Practice Guideline



Virtual Care

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario

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Introduction

The purpose of this practice guideline is to offer nurses[1] considerations that are important when providing care to **clients**. No matter how **nursing care** is given, whether in-person or virtually, nurses are expected to practice in compliance with all relevant legislation, the *Code of Conduct* and all other CNO **standards of practice**. Contravening legislation or failing to meet the standards of practice could be professional misconduct.

Bolded terms are defined in the glossary at the end of the document.

Within this guideline, considerations about providing inclusive and culturally safe care are presented in Appendix A. This recognizes the value and importance of **virtual care** as health care access to clients may be limited for those who live in remote, isolated or underserved communities across Ontario. CNO's Diversity, Equity and Inclusion Strategy highlights unique considerations to help nurses reflect on key realities when working with diverse communities, Indigenous Peoples and **equity-deserving groups**. These considerations help nurses reflect on key realities and on giving inclusive and culturally safe care in a virtual context. Also, nurses remain accountable to the *Code of Conduct*'s Principle 2, offering care that encompasses **cultural safety** and is inclusive in any interaction, including virtual care.

What is virtual care?

CNO defines virtual care as the delivery, management and coordination of health services offering client-centred care using electronic information and digital telecommunication technologies (American Academy of Ambulatory Care Nursing, 2018). Virtual care can use a variety of technological platforms, such as telephone, email, text or instant messaging, **artificial intelligence** (AI) tools, video or audio conferencing, fax and internet, through single or multiple encounters based on a client's needs.

Increasingly, virtual technologies are being used to supplement in-person care, conduct consultations, deliver education, transmit information over geographical distances and deliver care remotely. As virtual and AI technologies continue to evolve, nurses are accountable to have the knowledge, skill and judgment to ensure they are used appropriately to provide safe client care.

[1] Registered Practical Nurses (RPNs), Registered Nurses (RNs) and Nurse Practitioners (NPs)



Registration requirements when providing virtual care

Before offering virtual care, nurses must make sure they have the authority to practice in the relevant jurisdiction(s).[2] This means complying with registration requirements in the jurisdiction where the client is physically located.

Professional Liability Protection

Every nurse holding a certificate of registration in the General, Extended, Temporary, Emergency or Special Assignment class is accountable to maintain Professional Liability Protection (PLP; see CNO By-Law No. 1: General, article 44.4). CNO has minimum PLP requirements for nurses; however, nurses are encouraged to consult with their employer and/or a PLP provider to understand their liability coverage when virtually caring for clients.

[2] Canadian province, territory or international country

Providing nursing care in Ontario

The *Nursing Act, 1991,* outlines registration requirements to practice nursing, perform controlled acts and use restricted titles in Ontario. The act requires registration with CNO[3] for anyone offering nursing care to a client in Ontario, including nurses registered and employed in other jurisdictions.

