The College of Naturopaths of Ontario

Proposed Amendments to the Inspection Program Requirement
of the
College of Naturopaths of Ontario

January 2021

As part of the Inspection Committee's Terms of Reference, the Committee is responsible for providing advice and recommendations to Council regarding the requirements for the College's Inspection Program. The Committee has initiated a review of these requirements with the intention of recommending to the Council in the future, amendments to the Inspection Program Requirements for new premises (Part I and Part II) and scheduled 5-year inspections (formerly Existing Premises Inspections). Prior to finalizing its recommendations, the Committee is undertaking a consultation with registered premises, Registrants and stakeholders.

This consultation sets out the proposed amendments to the Inspection Program Requirements and is seeking feedback from interested parties. The Inspection Committee will review and consider any feedback received when it is finalizing the proposed changes to be presented to the Council for final approval. Council will also be provided with the information learned throughout the consultation process.

Background

In March 2017, Part IV of the General Regulation came into effect authorizing the College to operate an inspection program for all premises where Registrants perform intravenous infusion therapies (IVIT).

The College's Inspection Program supports continuous quality improvement by developing and maintaining standards for all premises in which compounding for and/or administration of IVIT are performed. The College recognizes the importance of maintaining competency for certain procedures that are associated with increased risk and has accordingly developed the Inspection Program to ensure the safety and quality of care for the people of Ontario who choose to access these services.

The structure of the program is to inspect premises where compounding for and/or administration of IVIT are performed to ensure that the Inspection Program Requirements, as well as standards, policies and procedures, are in place and are being practised by Registrants within the premises.

The Inspection Program Requirements outline the physical environment, emergency preparedness, infection control, compounding for and administering IVIT procedures, record keeping, policies and procedures, delegation and quality management criteria that must be met by each premises.

The Inspection Program Requirements apply to an inspection of an existing premises undergoing a scheduled 5-year inspection, and a new premises that will have the inspection conducted in two parts. Part I consists of the requirements that must be in place prior to the premises being authorized to begin performing IVIT procedures. Part II consists of the observation of the performance of compounding for and/or administering IVIT as well as reviewing patient charts.

Proposed Changes

All Inspection Program Requirements are included in the proposed changes below for existing/scheduled 5-year inspections and new (Part I and Part II) inspections, as well as those requirements for which there are no suggested changes. Feedback may be provided on all inspection program requirements, not limited to only the proposed changes.

Additions, Amendments, Deletions – The proposed changes are intended to:

- remove redundant requirements,
- remove requirements that are unnecessary and unrelated to safely providing IVIT procedures,
- add clarity to better reflect the College's expectations,
- add requirements to align with College regulations, standards of practice and guidelines, and
- add requirements to improve the safety and quality of IVIT procedures.

Terminology/Nomenclature - The Council has directed that a number of terms commonly used by the College be changed in order to improve the collective understanding of stakeholders about the role of the College. The following term is being altered by the Council and the proposed changes to the Inspection Program Requirements reflect the Council's direction:

Member to Registrant - The Council has asked that references to Members of the College be altered to Registrants of the College in order to create a better understanding that the College is not beholden to its Members as a professional association would be, but rather, created to regulate the individuals it "registers".

Housekeeping - As is common, when changes are made, there are often minor grammatical issues that are identified, and wording that is inconsistent with related College documents. These changes are not significant, but it is a good practice to make corrections when College documents are being amended.

The proposed changes are indicated in the table below as follows:
~~Deletion~~ Addition

Current Requirement	Proposed Change to Existing Premises	Proposed Change to New Premises - Part I	Proposed Change to New Premises - Part II	Rationale/Explanation
1.0 Physical Requirements				
1.1 General				
1.1.1 Site complies with all applicable building codes including fire safety requirements.	~~1.1.1 Site complies with all applicable building codes including fire safety requirements.~~	~~1.1.1 Site complies with all applicable building codes including fire safety requirements.~~	NA	Fire safety is captured in section 1.1.6.2. Evaluating adherence to building codes is outside of the expertise of IVIT inspectors and is not a necessary component of an IVIT inspection. Removal does not affect the quality and safety of IVIT care being provided at a premise.
1.1.3.1 Access for persons with disabilities complies with provincial legislation (*Accessibility for Ontarians with Disabilities Act*).	~~1.1.3.1 Access for persons with disabilities complies with provincial legislation (*Accessibility for Ontarians with Disabilities Act*).~~	~~1.1.3.1 Access for persons with disabilities complies with provincial legislation (*Accessibility for Ontarians with Disabilities Act*).~~	NA	Accessibility for persons with disabilities encompasses a wide variety of accommodations beyond physical access to the premises and is beyond the role of the IVIT Inspection Program.
1.2.1.1 Temperature and ventilation ensures staff and patient comfort.	~~1.2.1.1 Temperature and ventilation ensures staff and patient comfort.~~	~~1.2.1.1 Temperature and ventilation ensures staff and patient comfort.~~	NA	Patient comfort is captures in section 1.1.2. where the inspector can comment on the room temperature and ventilation.
1.1.5.3 The following areas are functionally separate, this may include separate, dedicated rooms or designated areas, depending on the available space: • administration and patient-waiting area/room • procedure area/room • clean utility area/room	1.1.1~~.5.3~~ The following areas are functionally separate, allowing adequate space to ensure patient safety, and that emergency protocols and infection control standards can be met. This may include separate, dedicated rooms, or designated areas, depending on the available space.	1.1.1~~.5.3~~ The following areas are functionally separate, allowing adequate space to ensure patient safety, and that emergency protocols and infection control standards can be met. This may include separate, dedicated rooms, or designated areas, depending on the available space.	NA	Adds clarity

non-sterile storage area/room • compounding area/room • recovery area/room.	• administration and patient-waiting area/room • ~~procedure~~ IVIT administering area/room • clean utility area/room • non-sterile storage area/room • compounding area/room • recovery area/room.	• administration and patient-waiting area/room • ~~procedure~~ IVIT administering area/room • clean utility area/room • non-sterile storage area/room • compounding area/room • recovery area/room.		
1.1.5.1 Layout facilitates safe patient care and patient flow.	1.1.2 Layout of all rooms/areas facilitates safe, comfortable patient care and patient flow.	1.1.2 Layout of all rooms/areas facilitates safe, comfortable patient care and patient flow.	NA	Adds clarity. Includes the need to ensure patients are comfortable including the room temperature and ventilation.
1.1.5.2 Premises is neat, comfortable, clean and free of clutter.	1.1.3 Premises is neat, ~~comfortable,~~ clean and free of clutter.	1.1.3 Premises is neat, ~~comfortable,~~ clean and free of clutter.	NA	The premises being "comfortable" is more applicable to section 1.1.2
1.2.1.5 Openings to the outside are effectively protected against the entrance of insects or animals by self-closing doors, closed windows, screening, controlled air current or other effective means.	1.1.4 Openings to the outside are effectively protected against the entrance of insects or animals by self-closing doors, closed windows, screening, controlled air current or other effective means.	1.1.4 Openings to the outside are effectively protected against the entrance of insects or animals by self-closing doors, closed windows, screening, controlled air current or other effective means.	NA	No change
1.3.1.1 Appropriate compounding area is designated (separate room or low and controlled traffic area with limited access).	1.1.5 The ~~Appropriate~~ compounding ~~designated~~ area/room containing the laminar air flow hood is in ~~(separate room or~~ a low ~~and controlled~~ traffic area with controlled, limited access~~)~~.	1.1.5 The ~~Appropriate~~ compounding ~~designated~~ area/room containing the laminar air flow hood is in ~~(separate room or~~ a low ~~and controlled~~ traffic area with controlled, limited access~~)~~.	NA	Adds clarity

NA	1.1.6 A sink is readily available in the premises for staff use.	1.1.6 A sink is readily available in the premises for staff use.	NA	Aligns with the College's *Sterile Compounding Guideline*.
1.3.1.2 IV substances are located adjacent to the compounding area and in a controlled access area.	1.1.7 IV drugs/substances are located adjacent to the compounding area, in a low traffic area with controlled, limited access.	1.1.7 The area where IV drugs/substances ~~are~~ will be located is adjacent to the compounding area, in a low traffic area with controlled, limited access.	1.1.1 IV drugs/substances are located adjacent to the compounding area, in a low traffic area with controlled, limited access.	Adds clarity
1.1.2.2 Electrical outlets are available. No overloaded wall-plugs or overloaded extension cords are in use.	1.1.8 Electrical outlets are available. No overloaded wall-plugs or overloaded extension cords are in use.	1.1.8 Electrical outlets are available. No overloaded wall-plugs or overloaded extension cords are in use.	NA	No change
1.2 Infection Control				
1.2.1.2 Floors and walls can be cleaned to meet infection control requirements (eg surfaces are smooth and washable).	1.2.1 Floors, ~~and~~ walls, chairs, examination tables, patient contact surfaces, etc can be cleaned to meet infection control requirements (eg surfaces are smooth and washable).	1.2.1 Floors, ~~and~~ walls, chairs, examination tables, patient contact surfaces, etc can be cleaned to meet infection control requirements (eg surfaces are smooth and washable).	NA	Ensures all patient contact surfaces such as chairs and examination table can be cleaned to meet infection control requirements.
1.2.1.3 In premises access to hand-washing facilities and proper towel disposal.	1.2.2 ~~In premise a~~ Access to hand-washing facilities ~~and~~ with proper towel disposal available to patients and all staff.	1.2.2 ~~In premise a~~ Access to hand-washing facilities ~~and~~ with proper towel disposal available to patients and all staff.	NA	This takes into account that not all premises have a washroom in the premise itself for patients to use but one is available in the building such as in the hallway outside of the premises.
1.2.1.4 Alcohol-based hand cleaner is readily available.	1.2.3 Alcohol-based hand cleaner is readily available throughout the premises for staff and patients.	1.2.3 Alcohol-based hand cleaner is readily available throughout the premises for staff and patients.	NA	Adds clarity that alcohol-based hand cleaner is to be available throughout the premises (rather than potentially in only one location) for both staff and patients.
3.2.3 Tissue boxes are available for staff and	1.2.4 Tissue boxes are available throughout the	1.2.4 Tissue boxes are available throughout the	NA	Adds clarity that tissue boxes are to be available

patients.	premises for staff and patients.	premises for staff and patients.		throughout the premises (rather than potentially in only one location) for both staff and patients.
3.2.6 Masks are readily available for patients along with signage for proper use.	1.2.5 Disposable masks are readily available for patients. ~~along with signage for proper use~~.	1.2.5 Disposable masks are readily available for patients. ~~along with signage for proper use~~.	NA	Requirements for all signage moved to as separate requirement in section 1.2.6.
3.2.1 Infection control signs are posted at the entry and at the reception desk.	1.2.6 Infection control signs are prominently posted. ~~at the entry and at the reception desk~~.	1.2.6 Infection control signs are prominently posted. ~~at the entry and at the reception desk~~.	NA	Allows for the premises to determine where the signs are best posted for patients to see.
NA	1.2.7 Infection control signage includes how to prevent the spread of infections (e.g. use of alcohol-based hand sanitizer, use of masks, etc).	1.2.7 Infection control signage includes how to prevent the spread of infections (e.g. use of alcohol-based hand sanitizer, use of masks, etc).	NA	Provides examples of information to include in the infection control signage.
3.2.8 A telephone, in person or online infectious disease screening protocol has been developed and implemented for use when communicating with patients and scheduling appointments.	1.2.8 A telephone, in person or online infectious disease screening protocol ~~has been developed and~~ is consistently implemented ~~for use~~ when communicating with patients and scheduling appointments.	1.2.8 A telephone, in person or online infectious disease screening protocol has been developed ~~and implemented~~ for use when communicating with patients and scheduling appointments.	1.2.1 A telephone, in person or online infectious disease screening protocol ~~has been developed and~~ is consistently implemented ~~for use~~ when communicating with patients and scheduling appointments.	Ensures the process to screen for patients is being used on a consistent basis for existing and Part II inspections. For the Part I inspection, the requirement ensures that a protocol has been developed for use once the premises is authorized to perform IVIT procedures.
3.2.4 Garbage cans are readily available.	1.2.9 Garbage cans are readily available throughout the premises for staff and patients.	1.2.9 Garbage cans are readily available throughout the premises for staff and patients.	NA	Adds clarity that garbage cans are to be available throughout the premises (rather than potentially in only one location) for both staff and patients.
3.2.7 Reception staff can maintain a safe distance (approximately 1 meter) from patients.	1.2.10 Reception staff are protected from possible exposure (e.g. use of personal protective equipment, ~~can~~ maintaining	1.2.10 Reception staff are protected from possible exposure (e.g. use of personal protective equipment, ~~can~~ maintaining	NA	Ensures protocols are in place to reduce the risk of staff and patient exposure to infectious agents.

	a safe distance ~~(approximately 1 meter)~~ from patients, or protective barriers are in place).	a safe distance ~~(approximately 1 meter)~~ from patients, or protective barriers are in place).		
3.2.9 A patient segregation area is available when needed.	1.2.11 A patient segregation area is available, when needed.	1.2.11 A patient segregation area is available, when needed.	NA	No changes.
3.2.10 Clean toy and soiled toy bins are used where applicable.	1.2.12 Clean toy and soiled toy bins are used, where applicable.	1.2.12 Clean toy and soiled toy bins are available ~~used~~, where applicable.	NA	Adds clarity
1.3 Emergency Measures				
1.1.6.1 Hallways, stairways and elevators are sufficiently wide to allow emergency evacuation of a patient by emergency personnel and their equipment.	1.3.1 Hallways, stairways and elevators (where applicable) are sufficiently wide to allow emergency evacuation of a patient by emergency personnel and their equipment.	1.3.1 Hallways, stairways and elevators (where applicable) are sufficiently wide to allow emergency evacuation of a patient by emergency personnel and their equipment.	NA	Adds clarity
1.1.6.2 The premises is equipped with a fire/smoke alarm system that conforms to local fire codes and fire safety training.	1.3.2 The premise is equipped with ~~a~~ fire~~/smoke~~ alarms, smoke detectors and/or a sprinkler system. ~~that conforms to local fire codes and fire safety training.~~	1.3.2 The premise is equipped with ~~a~~ fire~~/smoke~~ alarms, smoke detectors and/or a sprinkler system. ~~that conforms to local fire codes and fire safety training.~~	NA	Ensures fire safety measures are in place and encompasses premises in a variety of building styles. Assessing fire codes and fire safety training is outside of the expertise of IVIT inspectors and is not a necessary component of an IVIT inspection.
1.1.6.4 Fire exits are clearly marked, and evacuation maps are located in patient areas.	1.3.3 Fire exits are clearly marked, and evacuation maps are prominently displayed ~~located~~ in all patient areas.	1.3.3 Fire exits are clearly marked, and evacuation maps are prominently displayed ~~located~~ in all patient areas.	NA	Adds clarity.
NA	1.3.4 Notices are posted and readily visible in common areas indicating an AED is on site.	1.3.4 Notices are posted and readily visible in common areas indicating an AED is on site.	NA	New requirement. This is required in the College's AED Policy. Signage allows for anyone in the premises to be aware that an AED is on site

