonometer or other instrumentation for measuring the intraocular pressure of the patient,
- an instrument to measure the corneal thickness,
- a penlight or transilluminator,
- access to a computerized visual field instrument, and,
- access to a scanning laser instrument.



**GL-1.1.4b** Optometrists who provide comprehensive vision care services at remote locations are required to meet the same minimum equipment list as noted in GL-1.1.4a.

**GL-1.1.4c** Optometrists who provide limited vision care services (partial or single procedure examinations) at remote locations require appropriate instrumentation and equipment dependent on the type and level of vision care service(s) provided.

**GL-1.1.4.d** The minimum equipment required for contact lens fitting, prescribing and assessments includes:

- all equipment as listed in GL-1.1.4a that is required for an optometric facility,
- diagnostic trial contact lenses, and,
- disinfection equipment/solution for diagnostic contact lenses.

**GL-1.1.4.e** The minimum equipment required for low vision assessment includes:

- distance and near low vision charts,
- three near diagnostic magnification aids,
- three distance diagnostic magnification aids, and,
- an appropriate selection of tints and filters.

**GL-1.1.4f** The minimum equipment required for lacrimal system and minor optometric surgical procedures includes:

- foreign body removal instruments,
- dilation and irrigation instruments, and,
- disinfection equipment/solution for instruments, devices and surfaces as per the ACO Infection Prevention and Control Policy.

*1.1.5 Optometrists shall be knowledgeable and proficient in methods of infection control and employ appropriate procedures for all products, instruments, office equipment and facilities used in patient care as per the ACO Infection Prevention and Control Policy.*

*1.1.6 Optometrists shall adhere to the Alberta Occupational Health and Safety Code and the ACO Occupational Health and Safety Manual to ensure workplace safety.*

## **1.2 Patient Records**

### *1.2.1 Optometrists must make and maintain a legible, complete and understandable record of their care for each patient.*

- GL-1.2.1a** Optometrists must correctly and consistently identify the patient at each visit:
- At the initial visit, optometrists must confirm the patient's unique identity by reviewing at least two pieces of supporting documentation.
  - At all subsequent visits, optometrists must confirm the accuracy of demographic information including last name, first name, date of birth, gender and a personal health number.
- GL-1.2.1b** Optometrists have a duty to ensure that paper and electronic patient records contain, as a minimum, the following information:
- the name of the examining optometrist,
  - demographic information of the patient including last name, first name, date of birth, gender and personal health number,
  - contact information of the patient including telephone number(s) and mailing address,
  - the dates of all entries to the record,
  - the patient's case history, social history, prior history and relevant family history,
  - information from other sources, including past records, laboratory and imaging reports, referral letters, surgical notes and consultant's reports,
  - current medications, allergies and drug sensitivities,
  - examination findings,
  - diagnoses (tentative, differential or established),
  - optical, Contact Lens and Pharmaceutical Prescriptions issued,
  - counseling, co-management arrangements, treatments administered or referrals made,
  - recommended recall date,
  - responses of the patient to the advice given, if refused, and,
  - financial transactions, including billings and receipts to third parties.
- GL-1.2.1c** Interpretation of any additional testing performed such as visual fields, laser scanning or photographic imaging, etc. must be recorded on the patient chart.

- GL-1.2.1d** All relevant information pertaining to the patient should be recorded in a legible and permanent format in English.
- GL-1.2.1e** Optometrists will provide patients with access to their records in accordance with the Health Information Act (HIA), Part 2.
- GL-1.2.1f** Optometrists shall ensure that the patient record contains sufficient information so that another practitioner is able to understand and assume the patient's care at any point in the course of diagnosis, monitoring, co-management, treatment, or referral without loss of patient care or continuity. A patient record is considered legible if both the optometrist and a reasonable person are able to read the record
- GL-1.2.1g** Any necessary corrections to a patient record must be completed in the following manner:
- Paper charts may be corrected by crossing through the text with a single line, writing in the correction, the reason for the correction (where necessary), dating the entry and initialing the changes to the record. Whiteout or erasure of previous data is not allowed to be used for corrections to paper charts.
  - Electronic records may be corrected by detailing the change (and reasons for the change when necessary), dating the change and identifying the person making the change.
- GL-1.2.1h** Where an optometrist refuses to make a correction or amendment that a patient has requested to a patient chart, the optometrist must tell the patient that the patient may elect to do either of the following, but may not elect both:
- ask for a review of the optometrist's decision by the Office of the Information and Privacy Commissioner (OIPC), or,
  - submit a statement of disagreement to the custodian setting out in 500 words or less the requested correction or amendment and the patient's reasons for disagreeing with the decision of the optometrist.