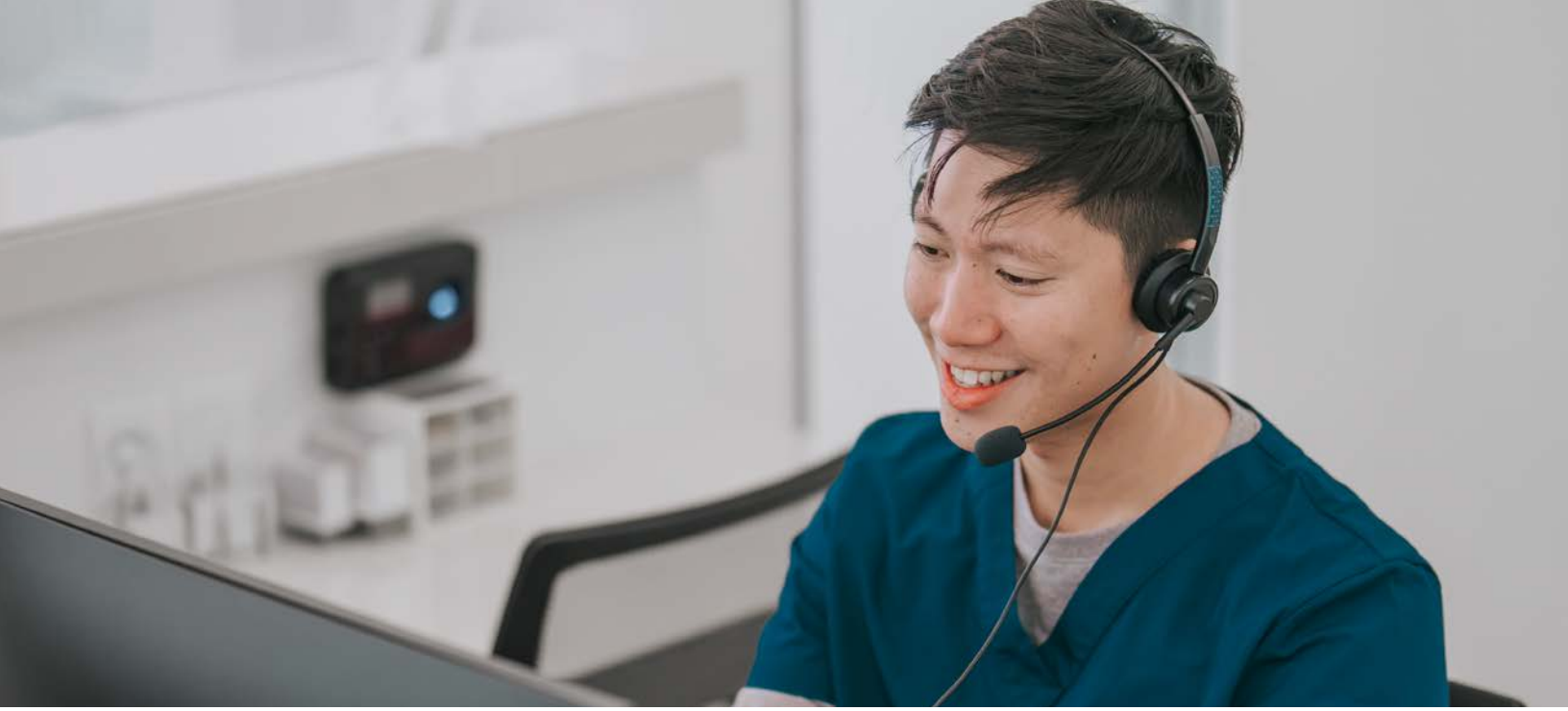
Only nurses registered with CNO can use the protected titles of nurse, Registered Nurse (RN), Registered Practical Nurse (RPN) or Nurse Practitioner (NP) in Ontario and perform controlled acts authorized to nurses under the act.

Providing nursing care in jurisdictions outside of Ontario

Nurses registered with CNO may give care to clients outside of Ontario if the nurses comply with relevant laws and meet the requirements of any applicable regulatory body of the jurisdiction where the client is physically located. This may include registration and maintenance of PLP and other requirements in that jurisdiction.

If a complaint is lodged in a jurisdiction outside of Ontario where the nurse gave virtual care, the nurse may be held accountable to that jurisdiction's professional conduct processes. Being registered and professionally accountable in one jurisdiction does not exempt a nurse from professional accountability and liability in other jurisdictions.

[3] The *Protect Ontario Through Free Trade Within Canada Act, 2025* includes amendments to the *Nursing Act, 1991*: Ontario Regulation 196/23: Exemption – Restricted Titles. The new "As of Right" legislation has been expanded to include qualified nurses registered in another Canadian or American jurisdiction to practice temporarily in Ontario for up to six months, while completing their registration with CNO. In addition, nurses applying under "As of Right" can work in any practice setting in Ontario.



