



The College of Naturopaths of Ontario

## Inspection Committee Report

Red Canoe Family Naturopathic Clinic  
4-76 King William Street,  
Huntsville, ON  
P1H 1E4

Following a review of the Inspector's Report and all other documentation pertaining to the inspection conducted on November 3, 2022 of the above premises the Inspection Committee has issued an outcome of a Pass with Conditions.

No Registrant of the College of Naturopaths of Ontario is permitted to perform the IVIT procedure of compounding for or administering IVIT at Red Canoe Family Naturopathic Clinic unless and until the premises receives a pass or a pass with conditions that do not restrict the performance of IVIT procedures (Section 33(8) Ontario Regulation 168/15).

### Conditions

The conditions are:

1. As per Inspection Program Requirements 1.3.8: A crash cart is immediately available and fully stocked, and 2.3: Items Required on Crash Cart: - atropine, calcium chloride and/or calcium gluconate and/or calcium glycerophosphate, dextrose 5% and 50%, ipratropium bromide, magnesium chloride and/or magnesium sulfate, and safety engineered needles.

Registrants may not perform the IVIT procedures of compounding for or administering IVIT until information has been provided to the Committee that the following drugs are stocked on the crash cart:

- atropine,
- calcium chloride and/or calcium gluconate and/or calcium glycerophosphate,
- dextrose 5% and 50%,
- ipratropium bromide,
- magnesium chloride and/or magnesium sulfate, and
- safety engineered needles.

2. As per Inspection Program Requirement 3.5 Once a single-use vial has been punctured it must be used within 12 hours.

Registrants may not perform the IVIT procedures of compounding for or administering IVIT until information has been provided to the Committee that single-use vials are being labeled with the date and time that the seal has been broken and that they are not used beyond 12-hours of being punctured.

3. As per Inspection Program Requirement 2.4.7: Equipment and Supplies Readily Available – lidocaine (topical).

The Committee requires that the topical lidocaine being stocked is not expired.

4. As per Inspection Program Requirement 3.2: Drugs/substances not listed on Tables 2 and 5 of the *General Regulation* are stocked for compounding for and/or administering by IVIT only when a delegation is in place.

The Committee requires that the premises does not stock drugs/substances that are not listed on Tables 2 and 5 and must remove MSM and Travasol (contains amino acids not included on Tables 2 and 5) from the premises as they are not currently being administered under a delegation.

### 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 Requirements 1.2.6: Infection control signs are prominently posted, and 1.2.7: Infection control signage includes how to prevent the spread of infections (e.g. use of alcohol-based hand sanitizer, use of mask, etc.).

The Committee recommends that infection control signs are posted in locations that are clearly visible to patients.

ii) As per Inspection Program Requirement 1.3.4: Notices are posted and readily visible in common areas indicating an AED is on site.

The Committee recommends that signage pertaining to an AED being on site is prominently posted in common areas.

iii) 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 procedures to follow in the event of a patient-related emergency are thorough and readily available to staff.

iv) 2.2.6 Cleaning and disinfecting of patient surfaces, equipment, and instruments is recorded in a cleaning log.

The Committee recommends that the cleaning processes outlined in the Policies and Procedures Manual are followed and the applicable logs are completed and kept up to date.

v) As per Inspection Program Requirement 3.10: 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 refrigerator allows for external monitoring of the refrigerator temperature and records the maximum and minimum temperatures.

vi) As per Inspection Program Requirement regarding the Policies and Procedures Manual 4.2.3: Cold chain management – storage and handling of drugs and substances requiring a controlled cold temperature.

The Committee recommends that the Policies and Procedures Manual includes detailed information regarding cold chain management and the handling of drugs and substances that require a controlled cold temperature.

vii) As per Inspection Program Requirement regarding the Policies and Procedures Manual 4.2.5: Documentation for all equipment used for administering and compounding for IVIT:

- equipment operating manuals, where applicable,
- equipment maintenance contracts, where applicable,
- maintenance log, and
- inventory list.

The Committee recommends that documentation in the Policies and Procedures Manual includes maintenance logs and an inventory list for all equipment used for administering and compounding for IVIT.

viii) As per Inspection Program Requirement regarding the Policies and Procedures Manual 4.4: Emergency Response and Management - 4.4.6: Emergency situations that require 911 to be called.

The Committee requires that the Policies and Procedures Manual includes information regarding which emergency situations require 911 to be called.

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 the Policies and Procedures Manual includes additional information regarding the use of the spill kit.

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 4.5.6: When and how staff are to use personal protective equipment to protect themselves and others.

The Committee recommends that the Policies and Procedures Manual includes additional information outlining how personal protective equipment is to be used by staff and how the training will be completed.

xii) 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.

xiii) 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 staff training being done is outlined in the Policies and Procedures Manual and that a process is in place to document when the training has been completed.

xiv) As per Inspection Program Requirement regarding the Policies and Procedures Manual 4.7.1: Formation of a Quality Management Committee and the staff members, who are involved with patients receiving IVIT, comprising the committee.