*1.2.2 Optometrists must collect, protect, maintain, use, disclose, correct, amend and disclose health information in an appropriate, lawful and confidential manner.*

- GL-1.2.2a** Health information is defined as:
- registration information, and,
  - diagnostic, treatment and care information.
- GL-1.2.2b** Optometrists are considered *custodians* under the Health Information Act (HIA). Employees of optometrists are considered *affiliates* under the Health Information Act.
- GL-1.2.2c** Custodians collect, use and disclose health information in accordance with the HIA. As such, custodians are responsible for creating, maintaining and protecting all records in their possession.
- GL-1.2.2d** Optometrists can only collect, use or disclose the amount of health information essential to carrying out the purpose for which the information was provided and preserve the highest degree of patient anonymity.
- GL-1.2.2e** Optometrists may disclose patient records:
- With the express written consent of the patient or legal guardian.
  - Without the express written consent of the patient or legal guardian under limited circumstances as listed under the HIA, Section 35 & 36.
- GL-1.2.2f** Optometrists who disclose patient records to researchers, must follow the rules prescribed under HIA, Division 3 – Disclosure for Research Purposes.
- GL-1.2.2g** Optometrists who utilize email as a means of communication (with patients or other health care practitioners) must follow the Office of the Information and Privacy Commissioner’s (OIPC) Email Communication guidelines ([www.oipc.ab.ca](http://www.oipc.ab.ca)).
- GL-1.2.2h** Although, unrecorded information (information told to a custodian but not recorded on a patient chart) is not considered “health information”; it is protected by the Health Information Act and may only be used and disclosed for the purpose for which it was provided.
- GL-1.2.2i** Optometrists must maintain adequate safeguards to protect confidentiality and to protect against reasonably anticipated threats or hazards to the security, integrity, loss or unauthorized use, disclosure, modification or unauthorized access to health information.

- GL-1.2.2j** Optometrists who use an electronic patient or health record must ensure that the system has adequate safeguards to protect the security, integrity and confidentiality of information, including but not limited to, ensuring:
- an unauthorized individual cannot access identifiable health information,
  - each authorized user can be uniquely identified,
  - each authorized user has a documented access level based on the individual's role,
  - appropriate password controls and data encryption are used,
  - audit logging is always enabled and meets the requirement of section 6 of the Alberta Electronic Health record regulation,
  - where electronic signatures are permitted, the authorized user can be authenticated,
  - identifiable health information is transmitted securely,
  - secure backup of data,
  - data recovery protocols are in place along with the regular testing of these protocols,
  - data integrity is protected such that information is accessible,
  - practice continuity protocols are in place in the event that information cannot be accessed electronically, and,
  - when hardware is disposed of that contains identifiable health information, all data is removed and cannot be reconstructed.

- GL-1.2.2k** Where an optometrist places patient information into an electronic or paper record which is not under his or her direct custody and control, there must be in place:
- a written information management agreement which addresses the requirements of GL-1.2.2j,
  - a written information sharing agreement which manages issues related to access, secondary use and disclosure of patient information,
  - appropriate disclosure in the optometrists Office Privacy Policy, and,
  - an understanding that the custodian retains ultimate responsibility for the records.