Considerations when providing virtual care

As partners in client safety, employers and nurses, including those **self-employed**, are responsible for creating environments that support safe, quality practice. These considerations include

- nursing competence
- collaborating with clients
- informed consent
- maintaining privacy, confidentiality and security
- advocating for environmental supports, resources and policies
- working effectively with the health care team



Nursing competence

When offering virtual care, nurses must ensure they have the knowledge, skill and judgment to give safe and competent care. This includes having the training and ability to use the technology safely and effectively. When giving care, nurses should use only technologies appropriate for clinical use that meet standards for privacy, security and functionality. (See Appendix B: Additional information.) Nurses are responsible for

- assessing technologies to ensure they comply with relevant legislation and employer policies to meet practice and client needs
- exercising professional judgment in determining when the client's condition warrants in-person care or if the client can receive virtually all or some of the services needed for their visit. If in-person care with the nurse is not possible, nurses should consult with the health care team to identify other options for the client to receive care
- consulting with and referring to an appropriate health care provider when a client's needs exceed the nurse's scope of practice and/or their knowledge, skill or judgment
- determining if the client understands the information or advice given through virtual care, or if other communication plans are needed to help them understand; for example, using tactics to meet the clients' literacy, language, cultural and communication needs to promote understanding (See Appendix A: Cultural safety considerations.)
- identifying gaps in knowledge when working with a cultural group that would be unfamiliar to the nurse. The nurse should seek to improve their ability to provide culturally safe care by undertaking education in areas such as anti-racism and Indigenous Peoples health care, societal norms in different communities and ethnicities (such as Muslims who fast during Ramadan)
- participating in Quality Assurance activities
- using their knowledge, skill and judgment when assessing appropriateness and accuracy of AI technologies

If a nurse, including those who are self-employed, has any gaps in competency to give virtual care, the nurse is accountable for identifying the right training based on their learning needs. If the nurse is unable to fill the competency gap to give virtual care safely, they must not do the activity. The nurse must transfer care to the appropriate health care provider as needed, as outlined in the *Scope of Practice* standard.

When using digital technologies to give virtual care, nurses should be aware there may be a higher risk of miscommunication or misinterpretation of information due to limited non-verbal or behavioural cues or technological issues, such as connection delays or system malfunctions. Communicating effectively is central to forming a **therapeutic nurse-client relationship** and creating a positive and safe health care experience, especially when using digital technologies.



Collaborating with clients

Virtual care may not always be feasible or right for some clients or in some situations, such as needing an in-person assessment. It is important to make sure the care options used are the most suitable and in the client's best interest, when giving care virtually. As with in-person client appointments, nurses giving virtual care are expected to use best practices, to reduce the risk of overlooking important information, and must put the needs of the client first.

Certain considerations help determine if virtual care is the client's most suitable option for accessing care. Nurses are responsible for

- identifying themselves to clients consistent with CNO's public register, using their name, title (RN, RPN, NP) and their role within the health care team
- assessing whether the client feels comfortable using technology to receive virtual care services, based on the client's own personal preference, the nature of their concern and their technological literacy or abilities
- determining if the client has access to the necessary technology, such as reliable internet, compatible devices and software
- assessing whether the client has language, cultural or contextual concerns about not being able to express themselves openly in a virtual medium; for example, a shared space or safety issues (See Appendix A: Cultural safety considerations.)
- considering whether the client needs other options to create a safer health care experience; for example, text messaging, chat, email or a telephone call



Informed consent

Nurses must obtain **informed consent**, in accordance with the *Health Care Consent Act, 1996,* and the *Consent* practice guideline, before giving virtual care. Nurses are responsible for

- authenticating the client's identity and verifying their physical geographic location to confirm they are in Ontario
- determining if more consent is needed or if other individuals will be joining the appointment, such as the client's family or substitute decision-maker
- considering the client's language preferences and, if translation is required, ensuring the right services are used; examples include certified translation services, community-based language support organizations or bilingual members of the health care team
- outlining the benefits, risks and limitations of virtual care; for example, reliability of information communication technologies and barriers to communication
- informing the client on the type of personal health information being collected through the technology platform, whether it will be recorded, where it will be stored and how it will be shared among health care team members
- notifying the client when and if other health care team members will be viewing or listening to the virtual care interaction and the purpose of the team member joining the appointment
- discussing the potential need for in-person care; for example, based on the nurse's assessment of the client's needs or context
- noting the ability to withdraw consent for virtual care or any component of virtual care, including the use of AI technologies, at any time; for example, if the client prefers an in-person visit instead of a video or telephone call



