

ICRC Physiotherapy Standards of Practice within ICRC/ICRC-supported projects

Key: Service user is used for service user/patient; physiotherapist is used to denote where the physiotherapist assistant is included, multidisciplinary (MDT) can be used interchangeably for interdisciplinary team. The work of the ICRC PRP addresses the service user, the physiotherapist (staff) and the service itself. The area of focus for each standard is written in brackets after each title.

RESPECT FOR THE INDIVIDUAL (service user)

Standard 1 Recognition of the service user as an individual is central to physiotherapy and is demonstrated at all times

Explanation The service user is addressed by the name of their choice. The physiotherapist is courteous and considerate and introduces him/herself to the service user and relevant others. The service user's privacy and dignity is respected and chaperoning is provided where appropriate

INFORMED CONSENT (service user)

Standard 2 Service users are given relevant information about the proposed physiotherapy plan. This should take into account their age, gender, culture, emotional state and ability to understand, to allow informed consent to be given. The most appropriate format for informing the service user should be used

Explanation Written or verbal information is given to the service user to include treatment options. This should include potential significant benefits, risks and side effects

CONFIDENTIALITY (service user)

Standard 3 Information which the service user gives to the physiotherapist is treated in the strictest confidence by the physiotherapist

Explanation There is privacy when discussing personal details. Details are not shared outside the MDT

ASSESSMENT (staff)

Standard 4 Information is gathered from a variety of sources in order to determine the service user's health status

Explanation: There is written evidence of a gathering together of data from the service user and the MDT when applicable. This should include written evidence of an appropriate physical examination carried out to obtain measurable data with which to analyse the service user's physiotherapeutic needs

ANALYSIS AND TREATMENT PLANNING (staff)	
Standard 5	Following information gathering and assessment, analysis and clinical decision-making is undertaken in order to formulate a treatment plan
<i>Explanation</i>	<i>There is written evidence of identified needs/problems, formulated from the information gathered from the service user and the MDT when applicable. This should include subjective and objective measures which are both identified and recorded. The presenting problem is identified and recorded in terms of the service user's needs, function and participation within the individual's social context. The physiotherapist should involve the service user/family/care giver and MDT, where possible, in any decision-making process during treatment planning</i>
IMPLEMENTATION (staff)	
Standard 6	The treatment is adapted to meet the service user's individual needs and delivered in a way that benefits the service user. Where applicable, this should be done within a MDT context
<i>Explanation</i>	<i>All interventions are implemented according to the treatment plan. All advice/information given to the service user is recorded, signed and dated. A record is made of equipment loaned or issued to the service user. Any deviations from the intended treatment plan are recorded in the service user's record with the reasons given</i>
EVALUATION (staff)	
Standard 7	The service user's physiotherapeutic progress is reviewed when possible
<i>Explanation</i>	<i>There is written evidence of each treatment session and all changes, subjective and objective, are documented. Adverse and unexpected effects occurring during treatment are documented. Any changes to the treatment plan are documented</i>
Standard 8	The service user's response to physiotherapy is measured using a service user focused outcome measure
<i>Explanation</i>	<i>Outcome is measured at the end of the treatment plan to assess its impact and is shared with the service user</i>