- GL-1.2.2l** An optometrist who engages the services of an information manager as defined under the *Health Information Act* to manage electronic health records under the custody or control of the optometrist must first enter into a written agreement with the information manager. The HIA defines an “information manager” as a person or body that:
- processes, stores, retrieves or disposes of health information,
  - in accordance with the regulations, strips, encodes or otherwise transforms individually identifying health information to create non-identifying health information, or,
  - provides information management or information technology services.
- GL-1.2.2m** The agreement between the optometrist and the information manager must comply with the requirements of an information manager agreement as specified under section 7.2 of the Health Information Regulation. The information manager may use or disclose information for the purposes authorized by the agreement, and must comply with the Act and regulations, and the agreements entered into with the optometrist. The optometrist continues to be responsible for compliance with the HIA and regulations, including protecting the records.
- GL-1.2.2n** An optometrist who discloses or contributes information to a shared electronic medical record operated by another custodian, which facilitates access to the information by multiple custodians, must first enter into an agreement with the custodians participating in the shared electronic medical record that sets out how duties under the HIA will be met. For example, the agreement would need to address topics such as:
- clarifying when another custodian may use and disclose records the optometrist has contributed,
  - process for responding to access and correction requests,
  - process for responding to disclosure requests (e.g., research requests), and,
  - shared responsibilities for protecting the records.

*1.2.3 Records are to be held for as long as necessary to satisfy the clinical, ethical, financial and legal obligations of the optometrist.*

- GL-1.2.3a** Patient records must be kept for a minimum of ten (10) years after the patient's last examination or two (2) years after the death of a patient.
- GL-1.2.3b** Optometrists who create a patient record are considered the custodian of that record. When optometrists transfer custodianship of the records they have created to a successor, that successor becomes the custodian of the record.
- GL-1.2.3c** Optometrists who retire, leave or close their practice:
- Must notify the Alberta College of Optometrists (ACO) in advance of when the optometrist plans to close or leave a practice in Alberta.
  - Must provide and document notification of the event to individual patients with whom there is an expectation of ongoing care by that optometrist. This does not apply to those optometrists whose reasons for closing or leaving a practice is due to circumstances beyond their control. In these cases, patients must be notified as soon as is reasonably possible given the circumstances.
  - Are responsible for the secure storage and disposition of the patient records from that practice.
  - May transfer custodianship of their patient records to a successor custodian. Only optometrists or ophthalmologists practicing and licensed in Alberta may be successor custodians. As such, any other individual or health care practitioner who is not an optometrist or ophthalmologist cannot be a successor custodian.
- GL-1.2.3d** Optometrists, who cannot locate another optometrist or ophthalmologist to transfer custodianship of their patient records to when they retire, leave or close their practice may utilize the services of a medical file storage facility. As medical file storage facilities cannot act as custodians of patient records, the optometrist is responsible for making arrangements to ensure the secure storage of the records for the retention period prescribed in GL-1.2.3a and for the secure destruction of records at the end of this retention period.

- GL-1.2.3e** Optometrists who retire, leave or close their practice must provide the ACO with:
- **information describing how the transfer of patient care will be managed,**
  - **information on the location and disposition of patient records and how the patient records may be accessed, and,**
  - **a forwarding mailing address and contact information for the optometrist.**
- GL-1.2.3f** The Alberta College of Optometrists recommends that all business arrangements (associateship, partnership, etc.) have a written agreement in place to satisfy the requirements of SOP 1.2 – Patient records.
- GL-1.2.3g** An optometrist owner who asks an optometrist to leave a practice must give adequate notice that the optometrist’s services are no longer required; thereby allowing the departing optometrist to meet his or her obligations as per GL-1.2.3a to GL-1.2.3f.

### **1.3 Optometric Knowledge and Clinical Expertise**

*1.3.1 Optometrists shall meet or exceed all requirements of the ACO Continuing Competence Program to ensure that they are knowledgeable, competent, skilled and able to provide the most effective and appropriate optometric services.*

- GL-1.3.1a** All ACO registered optometrists must participate in the ACO Continuing Competence Program in accordance with rules established by the ACO.

### **1.4 Legal Obligations**

*1.4.1 Optometrists must understand and adhere to all agreements with Alberta Health and other third party contracts.*

*1.4.2 Optometrists who opt out of agreements signed by the Alberta Association of Optometrists must provide patients with appropriate prior disclosure that their services will not be covered under such agreements.*

*1.4.3 Optometrists shall ensure that their fees are explained and agreed to by patients in advance of provision of services.*

*1.4.4 Optometrists must understand and adhere to Federal, Provincial, municipal, statutory and common law requirements and obligations as well as all Privacy Legislation requirements.*



**1.5 Standards of Behavior**

*1.5.1 Optometrists shall only recommend and provide appropriate and required professional services and treatments.*