				and the location.
NA	1.3.5 The AED is fully stocked, the AED pads are not expired, the battery is fully charged, and the unit is fully operational.	1.3.5 The AED is fully stocked, the AED pads are not expired, the battery is fully charged, and the unit is fully operational.	2.2.1 The AED is fully stocked, the AED pads are not expired, the battery is fully charged, and the unit is fully operational.	Allows for the inspector to ensure that the AED is in proper working order.
1.1.6.5 There is emergency lighting in patient care areas. Emergency lighting may include but is not limited to a permanently installed emergency system or battery powered portable devices.	1.3.6 There is emergency lighting in all patient ~~care~~ areas. Emergency lighting may include but is not limited to a permanently installed emergency system or battery powered portable devices.	1.3.6 There is emergency lighting in all patient ~~care~~ areas. Emergency lighting may include but is not limited to a permanently installed emergency system or battery powered portable devices.	NA	Ensures that emergency lighting is available in all areas where patients may be, not just in care/treatment rooms.
1.1.6.3 Emergency procedures are clearly displayed.	1.3.7 Emergency procedures are ~~clearly displayed.~~ readily available for staff to use in the event of a patient-related emergency.	1.3.7 Emergency procedures are ~~clearly displayed.~~ readily available for staff to use in the event of a patient-related emergency.		There has been confusion as to whether this was emergency evacuation procedures or emergency procedures to be followed by staff in the event of a patient-related emergency. There is no need for evacuation procedures to be displayed since exits are clearly marked and maps are posted. The change adds clarity and improves safety measures.
1.4.2.2 Crash cart is immediately available.	1.3.8 A crash cart is immediately available and fully stocked.	1.3.8 A crash cart is immediately available and fully stocked.	1.1.1 A crash cart is immediately available and fully stocked.	Ensures that the crash cart is always fully stocked.
2.0 Equipment and Supplies				
2.1 General				
1.1.2.1 All electrical devices are certified by CSA or licensed for use in Canada.	2.1.1 All electrical devices ~~are certified by CSA or licensed for use in Canada~~ meet Canadian electrical safety requirements and	2.1.1 All electrical devices ~~are certified by CSA or licensed for use in Canada~~ meet Canadian electrical safety requirements and	NA	Adds clarity

	contain certification marks, such as CSA, cUL or cETL.	contain certification marks, such as CSA, cUL or cETL.		
1.2.1.7 Sharps/biohazard containers are readily available to staff.	2.1.2 Sharps/biohazard containers are ~~readily available to staff~~ puncture-resistant, tamper-resistant, leak-proof with a clearly identifiable biological hazard label.	2.1.2 Sharps/biohazard containers are ~~readily available to staff~~ puncture-resistant, tamper-resistant, leak-proof with a clearly identifiable biological hazard label.	NA	Adds clarity to ensure the proper sharps containers are used.
1.2.1.7 Sharps/biohazard containers are readily available to staff.	2.1.3 Sharps/biohazard containers are ~~readily available to staff~~ easily accessible in every "point of use" area and mounted out of the reach of children.	2.1.3 Sharps/biohazard containers are ~~readily available to staff~~ easily accessible in every "point of use" area and mounted out of the reach of children.	NA	Adds clarity to ensure that sharps containers are accessible to staff in the areas where they are used (compounding and administering areas) and are safely out of the reach of children.
1.3.2.1 Laminar airflow hood in place	2.1.4 A laminar airflow hood is in place for premises where compounding for IVIT is conducted.	2.1.4 A laminar airflow hood is in place for premises where compounding for IVIT is conducted.	NA	Adds clarity that the LAFH is only required when there is on site compounding for IVIT.
1.3.2.1 Appropriate personal protective equipment (PPE) is available for procedures where applicable.	1.3.2.1 Appropriate personal protective equipment (PPE) is available for procedures where applicable.	1.3.2.1 Appropriate personal protective equipment (PPE) is available for procedures where applicable.	NA	No change
NA	2.1.6 Spill kit is readily available to clean gross spills of blood.	2.1.6 Spill kit is readily available to clean gross spills of blood.	NA	The requirement to have a process to clean gross spills of blood has been in place, however, there has not been a requirement to have a spill kit on hand. The process for cleaning blood spills is documented in the Policies and Procedures Manual.
2.2 Maintenance and Cleaning				
NA	2.2.1 Laminar air flow hood has been certified as recommended by	2.2.1 Laminar air flow hood has been certified as recommended by	2.2.1 Laminar air flow hood has been certified as recommended by	Reflects the requirements for certification as outlined in the College's Laminar Air

	manufacturer.	manufacturer.	manufacturer.	Flow Hood Policy that it is to be maintained according to the manufacturer's recommendations.
1.2.2.2 Equipment used for administering IVIT is maintained and inspected regularly for functionality.	2.2.2 Equipment used for administering IVIT is maintained and inspected regularly for functionality and is recorded in the applicable log.	2.2.2 Maintenance logs are available to record the maintenance and inspection of equipment used for administering IVIT.	2.2.2 Equipment used for administering IVIT is maintained and inspected regularly for functionality and is recorded in the applicable log.	Ensures that there is documentation of the maintenance of equipment used to administer IVIT and allows for the inspection to include a review of the log. For Part I – this ensures a log to record the maintenance of equipment used to administer IVIT is in place and ready to be used.
1.3.2.2 Equipment used for compounding for IVIT is maintained and inspected regularly for functionality.	2.2.3 Equipment used for compounding IVIT is maintained and inspected regularly for functionality and is recorded in the applicable log.	2.2.3 Maintenance logs are available to record the maintenance and inspection of equipment used when compounding for IVIT.	2.2.3 Equipment used for compounding IVIT is maintained and inspected regularly for functionality and is recorded in the applicable log.	Ensures that there is documentation of the maintenance of equipment used to compound for IVIT and allows for the inspection to include a review of the log. For Part I – this ensures a log to record the maintenance of equipment used to compound for IVIT is in place and ready to be used.
3.5.2 Approved and appropriate disinfectant products are available for patient surfaces, equipment, and instruments.	2.2.4 Approved and appropriate cleaning and disinfecting products are available for cleaning and disinfecting patient surfaces.	2.2.4 Approved and appropriate cleaning and disinfecting products are available for cleaning and disinfecting patient surfaces.	NA	Adds clarity, is specific to products used on patient surfaces, and ensures the inspector can check that the products are stocked and available for use.
3.5.2 Approved and appropriate disinfectant products are available for patient surfaces, equipment, and instruments.	2.2.5 Approved and appropriate cleaning and disinfecting products are available for cleaning and disinfecting equipment and instruments.	2.2.5 Approved and appropriate cleaning and disinfecting products are available for cleaning and disinfecting equipment and instruments.	NA	Adds clarity, is specific to products used for equipment and instruments, and ensures the inspector can check that the products are stocked and available for

				use.
NA	2.2.6 Cleaning and disinfecting of patient surfaces, equipment, and instruments is recorded in a cleaning log.	2.2.6 A log is available to record all completed cleaning and disinfecting of patient surfaces, equipment, and instruments.	2.2.4 Cleaning and disinfecting of patient surfaces, equipment, and instruments is recorded in a cleaning log.	New requirements to ensure that cleaning and disinfecting procedures are completed and recorded. Procedures are documented in the Policies and Procedures Manual and ensuring staff is following the procedures is part of the Quality Management Program.
2.3 Items Required on the Crash Cart				
2.2 • Automated External Defibrillator (AED) • Alcohol • Arm board • Basic dressing supplies • Cotton balls • Gauze and bandages • IV tubing, administration sets and angiocatheters • Micropore tape • Non-latex gloves • Non-latex tourniquets • Pocket mask for cardiopulmonary resuscitation • Resuscitation bag with O_2 attachment • Safety engineered needles • Scissors • Smelling salts (amyl nitrate) or essential oil (peppermint) • Syringes 2.3	1. Alcohol 2. Angiocatheters 3. Atropine i.v. 4. Calcium chloride and/or Calcium gluconate and/or Calcium glycerophosphate i.v. 5. Dextrose 5% (D5W) and 50% i.v. 6. Diphenhydramine hydrochloride i.v., i.m. 7. Epinephrine hydrochloride i.m. 8. Ipratropium bromide 9. IV tubing and administration sets 10. Magnesium chloride and/or Magnesium sulfate i.v. 11. Micropore tape 12. Nitroglycerin 13. Non-latex gloves 14. Non-latex tourniquets 15. Oxygen tank with regulator 0-10 L/min with mask or nasal canula 16. Pocket mask for	1. Alcohol 2. Angiocatheters 3. Atropine i.v. 4. Calcium chloride and/or Calcium gluconate and/or Calcium glycerophosphate i.v. 5. Dextrose 5% (D5W) and 50% i.v. 6. Diphenhydramine hydrochloride i.v., i.m. 7. Epinephrine hydrochloride i.m. 8. Ipratropium bromide 9. IV tubing and administration sets 10. Magnesium chloride and/or Magnesium sulfate i.v. 11. Micropore tape 12. Nitroglycerin 13. Non-latex gloves 14. Non-latex tourniquets 15. Oxygen tank with regulator 0-10 L/min with mask or nasal canula 16. Pocket mask for	1. Alcohol 2. Angiocatheters 3. Atropine i.v. 4. Calcium chloride and/or Calcium gluconate and/or Calcium glycerophosphate i.v. 5. Dextrose 5% (D5W) and 50% i.v. 6. Diphenhydramine hydrochloride i.v., i.m. 7. Epinephrine hydrochloride i.m. 8. Ipratropium bromide 9. IV tubing and administration sets 10. Magnesium chloride and/or Magnesium sulfate i.v. 11. Micropore tape 12. Nitroglycerin 13. Non-latex gloves 14. Non-latex tourniquets 15. Oxygen tank with regulator 0-10 L/min with mask or nasal canula	Nitroglycerin is included on Table 3 of the General Regulation allowing its use in office in emergency circumstances and should be included on the crash cart. For emergency purposes it is recommended that dextrose is stocked on the crash cart in two concentrations – 5% and 50%. The type of injection (e.g. i.v.) has been added for clarity.

• Atropine • Calcium chloride and/or Calcium gluconate and/or Calcium glycerophosphate • Dextrose • Diphenhydramine hydrochloride • Epinephrine hydrochloride i.m. • Ipratropium bromide • Magnesium chloride and/or Magnesium sulfate • Saline bags • Oxygen tank with regulator 0-10 L/min with mask or nasal canula • Salbutamol	cardiopulmonary resuscitation 17. Resuscitation bag with O_2 attachment 18. Safety engineered needles 19. Salbutamol 20. Saline bags 21. Smelling salts (amyl nitrate) or essential oil (peppermint) 22. Syringes	cardiopulmonary resuscitation 17. Resuscitation bag with O_2 attachment 18. Safety engineered needles 19. Salbutamol 20. Saline bags 21. Smelling salts (amyl nitrate) or essential oil (peppermint) 22. Syringes	16. Pocket mask for cardiopulmonary resuscitation 17. Resuscitation bag with O_2 attachment 18. Safety engineered needles 19. Salbutamol 20. Saline bags 21. Smelling salts (amyl nitrate) or essential oil (peppermint) 22. Syringes	
2.4 Equipment and Supplies ~~not on Crash Cart but~~ Readily Available				
2.4 • Cold compresses, hot packs • Natural anxiolytic • Non-latex blood pressure cuff • Pulse oximeter • Snacks (crackers, fruit juices) • Stethoscope • Thermometer • Watch (if no wall clock with second hand present in the room) • Lidocaine (topical)	1. Arm board or other support (e.g. pillow with disposable cover) 2. Automated External Defibrillator (AED) 3. Basic dressing supplies 4. Blood pressure cuff 5. Cold compresses, hot packs 6. Cotton balls 7. Gauze and bandages 8. Lidocaine (topical) 9. Natural anxiolytic 10. Non-latex blood pressure cuff 11. Pulse oximeter 12. Scissors	1. Arm board or other support (e.g. pillow with disposable cover) 2. Automated External Defibrillator (AED) 3. Basic dressing supplies 4. Blood pressure cuff 5. Cold compresses, hot packs 6. Cotton balls 7. Gauze and bandages 8. Lidocaine (topical) 9. Natural anxiolytic 10. Non-latex blood pressure cuff 11. Pulse oximeter 12. Scissors	1. Arm board or other support (e.g. pillow with disposable cover) 2. Automated External Defibrillator (AED) 3. Basic dressing supplies 4. Blood pressure cuff 5. Cold compresses, hot packs 6. Cotton balls 7. Gauze and bandages 8. Lidocaine (topical) 9. Natural anxiolytic 10. Non-latex blood pressure cuff 11. Pulse oximeter 12. Scissors	Supports other than an arm board can be used during the administration of IVIT.

	13. Snacks (crackers, fruit juices) 14. Stethoscope 15. Thermometer 16. Watch (if no ~~wall~~ clock with second-hand present in the room)	13. Snacks (crackers, fruit juices) 14. Stethoscope 15. Thermometer 16. Watch (if no ~~wall~~ clock with second-hand present in the room)	13. Snacks (crackers, fruit juices) 14. Stethoscope 15. Thermometer 16. Watch (if no ~~wall~~ clock with second-hand present in the room)	
3.0 Drugs and Substances Storage and Inventory ~~and Equipment~~				
4.1.1.3 Only drugs/substances listed on Table 2 are stocked for compounding and administering by IVIT.	3.1 Only drugs/substances listed on Tables 2 and 5 of the *General Regulation* are stocked for compounding for and/or administering by IVIT.	NA	3.1 Only drugs/substances listed on Tables 2 and 5 of the *General Regulation* are stocked for compounding for and/or administering by IVIT.	Includes the drugs that may be compounded for IVIT as listed in the General Regulation can be stocked.
4.1.1.4 Drugs not listed on Table 2 may be stocked if they are being administered through a delegation.	3.2 Drugs/substances not listed on Tables 2 and 5 of the *General Regulation* ~~may be~~ are stocked ~~if they are being~~ for compounding for and/or administering ~~through~~ by IVIT **only** when a delegation is in place.	NA	3.2 Drugs/substances not listed on Tables 2 and 5 of the *General Regulation* ~~may be~~ are stocked ~~if they are being~~ for compounding for and/or administering ~~through~~ by IVIT **only** when a delegation is in place.	Adds clarity that drugs and substances not included on Table 2 and Table 5 of the General Regulation can only be stocked if there is a delegation in place.
4.1.1.5 Only drugs/substances approved for use by the College of Naturopaths of Ontario for IV administration are used.	~~4.1.1.5 Only drugs/substances approved for use by the College of Naturopaths of Ontario for IV administration are used.~~	~~4.1.1.5 Only drugs/substances approved for use by the College of Naturopaths of Ontario for IV administration are used.~~	~~4.1.1.5 Only drugs/substances approved for use by the College of Naturopaths of Ontario for IV administration are used.~~	Captured above in sections 3.1 and 3.2
4.1.1.1 A general drug/substance inventory record is maintained including expiration dates.	3.5 An IVIT ~~general~~ drug/substance inventory record, which includes expiration dates and lot numbers, is maintained and up to date.	3.5 An IVIT ~~general~~ drug/substance inventory record, which includes expiration dates and lot numbers, is available.	3.5 An IVIT ~~general~~ drug/substance inventory record, which includes expiration dates and lot numbers, is maintained and up to date.	Adds clarity that the inspection applies to IVIT drugs and substances. Lot numbers are required to track inventory
4.1.1.2 When applicable, drugs/substances are labelled to indicate the date the seal was broken.	3.6 ~~When applicable,~~ IVIT drugs/substances are labelled to indicate the date they were initially punctured ~~seal was broken~~.	NA	3.6 ~~When applicable,~~ IVIT drugs/substances are labelled to indicate the date they were initially punctured ~~seal was broken~~.	Housekeeping change
NA	3.7 Once a single-use vial has	NA	3.7 Once a single-use vial	Ensures that single-use vials

