



The College of Naturopaths of Ontario

## PEER AND PRACTICE ASSESSMENT PROGRAM

### Premises Review Worksheet

Please complete this form as it relates to your primary place of practice.

**If you do not have a physical practice location** but you provide home visits please complete sections 3 and 4 as it applies to these patient visits, as well as section 5 of this worksheet.

**If you only provide care via telepractice** please complete section 5 of this worksheet.

Indicate if, in your opinion, the criteria are met (yes or no). You may also provide comments on how you have met the criteria.

The information you provide on this form will be provided to your assessor prior to your peer and practice assessment. During the peer and practice assessment, your assessor will go over your comments with you to discuss what has been done well and what areas need improvement.

<b>Registrant's name:</b>		
<b>Assessor's name:</b>		
<b>1. GENERAL PHYSICAL REQUIREMENTS</b>		
	Yes	No
a. The premises is neat, comfortable and clean.		
b. The layout of the premises facilitates patient care and privacy.		
<b>Registrant's Comments</b>		

**Assessor's Comments**

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**2. EMERGENCY MEASURES**

	Yes	No
a. The clinic is equipped with smoke detectors/fire alarms and/or a sprinkler system.		
b. A fire extinguisher(s) is readily available		
c. Emergency exits are clearly marked		
d. A first aid kit or crash cart is readily available		

**Registrant's Comments**

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**Assessor's Comments**

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**3. INFECTION CONTROL**

The following are present:

	Yes	No
a. Garbage cans		
b. Hand washing station(s) with an appropriate hand cleanser		
c. Sharps/biohazard containers are out of reach from patients		
d. Table paper or clean single use linens		
e. Proper and adequate cleaning supplies for equipment and the clinic environment		
f. Hand sanitizer is available throughout the clinic		
g. Surgical masks and facial tissues, along with infection control signage indicating when and how to use masks		
h. List of reportable diseases		
i. A process is in place to ensure safe handling, storage and transportation of samples collected		

**Registrant's Comments**

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<b>Assessor's Comments</b>		

<b>4. EQUIPMENT</b>		
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The following are present:		
	Yes	No
a. Personal protective equipment (PPE) which may include but is not limited to, single use gloves, masks, and gowns		
b. Single use, sterile, disposable needles, and safety-engineered hollow bore needles for injection		
c. Disposable, single use syringes and alcohol wipes		
d. Laminar air flow hood (required for IVIT premises where IV bags are compounded)		
e. AED (required for IVIT premises)		
f. Dedicated and secured refrigerator for injectables		

<b>Registrant's Comments</b>		
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<b>Assessor's Comments</b>		
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**5. PATIENT RECORDS**

	Yes	No
a. Patient charts are securely stored		
b. Separate charts are maintained for each patient		
c. Patient charts are stored alphabetically or numerically so that a specific file can be easily identified and retrieved		

**Registrant's Comments**

**Assessor's Comments**