- GL-1.5.1a** Optometrists shall only recommend and provide appropriate and required office visits, diagnostic procedures, optical and other appliances, medications, nutraceuticals and any other treatments.
- GL-1.5.1b** A conflict of interest exists when a professional or business arrangement presents a situation that affects, or has the potential to affect, the clinical decision of an optometrist or influences his/her clinical judgment. The optometrist need not actually take advantage of the opportunity for a conflict to exist. The conflict may be direct, indirect, real, of a financial nature, or otherwise. Conflicts of interest must always be resolved in favor of the patient.
- GL-1.5.1c** Optometrists must not (indirectly or directly):
- Have his/her professional decision making and judgment skills influenced or controlled by other persons, business entities, corporations or any other factor other than the optometrist’s own professional judgment, Health Professions Act, Optometrists Professional Regulation, ACO By-laws, ACO Code of Ethics, ACO Standards of Practice, Guidelines to the ACO Standards of Practice, ACO Clinical Practice Guidelines and ACO Advisories.
  - Employ, pay, reward or agree to employ, pay or reward any person or business entity in any manner for services to solicit or steer patients for patronage to themselves or any other optometrist other than normal and customary paid advertising.
  - Enter into any business arrangement that may create a real or perceived conflict of interest.
  - Direct a patient to a diagnostic, treatment or optical dispensing facility where the optometrist has a business interest or derives a profit from unless the patient is informed of the member’s interest or ownership ahead of time and the patient is given a choice to attend any other facility of their choosing.
  - Derive a profit from dispensing or recommending a particular brand of product other than the usual volume or advance payment rebates available to other optometrists.
  - Permit, counsel or assist any person who is not a regulated member to practice optometry.

- GL-1.5.1d** Optometrists must always act in the best interests of the patient.
- GL-1.5.1e** Optometrists who own and/or purchase an interest in a separate company or business entity that offers electronic contact lens or glasses sales (internet, FAX, telephone, etc.) must govern themselves as follows:
- The separate company cannot advertise nor have any visible identification to the optometrist's professional optometric practice or to the optometrist personally.
  - The optometrist must disclose their financial interest when directing patients to these separate companies and respect the patient's right to select the provider of their choice.
- GL-1.5.1f** Optometrists must not promote their own moral, political or religious beliefs when interacting with patients; and, must communicate clearly and promptly about any treatments or procedures the optometrist chooses not to provide because of his or her moral or religious beliefs.
- GL-1.5.1g** If a patient suffers harm, with harm being defined as an outcome that negatively affects the patient's health and/or quality of life; the responsible optometrist must ensure that the patient receives disclosure of that information. Disclosure must occur whether the harm is a result of progression of disease, a complication of care or an adverse event and whether the harm was preventable.

*1.5.2 Optometrists shall understand and adhere to the ACO Code of Ethics, ACO Standards of Practice, Guidelines to the ACO Standards of Practice, ACO Clinical Practice Guidelines and ACO Advisories as provided and updated from time to time.*

- GL-1.5.2a Optometrists must immediately report the following personal circumstances in writing to the ACO Registrar:**
- Any physical, cognitive, mental, medical and/or emotional condition(s) (including substance abuse) that is negatively impacting their practice of optometry or is reasonably likely to negatively impact their practice of optometry in the future.
  - Any sexual or inappropriate personal relationship between the optometrist and a patient who is not their spouse or partner.
  - Any voluntary or involuntary loss or restriction of diagnostic or treatment privileges.

- GL-1.5.2b Optometrists must report another optometrist to the ACO Complaints Director when the first optometrist believes, on reasonable grounds, that the conduct of the other optometrist places patients at risk or is considered unprofessional conduct under the Health Professions Act. Knowledge of optometrist conduct includes, but is not limited to:**
- Making sexual advances to or enters into a sexual relationship with a patient who is not their spouse or partner.
  - Suffering from a physical, cognitive, mental or emotional condition(s) that is negatively impacting their practice of optometry or is reasonably likely to negatively impact their practice of optometry in the future.
  - Repeatedly or consistently fails to address his or her behavior in a manner that interferes with the delivery of care to patients.
  - Is not competent in the care of patients.