	been punctured it must be used within 12 hours.		has been punctured it must be used within 12 hours.	are used within a safe timeframe after they have been initially punctured.
NA	3.8 Once a multi-dose vial has been punctured, it is not used beyond the manufacturer's beyond-use date or 28 days, whichever is shorter.	NA	3.9 Once a multi-dose vial has been punctured, it is not used beyond the manufacturer's beyond-use date or 28 days, whichever is shorter.	Ensures that multi-dose vials are used within a safe timeframe after they have been initially punctured.
4.1.1.8 Drugs/substances are stored according to manufacturer's recommendations.	3.9 IVIT drugs/substances are stored according to the manufacturer's recommendations, eg room temperature, refrigerated, away from light.	3.9 IVIT drugs/substances are stored according to the manufacturer's recommendations, eg room temperature, refrigerated, away from light.	3.9 IVIT drugs/substances are stored according to the manufacturer's recommendations, eg room temperature, refrigerated, away from light.	Housekeeping change
4.1.1.10 Drugs/substances are organized for easy access in appropriately labelled bins/cupboards.	3.10 IVIT drugs/substances are organized for easy access in ~~appropriately~~ labeled bins, cupboards and shelves, including those in the refrigerator.	3.10 IVIT drugs/substances are organized for easy access in ~~appropriately~~ labeled bins, cupboards and shelves, including those in the refrigerator.	NA?	Ensures that all storage spaces including shelves and those in the refrigerator are labeled.
4.1.1.11 Drugs/substances requiring refrigeration are properly stored in a dedicated refrigerator, with the temperature check regularly (eg. use of a thermometer that registers maximum and minimum temperatures and has a visual readout externally).	3.11 IVIT drugs/substances requiring refrigeration are ~~properly~~ stored in a ~~dedicated~~ refrigerator dedicated to injectable drugs/substances only. ~~with the temperature check regularly (eg. use of a thermometer that registers maximum and minimum temperatures and has a visual readout externally).~~	3.11 A dedicated refrigerator is available for the storage of injectable drugs/substances only.	3.11 IVIT drugs/substances requiring refrigeration are ~~properly~~ stored in a ~~dedicated~~ refrigerator dedicated to injectable drugs/substances only. ~~with the temperature check regularly (eg. use of a thermometer that registers maximum and minimum temperatures and has a visual readout externally).~~	Clarifies that the dedicated fridge is only for injectables, and allows for non-IVIT injectables to be stored in the same fridge. The requirement for refrigerator temperature is in a separate requirement.
4.1.1.11 Drugs/substances requiring refrigeration are properly stored in a dedicated refrigerator, with the temperature check regularly (eg. use of a	3.12 ~~Drugs/substances requiring refrigeration are properly stored in a dedicated~~ The refrigerator used for IVIT drugs/substances is at ~~with~~	3.12 ~~Drugs/substances requiring refrigeration are properly stored in a dedicated~~ The refrigerator used for IVIT drugs/substances is at ~~with~~	NA	Adds clarity

thermometer that registers maximum and minimum temperatures and has a visual readout externally).	the correct temperature (2-8 °C) ~~check regularly (eg. use of~~ and monitored with a thermometer that ~~registers~~ records maximum and minimum temperatures and ~~has~~ includes an external visual readout ~~externally)~~.	the correct temperature (2-8 °C) ~~check regularly (eg. use of~~ and monitored with a thermometer that ~~registers~~ records maximum and minimum temperatures and ~~has~~ includes an external visual readout ~~externally)~~.		
NA	3.14 A refrigerator temperature log is maintained and up to date.	3.14 A refrigerator temperature log is available.	3.14 A refrigerator temperature log is maintained and up to date.	Ensures that there is documentation of the refrigerator temperature being monitored and allows for the inspection to include a review of the log. For Part I – this ensures a log to record the refrigerator temperature is in place and ready to be used.
4.1.1.14 Expired or contaminated drugs/substances are stored and labelled to ensure they are not used, and are discarded appropriately (may use the Ontario Medications Return Program).	3.15 Expired or contaminated drugs, substances and equipment are labelled and stored separately from current products, to ensure they are not used ~~and are discarded appropriately~~ before being properly discarded. (May use the Ontario Medications Return Program)	NA	3.15 Expired or contaminated drugs, substances and equipment are labelled and stored separately from current products, to ensure they are not used ~~and are discarded appropriately~~ before being properly discarded. (May use the Ontario Medications Return Program)	Adds clarity.
4.1.1.6 Drugs/substances appropriate for paediatric administration are available if applicable.	~~4.1.1.6 Drugs/substances appropriate for paediatric administration are available if applicable.~~	~~4.1.1.6 Drugs/substances appropriate for paediatric administration are/will be available if applicable.~~	~~4.1.1.6 Drugs/substances appropriate for paediatric administration are available if applicable.~~	There is no need to stock different drugs/substances for paediatric use.
4.1.1.7 Drugs/substances are labeled in accordance with CONO's General Regulation and Standard of Practice for Compounding.	~~4.1.1.7 Drugs/substances are labeled in accordance with CONO's General Regulation and Standard of Practice for Compounding.~~	NA	~~4.1.1.7 Drugs/substances are labeled in accordance with CONO's General Regulation and Standard of Practice for Compounding.~~	It is appropriate to have labelling requirements in the compounding section only when the label is created by the Registrant. All purchased products will be labelled and

				are not under the control of the Registrant.
4.0 Policies and Procedures Manual				
The Policies and Procedures Manual contains information, policies, and procedures that address the following.				
4.1 Administrative				
11.1.1 Staff person(s) responsible for developing and maintaining the Policies and Procedures Manual is determined.	4.1.1 Staff person(s) responsible for developing and maintaining the Policy and Procedure Manual ~~is determined~~.	4.1.1 Staff person(s) responsible for developing and maintaining the Policy and Procedure Manual ~~is determined~~.	NA	Housekeeping change
11.1.2 Organizational chart.	4.1.2 Organizational chart	4.1.2 Organizational chart	NA	No change
11.1.3 Scope and limitations of the services provided at the premises.	4.1.3 Scope and limitations of the services provided at the premise.	4.1.3 Scope and limitations of the services provided at the premise.	NA	No change
11.2.1 Descriptions for all premises staff that define the scope, responsibilities, and limitations for patient care.	4.1.4 Descriptions for all premises staff who are involved with patients receiving IVIT that define the scope ~~responsibilities~~ and limitations of their duties and responsibilities ~~for patient care~~.	4.1.4 Descriptions for all premises staff who are involved with patients receiving IVIT that define the scope ~~responsibilities~~ and limitations of their duties and responsibilities ~~for patient care~~.	NA	Adds clarity that the scope of the Inspection Program is only for IVIT and the Policies and Procedures Manual content as required in the Inspection Program Requirements should reflect this.
11.2.2 Responsibilities for supervising staff.	~~11.2.2 Responsibilities for supervising staff.~~	~~11.2.2 Responsibilities for supervising staff.~~	NA	This is redundant as section 4.1.4 will include if the scope of a staff member includes supervisory responsibilities.
4.2 Operational Procedures				
11.6.1 Storage, handling, and disposal of combustible and volatile materials.	4.2.1 Storage, handling, and disposal of combustible and volatile materials.	4.2.1 Storage, handling, and disposal of combustible and volatile materials.	NA	No change
11.6.7 Drugs and substances handling and inventory.	4.2.2 IVIT drugs and substances handling and inventory.	4.2.2 IVIT drugs and substances handling and inventory.	NA	Adds clarity that the Policies and Procedures Manual as required in the Inspection Program Requirements is specific to IVIT.
4.1.1.12 Cold chain	4.2.3 Cold chain	4.2.3 Cold chain	NA	Ensures there is a policy and

management is ensured.	management - storage and handling of drugs and substances requiring a controlled cold temperature.	management - storage and handling of drugs and substances requiring a controlled cold temperature.		procedure for staff regarding cold chain management and that it is to include the storage and handling of drugs and substances that require a controlled cold temperature.
11.6.3 Routine maintenance and calibration of equipment.	4.2.4 ~~Routine~~ Appropriately scheduled maintenance and/or calibration of IVIT equipment, and up-dating the maintenance log.	4.2.4 ~~Routine~~ Appropriately scheduled maintenance and/or calibration of IVIT equipment, and up-dating the maintenance log.	NA	Adds clarity that the requirements relate to equipment used for IVIT and that the maintenance log is to be kept up to date.
1.3.2.3 The following documentation for all equipment used when compounding for IVIT is available: • equipment operating manuals, • equipment maintenance contracts, where applicable • maintenance log.	4.2.5 ~~The following~~ Documentation for all equipment used ~~when~~ for administering and compounding for IVIT ~~is available included~~: • equipment operating manuals, where applicable, • equipment maintenance contracts, where applicable, • maintenance log, • inventory list.	4.2.5 ~~The following~~ Documentation for all equipment used ~~when~~ for administering and compounding for IVIT ~~is available included~~: • equipment operating manuals, where applicable, • equipment maintenance contracts, where applicable, • maintenance log, • inventory list.	NA	The list of equipment used when compounding for and administering IVIT should be included in the Policies and Procedures Manual. Other additions are housekeeping changes.
1.3.2.3 The following documentation for all equipment used for compounding IVIT is available: • equipment operating manuals • equipment maintenance contracts, where applicable • maintenance log.	~~1.3.2.3 The following documentation for all equipment used for compounding IVIT is available:~~ • ~~equipment operating manuals~~ • ~~equipment maintenance contracts, where applicable~~ ~~maintenance log.~~	~~1.3.2.3 The following documentation for all equipment used for compounding IVIT is available:~~ • ~~equipment operating manuals~~ • ~~equipment maintenance contracts, where applicable~~ ~~maintenance log.~~	NA	Combined the requirement for compounding and administering equipment documentation into one section (4.2.5).
11.6.5 Patient booking system.	~~4.2.7 Patient booking system.~~	~~4.2.7 Patient booking system.~~	NA	Not necessary to have the type of patient booking

				system included in the Policies and Procedures Manual.
11.6.6 Obtaining patient informed consent.	~~4.2.8 Obtaining patient informed consent.~~	~~4.2.8 Obtaining patient informed consent.~~	NA	The requirements to document informed consent is included in section 9.4, and the Quality Management Program. Not necessary to have a policy and process included in the Policies and Procedures Manual.
11.6.8 Patient preparation for procedures.	4.2.6 Patient preparation for IVIT procedures.	4.2.6 Patient preparation for IVIT procedures.	NA	Adds clarity that the scope of the Inspection Program is only for IVIT and the Policies and Procedures Manual content as required in the Inspection Program Requirements should reflect this.
11.6.9 Response to latex allergies.	4.2.7 Response to latex allergies including accidental exposure in a latex-free clinic.	4.2.7 Response to latex allergies including accidental exposure in a latex-free clinic.	NA	Ensures that all premises ave a policy and procedure to address latex allergies even if they are a latex-free clinic.
11.6.10 Waste and garbage disposal.	4.2.7 Handling and disposal of biomedical and non-biomedical waste. ~~and garbage disposal.~~	4.2.8 Handling and disposal of biomedical and non-biomedical waste. ~~and garbage disposal.~~	NA	Adds clarity and ensures Registrants are aware that processes should be different depending on the type of waste.
4.3 Type 1 and Type 2 Occurrences				
11.3.1 Ensures all staff are aware of the requirements of when and who to report Type 1 and 2 occurrences to.	4.3.1 ~~Ensures~~ All staff are aware of ~~the requirements of when and who to report~~ what Type 1 and Type 2 occurrences are ~~to~~.	4.3.1 ~~Ensures~~ All staff are aware of ~~the requirements of when and who to report~~ what Type 1 and Type 2 occurrences are ~~to~~.	NA	Adds clarity. Other requirements are captured in separate sections.
11.3.2 Ensures all staff are aware of the possible occurrences that can happen and how staff are to ensure they are reported to the	4.3.2 ~~Ensures~~ All staff are aware of ~~the possible occurrences that can happen and how staff are to ensure they are reported to the~~	4.3.2 ~~Ensures~~ All staff are aware of ~~the possible occurrences that can happen and how staff are to ensure they are reported to the~~	NA	Adds clarity.

College and the designated member and recorded in the patient file.	~~College and the designated member and recorded in the patient file~~ when and who they must report Type 1 and Type 2 occurrences to.	~~College and the designated member and recorded in the patient file~~ when and who they must report Type 1 and Type 2 occurrences to.		
11.3.4 Establishes how Type 1 and 2 occurrences are responded to, including the criteria to determine if emergency services are required. In an occurrence where emergency services are not required ensure the necessary procedures to provide patient care are included.	4.3.3 ~~Establishes~~ How Type 1 and Type 2 occurrences are responded to. ~~including the criteria to determine if emergency services are required. In an occurrence where emergency services are not required ensure the necessary procedures to provide patient care are included.~~	4.3.3 ~~Establishes~~ How Type 1 and Type 2 occurrences are responded to. ~~including the criteria to determine if emergency services are required. In an occurrence where emergency services are not required ensure the necessary procedures to provide patient care are included.~~	NA	Emergency response and management is addressed in section 4.4.
NA	4.3.4 Record keeping for all Type 1 Occurrence, Type 2 Occurrence Tracking (i.e. filed in the patient file as well as in a master file), and Type 2 Occurrence Annual reports.	4.3.4 Record keeping for all Type 1 Occurrence, Type 2 Occurrence Tracking (i.e. filed in the patient file as well as in a master file), and Type 2 Occurrence Annual reports.	NA	Ensures there is a policy and procedure in the manual to file all Type 1 and Type 2 reports.
5.2.2 Death occurring within the premises should also be reported to the coroner.	4.3.5 Requirement to report a death occurring within the premises ~~should also be reported~~ to the coroner.	4.3.5 Requirement to report a death occurring within the premises ~~should also be reported~~ to the coroner.	NA	If there has been a death within the premise emergency services will be called and on site. The Registrant is expected to report it to the coroner.
4.4 Emergency Response and ~~Safety Precautions~~ Management				
2.1.1 A risk analysis of the practice is conducted, and documented, based on, at a minimum, the following criteria: • volume of patients • volume of high-risk patients	4.4.1 A risk analysis for the premises, ~~of the practice is conducted, and documented, based on, at a minimum, the following criteria~~ as outlined in the *Standard of Practice for Emergency Preparedness*, that includes:	4.4.1 A risk analysis for the premises, ~~of the practice is conducted, and documented, based on, at a minimum, the following criteria~~ as outlined in the *Standard of Practice for Emergency Preparedness*, that includes:	NA	Adds clarity to ensure the risk analysis is completed in accordance with the *Standard of Practice for Emergency Preparedness.*

• proximity to a hospital • proximity to an emergency room • acuity of illness of patients • access to emergency services.	• 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.	• 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.		
11.4.1 Management of patient emergencies.	4.4.2 Management of patient emergencies.	4.4.2 Management of patient emergencies.	NA	No change
11.4.2 Management of emergencies due to fire.	4.4.3 Management of an emergency due to fire.	4.4.3 Management of an emergency due to fire.	NA	No change
11.4.3 Management of emergencies due to power failure.	4.4.4 Management of an emergency due to a power failure.	4.4.4 Management of an emergency due to a power failure.	NA	No change
11.4.4 Management of other emergency evacuations.	4.4.5 Management of other emergencies requiring immediate evacuation.	4.4.5 Management of other emergencies requiring immediate evacuation.	NA	Adds clarity
11.4.5 Emergency situations that require 911 to be called.	4.4.6 Emergency situations that need 911 to be called.	4.4.6 Emergency situations that need 911 to be called.	NA	No change
11.4.6 How to summon additional staff urgently within the premises.	4.4.7 How and when to summon additional staff urgently within the premise.	4.4.7 How and when to summon additional staff urgently within the premise.	NA	Adds clarity
11.5.1 Patient is to be transferred to hospital by an appropriate transportation service in most cases this would be an ambulance.	4.4.8 How a patient in urgent need of transfer is to be transferred to hospital ~~by an appropriate transportation service~~ (in most cases this would be by ambulance).	4.4.8 How a patient in urgent need of transfer is to be transferred to hospital ~~by an appropriate transportation service~~ (in most cases this would be by ambulance).	NA	Adds clarity
11.5.2 The ND most responsible for the patient ensures that essential medical information is sent with the patient.	4.4.9 How the ND most responsible for the patient ~~ensures that~~ sends essential ~~medical~~ information ~~is sent~~ with the patient.	4.4.9 How the ND most responsible for the patient ~~ensures that~~ sends essential ~~medical~~ information ~~is sent~~ with the patient.	NA	Adds clarity

