

**CODE OF ETHICS  
AND  
PROFESSIONAL CONDUCT  
FOR  
OCCUPATIONAL THERAPISTS**



**The Association of Occupational  
Therapists of Ireland**

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# **CODE OF ETHICS AND PROFESSIONAL CONDUCT FOR OCCUPATIONAL THERAPISTS**

## **1. INTRODUCTION**

### **1.1 Purpose**

Members of the Association of Occupational Therapists of Ireland must comply not only with the expressed provision of the code of ethics as defined by the Association of Occupational Therapists of Ireland Code, but also with the spirit and purpose of the code.

Members must be familiar with the ethical practices and policies of the specific facility or system in which the Occupational Therapy service is provided.

The code serves as an aid for analysis and as a guide to making ethical decisions by highlighting the obligations placed on occupational therapists.

These ethics are not intended to state the legal standards of care in Occupational Therapy Practice.

### **1.2 This Code of Ethics**

*Has been published by the Association of Occupational Therapists of Ireland to guide and assist members in meeting and maintaining proper standards of professional conduct. The code shall be constructed as a general guide and not a denial of other duties equally imperative and other rights not specifically mentioned.*

### **1.2 Definition of Terms**

*'Member' means an individual member of the association excluding associate members.*

*'Client' means a person to whom a member renders a professional service.*

## **2. THE RIGHTS AND THE WELFARE OF THE USER OF THE SERVICE**

*A member's prime concern is the welfare and the rights of the user of the service. A member should approach all users of his/her services with respect, recognising the person's individuality and autonomy. All interactions should be courteous, respectful of the person's dignity, privacy, safety, and with regard for the person's individual*

*situation. The need for user choice and the benefits of working in partnership should be acknowledged. The member is expected to act as an advocate for the person in relation to upholding the autonomy of the individual.*

## **2.1 Discrimination**

A member shall not discriminate against a client of the service on the basis of race, colour, handicap, disability, national origin, age, gender, sexual preference, religion, political beliefs or status in society.

## **2.1 Confidentiality**

Confidentiality of a client's personal information must be insured and his/her personal details are passed on only with the person's consent, or the consent of his/her guardian. Where possible, written consent should be given. In special circumstances confidentiality is waived these include when the information is:

- In the interest of the patient
- In Public interest
- By order of the court
- Statutory Duties

## **2.2 Freedom of Information**

A member must ensure that the client has received all of the relevant information to allow the person or his/her guardian to make an informed choice or decision about his/her health.

The client's rights to such decisions should be respected, even if there is conflict with the member's opinion.

## **2.3 Intervention**

Reasonable steps should be taken to ensure that the client understands the nature, purpose and likely effect of the proposed intervention. Where appropriate, the legal guardian or caregiver will also require this knowledge.

## **2.4 History Taking**

A member must ensure that she/he has the relevant information about the client's previous medical/social history before making decisions about the services to be offered.

## **2.5 Risk Management**

A member must take steps to prevent harm or the risk of harm to clients from the conduct of their practice. Practice must be to the best of the practitioner's ability and within the limits of his/her expertise.

### **3. PROVISION OF SERVICES TO CLIENTS**

#### **3.1 Client Centered Approach**

Services should be client centered and needs led. Where a client is unable to express their autonomy, the member may accept an individual or organisation appointed to express the autonomy of the client, and to act as an advocate for the said client. Each episode of treatment should be planned, executed and evaluated with the client's involvement.

#### **3.2 Management of Referrals**

A member shall recognize and accept his/her accountability to the relevant employing agency, to other health care professionals and to the community at large. A member may accept referrals from any source (in keeping with local policy), in so doing shall undertake to co-operate and maintain appropriated communication with other Health Care colleagues or services dealing with the client in order that the combined desired results are achieved in the treatment of that client.

A member shall be professionally responsible for all treatment and services rendered by the member, or by other personnel including students who are under the direct supervision of the member.

*Members have a duty of care to clients whom they accept for treatment/intervention. Every client should have a clearly recorded assessment of need and objectives of treatment. Members should always record an unmet need and bring this to the attention of their manager.*

Waiting lists should where possible follow, best practice management of resources, assessment of client need and local policy on prioritisation of caseload weighting.

#### **3.3 Occupational Therapy Records**

Members shall respect confidentiality of all client information at all times. Member shall maintain comprehensive, contemporaneous, accurate and up to date records of all professional activities in relation to the client. These will include the nature, extent, duration, and outcome of Occupational Therapy intervention and liaison.