- GL-1.5.2c If a patient discloses information leading an optometrist to believe, on reasonable grounds, that another optometrist has committed a sexual boundary violation with the patient, the first optometrist must:**
- provide the patient with information about how to file a complaint with the ACO, or,
  - offer to file a third person complaint with the patient's permission, if the patient does not wish to file a complaint personally.

*1.5.3 Optometrists shall allocate appropriate time for the delivery of professional services.*

*1.5.4 Patient triage must be understood by optometrists and all members of their office staff to ensure prompt and competent treatment of patients requiring urgent or emergent care.*

*1.5.5 Patient recall should be based on the type and severity of optometric or medical conditions.*

## **1.6 Marketing and Promotion**

*1.6.1 Marketing and promotional material should be clear, accurate, truthful, complete and not misleading.*

- GL-1.6.1a Marketing and promotion by an optometrist or on behalf of an optometrist must also:**
- be dignified and in good taste,
  - not misrepresent or overstate the effectiveness of any diagnostic or treatment procedure, instrument or ophthalmic device,
  - not claim superiority over any other optometrist,
  - not be detrimental to the best interest of the public, and,
  - not damage the integrity of the profession of Optometry.
- GL-1.6.1b Marketing and promotion is allowed via any form of communication equally available to all optometrists.**
- GL-1.6.1c The Alberta College of Optometrists does not allow optometrists to refer to themselves as specialists.**
- GL-1.6.1d Advanced Training Designation - If an optometrist has taken the extra training and certification required to achieve a designation beyond a Doctor of Optometry degree, that member is allowed to refer and promote himself/herself. The “advanced training” title is to be followed by the relevant description as given by the organization. For example, a residency trained optometrist in contact lenses would be described as “advanced training in contact lenses”.**

**The following post-graduate programs are deemed appropriate in order for members to use the “advanced training in” designation:**

- **Accreditation Council on Optometric Education (ACOE) Accredited Residency Program.**
- **Diplomate of the American Academy of Optometry (AAO). This program has a pre-requisite of a fellowship (FAAO) designation.**
- **Other similar programs deemed appropriate by Council. To receive approval, a complete history of the program must be submitted to Council including, but not limited to: pre-requisites, length of program, date completed, location, list of instructors, clinical versus didactic hours, research conducted, published papers and posters, lectures given and number of patients examined.**

**GL-1.6.1e Academic Designations:**

- **Academic degrees, fellowships, certificates and diplomas earned by examination from institutions accredited by the ACO are allowed to be stated.**
- **It is considered appropriate to use either the designate “Dr.” in front of your name without any degree identified behind your name, or you may list your name (without the Dr. title) followed by your appropriate degree(s).**
- **It is not considered appropriate to list the name of the academic institution behind your Degree.**
- **It is considered appropriate to list your membership in other associations, societies and colleges as follows:**
  - [i] Dr. John Smith**  
**Member of the AAO, ACO, CAO**
  - [ii] John Smith, B.Sc., O.D., F.A.A.O.**  
**Member of the AAO, ACO, CAO**

**GL-1.6.1f Listing of Optometric Services:**

- **The listing of optometric services that are available at your practice is a valid public service. The terminology used to describe these services should be consistent with generally accepted terms such as: Eye examinations, eye health examinations, complete vision and eye health examinations, eye surgery consultations, contact lens fittings, complete family vision care, treatment of eye disease, on-site optical lab, large selection of designer frames, walk-in appointments welcome and evening and weekend appointments available. Other similar terms not listed above would also be acceptable.**

- **Terms that denote superiority or are misleading are not acceptable. Examples include: computerized vision testing, most advanced diagnostic, state-of-the-art, high-tech, sight saving eye exams, most up-to-date vision testing equipment in the province, expert in all areas of vision care, most experienced vision care in town, gentle eye exams, scientifically proven vision care results guaranteed, voted the best office in consumer satisfaction and highest standard in infection control. Again, other similar terms would also not be acceptable.**

**GL-1.6.1g Endorsements:**

- **Provision of accurate product information by optometrists to their patients is a valid public service.**
- **Knowingly allowing the use of testimonials, superlative statements or personal endorsements on a clinic website(s) or any other marketing and promotion material is not allowed.**
- **The use of superlative logos, awards, designations or other similar wording (such as Consumers Choice Awards etc.) is not allowed.**