11.5.3 A regulated health professional staff member should accompany the patient during the transfer.	4.4.10 How to ensure a regulated health professional ~~staff member should~~ accompanies the patient during the transfer.	4.4.10 How to ensure a regulated health professional ~~staff member should~~ accompanies the patient during the transfer.	NA	Allows for situations where a non-staff regulated health professional accompanies the patient during transfer, such as EMS.
11.5.4 If the ND most responsible for the patient is not accompanying the patient, he/she must contact the receiving physician/premises immediately, by phone or in person.	~~11.5.4 If the ND most responsible for the patient is not accompanying the patient, he/she must contact the receiving physician/premises immediately, by phone or in person.~~	~~11.5.4 If the ND most responsible for the patient is not accompanying the patient, he/she must contact the receiving physician/premises immediately, by phone or in person.~~	NA	Section 4.4.9 ensures that essential information regarding the patient is sent to the appropriate facility or health care provider. The receiving physician or premises may not be available to contact by phone or in person.
11.5.5 The ND most responsible for the patient must complete a report.	~~11.5.5 The ND most responsible for the patient must complete a report.~~	~~11.5.5 The ND most responsible for the patient must complete a report.~~	NA	The reporting requirement is captured in the Type 1 occurrence reporting requirements.
4.5 Infection Control				
3.1.1 The premises adheres to and maintains documentation for accepted standards of infection control practices pertinent to IVIT. 3.5.1 Written protocols and procedures for cleaning the office setting are available. 11.6.4 Infection control protocols.	4.5.1 Infection control protocols, including cleaning protocols, that ~~Premise~~ adhere to ~~and maintains documentation for~~ accepted standards of infection control practices.	4.5.1 Infection control protocols, including cleaning protocols, that ~~Premise~~ adhere to ~~and maintains documentation for~~ accepted standards of infection control practices.	NA	Housekeeping changes to have all policies and procedures for infection control in one section.
3.5.3 A procedure is in place to decontaminate gross spills of blood.	4.5.2 ~~A procedure is in place~~ Protocol to decontaminate gross blood spills.	4.5.2 ~~A procedure is in place~~ Protocol to decontaminate gross blood spills.	NA	Housekeeping change
NA	4.5.3 Protocols for cleaning the laminar air flow hood.	4.5.3 Protocols for cleaning the laminar air flow hood.	NA	Ensures that infection control procedures include protocols for cleaning the laminar air flow hood for

				premises that compound on site.
NA	4.5.4 Protocols for hand hygiene when performing IVIT procedures.	4.5.4 Protocols for hand hygiene when performing IVIT procedures.	NA	Ensures that infection control procedures include protocols for hand hygiene specific to IVIT procedures.
NA	4.5.5 A telephone, in person or online infectious disease screening protocol used when communicating with patients and scheduling appointments.	4.5.5 A telephone, in person or online infectious disease screening protocol used when communicating with patients and scheduling appointments.	NA	Ensures the screening process is documented in the Policies and Procedures Manual.
NA	4.5.6 When and how staff are to use personal protective equipment to protect themselves and others.	4.5.6 When and how staff are to use personal protective equipment to protect themselves and others.	NA	Ensures the Policies and Procedures Manual includes documentation regarding the proper use of PPE.
3.1.4 Referral for post-exposure prophylaxis is recommended for all staff with blood and body fluid exposure.	4.5.7 ~~Referral for post-exposure prophylaxis is recommended for~~ Process to ensure all staff who are exposed to ~~with~~ blood and/or body fluids ~~exposure~~ are referred for post-exposure prophylaxis.	4.5.7 ~~Referral for post-exposure prophylaxis is recommended for~~ Process to ensure all staff who are exposed to ~~with~~ blood and/or body fluids ~~exposure~~ are referred for post-exposure prophylaxis.	NA	Adds clarity
4.6 Training				
3.1.2 Annual staff training or updating is complete on infection prevention and proper PPE use.	4.6.1 Processes to ensure completion of staff training for: • infection prevention and control, • proper PPE use of personal protective equipment, • proper hand hygiene, • emergency procedures, • waste disposal, • inventory handling and	4.6.1 Processes to ensure completion of staff training for: • infection prevention and control, • proper PPE use of personal protective equipment, • proper hand hygiene, • emergency procedures, • waste disposal, • inventory handling and	NA	Ensures that the Policies and Procedures Manual includes thorough processes to train staff in infection prevention and proper PPE use.

	storage, • handling gross blood spills, • cleaning equipment and patient surfaces, and, • other areas as determined by the premises.	storage, • handling gross blood spills, • cleaning equipment and patient surfaces, and, • other areas as determined by the premises.		
4.7 ~~Monitoring Quality of Care~~ Quality Management Program				
Processes regarding the Quality Management Program include:				
NA	4.7.1 Formation of a Quality Management Committee and the staff members, who are involved with patients receiving IVIT, comprising the committee.	4.7.1 Formation of a Quality Management Committee and the staff members, who are involved with patients receiving IVIT, comprising the committee.	NA	Ensure there is a thorough Quality Management Program documented in the Policies and Procedures Manual.
NA	4.7.2 Frequency and reasons for Quality Management Committee meetings.	4.7.2 Frequency and reasons for Quality Management Committee meetings.	NA	Ensure there is a thorough Quality Management Program documented in the Policies and Procedures Manual.
NA	4.7.3 Staff review of the Policies and Procedures Manual, at least annually.	4.7.3 Staff review of the Policies and Procedures Manual, at least annually.	NA	Ensure there is a thorough Quality Management Program documented in the Policies and Procedures Manual.
11.7.2 Process to review individual ND performance (procedure selection, patient outcomes, occurrences, etc.).	4.7.4 ~~Process to review individual ND~~ Performance review of naturopath(s) who perform IVIT procedures. ~~(procedure selection, patient outcomes, occurrences, etc.).~~	4.7.4 ~~Process to review individual ND~~ Performance review of naturopath(s) who perform IVIT procedures. ~~(procedure selection, patient outcomes, occurrences, etc.).~~	NA	Adds clarity
NA	4.7.5 Review of staff who are involved in delegated procedures to ensure all requirements outlined in the *Standard of Practice for*	4.7.5 Review of staff who are involved in delegated procedures to ensure all requirements outlined in the *Standard of Practice for*	NA	Ensures that the Quality Management Program documented in the Policies and Procedures Manual includes a process to review

	Delegation and Part III of the *General Regulation* are met.	*Delegation* and Part III of the *General Regulation* are met.		that delegations are being done according the College's requirements.
1.7.1 Process to review the performance of non-medical staff involved in any of the premise's IVIT related processes and procedures.	4.7.6 ~~Process to review the~~ Performance review of non-medical staff involved in any of the premise's IVIT related processes and procedures.	4.7.6 ~~Process to review the~~ Performance review of non-medical staff involved in any of the premise's IVIT related processes and procedures.	NA	Housekeeping change
NA	4.7.7 Reviewing that staff are aware of and trained in the premise's emergency procedures, including use of the AED.	4.7.7 Reviewing that staff are aware of and trained in the premise's emergency procedures, including use of the AED.	NA	Ensure there is a thorough Quality Management Program documented in the Policies and Procedures Manual.
NA	4.7.8 Reviewing that staff are aware of and consistently use the telephone, in person and online infectious disease screening protocol when communicating with patients and scheduling appointments.	4.7.8 Reviewing that staff are aware of and consistently use the telephone, in person and online infectious disease screening protocol when communicating with patients and scheduling appointments.	NA	Ensure there is a thorough Quality Management Program documented in the Policies and Procedures Manual.
NA	4.7.9 Reviewing that staff are aware of how and when to use personal protective equipment.	4.7.9 Reviewing that staff are aware of how and when to use personal protective equipment.	NA	Ensure there is a thorough Quality Management Program documented in the Policies and Procedures Manual.
NA	4.7.10 Reviewing that staff are aware of procedures to follow in the event of exposure to blood or body fluids.	4.7.10 Reviewing that staff are aware of procedures to follow in the event of exposure to blood or body fluids.	NA	Ensure there is a thorough Quality Management Program documented in the Policies and Procedures Manual.
NA	4.7.11 Monitoring and evaluating the quality of patient care provided.	4.7.11 Monitoring and evaluating the quality of patient care provided.	NA	Ensure there is a thorough Quality Management Program documented in the Policies and Procedures Manual.
NA	4.7.12 Tracking and reviewing patient outcomes.	4.7.12 Tracking and reviewing patient outcomes.	NA	Ensure there is a thorough Quality Management

				Program documented in the Policies and Procedures Manual.
NA	4.7.13 Developing and implementing methods to improve patient care.	4.7.13 Developing and implementing methods to improve patient care.	NA	Ensure there is a thorough Quality Management Program documented in the Policies and Procedures Manual.
NA	4.7.14 Identifying and correcting deficiencies in the premise's policies and procedures.	4.7.14 Identifying and correcting deficiencies in the premise's policies and procedures.	NA	Ensure there is a thorough Quality Management Program documented in the Policies and Procedures Manual.
NA	4.7.15 Reviewing all Type 1 and Type 2 reporting and record keeping requirements.	4.7.15 Reviewing all Type 1 and Type 2 reporting and record keeping requirements.	NA	Ensure there is a thorough Quality Management Program documented in the Policies and Procedures Manual.
11.7.5 Process to review all Type 1 and 2 occurrences that occurred at the premises, including potential remedial actions that may be taken to prevent future occurrences and mitigate harm to patients.	4.7.16 ~~Process to~~ Reviewing all Type 1 and Type 2 occurrences that occurred at the premises, ~~including potential remedial actions that may be taken~~ and developing policies and procedures to reduce the risk of ~~prevent~~ future occurrences ~~and mitigate harm to patients~~.	4.7.16 ~~Process to~~ Reviewing all Type 1 and Type 2 occurrences that occurred at the premises, ~~including potential remedial actions that may be taken~~ and developing policies and procedures to reduce the risk of ~~prevent~~ future occurrences ~~and mitigate harm to patients~~.to patients.	NA	Adds clarity
11.7.3 Process to randomly select and review 5-10 patient records to assess quality of care to patients, completeness, and accuracy of entries, and to ensure records adhere to the Standard of Practice for Record Keeping.	4.7.17 ~~Process to randomly~~ 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,	4.7.17 ~~Process to randomly~~ 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,	NA	Ensure there is a thorough Quality Management Program documented in the Policies and Procedures Manual.

	• appropriateness of treatment, • follow-up to abnormal laboratory test results, and • ~~to ensure records~~ adherence to the *Standard of Practice for Record Keeping*.	• appropriateness of treatment, • follow-up to abnormal laboratory test results, and • ~~to ensure records~~ adherence to the *Standard of Practice for Record Keeping*.		
NA	4.7.18 Monitoring adherence to infection control practices pertinent to IVIT.	4.7.18 Monitoring adherence to infection control practices pertinent to IVIT.	NA	Ensure there is a thorough Quality Management Program documented in the Policies and Procedures Manual.
NA	4.7.19 Monitoring proper cleaning procedures for patient surfaces and IVIT equipment.	4.7.19 Monitoring proper cleaning procedures for patient surfaces and IVIT equipment.	NA	Ensure there is a thorough Quality Management Program documented in the Policies and Procedures Manual.
NA	4.7.20 Monitoring maintenance of IVIT and emergency equipment.	4.7.20 Monitoring maintenance of IVIT and emergency equipment.	NA	Ensure there is a thorough Quality Management Program documented in the Policies and Procedures Manual.
NA	4.7.21 Monitoring the drug and substance inventory and storage (including cold chain management).	4.7.21 Monitoring the drug and substance inventory and storage (including cold chain management).	NA	Ensure there is a thorough Quality Management Program documented in the Policies and Procedures Manual.
NA	4.7.22 Monitoring labelling and disposal of expired drugs, substances, and equipment.	4.7.22 Monitoring labelling and disposal of expired drugs, substances, and equipment.	NA	Ensure there is a thorough Quality Management Program documented in the Policies and Procedures Manual.
NA	4.7.23 Monitoring use of logs for inventory, cleaning, and maintenance.	4.7.23 Monitoring use of logs for inventory, cleaning, and maintenance.	NA	Ensure there is a thorough Quality Management Program documented in the Policies and Procedures Manual.

NA	4.7.24 Reviewing proper handling and disposal of all biomedical and non-biomedical waste.	4.7.24 Reviewing proper handling and disposal of all biomedical and non-biomedical waste.	NA	Ensure there is a thorough Quality Management Program documented in the Policies and Procedures Manual.
11.7.4 Process to review compliance with all policies and procedures in the manual.	~~11.7.4 Process to review compliance with all policies and procedures in the manual.~~	~~11.7.4 Process to review compliance with all policies and procedures in the manual.~~	NA	Too broad a requirement. The recommended additions and changes, clarify and ensure a more thorough Quality Management Program is documented and in place.
4.8 Delegation				
11.6.2 Delegating controlled acts.	4.8.1 ~~Delegating controlled acts.~~ Processes to ensure the criteria for making a delegation as outlined in the *Standard of Practice for Delegation* and Part III of the *General Regulation* are met.	4.8.1 ~~Delegating controlled acts.~~ Processes to ensure the criteria for making a delegation as outlined in the *Standard of Practice for Delegation* and Part III of the *General Regulation* are met.	NA	Adds clarity and allows the inspection to include reviewing procedures that are in place in the event delegations are made.
NA	4.8.2 How to meet the criteria for accepting a delegation as outlined in the *Standard of Practice for Delegation* and Part III of the *General Regulation* are met.	4.8.2 How to meet the criteria for accepting a delegation as outlined in the *Standard of Practice for Delegation* and Part III of the *General Regulation* are met.	NA	As above with respect to accepting a delegation.
4.9 Miscellaneous				
11.8.1 All forms used at the premises (intake forms, IV treatment form, consent form etc).	4.9.1 All forms used at the premises (intake, IV treatment, consent, Type 1 occurrence report, Type 2 occurrence tracking).	4.9.1 All forms used at the premises (intake, IV treatment, consent, Type 1 occurrence report, Type 2 occurrence tracking).	NA	More examples added
	4.9.2 Templates of all logs including inventory, maintenance, cleaning, refrigerator temperature, etc	4.9.2 Templates of all logs including inventory, maintenance, cleaning, refrigerator temperature, etc	NA	Ensures all logs used at the premises are included in the Policies and Procedures Manual.
11.8.3 Any external policies,	4.9.3 Any external policies,	4.9.3 Any external policies,	NA	No change

as deemed necessary by each individual premises.	as deemed necessary by each individual premises.	as deemed necessary by each individual premises.		
5.0 Observation of Compounding IV Bag				
5.1 Compounding IV Bags				
7.1.3 Laminar airflow hood has been turned on at least 30 minutes prior to use.	5.1.1 Laminar airflow hood (LAFH) has been turned on at least 30 minutes prior to use.	NA	5.1.1 Laminar airflow hood (LAFH) has been turned on at least 30 minutes prior to use.	Housekeeping change
NA	5.1.2 LAFH is cleaned with sterile 70% isopropyl alcohol using a non-shedding/lint-free cloth or wipes before and after use.	NA	5.1.2 LAFH is cleaned with sterile 70% isopropyl alcohol using a non-shedding/lint-free cloth or wipes before and after use.	Ensures that the laminar air flow hood is properly cleaned prior to compounding for IVIT.
7.1.1 It is verified that the proper IV prescription is being prepared for the intended patient.	5.1.3 ~~It is~~ Verify ~~that the~~ proper IVIT ~~prescription~~ formula (whether compounded on site or by a compounding pharmacy) ~~is being prepared for~~ and the intended patient.	NA	5.1.3 ~~It is~~ Verify ~~that the~~ proper IVIT ~~prescription~~ formula (whether compounded on site or by a compounding pharmacy) ~~is being prepared for~~ and the intended patient.	Ensures that the ND checks that the formula of the iv bag is the correct one for the patient, whether it is made at a compounding pharmacy or compounded on site.
7.1.2 Osmolarity is calculated.	5.1.4 Calculate osmolarity before compounding.	NA	5.1.4 Calculate osmolarity before compounding.	Adds clarity
7.1.5 Proper infection controls and prevention of contamination procedures are followed when working under the laminar airflow hood.	~~7.1.5 Proper infection controls and prevention of contamination procedures are followed when working under the laminar airflow hood.~~	~~7.1.5 Proper infection controls and prevention of contamination procedures are followed when working under the laminar airflow hood.~~	~~7.1.5 Proper infection controls and prevention of contamination procedures are followed when working under the laminar airflow hood.~~	Replaced with more detailed requirements to ensure Registrants are aware the expectations.
7.1.12 Bottles are checked for expiry date, proper concentration, contamination and abnormal appearance.	5.1.5 ~~Bottles are~~ All needed bags, vials and containers are collected and checked for: • beyond use ~~expiry~~ date, to ensure it is current, • ~~proper~~ concentration, • leaks,	NA	5.1.5 ~~Bottles are~~ All needed bags, vials and containers are collected and checked for: • beyond use ~~expiry~~ date, to ensure it is current, • ~~proper~~ concentration, • leaks,	Ensures that all injectables are checked for expiry or beyond use date, appearance etc before being used to compound the iv bag. Possible contamination is assessed by checking for leaks, defects and abnormal