Maintaining privacy, confidentiality and security

A critical consideration when giving virtual care is ensuring all components of care, including the environment, audio and visual interactions, images and data are secure (Ontario Health, 2022). Nurses, including those who are self-employed, and employers remain accountable to the *Confidentiality and Privacy—Personal Health Information* practice standard, when giving virtual care. Nurses are responsible for

- taking steps to ensure all virtual care interactions are given in a private setting to maintain confidentiality; for example, additional steps may be needed to make sure the client feels safe in the space and the nurse can maintain confidentiality
- using technology encrypted to make sure **personal health information** is safeguarded against theft, loss, unauthorized access, use or modification
- confirming who the **health information custodian** and **agent** are at the beginning of the working relationship with their employer, if applicable. Ontario's health privacy law, the *Personal Health Information Protection Act, 2004,* applies to virtual care as it does to in-person care (Information and Privacy Commissioner of Ontario, 2021)
- complying with employer policies and procedures, including using approved devices and platforms
- making sure there is transparency in how client data is collected, used, disclosed, stored and accessed, including when AI technologies are used in providing virtual care



Advocating for environmental supports, resources and policies

Nurses may offer virtual care to clients if environmental supports are available to help them give safe and ethical nursing care. Nurses are responsible for

- having policies and procedures to support providing virtual care using proper technologies for clinically managing clients and addressing medical emergencies, technological failures or privacy breaches
- using evidence-based protocols, guides and other tools to support critical thinking in decision making and client assessments
- accessing resources to provide timely support to clients, when using virtual care technologies, including processes for managing clients if technology fails or is disrupted
- advocating for information, communication tools and additional supports that meet client needs, including for individuals who are neurodivergent, have disabilities or those who speak languages other than French or English
- making sure support is available to schedule an in-person appointment, if required for the client



Working effectively with the health care team

When providing virtual care and working within an interdisciplinary team, nurses are responsible for

- collaborating and communicating with the health care team in a clear, effective, professional and timely manner to ensure safe client care. This includes clarifying and escalating concerns and referring to the proper health care provider (See Appendix A: Cultural safety considerations.)
- documenting according to CNO's *Documentation* practice standard and employer policies. This includes making sure the health care team has easy access to systems for documenting information, such as orders, safely and securely
- making sure medication practices comply with the *Medication* practice standard, including accepting orders that are clear, complete and appropriate
- referring to employer policies to clarify nursing roles and responsibilities when providing virtual care within the health care team, including if certain qualifications, experience or training is required
- working with their employer, if applicable, to support development of virtual care policies and procedures to make sure they align with CNO's standards of practice for client safety

Glossary

Agent: People who are authorized to act for, or on behalf of, a custodian, as per the *Personal Health Information Protection Act, 2004* (PHIPA); in general, nurses who are employees or volunteers, or contracted or credentialed by a health care organization, such as a clinic, laboratory, CCAC, hospital or long-term care facility, are considered "agents" of a custodian. (See health information custodian below.)

Artificial intelligence (AI): Encompasses a broad spectrum of technologies aimed at mimicking cognitive functions associated with human intelligence.

Client: An individual, family, group, community or population receiving nursing care, including, but not limited to, "patients" or "residents".

Cultural safety: Effective client care by a health care provider who has undertaken a process of reflection on their own cultural identity and recognizes the impact of their own culture on their practice. It addresses issues of inequality rooted in historical and structural violence and discrimination, leading to power differences and imbalances. Instead, it focuses on safe systems, clinical settings and interactions.