The Committee recommends that the staff who are part of the Quality Management Committee are identified in the Policies and Procedures Manual.

xv) As per Inspection Program Requirements regarding Quality Management processes included in the Policies and Procedures Manual 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 as part of the Quality Management Program section of the Policies and Procedures Manual processes are developed, documented, and implemented to ensure that patient charts are reviewed to assess all required components of the charts.

xvi) As per Inspection Program Requirements regarding the Policies and Procedures Manual 4.9.1: All forms used at the premises (e.g. intake forms, IV treatment form, consent, Type 1 occurrence report, Type 2 occurrence tracking), and 4.9.2: Template of all logs including inventory, maintenance, cleaning, refrigerator temperature, etc.

The Committee recommends that all forms used at the premises, such as intake, consent and IV treatment forms, and a copy of the template used for all logs are included in the Policies and Procedures Manual.

xvii) As per Inspection Program Requirement 5.1.1: Laminar air flow hood (LAFH) has been turned on at least 30 minutes prior to use.

The Committee recommends that the laminar air flow hood is always turned on at least 30 minutes prior to use.

xviii) As per Inspection Program Requirements 5.1.7: The person performing the compounding follows proper hand hygiene at the beginning, and before donning gloves to compound under the laminar air flow hood in accordance with *PIDAC – Infection Prevention and Control for Clinical Office Practice*, and 6.1.7: The person administering the IVIT washes their hands and dons gloves.

The Committee recommends that hands are always washed prior to putting on gloves.

xix) As per Inspection Program Requirement 5.1.8: The person performing the compounding dons a make, gown, and gloves at the minimum; (hair, shoe, and beard (when applicable) covers are optional).

The Committee recommends that in addition to wearing a mask and gown while compounding, gloves are also worn.

xx) As per Inspection Program Requirement 5.1.16: Gloved hands are disinfected with 70% isopropyl alcohol before re-introduction into the LAFH or after gloves have been in contact with a non-sterile surface during the compounding procedure.

The Committee recommends that gloved hands are always washed with 70% isopropyl alcohol before returning to compounding under the hood.

xxi) As per Inspection Program Requirements regarding the labelling of the IV bag, specifically:  
5.2.7: The directions for storage of the IV bag,  
5.2.8: The directions for use of iv bag, including dose, frequency, route of administration and any special instructions, and  
5.2.9: Any cautionary information about the drug or substance.

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 the following is always included:

- the directions for storage of the IV bag,
- the directions for use of IV bag, including dose, frequency, route of administration and any special instructions, and
- any cautionary information.

xxii) As per Inspection Program Requirement 6.1.6: Patient is questioned regarding:

- use of restroom, and
- the last time they have eaten.

The Committee recommends that the patient is always questioned prior to the administration of IVIT about their use of the restroom.

xxiii) As per Inspection Program Requirement 6.2.12: The patient's vital signs are monitored during treatment when indicated or for infusions that take longer than 30 minutes to administer:

- blood pressure,
- heart rate,
- respiratory rate or pulse oximeter reading, and
- temperature (when indicated).

The Committee recommends that patient vital signs are always monitored during IVIT treatment that exceeds 30 minutes to administer.

xxiv) As per Inspection Program Requirement 8.0 Quality Management Program

The Committee recommends that there is documentation in place to record that the Quality Management Program activities have been completed and when.

xxv) As per Inspection Program Requirement regarding Quality Management 8.18: At least annually, a random selection of 5-10 patient records is reviewed to assess for:

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

The Committee recommends that the Quality Management Committee reviews, at least annually, 5-10 patient records to assess for:

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

xxvi) As per Inspection Program Requirement regarding Patient Chart Requirements 9.3.3: Patient name or patient number on each page.

The Committee recommends that all pages in the patient chart always contain the patient's name or if applicable the patient number.

xxvii) As per Inspection Program Requirement regarding Patient Chart Requirements 9.3.4: All pages are in chronological order, consecutively numbered and dated.

The Committee recommends that, going forward, all pages in the patient files are numbered.

xxviii) As per Inspection Program Requirement regarding Patient Chart Requirements 9.3.10: Blank spaces are not left between entries.

The Committee recommends that there are no blank spaces left between entries in the patient chart.

xxix) As per Inspection Program Requirement 9.3.11: A legend of abbreviations is available when other than generally accepted medical abbreviations are used.

The Committee recommends that a legend of abbreviations is created and available when other than generally accepted medical abbreviations are used.

xxx) As per Inspection Program Requirement regarding Patient Chart Requirements 9.6.4: Patient's history regarding exposure to and infection from methicillin resistance organisms (MROs).

The Committee recommends that the patient's history regarding methicillin resistant organisms (MROs) is always documented in the patient file.