	• defects that could compromise sterility, and • ~~contamination,~~ abnormal appearance – cloudiness, colour, precipitate.		• defects that could compromise sterility, and • ~~contamination,~~ abnormal appearance – cloudiness, colour, precipitate.	appearance.
7.1.13 All packages are checked to ensure they are new and not previously opened.	5.1.6 ~~All packages are checked to~~ All needed compounding equipment is collected, checked for the expiration date where applicable and ensured it is new and not previously opened.	NA	5.1.6 ~~All packages are checked to~~ All needed compounding equipment is collected, checked for the expiration date where applicable and ensured it is new and not previously opened.	Ensures that all equipment used for compounding, is checked to insure it is new and not previously opened.
7.1.7 The person compounding under the laminar airflow hood washes their hands with a suitable antimicrobial at the beginning and when re-entering the aseptic preparation area.	5.1.7 The person performing the compounding ~~under the laminar airflow hood washes their hands~~ follows proper hand hygiene ~~with a suitable antimicrobial~~ at the beginning, and ~~when re-entering the aseptic preparation area~~ before donning gloves to compound under the laminar air flow hood in accordance with *PIDAC – Infection Prevention and Control for Clinical Office Practice.*	NA	5.1.7 The person performing the compounding ~~under the laminar airflow hood washes their hands~~ follows proper hand hygiene ~~with a suitable antimicrobial~~ at the beginning, and ~~when re-entering the aseptic preparation area~~ before donning gloves to compound under the laminar air flow hood in accordance with *PIDAC – Infection Prevention and Control for Clinical Office Practice.*	Ensures the person doing the compounding is aware of the proper procedures and the PIDAC document for proper hand hygiene.
7.1.6 Personnel use protective equipment of gloves, gown, and mask, (hair cover and shoe cover are optional).	5.1.8 The person performing the compounding dons a ~~Personnel use protective equipment~~ of mask, gown and gloves at a minimum; (hair, shoe, and beard (when applicable) covers are optional).	NA	5.1.8 The person performing the compounding dons a ~~Personnel use protective equipment~~ of mask, gown and gloves at a minimum; (hair, shoe, and beard (when applicable) covers are optional).	Adds clarity
7.1.8 All bottles, vials or containers are wiped down	5.1.9 All bottles, vials, containers, and equipment	NA	5.1.9 All bottles, vials, containers, and equipment	Ensures all injectables and equipment are properly

with alcohol or disinfectant before being brought into the laminar airflow hood. 7.1.10 All items necessary for the preparation should be placed under the hood prior to commencing the compounding.	necessary for compounding ~~the preparation~~ are disinfected with 70% isopropyl alcohol using a non-shedding/lint-free cloth or wipes as they are placed under the LAFH prior to ~~commencing the~~ compounding. ~~are wiped down with alcohol or disinfectant before being brought into the laminar airflow hood~~		necessary for compounding ~~the preparation~~ are disinfected with 70% isopropyl alcohol using a non-shedding/lint-free cloth or wipes as they are placed under the LAFH prior to ~~commencing the~~ compounding. ~~are wiped down with alcohol or disinfectant before being brought into the laminar airflow hood~~	cleaned and disinfected before being place under the laminar air flow hood.
NA	5.1.10 Sterile items that are in sealed containers designed to keep them sterile are removed from the covering as they are introduced into the LAFH without being wiped.	NA	5.1.10 Sterile items that are in sealed containers designed to keep them sterile are removed from the covering as they are introduced into the LAFH without being wiped.	Ensures that Registrants are aware that there is no need to disinfect items that are in sterile packaging as they are introduced into the laminar air flow hood.
7.1.9 All objects are suitably placed in the hood to provide good airflow with minimal obstruction.	5.1.11 All objects are suitably place in the LAFH to provide good airflow with minimal obstruction.	NA	5.1.11 All objects are suitably place in the LAFH to provide good airflow with minimal obstruction.	No change
7.1.15 Bottles are swabbed with alcohol and left for 30 seconds before puncturing.	5.1.12 ~~Bottles are swabbed with alcohol and left for 30 seconds before puncturing.~~ Vial stoppers, ampule necks and intravenous bag septa are wiped with 70% isopropyl alcohol and allowed to dry before entering or puncturing stoppers and septa, or breaking the necks of ampules.	NA	5.1.12 ~~Bottles are swabbed with alcohol and left for 30 seconds before puncturing.~~ Vial stoppers, ampule necks and intravenous bag septa are wiped with 70% isopropyl alcohol and allowed to dry before entering or puncturing stoppers and septa, or breaking the necks of ampules.	Adds clarity
7.1.16 Proper drawing technique is used, (eg. calcium gluconate is added	5.1.13 Proper drawing technique is used (e.g. calcium gluconate is added	NA	5.1.13 Proper drawing technique is used (e.g. calcium gluconate is added	Adds clarity

last or a new needle used, 45 degree angle entry into rubber stoppers).	last or a new needle is used, 45° angle with bevel up entry into rubber stoppers).		last or a new needle is used, 45° angle with bevel up entry into rubber stoppers).	
7.1.17 All drugs/substances are added to the bag and mixed well. Finished product is inspected for visible precipitate	5.1.14 All drugs and substances are added to the iv bag and mixed well. ~~Finished product is inspected for visible precipitate.~~	NA	5.1.14 All drugs and substances are added to the iv bag and mixed well. ~~Finished product is inspected for visible precipitate.~~	The requirement to inspect the finished product has been moved to a separate requirement (5.1.17).
7.1.14 IV bags are checked for leaks, contamination, and abnormal appearance.	5.1.15 Once compounded, the iv bag is checked for leaks, ~~contamination,~~ and abnormal appearance - cloudiness, colour, and precipitate.	NA	5.1.15 Once compounded, the iv bag is checked for leaks, ~~contamination,~~ and abnormal appearance - cloudiness, colour, and precipitate.	Ensures the iv bag is checked for leaks and abnormal appearance after it has been compounded.
7.1.11 Direct contact between a sterile product and any non-sterile product should be avoided.	5.1.16 ~~Direct contact between a sterile product and a non-sterile product is avoided.~~ 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.	NA	5.1.16 ~~Direct contact between a sterile product and a non-sterile product is avoided.~~ 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.	Ensures that Registrants are aware of the proper procedure if gloves have been in contact with something that is not sterile if they have left the LAFH and then returned.
3.1.3 All sharps are disposed of in puncture-resistant sharps containers.	5.1.17 All sharps are disposed of in a puncture-resistant, tamper-resistant, leak-proof sharps container.	NA	5.1.17 All sharps are disposed of in a puncture-resistant, tamper-resistant, leak-proof sharps container.	Adds clarity as to the requirements for all sharps containers.
7.1.20 All materials are disposed of properly.	5.1.18 All materials are disposed of properly.	NA	5.1.18 All materials are disposed of properly.	No change
7.1.19 The label used is disposed of in a secure manner, such that any identifying information is destroyed or unreadable.	5.1.19 The iv bag label ~~used~~ is disposed of in a secure manner, such that any identifying information is destroyed or unreadable.	NA	5.1.19 The iv bag label ~~used~~ is disposed of in a secure manner, such that any identifying information is destroyed or unreadable.	Housekeeping change
5.2 Labelling				

The iv bag, or a document attached to the bag, is properly labelled with the following:				
• the name of the patient for whom the bag was compounded • an identification number, if applicable	5.2.1 The name of the patient for whom the bag was compounded, or an identification number, ~~if applicable~~	NA	5.2.1 The name of the patient for whom the bag was compounded, or an identification number, ~~if applicable~~	Housekeeping change. All labelling requirements align with the Standard of Practice for IVIT and the General Regulation.
• the member's name and title	5.2.2 The ~~member~~ Registrant's name and title, address, and telephone number	NA	5.2.2 The ~~member~~ Registrant's name and title, address, and telephone number	Housekeeping change.
• the name, address and telephone number of the place where the bag was compounded	5.2.3 The name of the person who compounded the iv bag, and the address and telephone number of the place where the bag was compounded if different from above,	NA	5.2.3 The name of the person who compounded the iv bag, and the address and telephone number of the place where the bag was compounded if different from above,	Housekeeping change.
• the identification of the drugs, substances and any other ingredients used in the compounding, the names and strength and, if available, the manufacturer	5.2.4 ~~identification~~ The names and strength of the drugs, substances and any other ingredients used in the compounding, ~~the names and strength~~ and the manufacturer if available,	NA	5.2.4 ~~identification~~ The names and strength of the drugs, substances and any other ingredients used in the compounding, ~~the names and strength~~ and the manufacturer if available,	Housekeeping change.
• the amount or percentage of each of the drugs, substances and any other ingredients used to make the compounded product and the quantity of the compounded product in the container	5.2.5 The amount or percentage of each of the drugs, substance and any other ingredients used to make the compounded product and the total quantity of the compounded product in the container,	NA	5.2.5 The amount or percentage of each of the drugs, substance and any other ingredients used to make the compounded product and the total quantity of the compounded product in the container,	Housekeeping change.
• the date that the compounded drug was prepared and the date that the compounded drug was administered to the patient, • the expiry date of the iv	5.2.6 The date that the iv bag ~~compounded drug~~ was: • prepared, ~~and the date that the compounded drug was~~ • administered to the patient	NA	5.2.6 The date that the iv bag ~~compounded drug~~ was: • prepared, ~~and the date that the compounded drug was~~ • administered to the patient	All compounded iv bags are to be administered within 12 hours of being prepared. The date the bag was prepared, the date it was administered and the expiry date on the label must ensure the 12-

bag, even if the bag is to be used on the same day it is compounded.	• and the expiry date. ~~of the iv bag, even if the bag is to be used on the same day it is compounded,~~		• and the expiry date. ~~of the iv bag, even if the bag is to be used on the same day it is compounded,~~	hour timeframe is met.
• the directions for the storage of the iv bag,	5.2.7 The directions for storage of the iv bag,	NA	5.2.7 The directions for storage of the iv bag,	No change
• use of the iv bag, including its dose, frequency, route of administration and any special instructions	5.2.8 The directions for use of the iv bag, including ~~its~~ dose, frequency, route of administration and any special instructions, and	NA	5.2.8 The directions for use of the iv bag, including ~~its~~ dose, frequency, route of administration and any special instructions, and	Housekeeping changes
• any cautionary information about the drug or substance.	5.2.9 any cautionary information about the drug or substance.	NA	5.2.9 any cautionary information about the drug or substance.	No change
6.0 Observed IVIT Treatment				
6.1 Pre-treatment Preparation				
8.1.1 Patient is re-assessed including a review of symptoms, medications, supplements, and diagnostic tests.	6.1.1 The patient is ~~re-assessed including a review of~~ questioned regarding any change in their symptoms, medications, and supplements; consideration has been given to possible new contraindications and if additional diagnostic tests are needed.	NA	6.1.1 The patient is ~~re-assessed including a review of~~ questioned regarding any change in their symptoms, medications, and supplements; consideration has been given to possible new contraindications and if additional diagnostic tests are needed.	Adds clarity and more direction as to what the Regsitrant should do prior to starting each IVIT.
8.1.4 Informed consent is obtained, and all patient's questions are answered.	6.1.2 Informed consent is obtained, and all the patient's questions are answered.	NA	6.1.2 Informed consent is obtained, and all the patient's questions are answered.	No change
8.1.2 Patient is verified for treatment being administered.	6.1.3 The patient is verified for IVIT treatment being administered.	NA	6.1.3 The patient is verified for IVIT treatment being administered.	Housekeeping change
8.1.7 Collect IV equipment: • administration set • alcohol • cotton	6.1.4 ~~Collect IV~~ Equipment needed to administer IVIT is collected: • administration set	NA	6.1.4 ~~Collect IV~~ Equipment needed to administer IVIT is collected: • administration set	Housekeeping change

• gloves • safety engineered needles • tape • tourniquet.	• alcohol • cotton • gloves • safety engineered needles • tape • tourniquet.		• alcohol • cotton • gloves • safety engineered needles • tape • tourniquet.	
8.1.8 Collect IV bags and inspect for leaks and cloudy or abnormal appearance	6.1.5 Collect IV bags and inspect for leaks, ~~and~~ cloud~~y~~iness, ~~and abnormal appearance~~ colour and precipitate.	NA	6.1.5 Collect IV bags and inspect for leaks, ~~and~~ cloud~~y~~iness, ~~and abnormal appearance~~ colour and precipitate.	Adds clarity, and ensures a final check of the iv bag before being administered.
8.1.3 Patient is questioned regarding: • use of restroom • fears/anxiety around treatment • history of fainting due to needles • last time they have eaten.	6.1.6 Patient is questioned regarding: • use of restroom, and ~~• fears/anxiety around treatment~~ ~~• history of fainting due to needles~~ • the last time they have eaten.	NA	6.1.6 Patient is questioned regarding: • use of restroom, and ~~• fears/anxiety around treatment~~ ~~• history of fainting due to needles~~ • the last time they have eaten.	Information about the patient's fear or anxiety regarding the IVIT or if they have a history of fainting are captured in the Patient Chart Requirements (9.7.2) and does not need to be asked prior to every IVIT.
8.1.6 Ensure infection control procedures are followed – e.g. wash hands, establish clean field.	6.1.7 ~~Ensure infection control procedures are followed – e.g. wash hands, establish clean field.~~ The person administering the IVIT washes their hands and dons gloves.	NA	6.1.7 ~~Ensure infection control procedures are followed – e.g. wash hands, establish clean field.~~ The person administering the IVIT washes their hands and dons gloves.	Changed from one requirement to two distinct requirements (see below). Ensures that the person administering the IVIT has followed proper hand hygiene protocols.
8.1.6 Ensure infection control procedures are followed – e.g. wash hands, establish clean field.	6.1.8 ~~Ensure infection control procedures are followed – e.g. wash hands, establish~~ Clean and dirty fields are established.	NA	6.1.8 ~~Ensure infection control procedures are followed – e.g. wash hands, establish~~ Clean and dirty fields are established.	Adds clarity that there is a clean and a dirty field.
8.1.9 Appropriate IV equipment is placed in the clean field.	6.1.9 Appropriate ~~IV equipment is~~ items are placed in the clean field.	NA	6.1.9 Appropriate ~~IV equipment is~~ items are placed in the clean field.	Housekeeping change
8.1.5 Pre-treatment vital signs are taken – blood	6.1.10 Pre-treatment vital signs are taken:	NA	6.1.10 Pre-treatment vital signs are taken:	No change

pressure, heart rate, respiratory rate or pulse oximeter reading and temperature	• blood pressure • heart rate • respiratory rate or pulse oximeter reading • temperature.		• blood pressure • heart rate • respiratory rate or pulse oximeter reading • temperature.	
NA	6.1.11 All relevant pre-treatment information is entered in the patient chart.	NA	6.1.11 All relevant pre-treatment information is entered in the patient chart.	Ensures NDs are aware of the need to chart pre-treatment info.
8.1.10 Administration set is properly set up	~~8.1.10 Administration set is properly set up~~	NA	~~8.1.10 Administration set is properly set up~~	No details of each step of setting up the admin set were previously provided in the Inspection Program Requirements. The following additions include the procedures to follow when setting up the administration set.
NA	6.1.12 The administration set is attached to the IV bag and the line is flushed.	NA	6.1.12 The administration set is attached to the IV bag and the line is flushed.	Procedure to be followed when setting up the administration set.
NA	6.1.13 The drip chamber is set to half full.	NA	6.1.13 The drip chamber is set to half full.	Procedure to be followed when setting up the administration set.
6.2 Delivery and Termination of IVIT		NA		
8.2.1 Patient is properly positioned and prepared for injection.	~~6.2.1 Patient is properly positioned and prepared for injection.~~	NA	~~6.2.1 Patient is properly positioned and prepared for injection.~~	No details of what steps are expected when positioning the patient and preparing them for the injection were previously provided in the Inspection Program Requirements. The following additions include the procedures to follow when preparing the patient for injection.
NA	6.2.1 The patient's arm is properly positioned and supported.	NA	6.2.1 The patient's arm is properly positioned and supported.	Procedure to be followed when preparing the patient for injection.

