



The College of Naturopaths of Ontario

Inspection Committee Report

Red Canoe Family Naturopathic Clinic

3-10 Brunel Road,
Huntsville, ON
P1H 2A9

Following a review of the Inspector's Report and all other documentation pertaining to the Part I New Premises inspection of the above premises conducted on November 12, 2024 the Inspection Committee has issued an outcome of a pass.

Recommendations

When Inspection Program Requirements are partially met and do not warrant a condition being placed on the premises, the Inspection Committee makes recommendations to the premises.

The Committee makes the following recommendations:

i) As per Inspection Program Requirement 1.3.7: Emergency procedures are readily available for staff to use in the event of a patient-related emergency.

The Committee recommends that the Policies and Procedures Manual includes emergency procedures to follow in the event of a patient-related emergency and that the procedures are readily available for use in the event of an emergency.

ii) As per Inspection Program Requirement 2.1.6: Spill kit is readily available to clean gross spills of blood.

The Committee recommends that a spill kit be assembled and readily available when needed to decontaminate gross spills of blood.

iii) As per Inspection Program Requirement 2.2.6: A log is available to record all completed cleaning and disinfecting of patient surfaces, equipment, and instruments.

The Committee recommends that a log for cleaning patient surfaces, equipment, and instruments is created and used.

iv) As per Inspection Program Requirement 3.1: An IVIT drug/substance inventory record, which includes expiration dates and lot numbers, is available.

The Committee recommends that a system is developed and implemented to track the inventory of drugs and substances used for IVIT procedures and that the inventory record includes, at a minimum, expiration dates and lot numbers.

v) As per Inspection Program Requirement 3.3: IVIT drugs/substances are organized for easy access in labelled bins, cupboards, and shelves, including those in the refrigerator.

The Committee recommends that all shelves, including those in the refrigerator, are clearly labeled.

vi) As per Inspection Program Requirement 3.5: The refrigerator used for IVIT drugs/substances is at the correct temperature (2-8 °C) and monitored with a thermometer that records maximum and minimum temperatures and includes an external visual readout.

The Committee recommends that the thermometer inside the refrigerator records the maximum and minimum temperatures.

vii) As per Inspection Program Requirement 3.6: A refrigerator temperature log is available.

The Committee recommends that the refrigerator temperature log includes the maximum and minimum temperatures.

viii) As per Inspection Program Requirement regarding the Policies and Procedures Manual 4.2.7: Response to latex allergies including accidental exposure in a latex-free clinic.

The Committee recommends that in addition to the information that the premises is latex-free, the Policies and Procedures Manual contains procedures to be followed in the event that items containing latex come into the premises and a staff member or patient with a latex allergy is exposed.

ix) As per Inspection Program Requirement regarding the Policies and Procedures Manual 4.5.2: Protocol to decontaminate gross blood spills.

The Committee recommends that a protocol for decontaminating gross blood spills be included in the Policies and Procedures Manual.

x) As per Inspection Program Requirement regarding the Policies and Procedures Manual 4.5.3: Protocol for cleaning the laminar air flow hood.

The Committee recommends that a protocol for cleaning protocol for the laminar air flow hood be included in the Policies and Procedures Manual.

xi) As per Inspection Program Requirement regarding the Policies and Procedures Manual

4.5.7: Process to ensure all staff who are exposed to blood and/or bodily fluids are referred to post-exposure prophylaxis.

The Committee recommends that in the event of a staff member being exposed to blood or body fluids a procedure is in place, and documented in the Policies and Procedures Manual, to ensure they are referred for post-exposure prophylaxis.

xii) As per Inspection Program Requirement regarding the Policies and Procedures Manual
4.6.1: Processes to ensure completion of staff training for:

- infection prevention and control,
- proper use of personal protective equipment (PPE)
- proper hand hygiene,
- emergency procedures,
- waste disposal,
- inventory handling and storage,
- handling gross blood spills,
- cleaning equipment and patient surfaced, and
- other areas as determined by the premises.

The Committee recommends that the Policies and Procedures Manual be reviewed to ensure it is up-to-date and complete.

xiii) As per Inspection Program Requirements regarding Quality Management processes included in the Policies and Procedures Manual, specifically:

4.7.12: Tracking and reviewing patient outcomes.

4.7.13: Developing and implementing methods to improve patient care.

4.7.17: Selecting, at least annually, and reviewing 5-10 patient records to assess:

- quality of care to patients,
- completeness and accuracy of entries,
- documentation of informed consent,
- appropriateness of treatment,
- follow-up to abnormal laboratory test results, and
- adherence to the Standard of Practice for Record Keeping.

The Committee recommends that all Quality Management Program processes be established and documented in the Policies and Procedures Manual, and implemented.