TRANSFER / DISCHARGE (staff)	
Standard 9	On completion of the treatment arrangements are made, with the MDT, for the transfer of care or discharge
<i>Explanation</i>	<i>The service user is involved with the arrangements for his/her transfer of care/discharge. Arrangements for the transfer of care/discharge are recorded in the service user's record. A discharge summary is sent to the referrer, where identified, upon completion of the episode of care</i>
COMMUNICATION (staff)	
Standard 10	The physiotherapist communicates effectively with service users and/or their carers/relatives
<i>Explanation</i>	<i>Methods of communication are modified to meet the needs of the service user. The physiotherapist assesses the understanding of the information given. Communication of a sensitive nature is undertaken in a private environment. Permission is sought, where possible, from the service user before discussing confidential details with carers, friends or relatives</i>
Standard 11	The physiotherapist communicates effectively with the MDT and other relevant professionals to provide an effective and efficient service to the service user
<i>Explanation</i>	<i>The physiotherapist communicates promptly with health professionals and other relevant professionals involved in the service user's care using language easily understood by the person receiving it. Information supplied to other professionals is directly relevant to their role with the service user. The physiotherapist selects the most appropriate means of communication</i>
DATA MANAGEMENT (service)	
Standard 12	To facilitate service user management and satisfy legal requirements, every service user who receives physiotherapy must have a record
<i>Explanation</i>	<i>Service user records are started from the time of the initial contact and are written immediately after the contact with the physiotherapist or before the end of the same day. Records are appropriately countersigned where entries are recorded by students/physiotherapist assistants</i>
Standard 13	Service user records are retained in accordance with existing policies
<i>Explanation</i>	<i>Service user records are kept securely. Service user records are destroyed in a secure way after a required time period according to organisational policy</i>

Standard 14	Relevant information is recorded, collated and reported to stakeholders as required
<i>Explanation</i>	<i>There is clear reporting as required</i>
PHYSICAL ENVIRONMENT AND SAFETY OF THE SERVICE USER AND PHYSIOTHERAPIST <i>(service user, staff and service)</i>	
Standard 15	The physical set up of the clinic must have adequate spaces and therapeutic equipment that enables physiotherapists to deliver physiotherapy services across the full scope of practise of the service
<i>Explanation</i>	<i>There should be therapeutic space which allows for safe and effective rehabilitation and exercise therapy. Essential, well maintained equipment should be provided</i>
Standard 16	Service users are treated in a clinical environment that is safe for service users, physiotherapists and carers
<i>Explanation</i>	<i>A risk assessment is carried out prior to each procedure/treatment for every service user to minimise risks within the clinical area (e.g. trip hazards and infection). Personal hygiene and infection control procedures are followed. Service users receiving treatment are made aware of how to summon assistance. The physiotherapist is able to summon urgent assistance when required</i>
Standard 17	All equipment is safe, fit for purpose and ensures service user, carer and physiotherapist safety
<i>Explanation</i>	<i>Visual and physical safety checks are made of equipment prior to its use or issue to service users. Equipment is cleaned according to manufacturer's instructions and infection control policies. Faulty equipment is taken out of use immediately and reported. There is a record of all equipment that is loaned to service users and the service user is given instructions on the safe use of any equipment issued</i>
HUMAN RESOURCES <i>(staff)</i>	
Standard 18	Each member of the team should have clearly defined roles and expectations
<i>Explanation</i>	<i>Job descriptions should be available. Well documented individual performance appraisal should occur</i>

LIFELONG LEARNING <i>(staff)</i>	
Standard 19	The physiotherapist assesses, plans, implements and evaluates his/her formal and informal lifelong learning
<i>Explanation</i>	<i>The physiotherapist can recognise his/her learning needs and demonstrate that the learning has enhanced and developed clinical practice</i>
PROFESSIONAL CONDUCT <i>(staff)</i>	
Standard 20	The physiotherapist demonstrates ethical and professional conduct, and compliance with guidelines and regulations
<i>Explanation</i>	<i>The physiotherapist can demonstrate a professional registration where applicable and an adherence to institutional guidelines</i>
QUALITY IMPROVEMENT <i>(staff)</i>	
Standard 21	The physiotherapist demonstrates commitment to and contributes to improving the quality of service user services, to improve the health of service users
<i>Explanation</i>	<i>There is a planned orientation/induction programme for all staff. There is a record of attendance. Staff participate in quality improvement initiatives</i>
Standard 22	The physiotherapist encourages and responds to service user feedback
<i>Explanation</i>	<i>The physiotherapist gathers documents and evaluates service user feedback using available tools. The findings are used to improve outcomes and quality of the services</i>
Standard 23	Physiotherapy is based on review of the best available evidence
<i>Explanation</i>	<i>The physiotherapist considers available information about effective interventions relating to the service user's condition and uses the information to improve outcomes and services</i>