The College of Naturopaths of Ontario

Inspection Committee Report

Docere: Institute of Wellness
235 Martindale Road
Unit 17
St. Catharines, ON
L2W 1A5

Following a review of the Inspector's Report and all other documentation pertaining to the inspection conducted on September 4, 2018 of the above premises the Inspection Committee has issued an outcome of a pass with conditions.

Conditions

The conditions are:

1. As per Inspection Program Requirement 1.1.6.2: The premises is equipped with a fire/smoke alarm system that conforms to local fire codes and fire safety training.

   The Committee requires that the premises is compliant with all fire codes and ensures that the appropriate fire alarm system is in place.

2. As per Inspection Program Requirement 6.3.2: Patient chart contains a signed informed consent form and 6.5.13: Prior to the procedure the IVIT protocol along with risks, benefits, alternatives, potential complications and side effects, and costs were discussed with the patient/substitute decision maker and documented.

   The Committee requires that informed consent is obtained and documented on a continuing basis for all assessments and treatments, including for IVIT. This is to include a signed informed consent form in every patient file as well as all components of informed consent being discussed and documented on an ongoing basis.

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 1.2.2.1: Personal protective equipment (PPE) is

available for all appropriate procedures, and 7.1.6: Personnel use protective equipment of gloves, gown and mask, (hair cover and shoe cover are optional).

The Committee recommends that disposable gowns are stocked and used when compounding IV bags.

ii) As per Inspection Program Requirement 2.1.1: Conducted a risk analysis, as outlined in the Standard of Practice for Emergency Preparedness.

The Committee recommends that a thorough risk analysis is completed and documented to included, at a minimum:

- volume of patients,
- volume of high risk patients,
- proximity to a hospital,
- proximity to an emergency room,
- acuity of illness of patients, and
- access to emergency services.

iii) As per Inspection Program Requirement 2.4: Equipment and supplies not on crash cart but readily available.

The Committee recommends that lidocaine be stocked and readily available.

iv) As per Inspection Program Requirement 3.1.4: Referral for post-exposure prophylaxis is recommended for all staff with blood and body fluid exposure.

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

v) As per Inspection Program Requirement 5.3.1: Type 2 occurrences are reported and submitted in writing to the designated member within 30 days of the occurrence or of learning of the occurrence.

The Committee recommends that the process in place to report Type 2 occurrences to the designated member is to be done within 30 days of the occurrence.

vi) As per Inspection Program Requirement 6.5.1: The chief complaint(s) is clearly stated, the symptoms are adequately described, the duration of symptoms noted and a functional inquiry is performed.

The Committee recommends that in addition to the chief complaint being documented on the patient's initial intake form it is also documented in the patient chart and includes, following an inquiry of the patient, a full description and duration of the symptoms experienced by the patient.

vii) As per Inspection Program Requirement 6.5.15: Any amendments to a written chart is initially, dated and indicates what change was made.

The Committee recommends that all amendments to a patient's chart are dated at the time the change was made.

viii) As per Inspection Program Requirement Patient Chart Requirements 6.7.6: An IVIT specific form contains the vital signs **(**blood pressure, heart rate, respiratory rate or pulse oximeter reading and temperature) before, during and after treatment, and documentation of patient monitoring during IVIT in addition to vitals.

The Committee recommends that the information related to the delivery of intravenous treatment contained on the IVIT specific form in the patient's chart always includes:

- all vital signs **(**blood pressure, heart rate, respiratory rate or pulse oximeter reading and temperature) that are taken during the treatment, and
- notations regarding the monitoring (other than the vital signs) of the patient during the IVIT.

ix) As per Inspection Program Requirement 7.1.8: All bottles, vials or containers are wiped down with alcohol or disinfectant before being brought into the laminar air flow hood.

The Committee recommends the entire surface of the bottles, vials and containers as well as the top of the container are wiped down before being brought into the laminar air flow hood.

x) As per Inspection Program Requirement 7.1.18: Information to be included on the IV bag label or an attached document.

The Committee recommends that the premises ensures that it complies with all labeling requirements as stated in the Inspection Program Requirements and the Standard of Practice for Compounding by ensuring that directions for storage is always included on the IV bag label or an attached document:

xi) As per Inspection Program Requirement 8.1.3: Questioned patient regarding use of restroom, fears/anxiety around treatment, history of fainting due to needles, last time they have eaten.

The Committee recommends that the patient is always questioned prior to the administration of IVIT regarding use of restroom, fears/anxiety around treatment, history of fainting due to needles, last time they have eaten, and that it is documented.

xii) As per Inspection Program Requirements 8.2.3: Monitored vital signs during treatment.

The Committee recommends that vital signs of blood pressure, heart rate, respiratory rate or pulse oximeter reading and temperature are monitored and recorded during treatment.

xiii) As per Inspection Program Requirement 8.3.4: Patients are screened for methicillin resistant organisms and infectious diseases.

The Committee recommends that a screening process for Methicillin Resistant Organisms be put in place that includes questioning the patient when taking their history.

xiv) Nitroglycerin is not required to be on the crash cart however the Inspection Committee recommends that the designated member should consider adding it to the cart as an emergency drug.