



The College of Naturopaths of Ontario

Type 2 Occurrence Annual Report Form 2021

As stated in the General Regulation the designated Registrant is required to annually report information regarding Type 2 occurrences that have occurred following the performance of IVIT procedures in the premises. A summary of the information provided by the designated Registrants will be provided to the Inspection Committee and Council for statistical and planning purposes.

Type 2 occurrences as defined in the General Regulation are:

- Any infection occurring in a patient in the premises after an IVIT procedure was performed at the premises.
- An unscheduled treatment of a patient by a Registrant occurring within five days after an IVIT procedure was performed at the premises.
- Any adverse drug reaction occurring in a patient after an IVIT procedure was performed at the premises.

Only include the Type 2 occurrences that have happened between March 2, 2020 and March 1, 2021.

Please complete this form and submit it to the College **no later than 5:00 pm May 1, 2021**. The form may be completed electronically, if completing by hand please ensure it is legible. Please direct any questions regarding the completion of this form to Dr. Mary-Ellen McKenna ND (Inactive) at maryellen.mckenna@collegeofnaturopaths.on.ca or 416-583-6020.

This form may be submitted in one of the following ways:

By email: inspections@collegeofnaturopaths.on.ca

By post: College of Naturopaths of Ontario
Inspection Department
150 John St, 10th Floor
Toronto, ON
M5V 3E3

By fax: 416-583-6011.

Type 2 Occurrence Annual Report		
IVIT Premises Information		
Clinic name:		
Street address:		City:
Postal code:	Telephone number:	Fax number:

Premises email address:

Designated Registrant's name:	Registration Number:
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Type 2 Occurrences

Complete the following to indicate the Type 2 occurrences that have happened at the premises **between March 2, 2020 and March 1, 2021**. Please refer to the [Common Terminology Criteria for Adverse Events](#) document for terminology and criteria for severity when reporting infections, unscheduled treatments and adverse drug reactions below.

Infections

How many infections have occurred in patients after an IVIT procedure was performed at the premises? _____ (If none please state 0)

If infections have occurred please list:

- the type of infection, the commonly reported infections are included in a drop down menu to use when completing the form electronically.
- how many of each have occurred in total, and
- if the infection occurred following an IVIT that was performed through a delegation.

If you require more room please submit additional pages.

Type of Infection Please use the dropdown menu or enter the type infection if not listed.	Total Number	IVIT was Performed Through Delegation	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Unscheduled Treatments

An unscheduled treatment is any unplanned visit to any naturopathic doctor within 5 days of receiving IVIT. Report any unscheduled naturopathic treatments regardless of whether or not they were clearly a direct result of receiving IVIT.

How many unscheduled treatments of patients by a Registrant occurred within five days after an IVIT procedure was performed at the premises? _____ (If none please state 0).

If unscheduled treatments have occurred please list:

- the type of treatment provided,
- the condition being treated, the commonly reported conditions are included in a drop down menu to use when completing the form electronically.
- how many of each have occurred in total, and
- if the unscheduled treatment occurred following an IVIT that was performed through a delegation.

If you require more room please submit additional pages.

Type of treatment provided	Condition Please use the dropdown menu or enter the condition treated if not listed.	Total Number	IVIT was Performed Through Delegation	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>

Adverse Drug Reactions

An adverse drug reaction is defined as a harmful and unintended response by a patient to a drug or substance or combination of drugs or substances that occurs at doses normally used or tested in humans for the diagnosis, treatment or prevention of a disease or the modifications of organic function.

How many adverse drug reactions occurred in patients after an IVIT procedure was performed at the premises. _____ (If none please state 0).

If adverse drug reactions have occurred please list for each adverse reaction:

- the type of adverse drug reaction, the commonly reported adverse reactions are included in a drop down menu to use when completing the form electronically.
- how many times it has occurred in total, and
- the severity - mild, moderate or severe, and
- if the adverse reaction occurred following an IVIT that was performed through a delegation.

If you require more room please submit additional pages.

Type of Adverse Drug Reaction Please use the dropdown menu or enter the adverse reaction if not listed.	Total Number	Severity Please use dropdown menu to indicate if mild, moderate or severe.	IVIT was Performed Through Delegation	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>

Declaration and Signature

I hereby declare that, to the best of my knowledge, the information on this form is true and complete. I understand and agree that it is professional misconduct to make a false or misleading statement.

Name:	Signature:	Date:
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Please check this box if you are completing this form electronically. This represents your signature.