Equity-deserving groups: Groups of people who have been historically disadvantaged and under-represented. These groups include, but are not limited to, the four designated groups in Canada – women, visible minorities, Indigenous Peoples, and people with disabilities—and people in the 2SLGBTQIA+ community, people with diverse gender identities and sexual orientations. This term is gradually replacing equity-seeking in Canada, as it takes the onus off of historically disadvantaged and under-represented groups and emphasizes that these groups are inherently deserving of the equity they historically have been denied (Canadian Centre for Diversity and Inclusion, 2025). When we speak of Indigenous Peoples in Canada, this group is referenced outside of the term equity-deserving groups to acknowledge their unique place in Canada's history.

Health information custodian: An organization that provides care within the health care continuum. People providing care can also be custodians under the *Personal Health Information Protection Act, 2004* (PHIPA). Custodians are responsible for practices and policies that ensure the confidentiality and security of personal health information and complying with PHIPA.

Informed consent: As described under the *Health Care Consent Act, 1996*, a person's consent is informed if the person receives information about a treatment a reasonable person in the same circumstances would require to make a decision; and if the person receives responses to their requests for additional information about the treatment. The information must include the treatment's nature, expected benefits, material risks and side effects, alternative courses of action and likely consequences of not having the treatment.

Nursing care: Care given to a client by a nurse, which includes, but is not limited to, assessment, planning, delivery, monitoring, evaluation and care coordination.

Personal health information: As reflected in the *Personal Health Information Protection Act, 2004*, includes any identifying information about clients' physical or mental health or their family's health history.

Self-employed: A person who operates their own economic enterprise. The individual may own a business or professional practice or have a business relationship in which they perform specific work for another party in return for payment.

Standards of practice: Expectations for how a competent nurse should perform. Standards of practice describe nurses' expected behaviour and contribute to public protection.

Therapeutic nurse-client relationship: A professional relationship that is established and maintained by the nurse as a foundation for providing nursing care that contributes to the client's health and well-being. The relationship is grounded in trust, respect and empathy.

Trauma-informed care: A strengths-based framework grounded in the understanding of and responsiveness to the impact of trauma. The framework emphasizes physical, psychological, and emotional safety for both providers and survivors, and creates opportunities for survivors to rebuild a sense of control and empowerment. (Hooper et al., 2010).

Virtual care: The delivery, management and coordination of health services using electronic information and digital telecommunication technologies to provide client-centred care.

Appendix A: Cultural safety considerations

There are certain considerations that are important when working with diverse communities or Indigenous Peoples and equity-deserving groups. Although the below considerations are not exhaustive, they are included to support nurses' understanding and awareness

- acknowledging the term 'jurisdiction' may have deeply rooted significance for some Indigenous Peoples, reflecting their historical, cultural and political contexts. For some Indigenous Peoples, 'jurisdiction' refers to clients who live on or off reserve.
- recognizing some Indigenous Peoples and equity-deserving groups may have issues accessing computers or other reliable devices or maintaining a stable internet connection to receive virtual care. Nurses and organizations may consider providing low-barrier technology options, such as phone calls, text messaging or creating a "loan" program that provides clients with technologies to access care (MacPherson, 2023).
- promoting privacy by helping find opportunities for dedicated spaces in the community, where clients can receive virtual care privately (Leader et al., 2023)
- collaborating with clients and any person or community the client wants involved in their care, as per the *Code of Conduct.* For example, the health care team within some communities may include cultural service providers, such as Traditional Wellness Practitioners, Nutritional Healers, Medicine Persons and other religious or spiritual care providers.
- using health care and non-health care providers who can communicate in the local or preferred language and can integrate spiritual and cultural elements to provide care that respects and acknowledges cultural beliefs and traditions, to promote cultural safety (Barwise et al., 2023)
- being aware that if English is a second language for the client, nurses should be mindful of using idioms. For example, "take it with a grain of salt."
- using principles of **trauma-informed care** when caring for clients who have experienced trauma in their lives (College of Nurses, 2023)
- appreciating that when using AI technologies to give virtual care, there may be cultural, gender, socioeconomic or racial biases inherent in the modeling or algorithms. Nurses should assess if the data produced are suitable and they should use caution in interpreting generated AI content.

Appendix B: Additional information

Nurses are accountable to find and use the best available evidence to inform their practice. Below are some general resources related to virtual care.

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