NA	6.2.2 The tourniquet is applied.	NA	6.2.2 The tourniquet is applied.	Procedure to be followed when preparing the patient for injection.
NA	6.2.3 The appropriate injection site is selected.	NA	6.2.3 The appropriate injection site is selected.	Procedure to be followed when preparing the patient for injection.
NA	6.2.4 The injection site is swabbed with 70% isopropyl alcohol.	NA	6.2.4 The injection site is swabbed with 70% isopropyl alcohol.	Procedure to be followed when preparing the patient for injection.
8.2.2 The IV is inserted and drip started.	~~8.2.2 The IV is inserted and drip started.~~	NA	~~8.2.2 The IV is inserted and drip started.~~	No details of what steps are expected when inserting the IV and starting the drip were previously provided in the Inspection Program Requirements. The following additions include the procedures to follow when the iv is inserted and the drip started.
NA	6.2.5 The angiocatheter or butterfly needle is inserted.	NA	6.2.5 The angiocatheter or butterfly needle is inserted.	Procedure to be followed when the iv is inserted and the drip started.
NA	6.2.6 The angiocatheter/needle is checked for a back flow of blood (flashback).	NA	6.2.6 The angiocatheter/needle is checked for a back flow of blood (flashback).	Procedure to be followed when the iv is inserted and the drip started.
NA	6.2.7 The tourniquet is released.	NA	6.2.7 The tourniquet is released.	Procedure to be followed when the iv is inserted and the drip started.
NA	6.2.8 The administration line is attached.	NA	6.2.8 The administration line is attached.	Procedure to be followed when the iv is inserted and the drip started.
NA	6.2.9 The angiocatheter/needle is taped and secured.	NA	6.2.9 The angiocatheter/needle is taped and secured.	Procedure to be followed when the iv is inserted and the drip started.
NA	6.2.10 The IV drip is started and the drip rate set.	NA	6.2.10 The IV drip is started and the drip rate set.	Procedure to be followed when the iv is inserted and the drip started.
NA	6.2.11 The insertion site is	NA	6.2.11 The insertion site is	Procedure to be followed

	monitored during the treatment.		monitored during the treatment.	when the iv is inserted and the drip started.
8.2.3 Patient is monitored during treatment (at a minimum blood pressure, heart rate, respiratory rate or pulse oximeter reading and temperature are recorded).	6.2.12 The patient's vital signs are ~~is~~ monitored during treatment when indicated or for infusions that take longer than 30 minutes to administer: ~~(at a minimum~~ • blood pressure • heart rate • respiratory rate or pulse oximeter reading • temperature, when indicated ~~are recorded)~~.	NA	6.2.12 The patient's vital signs are ~~is~~ monitored during treatment when indicated or for infusions that take longer than 30 minutes to administer: ~~(at a minimum~~ • blood pressure • heart rate • respiratory rate or pulse oximeter reading • temperature, when indicated ~~are recorded)~~.	Depending on the length of time it takes to administer the iv bag it may not be appropriate to monitor vitals during the treatment. Depending on the initial temperature it may not be clinically indicated to monitor during the IVIT.
8.2.4 IV drip is terminated, and all materials are properly disposed of.	~~8.2.4 IV drip is terminated, and all materials are properly disposed of.~~	NA	~~8.2.4 IV drip is terminated, and all materials are properly disposed of.~~	No details of what steps are expected when terminating the IV and disposal of materials were previously provided in the Inspection Program Requirements. The following additions include the procedures to follow when terminating the IVIT and disposing of materials.
NA	6.2.13 Once the iv bag has been administered, the angiocatheter/ needle and tape are removed.	NA	6.2.13 Once the iv bag has been administered, the angiocatheter/ needle and tape are removed.	Procedure to be followed when terminating the IVIT.
NA	6.2.14 The agiocatheter/needle is checked to ensure it is intact and there is no breakage.	NA	6.2.14 The agiocatheter/needle is checked to ensure it is intact and there is no breakage.	Procedure to be followed when terminating the IVIT.
NA	6.2.15 Pressure is applied with gauze or a cotton ball once the angiocatheter/ needle is removed.	NA	6.2.15 Pressure is applied with gauze or a cotton ball once the angiocatheter/ needle is removed.	Procedure to be followed when terminating the IVIT.
NA	6.2.16 A bandaid is applied or cotton ball taped down	NA	6.2.16 A bandaid is applied or cotton ball taped down	Procedure to be followed when terminating the IVIT.

	over the insertion site.		over the insertion site.	
NA	6.2.17 All waste is handled and disposed of properly.	NA	6.2.17 All waste is handled and disposed of properly.	Procedure to be followed when disposing of materials.
8.3.3 All sharps are disposed of in a puncture-resistant sharps container.	6.2.18 All sharps are disposed of in a puncture-resistant, tamper-resistant, leak-proof sharps container.	NA	6.2.18 All sharps are disposed of in a puncture-resistant, tamper-resistant, leak-proof sharps container.	Adds clarity as to the requirements for all sharps containers.
NA	6.2.19 The insertion site is observed post-treatment for redness, swelling or hematoma. Treatment is provided as needed.	NA	6.2.19 The insertion site is observed post-treatment for redness, swelling or hematoma. Treatment is provided as needed.	Procedure to be followed when terminating the IVIT.
8.2.5 Vital signs (blood pressure, heart rate, respiratory rate or pulse oximeter reading and temperature) are taken after treatment.	6.2.20 Post-treatment vital signs are taken: ~~after treatment.~~ • blood pressure • heart rate • respiratory rate or pulse oximeter reading • temperature, when indicated.	NA	6.2.20 Post-treatment vital signs are taken: ~~after treatment.~~ • blood pressure • heart rate • respiratory rate or pulse oximeter reading • temperature, when indicated.	Allows for temperature to only be taken when it is clinically indicated.
8.2.6 Appropriate post-treatment instructions are given to the patient including reporting to the ND any serious health events such as shock or convulsions, infections, allergic reactions, and adverse reactions. Also any unscheduled treatments as a result of the IV treatment, that may include visit to a hospital emergency department or another health care practitioner are to be reported.	6.2.21 Appropriate post-treatment instructions are given to the patient, including reporting to the ND any serious health events such as shock or convulsions, infections, allergic reactions, and adverse reactions. Also any unscheduled treatments as a result of the IV treatment, that may include visit to a hospital emergency department or another health care practitioner are to be reported.	NA	6.2.21 Appropriate post-treatment instructions are given to the patient, including reporting to the ND any serious health events such as shock or convulsions, infections, allergic reactions, and adverse reactions. Also any unscheduled treatments as a result of the IV treatment, that may include visit to a hospital emergency department or another health care practitioner are to be reported.	No change
8.2.7 All relevant information is entered on an	6.2.22 All relevant information is entered on an	NA	6.2.22 All relevant information is entered on an	Adds clarity

IVIT-specific treatment form.	IVIT-specific treatment form in the patient chart.		IVIT-specific treatment form in the patient chart.	
8.2.8 Only qualified personnel deliver treatment in accordance with their knowledge, skill, and judgment.	~~8.2.8 Only qualified personnel deliver treatment in accordance with their knowledge, skill and judgment.~~	NA	~~8.2.8 Only qualified personnel deliver treatment in accordance with their knowledge, skill and judgment.~~	Not necessary since the performance of the above procedures allows the inspector to assess the knowledge, skill, and judgment of the person delivering the IVIT.
7.0 General Infection Control Procedures				
8.3.1 Universal precautions are followed	~~8.3.1 Universal precautions are followed.~~	NA	~~8.3.1 Universal precautions are followed.~~	Not necessary since other requirements outline the proper infection control procedures and precautions to follow.
8.3.2 Needles, syringes, IV bags, medication, administration tubing and connectors are never re-used.	7.1 When administering IVIT, the following are used for only one patient: • needles, • syringes, • ~~iv~~ bags of IV solution, • ~~medication,~~ • administration tubing and connectors ~~are never reused~~.	NA	7.1 When administering IVIT, the following are used for only one patient: • needles, • syringes, • ~~iv~~ bags of IV solution, • ~~medication,~~ • administration tubing and connectors ~~are never reused~~.	Provides clarity.
NA	7.2 Gloves are used for a single task and are never re-used.	NA	7.2 Gloves are used for a single task and are never re-used.	Ensures proper infection control procedures are followed and gloves are never reused.
8.3.5 Appropriate additional precautions are applied as necessary re: airborne, contact/droplet or contact precautions.	7.3 Appropriate ~~additional precautions are applied as~~ personal protective equipment is used when necessary ~~re:~~ to protect against airborne, contact and droplet transmission. ~~or contact precautions~~.	NA	7.3 Appropriate ~~additional precautions are applied as~~ personal protective equipment is used when necessary ~~re:~~ to protect against airborne, contact and droplet transmission. ~~or contact precautions~~.	Adds clarity regarding the use of personal protective equipment.
8.3.6 Staff wear appropriate	~~8.3.6 Staff wear appropriate~~	NA	~~8.3.6 Staff wear appropriate~~	This requirement is too

Personal Protective Equipment.	~~personal protective equipment (PPE).~~		~~personal protective equipment (PPE).~~	general. The appropriate use of PPE is captured in other sections with more specific expectations.
3.5.2 Approved and appropriate disinfectant products are available for patient surfaces, equipment, and instruments.	7.4 Approved and appropriate cleaning and disinfectant products are ~~available for~~ used to clean and disinfect patient surfaces, ~~equipment, and instruments~~.	NA	7.4 Approved and appropriate cleaning and disinfectant products are ~~available for~~ used to clean and disinfect patient surfaces, ~~equipment, and instruments~~.	Cleaning and disinfecting patient surfaces has been separated from the requirement for equipment and instruments.
3.5.2 Approved and appropriate disinfectant products are available for patient surfaces, equipment and instruments.	7.5 Approved and appropriate cleaning and disinfectant products are ~~available for~~ used to clean and disinfect ~~patient surfaces,~~ equipment, and instruments.	NA	7.5 Approved and appropriate cleaning and disinfectant products are ~~available for~~ used to clean and disinfect ~~patient surfaces,~~ equipment, and instruments.	Cleaning and disinfecting patient surfaces has been separated from the requirement for equipment and instruments.
NA	7.6 The cleaning and disinfecting log is kept up to date.	NA	7.6 The cleaning and disinfecting log is kept up to date.	Ensures Registrants keep a log and the inspector will be able to check.
8.0 Quality Management				
The following requirements apply to the implementation of the Quality Management Program as laid out in the Policies and Procedures Manual.				
10.1.1 Documentation that a Quality Management Committee has been established and is comprised of all staff providing IVIT related patient care.	~~10.1.1 Documentation that a Quality Management Committee has been established and is comprised of all staff providing IVIT related patient care.~~	NA	~~10.1.1 Documentation that a Quality Management Committee has been established and is comprised of all staff providing IVIT related patient care.~~	Moved to the Policies and Procedures Manual. The Quality Management section addresses how and if the processes were carried out.
NA	8.1 The Quality Management Committee meets in accordance with the Policies and Procedures Manual.	NA	8.1 The Quality Management Committee meets in accordance with the Policies and Procedures Manual.	Ensures that the Quality Management Committee meets in accordance with the Policies and Procedures Manual.
10.1.2 A process is in place to ensure that all staff review the Policy and Procedure Manual on an	8.2 ~~A process is in place to ensure that all~~ Staff reviews the Policies and Procedures Manual ~~on an~~ at least	NA	8.2 ~~A process is in place to ensure that all~~ Staff reviews the Policies and Procedures Manual ~~on an~~ at least	Ensures that Quality Management Program includes reviewing that staff have reviewed the Policies

annual basis.	annually ~~basis~~.		annually ~~basis~~.	and Procedures Manual on an annual basis.
10.2.3 Naturopathic Doctor performance is reviewed including patient selection to ensure appropriateness of treatment.	8.3 Naturopathic doctor(s) performance is reviewed as it relates to IVIT processes and procedures. ~~including patient selection to ensure appropriateness of treatment.~~	NA	8.3 Naturopathic doctor(s) performance is reviewed as it relates to IVIT processes and procedures. ~~including patient selection to ensure appropriateness of treatment.~~	Adds clarity that the Quality Management Program applies to IVIT. The review of appropriateness of treatment is captured in the patient records review section 8.18.
10.2.2 Non-medical staff performance is reviewed as it relates to IVIT processes and procedures.	8.4 Non-medical staff performance is reviewed as it relates to IVIT processes and procedures.	NA	8.4 Non-medical staff performance is reviewed as it relates to IVIT processes and procedures.	No change
NA	8.5 Reviews that staff who are involved in delegated procedures are aware of and have met all requirements outlined in the *Standard of Practice for Delegation* and Part III of the *General Regulation* are met.	NA	8.5 Reviews that staff who are involved in delegated procedures are aware of and have met all requirements outlined in the *Standard of Practice for Delegation* and Part III of the *General Regulation* are met.	Ensures delegation procedures are reviewed at least annually as part of the Quality Management Program and are being followed in a premises where delegations occur.
2.1.3 All staff are aware of and trained in the clinic's emergency procedures.	8.6 Reviews that all staff are aware of and trained in the clinic's emergency procedures, including use of the AED.	NA	8.6 Reviews that all staff are aware of and trained in the clinic's emergency procedures, including use of the AED.	This requirement was included in the general emergency preparedness requirements. Inclusion in the Quality Management Program ensures it is reviewed when all other reviews are done and now includes use of the AED.
NA	8.7 Reviews that staff are aware of and consistently use the telephone, in person or online infectious disease screening protocol when communicating with patients and scheduling appointments.	NA	8.7 Reviews that staff are aware of and consistently use the telephone, in person or online infectious disease screening protocol when communicating with patients and scheduling appointments.	Ensures that the Quality Management Program includes a review that staff are following screening protocols.
3.2.5 Personal protective	8.8 Reviews that staff are	NA	8.8 Reviews that staff are	Ensures that the Quality

equipment available and used by staff when appropriate.	aware of how and when to use personal protective equipment in order to protect themselves and others.		aware of how and when to use personal protective equipment in order to protect themselves and others.	Management Program includes a review that staff are following procedures related to use of personal protective equipment.
NA	8.9 Reviews that staff are aware of procedures to follow in the event of exposure to blood or body fluids.	NA	8.9 Reviews that staff are aware of procedures to follow in the event of exposure to blood or body fluids.	Ensures that the Quality Management Program includes a review that staff are following procedures related to exposure to blood or body fluids.
10.2.1 The premises has a written quality improvement program in place which: • monitors and evaluates patient care,	8.10 ~~The premises has a written quality improvement program in place which:~~ The quality of patient care provided is monitored and evaluated.	NA	8.10 ~~The premises has a written quality improvement program in place which:~~ The quality of patient care provided is monitored and evaluated.	Housekeeping change
10.2.4 Patient outcomes are tracked and reviewed.	8.11 Patient outcomes are tracked and reviewed.		8.11 Patient outcomes are tracked and reviewed.	No change
10.2.1 The premises has a written quality improvement program in place which: • evaluates methods to improve patient care,	8.12 ~~evaluates~~ Methods to improve patient care are developed and implemented.	NA	8.12 ~~evaluates~~ Methods to improve patient care are developed and implemented.	Ensures the methods are not just developed but also reviews that they are being implemented.
• identifies and corrects deficiencies within the premises,	8.13 Deficiencies regarding policies and procedures are identified and corrected~~.~~ ~~deficiencies within the premises~~	NA	8.13 Deficiencies regarding policies and procedures are identified and corrected. ~~deficiencies within the premises~~	Housekeeping change
• alerts the designated member to identify and resolve problems.	~~alerts the designated member to identify and resolve problems.~~	NA	~~alerts the designated member to identify and resolve problems.~~	Not necessary, identifying and resolving problems is captured in other requirements, and may not always be the responsibility of the designated member.
NA	8.14 Reviews that staff are familiar with Type 1 and	NA	8.14 Reviews that staff are familiar with Type 1 and	Had been included in the Policies and Procedures