The prime purpose of records is to facilitate the care, treatment and support of a client. A written record of professional intervention, advice given and outcome of decisions taken is a requirement of good practice. The implications of Freedom of Information Act, 1997 should be considered. Subjective opinion and/or emotional comment should be avoided, or clearly identified if considered to be required in notes. Requests from individuals on the basis of the Freedom of Information Act, 1997

should be adhered to according to local national policy. Provisions must be made for the secure and confidential storage and disposal of records, with reference to local procedures.

### **3.4 Quality of Service**

Members shall base service delivery on accurate and current information in the interests of best quality care. Members have a requirement /duty to keep up to date in their own practice. The maintenance and development of professional standards is a requirement of continued practice.

Members have a responsibility to contribute to the development of their own professional standards and that of their profession by critical evaluation, audit and research.

## **4. PROFESSIONAL AND PERSONAL INTEGRITY**

### **4.1 Standards**

A member must uphold the highest standards of personal integrity in the course of the practices of their professional

### **4.2 Personal Integrity**

A member should not engage in any unlawful activity, which may bring the profession into disrepute.

### **4.3 Personal Relationships with Clients and others**

A member should not enter into any relationship that would potentially impair the professional judgement and objectivity of the member or give rise to advantageous / disadvantageous treatment of the client.

### **4.4. Substance Abuse**

A member must not be under the influence of any alcohol, drug or other toxic substance, which may interfere with or impair the performance of their duties.

#### **4.5.1 Personal Gain**

A member must not accept tokens such as gifts or hospitality from clients and their families or commercial organisations when this might be construed as seeking to obtain preferential treatment.

### **4.6 Professional Integrity**

A member should report to the appropriate authority any alleged unethical conduct or inappropriate practice of another member or any incident of unethical conduct or practice by any other health care worker.

#### **4.7 Collaborative practice**

- 4.7.1 A member will co-operate and accept responsibility within a team and respect the traditions, practices and competencies of other professions, institutions and/or statutory and voluntary agencies that constitute their working environment.
- 4.7.2 A member should discontinue active treatment when it is felt that the client has obtained maximum benefit from treatment. The member should with consent refer a client to other services / professionals if it is established that the client will benefit from other professional services.

#### **4.8 Advertising**

- 4.8.1 A member when advertising their services must accurately represent their qualifications, education, experience, training and services they provide.
- 4.8.2 A member shall not misrepresent any information relating to the practice of Occupational Therapy to individual clients.

#### **4.9 Endorsement**

- 4.9.1 A member shall refrain from endorsing any goods, companies or services without having made an objective assessment of those goods and services and in keeping with 4.2 and 4.5.above.
- 4.9.2 A member when employed as an agent of a commercial company may not use the profession to promote the employer's product to the general public.

#### **4.10 Sponsorship**

When entering into a sponsorship relationship with a company or organisation the member must make a decision based on objective judgement and in no way compromise themselves or the Association. The member must ensure that the company or organisation will not receive any advantageous position as a result of this relationship and that the code of ethics will not be breached.

### **5. PROFESSIONAL COMPETENCE AND STANDARDS**

#### **5.1 Continuing Education**

An Occupations Therapist will keep up to date in her/his occupational therapy practice and participate in professional development through life long learning to maintain a high standard of professional competence.

## **5.2 Supervision, Support and Review**

- 5.2.1 A member has a responsibility to seek support and formal supervision and to ensure that these needs are communicated to employing organisations.
- 5.2.2 The member's level of professional knowledge and expertise should be continually reviewed by self-assessment and by regular updating in the interests of high quality care.

## **5.3 Student Education**

A member has professional responsibility to participate in the education of Occupational Therapy students particularly in the area of fieldwork education.

## **5.4 Delegation**

A member who delegates assessment, treatment or other procedure must be satisfied that the person to whom those are delegated be they a student, OT Assistant, helper, support worker or technician is competent to carry them out. The Occupational Therapist will retain ultimate responsibility for the client at all times while engaged in occupational therapy treatment.

## **5.4 Research and Development**

- 5.5.1 A member shall promote an understanding of and participate in professional research into Occupational Therapy
- 5.5.2 A member shall be committed to the improvement and development of the profession in general and will promote the profession to the public, other professional organisations and governing bodies at regional , national and international levels.
- 5.5.3 A member shall recognize and accept their responsibility to the profession and to professional organisations and shall do everything within their means to provide for the growth and development of Occupational Therapy.