**GL-1.6.1h Optometrists are encouraged to participate in programs of health education and charitable activities offered to the public. Optometrists are allowed to list their name on the letterhead of health or charitable organizations along with their appropriate designations.**

**GL-1.6.1i The names of all optometrists who practice at a facility should be prominently displayed in a location where these names are visible to the public. If a trade name is used, the names of the optometrists practicing at that facility should also be listed under the trade name along with the word Optometrist(s).**

**GL-1.6.1j The name of a retired or deceased optometrist may be used by his/her former practice in any way which complies with the Health Professions Act, Optometrists Profession Regulation, ACO By-laws, ACO Advisories, Code of Ethics, Standards of Practice and accompanying Guidelines for a period not exceeding two years after the date of their retirement or death.**

**GL-1.6.1k The size and color of internal and external signs should project a professional image to the public.**

**GL-1.6.11 Fees:**

- **Advertising of examination and treatment fees must be complete, truthful and not misleading.**
- **Patients are to be informed of any fees for examination or treatment services in advance of that service being initiated.**
- **A regulated member shall not divide, share, split or allocate, either directly or indirectly, any fee for professional (oculo-visual assessment) services with any person who is not a Regulated Member of the same college.**

**1.7 Staff Training and Responsibilities**

*1.7.1 Any staff member who uses the title of a regulated health professional and is qualified to meet the registration requirements of a regulated health profession must be a Regulated Member of that health profession.*

**GL-1.7.1a According to Section 46 of the Health Professions Act (HPA), all health care professionals must apply for registration with their College if their College is governed by the HPA and if that health care professional:**

- **is qualified to meet the requirements of registration as a qualified member, and,**
- **intends to provide any or all of the following:**
  - **Professional services directly to the public,**
  - **Teaching of the practice of a regulated profession to regulated members or students of the regulated profession, or,**
  - **Supervision of regulated members who provide professional services to the public.**

**GL-1.7.1b According to Section 47 of the HPA, no person shall knowingly employ a person who meets the above requirements unless that employed person is a Regulated Member of a College governed by the HPA or is authorized to provide the services pursuant to another enactment.**

**GL-1.7.1c Employees registered with a regulatory college other than the ACO, are required to follow the Standards of Practice and all other rules of their own regulatory college.**

**GL-1.7.1d Optometric assistants, ophthalmic assistants, and other staff who are not Regulated Members of a regulatory college must be supervised by a regulated optometrist.**

*1.7.2 Administrative and ancillary personnel shall be qualified to perform their duties, be encouraged to maintain their competence and be provided with the tools and environment to work comfortably and safely.*

**GL-1.7.2a** An optometrist may supervise another person performing a Restricted Activity, as defined in Schedule 7.1 of the Government Organization Act, if the optometrist:

- is authorized to perform that Restricted Activity,
- is satisfied with the knowledge, skill and judgement of the supervised person performing the Restricted Activity,
- has confirmed that the equipment and resources required to perform the Restricted Activity are available, safe and appropriate, and,
- remains readily available for consultation during the performance of the Restricted Activity.

**GL-1.7.2b** An optometrist may supervise a student performing a restricted activity if the optometrist:

- has confirmed that the student is enrolled in a professional health services training program,
- has confirmed that the equipment and resources required to perform the procedure are available, safe and appropriate, and,
- will be physically present on the site where the procedure is being performed and is available to assist.

**GL-1.7.2c** Notwithstanding GL-1.7.2a and GL-1.7.2b, an optometrist must not supervise a person in performing a restricted activity if that person:

- would be in violation of Section 46 of the Health Professions Act regarding mandatory registration, or,
- is registered with a healthcare profession in Alberta but is not authorized by that profession's regulatory authority to perform that Restricted Activity.



## **1.8 Communication**

*1.8.1 Optometrists shall communicate with staff, patients, care givers, legal guardians and other health care professionals in a clear, dignified, respectful, effective and unambiguous manner.*

**GL-1.8.1a** When multiple healthcare providers are caring for a patient, an optometrist must communicate and collaborate with all other healthcare providers, staff, patients, care givers and legal guardians to ensure appropriate and optimal patient care.