	Type 2 occurrences.		Type 2 occurrences.	Manual but not included as part of the Quality Management Program. The addition, ensures that staff reviews what Type 1 and 2 occurrences are.
NA	8.15 Reviews that staff have met the reporting requirements for Type 1 and Type 2 occurrences.	NA	8.15 Reviews that staff have met the reporting requirements for Type 1 and Type 2 occurrences.	Ensures that the Quality Management Program includes a review of the reporting requirements for Type 1 and 2 occurrences.
NA	8.16 Reviews that staff have met the record keeping procedures for Type 1 and Type 2 occurrences that have happened.	NA	8.16 Reviews that staff have met the record keeping procedures for Type 1 and Type 2 occurrences that have happened.	Ensures that the Quality Management Program includes a review of the record keeping requirements for Type 1 and 2 occurrences.
10.2.5 Complications and Type 1 and 2 occurrences are tracked and evaluated.	8.17 ~~Complications and~~ Type 1 and Type 2 occurrences ~~are tracked and evaluated.~~ that have happened are reviewed and the procedures to reduce the risk of future occurrences are reviewed, developed, and implemented.	NA	8.17 ~~Complications and~~ Type 1 and Type 2 occurrences ~~are tracked and evaluated.~~ that have happened are reviewed and the procedures to reduce the risk of future occurrences are reviewed, developed, and implemented.	Ensures that the Quality Management Program includes a review of Type 1 and Type 2 occurrences and that procedures to reduce the risk of future occurrences are reviewed, developed, and implemented.
10.2.6 At least annually, a random selection of 5-10 patient records is reviewed to assess for: • record completion and documentation of informed consent, • completeness and accuracy of entries, • appropriate patient treatment, • when required, reporting requirements are met in	8.18 At least annually, a random selection of 5-10 patient records is reviewed to assess for: • ~~record completion and~~ adherence to the *Standard of Practice for Record Keeping* • documentation of informed consent • completeness and accuracy of entries • appropriateness of	NA	8.18 At least annually, a random selection of 5-10 patient records is reviewed to assess for: • ~~record completion and~~ adherence to the *Standard of Practice for Record Keeping* • documentation of informed consent • completeness and accuracy of entries • appropriateness of	Housekeeping changes. Deleted requirements are captured in other sections.

a timely manner, • evaluation and follow-up of Type 1 and 2 occurrences, • assessment of incidents requiring transfer to hospital, • abnormal laboratory results follow-up.	~~patient~~ treatment • ~~when required, reporting requirements are met in a timely manner~~ • ~~evaluation and follow-up of Type 1 and 2 occurrences~~ • ~~assessment of incidents requiring transfer to hospital~~ • follow-up to abnormal laboratory test results.		~~patient~~ treatment • ~~when required, reporting requirements are met in a timely manner~~ • ~~evaluation and follow-up of Type 1 and 2 occurrences~~ • ~~assessment of incidents requiring transfer to hospital~~ • follow-up to abnormal laboratory test results.	
3.1.1 The premises adheres to and maintains documentation for accepted standards of infection control practices pertinent to IVIT.	8.19 ~~Premise adheres to and maintains documentation for~~ Reviews that accepted standards of infection control practices pertinent to IVIT are being followed.	NA	8.19 ~~Premise adheres to and maintains documentation for~~ Reviews that accepted standards of infection control practices pertinent to IVIT are being followed.	Ensures that the Quality Management Program includes a review of the infection control practices relevant to IVIT.
10.3.1 Review of activities related to cleaning, maintenance and storage of equipment	8.20 Reviews ~~of activities related to~~ that cleaning procedures are being followed and the cleaning log is properly maintained. ~~maintenance and storage of equipment.~~	NA	8.20 Reviews ~~of activities related to~~ that cleaning procedures are being followed and the cleaning log is properly maintained. ~~maintenance and storage of equipment.~~	Housekeeping change, divides the requirement into two separate requirements since cleaning is a separate process from maintenance and storage. Includes a review that the applicable logs are being maintained.
10.3.1 Review of activities related to cleaning, maintenance and storage of equipment	8.21 Reviews ~~of activities related to cleaning. Maintenance and storage of equipment.~~ that IVIT and emergency equipment is being maintained and the maintenance log is properly maintained.	NA	8.21 Reviews ~~of activities related to cleaning. Maintenance and storage of equipment.~~ that IVIT and emergency equipment is being maintained and the maintenance log is properly maintained.	As above
10.4.1 Review of activities related to monitoring drug inventory and proper storage.	8.22 Reviews ~~of activities related to monitoring~~ that drug and substance inventory is monitored, and the inventory log is properly	NA	8.22 Reviews ~~of activities related to monitoring~~ that drug and substance inventory is monitored, and the inventory log is properly	Housekeeping change, separates the requirement into two requirements to add clarity. Includes a review that the applicable logs are

	maintained ~~and proper storage~~.		maintained ~~and proper storage~~.	being maintained.
10.4.1 Review of activities related to monitoring drug inventory and proper storage.	8.23 Reviews ~~of activities related to monitoring~~ that drugs and substances are ~~inventory and~~ properly stored, and the refrigerator temperature log is properly maintained.	NA	8.23 Reviews ~~of activities related to monitoring~~ that drugs and substances are ~~inventory and~~ properly stored, and the refrigerator temperature log is properly maintained.	As above
NA	8.24 Reviews that expired drugs, substances and equipment are labelled and properly disposed of.	NA	8.24 Reviews that expired drugs, substances and equipment are labelled and properly disposed of.	Ensures that the Quality Management Program includes a review that expired drugs, substances and equipment are labelled and properly disposed of.
NA	8.25 Reviews that biomedical and non-biomedical waste is being handled and disposed of properly	NA	8.25 Reviews that biomedical and non-biomedical waste is being handled and disposed of properly	Ensures that the Quality Management Program includes a review that procedures for handling and disposing of all waste are being followed.
10.5.1 A process is in place for the reporting and documentation of Type 1 and 2 occurrences, incompetence or professional misconduct.	~~10.5.1 A process is in place for the reporting and documentation of Type 1 and 2 occurrences, incompetence or professional misconduct.~~	NA	~~10.5.1 A process is in place for the reporting and documentation of Type 1 and 2 occurrences, incompetence or professional misconduct.~~	Changed to more specific quality management requirements for Type 1 and 2 occurrences. Reporting and documentation of incompetence and professional misconduct is outside of the scope of the Inspection Program.
9.0 Patient Chart Requirements				
All patient charts must be maintained in accordance with the *Standard of Practice for Record Keeping* and contain the following information.				The following is a list of the information to be included in the patient chart.
9.1 Appointment Record				
6.1.1 Contains member's name, clinic name, address, and telephone number.	9.1.1 ~~Contains member's~~ Registrant's name, clinic name, address, and	NA	9.1.1 ~~Contains member's~~ Registrant's name, clinic name, address, and	Housekeeping and terminology changes

	telephone number		telephone number	
6.1.2 Contains the date and time of the appointment.	9.1.2 ~~Contains the~~ Date and time of the appointment	NA	9.1.2 ~~Contains the~~ Date and time of the appointment	Housekeeping change
6.1.3 Contains the patient's name.	9.1.3 ~~Contains the~~ Patient's name	NA	9.1.3 ~~Contains the~~ Patient's name	Housekeeping change
6.1.4 Indicates the duration of the appointment.	9.1.4 ~~Indicates the~~ Duration of the appointment	NA	9.1.4 ~~Indicates the~~ Duration of the appointment	Housekeeping change
9.2 Patient Financial Record ~~and Patient Receipt~~				Housekeeping change
6.2.1 Treating member's name, clinic name, address, and telephone number are recorded.	9.2.1 Treating ~~Member's~~ Registrant's name, clinic name, address, and telephone number. ~~are recorded~~	NA	9.2.1 Treating ~~Member's~~ Registrant's name, clinic name, address, and telephone number. ~~are recorded~~	Housekeeping and terminology changes
6.2.2 Patient's name and address are recorded on the receipt.	9.2.2 Patient's name, ~~and~~ address and telephone number. ~~are recorded on the receipt.~~	NA	9.2.2 Patient's name, ~~and~~ address and telephone number. ~~are recorded on the receipt.~~	Housekeeping changes and the phone number is added as it is required in the Standard of Practice for Record Keeping.
6.2.3 Date of service is recorded.	9.2.3 Date of service. ~~is recorded.~~	NA	9.2.3 Date of service. ~~is recorded.~~	Housekeeping change
6.2.4 Fees for naturopathic consultation are billed separately from all other fees.	9.2.4 Fees for naturopathic consultation ~~are~~ (billed separately from all other fees).	NA	9.2.4 Fees for naturopathic consultation ~~are~~ (billed separately from all other fee).	Housekeeping change
6.2.5 Fees for supplements, injectables, etc are listed separately from the naturopathic consultation fee.	9.2.5 Fees for supplements, injectables, etc are ~~listed~~ itemized and separate~~ly~~ from the naturopathic consultation fee.	NA	9.2.5 Fees for supplements, injectables, etc are ~~listed~~ itemized and separate~~ly~~ from the naturopathic consultation fee.	Adds clarity
6.2.6 Receipts are issued for all payments and copies are maintained in the patient financial record.	9.2.6 ~~Receipts are issued for all payments and~~ Copies of the receipts ~~are~~ provided to patient for all payments. ~~are maintained in the patient financial record.~~	NA	9.2.6 ~~Receipts are issued for all payments and~~ Copies of the receipts ~~are~~ provided to patient for all payments. ~~are maintained in the patient financial record.~~	Adds clarity
6.2.7 Financial record includes payment amount, method of payment and	9.2.7 ~~Financial record includes~~ Payment amount, method of payment and	NA	9.2.7 ~~Financial record includes~~ Payment amount, method of payment and	Housekeeping change

balance of the account.	balance of the account		balance of the account	
9.3 General Patient Chart Record Keeping Components				
6.3.1 Patient's name, address, phone number and date of birth are documented.	9.3.1 Patient's name, address, phone number and date of birth. ~~are documented~~	NA	9.3.1 Patient's name, address, phone number and date of birth. ~~are documented~~	Housekeeping change
6.3.3 In the event that more than one health care practitioner is making entries in the patient chart, each practitioner is identified with his or her registration number and signature, along with the date the entry was made.	9.3.2 ~~In the event that more than one health care practitioner is making entries in the patient chart, each practitioner is identified with his or her~~ Indication of who made each entry with a signature and registration number (when applicable), and the date the entry was made.	NA	9.3.2 ~~In the event that more than one health care practitioner is making entries in the patient chart, each practitioner is identified with his or her~~ Indication of who made each entry with a signature and registration number (when applicable), and the date the entry was made.	Regardless of how many health care practitioners are making entries, there should always be a signature, registration number and date for every entry.
6.3.4 Patient name or patient number on each page.	9.3.3 Patient name or patient number on each page.	NA	9.3.3 Patient name or patient number on each page.	No change
6.3.5 All pages are in chronological order, consecutively numbered and dated.	9.3.4 All pages are in chronological order, consecutively numbered and dated.	NA	9.3.4 All pages are in chronological order, consecutively numbered and dated.	No change
6.3.6 A consistent format is used for recording the date.	9.3.5 All dates are recorded in a consistent format.	NA	9.3.5 All dates are recorded in a consistent format.	No change
6.3.7 All entries are made in, at the least, either English or French.	9.3.6 All entries are made in, at the least, either English or French.	NA	9.3.6 All entries are made in, at the least, either English or French.	No change
6.3.8 All written records are legible.	9.3.7 All written records are legible.	NA	9.3.7 All written records are legible.	No change
6.3.9 All written entries are made in indelible ink.	9.3.8 All written entries are made in indelible ink.	NA	9.3.8 All written entries are made in indelible ink.	No change
6.3.10 No highlighter is used over writing.	9.3.9 No highlighter is used over writing.	NA	9.3.9 No highlighter is used over writing.	No change
6.3.11 There are no blank spaces between entries.	9.3.10 Blank spaces are not left between entries.	NA	9.3.10 Blank spaces are not left between entries.	No change
6.3.12 All chart entries are	~~6.3.12 All chart entries are~~	NA	~~6.3.12 All chart entries are~~	This is outside of what an

recorded as soon as possible after the patient interactions.	~~recorded as soon as possible after the patient interactions.~~		~~recorded as soon as possible after the patient interactions.~~	inspector can assess.
6.3.13 When other than generally accepted medical abbreviations are used, a legend of abbreviations or codes is available.	9.3.11 A legend of abbreviations ~~or codes~~ is available when other than generally accepted medical abbreviations are used.	NA	9.3.11 A legend of abbreviations ~~or codes~~ is available when other than generally accepted medical abbreviations are used.	Housekeeping change
9.4 Informed Consent				
NA	9.4.1 Documentation of a discussion regarding consent indicating the patient understands the nature of the intervention, its expected benefits, the material risks and side effects, available reasonable alternatives, the likely consequences of not receiving the intervention, the associated costs, and the right to withdraw consent.	NA	9.4.1 Documentation of a discussion regarding consent indicating the patient understands the nature of the intervention, its expected benefits, the material risks and side effects, available reasonable alternatives, the likely consequences of not receiving the intervention, the associated costs, and the right to withdraw consent.	Adds clarity to include the information that is to be documented and provided to the patient when obtaining informed consent, as stated in the Standard of Practice for Consent. Also ensures that Registrants are aware that the requirements are part of an inspection.
6.3.2 Patient chart contains a signed informed consent form.	9.4.2 ~~Patient chart contains a signed informed consent form~~ Documentation in the form of a notation in the patient record or a consent form that is dated, signed, and witnessed.	NA	9.4.2 ~~Patient chart contains a signed informed consent form~~ Documentation in the form of a notation in the patient record or a consent form that is dated, signed, and witnessed.	Aligns with the Standard of Practice for Consent and the Standard of Practice for Record Keeping. Also ensures that Registrants are aware that the requirements are part of an inspection.
NA	9.4.3 Any modifications to the consent.	NA	9.4.3 Any modifications to the consent.	Aligns with the Standard of Practice for Consent. Also ensures that Registrants are aware that the requirements are part of an inspection.
NA	9.4.4 If consent is withdrawn, the reason(s) why and what was specifically withdrawn.	NA	9.4.4 If consent is withdrawn, the reason(s) why and what was specifically withdrawn.	Aligns with the Standard of Practice for Consent. Also ensures that Registrants are aware that the requirements

				are part of an inspection.
9.5 Required Electronic ~~Medical~~ Naturopathic Record Components				Housekeeping change
6.4.1 The system provides a visual display of the recorded information.	9.5.1 ~~The system provides~~ A visual display of the recorded information can be provided.	NA	9.5.1 ~~The system provides~~ A visual display of the recorded information can be provided.	Housekeeping change
6.4.2 The system provides a means of accessing the record of each patient by the patient's name.	9.5.2 The ~~system provides a means of accessing the~~ record of each patient can be accessed by the patient's name or other unique identifier.	NA	9.5.2 The ~~system provides a means of accessing the~~ record of each patient can be accessed by the patient's name or other unique identifier.	Housekeeping change
6.4.3 The system is capable of printing promptly the recorded information in chronological order for each patient.	9.5.3 The ~~system is capable of printing promptly the~~ recorded information can be printed promptly in chronological order for each patient.	NA	9.5.3 The ~~system is capable of printing promptly the~~ recorded information can be printed promptly in chronological order for each patient.	Housekeeping change
6.4.4 Confidentiality and privacy is maintained (such as through password protection, encryption).	9.5.4 ~~Confidentiality and privacy is maintained~~ Protections against unauthorized or inappropriate access are in place (e.g. password protection, encryption).	NA	9.5.4 ~~Confidentiality and privacy is maintained~~ Protections against unauthorized or inappropriate access are in place (e.g. password protection, encryption).	Housekeeping change to align with the Standard of Practice for Record Keeping.
6.4.5 The system maintains an audit trail that: • records the date and time of each entry for each patient, • preserves the original content of the record if changed or updated, • identifies the person making each entry or amendment, • is capable of printing each patient record	9.5.5 The system maintains an audit trail that: • records the date and time of each entry for each patient, • preserves the original content of the record if changed or updated, • identifies the person making each entry or amendment, and • is capable of printing each patient record	NA	9.5.5 The system maintains an audit trail that: • records the date and time of each entry for each patient, • preserves the original content of the record if changed or updated, • identifies the person making each entry or amendment, and • is capable of printing each patient record	No change

