

5.1 Sexual Misconduct and Sexual Abuse

Patient Outcome: The patient does not experience sexual misconduct by the paramedic/EMR.

REQUIREMENTS

The paramedic/EMR must:

1. Not engage in sexual misconduct.
 - a. “Sexual misconduct” means any actual, threatened, or attempted sexualized behaviour or remarks by a registrant towards a patient or in a patient’s presence, including but not limited to, the following acts or omissions by the registrant:
 - i. Making sexually suggestive, flirtatious, or demeaning comments about a patient’s body, clothing, or sexual history, orientation or preferences.
 - ii. Discussing the registrant’s sexual history, sexual preferences, or sexual fantasies with a patient.
 - iii. Any behaviour, communication, gestures, or expressions that could be reasonably interpreted by the patient as sexual.
 - iv. Rubbing against a patient for sexual gratification.
 - v. Removing the patient’s clothing, gown, or draping without consent or emergent medical necessity.
 - vi. Failing to provide privacy while the patient is undressing or dressing, except as may be necessary in emergency situations.
 - vii. Dressing or undressing in the presence of a patient.
 - viii. Posing, photographing, or filming the body or any body part of a patient for the purpose of sexual gratification.
 - ix. Showing a patient sexually explicit materials.
 - x. Requesting or making advances to date or have a sexual relationship with a patient, whether in person, through written or electronic means.
 - xi. Hugging, touching or kissing a patient in a sexual manner.
 - xii. Fondling or caressing a patient.
 - xiii. Terminating the professional-patient relationship for the purpose of dating or pursuing a romantic or sexual relationship.
 - xiv. Sexual abuse.
 - b. “Sexual abuse” is a form of sexual misconduct. The following acts between a registrant and a patient constitute sexual abuse:
 - i. Sexual intercourse.
 - ii. Genital to genital, genital to anal, oral to genital, or oral to anal contact.
 - iii. Masturbation of a registrant by a patient or in the patient’s presence.
 - iv. Masturbation of a patient by a registrant.
 - v. Encouraging the patient to masturbate in the registrant’s presence.
 - vi. Sexualized touching of a patient’s genitals, anus, breasts, or buttocks.
 - c. For the purposes of this Standard only:
 - i. “Patient” means the individual who is the recipient or intended recipient of health care services from a registrant, and, where the context requires,

includes a substitute decision-maker for the recipient or intended recipient of health care services, and includes a vulnerable former patient.

1. An individual becomes a patient upon the first instance of receiving a health care service by a registrant.
 2. An individual, except for a “vulnerable former patient”, remains a patient for twelve (12) months following the date of the last health care service provided by a registrant.
 3. The registrant’s spouse or intimate partner is not considered a patient.
- ii. A “vulnerable former patient” is an individual who has ever been a patient of the registrant and who:
 1. Was experiencing any “vulnerability” at the time they were a patient; and
 2. Continues to experience any “vulnerability”.
 - iii. A “vulnerability” includes personal circumstances which makes an individual especially susceptible to exploitation by those in a position of greater power, based on factors which may include, but are not limited to:
 1. Age and maturity;
 2. Impaired decision-making ability;
 3. Lack of access to secure housing; and/or
 4. A need to frequently access health care services.
- d. A registrant must fully assess whether an individual is a “vulnerable former patient” prior to engaging in any sexualized conduct with that individual and must never engage in any form of sexualized conduct with a vulnerable former patient.
 - e. Sexual misconduct constitutes professional misconduct.
 - f. No conduct constitutes sexual misconduct if the conduct is clinically appropriate to the professional services being provided by the registrant.
2. Comply with a mandatory duty to report as follows:
 - a. To the Registrar if the registrant has reasonable grounds to believe that another registrant has engaged in sexual misconduct;
 - b. To the regulatory body of another health profession if the registrant has reasonable grounds to believe that a member of that profession has engaged in sexual misconduct; and
 - c. To an employer if the registrant has reasonable grounds to believe that a regulated or unregulated employee has engaged in sexual misconduct.
3. Cooperate with any regulatory body or committee of a regulatory body with respect to any regulatory process related to this Standard.