**GL-1.8.1b** When working in a team setting, optometrists shall clearly document his or her contribution to the patient's care and explain the optometrist's role and responsibilities to the patient.

*1.8.2 Optometrists shall utilize the most effective modes and methods of communication which take into account the physical, emotional, mental, intellectual and cultural background of the patient, care giver and/or legal guardian.*

**GL-1.8.2a** The optometrist has a duty to use appropriate language, vocabulary and terminology to ensure, as far as possible, that patients understand the testing procedures, examination outcomes and recommendations for treatment. Sign language, interpreters or any other means should be used where appropriate.

*1.8.3 Optometrists shall provide verbal, written or electronic information to patients, care givers and/or legal guardians including, but not limited to, the cause of their condition, systemic conditions affecting their eyes, options for treatment, recommendations, any instructions, prognosis with or without treatment, the urgency of the situation and possible preventative measures.*

**GL-1.8.3a** When requested by a patient or their legal guardian; or when required by law, an optometrist must provide details of his or her findings, assessment, advice and treatment.

**GL-1.8.3b** When responding to requests in GL-1.8.3a, an optometrist must respond to the authorized request as soon as possible, generally within thirty (30) days of receiving the request in one of the following ways:

- providing the information requested,
- acknowledging the request and giving an estimated date for providing the information, or,
- explaining why all or part of the information will not be provided.

**GL-1.8.3c** Notwithstanding GL-1.8.3a, in a legal proceeding, an optometrist is not obligated to:

- provide an expert opinion, or,
- become or testify as an expert witness.

**GL-1.8.3d** Notwithstanding GL-1.8.3a, if the request is made under a contractual agreement, optometrists must comply with the specifics of that agreement.

*1.8.4 Public speaking on eye and vision care shall be truthful, clear, accurate, professionally delivered and not misleading.*

# Part 2

## Clinical Practice Guidelines

### 2.1 Examination, Assessment, Diagnosis, Treatment and Management

*2.1.1 An examination and assessment plan shall be designed in order to obtain the information necessary to achieve a proper diagnosis at the highest level of specificity and, develop appropriate treatment and management plans.*

**GL-2.1.1a** Optometrists shall use their professional discretion and judgment to determine which tests and procedures are best suited for that particular patient at that particular time and be able to justify the inclusion or exclusion of any test.

*2.1.2 The examination, assessment, treatment and/or management plan shall be progressively and appropriately modified on the basis of findings.*

*2.1.3 Consideration shall be given to the relative importance or urgency of the presenting problems and examination findings.*

*2.1.4 The informed consent of the patient and/or legal guardian must be obtained for the initiation and continuation of any examination, assessment, treatment or management plan.*

**GL-2.1.4a** Optometrists are responsible for ensuring that consent, which may be implied or expressed, orally or in writing, is obtained from a patient or legal guardian before performing an examination or treatment or before disclosing the patient's personal health information, except where permitted by law to act without consent.

**GL-2.1.4b** Optometrists must respect the right of a patient to withdraw consent at any time.

**GL-2.1.4c** Evidence of legal authority must be obtained or established from parents or legal guardians before optometric clinical examinations and treatments can be performed on persons under the age of 18 or adults of diminished capacity. A child of 16 who is living independently does not require parental consent for examination or treatment.

*2.1.5 Information and data required for examination, assessment, diagnosis, treatment and management shall only be elicited from the patient, care giver, legal guardian and/or other professionals with the patient's or legal guardian's permission.*

*2.1.6 Subsequent examination, assessment, diagnosis, treatment and management plans should clearly separate the new information and data from earlier information and data in order to maintain an appropriate perspective in the ongoing care of the patient.*

## **2.2 Clinical Practice Guidelines**

*2.2.1 Clinical Practice Guidelines are considered a guide as to the legislated scope of services that an optometrist is authorized to provide and the manner in which the optometrist provides those services.*

**GL-2.2.1a Optometrists must recognize his or her limitations and the special skills of others in the delivery of patient care to ensure appropriate, competent, safe and skilled services are provided to their patients in a timely manner.**

*2.2.2 Clinical Practice Guidelines are in constant evolution to reflect advances in optometric and medical science, certification of new competencies, development of innovative technology and updates to scope of practice.*