separately.	separately.		separately.	
9.6 Required Naturopathic ~~Medical~~ Records Components				
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.	9.6.1 The chief complaint(s) ~~is clearly stated the symptoms are adequately described, the duration of symptoms noted, and a functional inquiry is performed.~~	NA	9.6.1 The chief complaint(s) ~~is clearly stated the symptoms are adequately described, the duration of symptoms noted, and a functional inquiry is performed.~~	Housekeeping change to align with the Standard of Practice for Record Keeping.
6.5.2 The family history is documented.	9.6.2 Health, family and social history ~~is documented~~.	NA	9.6.2 Health, family and social history ~~is documented~~.	Housekeeping change to align with the Standard of Practice for Record Keeping.
6.5.3 Allergies are identified and documented.	9.6.3 Allergies ~~are identified and documented~~.	NA	9.6.3 Allergies ~~are identified and documented~~.	Housekeeping change
8.3.4 Patients are screened for Methicillin Resistant Organisms and infectious diseases. Screening may include history taking and questioning the patient. Questioning can include but should not be limited to determining patients who are high risk, who know they have been determined to carry MRO in the past or who have had an MRO infection in the past.	9.6.4 Patient's ~~are screened for~~ history regarding exposure to and infection from methicillin resistant organisms (MROs). ~~and infectious diseases. This may include history taking and questioning of the patient.~~	NA	9.6.4 Patient's ~~are screened for~~ history regarding exposure to and infection from methicillin resistant organisms (MROs). ~~and infectious diseases. This may include history taking and questioning of the patient.~~	Patient screening can imply that laboratory testing is required which is not the case. The patient's history regarding MROs should be documented in the patient chart.
6.5.4 Assessment includes one or more of the following: • patient's health history, • physical exam with positive/negative findings documented, • lab tests and other diagnostic investigations	9.6.5 Assessment ~~includes~~ is formulated from information from one or more of the following: • patient's health history, • physical exam with positive/negative findings documented, • lab tests and other	NA	9.6.5 Assessment ~~includes~~ is formulated from information from one or more of the following: • patient's health history, • physical exam with positive/negative findings documented, • lab tests and other	Housekeeping change

that are clinically relevant.	diagnostic investigations that are clinically relevant.		diagnostic investigations that are clinically relevant.	
6.5.5 Blood tests performed in the office are only those listed in the *General Regulation* made under the *Naturopathy Act* (BTA Bioterrain Assessment, glucose, live blood cell analysis, haemoglobin A_{1c}, mononuclear heterophile antibodies (monospot), free fatty acids, blood group – ABO and RhD).	9.6.6 Blood tests performed in the office are only those listed in the General Regulation made under the Naturopathy Act (BTA Bioterrain Assessment, glucose, live blood cell analysis, haemoglobin A_{1c}, mononuclear heterophile antibodies (monospot), free fatty acids, blood group – ABO and RhD).	NA	9.6.6 Blood tests performed in the office are only those listed in the General Regulation made under the Naturopathy Act (BTA Bioterrain Assessment, glucose, live blood cell analysis, haemoglobin A_{1c}, mononuclear heterophile antibodies (monospot), free fatty acids, blood group – ABO and RhD).	No change
6.5.6 Non-blood tests performed in the office are only those listed in *Regulation 683* made under the *Laboratory and Specimen Centre Collection Licencing Act* (ascorbic acid/Vitamin C, BTA Bioterrain Assessment, human chorionic gonadotrophin, indican, Koenisberg, oxidative testing, routine urinalysis by dipstick, Sulkowich, rapid strep test and vaginal pH).	9.6.7 Non-blood tests performed in the office are only those listed in Regulation #683 made under the Laboratory and Specimen Centre Collection Licencing Act (ascorbic acid/Vitamin C, BTA Bioterrain Assessment, human chorionic gonadotrophin, indican, Koenisberg, oxidative testing, routine urinalysis by dipstick, Sulkowich, rapid strep test and vaginal pH).	NA	9.6.7 Non-blood tests performed in the office are only those listed in Regulation #683 made under the Laboratory and Specimen Centre Collection Licencing Act (ascorbic acid/Vitamin C, BTA Bioterrain Assessment, human chorionic gonadotrophin, indican, Koenisberg, oxidative testing, routine urinalysis by dipstick, Sulkowich, rapid strep test and vaginal pH).	No change
6.5.7 Laboratory tests ordered from an allowed laboratory are only those listed in *Regulation 683* made under the *Laboratory and Specimen Centre Collection Licencing Act.*	9.6.8 Laboratory tests ordered from an allowed laboratory are only those listed in Regulation 683 made under the *Laboratory and Specimen Centre Collection Licencing Act.*	NA	9.6.8 Laboratory tests ordered from an allowed laboratory are only those listed in Regulation 683 made under the *Laboratory and Specimen Centre Collection Licencing Act.*	No change
6.5.8 A review of medications, remedies and	9.6.9 Review of medications, remedies, and supplements.	NA	9.6.9 Review of medications, remedies, and supplements.	Housekeeping change

supplements is documented.	~~is documented~~		~~is documented~~	
6.5.9 An assessment of the information collected and a diagnosis are documented.	9.6.10 An assessment of the information collected and a diagnosis. ~~are documented~~	NA	9.6.10 An assessment of the information collected and a diagnosis. ~~are documented~~	Housekeeping change
6.5.10 The proposed treatment plan is fully documented.	9.6.11 ~~The~~ Proposed treatment plan. ~~is fully documented~~	NA	9.6.11 ~~The~~ Proposed treatment plan. ~~is fully documented~~	Housekeeping change
NA	9.6.12 Name, strength, dosage, frequency, and method of administration for all drugs and substances included in the treatment plan.	NA	9.6.12 Name, strength, dosage, frequency, and method of administration for all drugs and substances included in the treatment plan.	Housekeeping change to align with the Standard of Practice for Record Keeping.
6.5.11 Relevant communications with or about the patient are documented.	9.6.13 Relevant communications with or about the patient. ~~are documented~~	NA	9.6.13 Relevant communications with or about the patient. ~~are documented~~	Housekeeping change
6.5.12 The particulars of any referral made is documented.	9.6.14 ~~The particulars of any~~ Relevant referral information, where applicable. ~~made is documented~~	NA	9.6.14 ~~The particulars of any~~ Relevant referral information, where applicable. ~~made is documented~~	Housekeeping change to align with the Standard of Practice for Record Keeping.
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	~~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~~	NA	~~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~~	Captured in the consent section 9.4.1
6.5.14 Relevant subjective and objective information obtained during re-assessments is documented.	9.6.15 Relevant subjective and objective information obtained during re-assessments. ~~is documented~~	NA	9.6.15 Relevant subjective and objective information obtained during re-assessments. ~~is documented~~	Housekeeping change
6.5.15 Any amendments to a written chart is initialled, dated and indicates what change was made.	9.6.16 Amendments to a written chart is initialled, dated and indicates what change was made.	NA	9.6.16 Amendments to a written chart is initialled, dated and indicates what change was made.	No change

6.5.16 Amendments are only made in the form of additions and not erasures or overwriting.	9.6.17 Amendments are ~~only~~ made in the form of additions and not erasures or overwriting.	NA	9.6.17 Amendments are ~~only~~ made in the form of additions and not erasures or overwriting.	Housekeeping change
6.5.17 A patient chart is never re-written.	~~9.6.18 A patient chart is never re-written~~	NA	~~9.6.18 A patient chart is never re-written~~	This is outside of what an inspector can assess.
9.7 Required Information Related to the Delivery of Intravenous Treatment				
8.1.3 Patient is questioned regarding: • fears/anxiety around treatment	9.7.1 Whether or not the patient has fears/anxiety around IVIT treatment	NA	9.7.1 Whether or not the patient has fears/anxiety around IVIT treatment	Housekeeping change
8.1.3 Patient is questioned regarding: • history of fainting due to needles	9.7.2 Whether or not the patient has a history of fainting due to needles	NA	9.7.2 Whether or not the patient has a history of fainting due to needles	Housekeeping change
6.7.6 An IVIT specific form containing the following information:	9.7.3 An IVIT specific form containing the following information:	NA	9.7.4 An IVIT specific form containing the following information:	
6.7.1 Name and strength of all drugs administered	9.7.3.1 Name and strength of all drugs/substances administered.	NA	9.7.3.1 Name and strength of all drugs/substances administered.	Housekeeping change
NA	9.7.3.2 Formula of iv bag	NA	9.7.3.2 Formula of iv bag	Ensures that the information required on the iv bag label is also included in the patient chart.
6.7.2 Dosage and frequency	9.7.3.3 Dosage and frequency.	NA	9.7.3.3 Dosage and frequency.	No change
6.7.3 Date of administration	9.7.3.4 Date of administration.	NA	9.7.3.4 Date of administration.	No change
6.7.4 Method of administration	~~6.7.4 Method of administration~~	NA	~~6.7.4 Method of administration~~	No need to explicitly state this since this section is the information included on the IVIT specific form.
• infusion site	9.7.3.5 infusion site	NA	9.7.3.5 infusion site	No change
• butterfly size	~~butterfly size~~	NA	~~butterfly size~~	Not necessary, this information will be included

				with the catheter size.
• catheter size	9.7.3.6 catheter size	NA	9.7.3.6 catheter size	No change
• osmolarity	9.7.3.7 osmolarity	NA	9.7.3.7 osmolarity	No change
• start time	9.7.3.8 start time	NA	9.7.3.8 start time	No change
• end time	9.7.3.9 end time	NA	9.7.3.9 end time	No change
• drip rate	9.7.3.10 drip rate	NA	9.7.3.10 drip rate	No change
• vital sign (blood pressure, heart rate, respiratory rate or pulse oximeter reading and temperature) before, during and after treatment	9.7.3.11 vital sign (blood pressure, heart rate, respiratory rate or pulse oximeter reading, and temperature when applicable) before, during and after treatment	NA	9.7.4.11 vital sign (blood pressure, heart rate, respiratory rate or pulse oximeter reading, and temperature when applicable) before, during and after treatment	Housekeeping change
• documentation of patient monitoring during IVIT in addition to vitals	9.7.3.12 ~~documentation of patient~~ monitoring of patient during IVIT in addition to vitals	NA	9.7.3.12 ~~documentation of patient~~ monitoring of patient during IVIT in addition to vitals	Housekeeping change
6.7.5 How treatment was tolerated	9.7.3.13 how treatment was tolerated	NA	9.7.3.13 how treatment was tolerated	No change
• reactions noted • follow up to reactions	9.7.3.14 any adverse reactions to the IVIT and follow up to reactions as needed	NA	9.7.3.14 any adverse reactions to the IVIT and follow up to reactions as needed	Housekeeping change
• post treatment instructions for the patient.	9.7.3.15 post-treatment instructions for the patient (when applicable).	NA	9.7.3.15 post-treatment instructions for the patient (when applicable).	Housekeeping change
9.8 Record Keeping for Type 1 and Type 2 Reports				
NA	9.8.1 All Type 1 occurrence reports are filed in the patient file and a master file.		9.8.1 All Type 1 occurrence reports are filed in the patient file and a master file.	Ensures that any Type 1 occurrence reports that have been made are properly filed and the inspector can check during the inspection.
	9.8.2 All Type 2 occurrence tracking forms are filed in the patient file and a master file.		9.8.2 All Type 2 occurrence tracking forms are filed in the patient file and a master file.	Ensures that any Type 2 occurrences have been tracked and recorded and the inspector can check during the inspection. No

				need to check for the annual Type 2 occurrence report as the College keeps those records.
9.9 Delegation Charting				
The documentation of accepting or receiving a delegation includes:	9.9.1 The documentation when a Registrant makes ~~accepting or receiving~~ a delegation includes:	NA	9.9.1 The documentation when a Registrant makes ~~accepting or receiving~~ a delegation includes:	Record Keeping requirements for delegation are included in the *Standard of Practice for Delegation* and the *General Regulation*. There are different requirements when making or accepting a delegation.
6.6.1 the date and the specific activities that were delegated,	9.9.1.1 The date of the delegation. ~~and the specific activities that were delegated,~~	NA	9.9.1.1 The date of the delegation. ~~and the specific activities that were delegated,~~	Ensures that the delegation is specific to a patient and when the delegation occurred.
6.6.1 the date and the specific activities that were delegated,	9.9.1.2 The ~~date and the specific activities that were delegated,~~ particulars of the delegation.		9.9.1.2 The ~~date and the specific activities that were delegated,~~ particulars of the delegation.	Aligns with the wording used in the *General Regulation*, to ensure the specific activities of the delegation are documented.
6.6.5 any applicable conditions,	9.9.1.3 Any applicable conditions.	NA	9.9.1.3 Any applicable conditions.	No change
6.6.8 the communication plan to deal with the management of any adverse events that may occur.	9.9.1.4 The communication plan to deal with the management of any adverse events that may occur as a result of the delegation.	NA	9.9.1.4 The communication plan to deal with the management of any adverse events that may occur as a result of the delegation.	Housekeeping to align with the *General Regulation*.
6.6.2 the name, registration number and discipline of the delegator,	9.9.1.5 The name and registration number ~~and discipline~~ of the delegator.	NA	9.9.1.5 The name and registration number ~~and discipline~~ of the delegator.	The requirement applies to when a naturopath makes a delegation, so there is no need to state their discipline.
6.6.3 the name, registration number (if applicable) and training of the delegatee	9.9.1.6 The name~~,~~ ~~registration number (if applicable) and training~~ of the delegatee.	NA	9.9.1.6 The name~~,~~ ~~registration number (if applicable) and training~~ of the delegatee.	Housekeeping to align with the *General Regulation*.

6.6.7 informed consent specific to the delegation	9.9.1.7 Informed consent specific to the delegation.	NA	9.9.1.7 Informed consent specific to the delegation.	No change
The documentation of accepting or receiving a delegation includes:	9.9.2 The documentation when a Registrant accepts ~~or receiving~~ a delegation includes:	NA	9.9.2 The documentation when a Registrant accepts ~~or receiving~~ a delegation includes:	Record Keeping requirements for delegation are included in the *Standard of Practice for Delegation* and the *General Regulation*. There are different requirements when making or accepting a delegation.
6.6.1 the date and the specific activities that were delegated,	9.9.2.1 The date of the delegation. ~~and the specific activities that were delegated,~~	NA	9.9.2.1 The date of the delegation. ~~and the specific activities that were delegated,~~	Ensures that the delegation is specific to a patient and when the delegation occurred.
6.6.1 the date and the specific activities that were delegated,	9.9.2.2 The ~~date and the specific activities that were delegated,~~ particulars of the delegation.	NA	9.9.2.2 The ~~date and the specific activities that were delegated,~~ particulars of the delegation.	Aligns with the wording used in the *General Regulation*, to ensure the specific activities of the delegation are documented.
6.6.5 any applicable conditions,	9.9.2.3 ~~any applicable~~ The conditions, if any, under which the delegation occurred.	NA	9.9.2.3 ~~any applicable~~ The conditions, if any, under which the delegation occurred.	Housekeeping change to better align with the *Standard of Practice for Delegation* and the *General Regulation.*
6.6.2 the name, registration number and discipline of the delegator,	9.9.2.4 The name, registration number and discipline of the delegator.	NA	9.9.2.4 The name, registration number and discipline of the delegator.	No change
NA	9.9.2.5 The education and qualifications related to the delegated procedure of the delegator.	NA	9.9.2.5 The education and qualifications related to the delegated procedure of the delegator.	Addition to align with the *Standard of Practice for Delegation*.
6.6.3 the name, registration number (if applicable) and training of the delegatee	9.9.2.6 The name, ~~registration number (if applicable) and training~~ of the delegatee.	NA	9.9.2.6 The name, ~~registration number (if applicable) and training~~ of the delegatee.	Housekeeping to align with the *General Regulation*.
6.6.6. the period of time the delegation remains in force	9.9.2.7 The period of time the delegation remains in	NA	9.9.2.7 The period of time the delegation remains in	No change

	force.		force.	
6.6.7 informed consent specific to the delegation	9.9.2.8 Informed consent specific to the delegation.	NA	9.9.2.8 Informed consent specific to the delegation.	No change