

**DISCIPLINE COMMITTEE OF
THE COLLEGE OF NATUROPATHS OF ONTARIO**

B E T W E E N :

COLLEGE OF NATUROPATHS OF ONTARIO

- and -

MICHAEL YARISH

NOTICE OF HEARING

The Inquiries, Complaints and Reports Committee of the College of Naturopaths of Ontario (the "College") has referred specified allegations against you to the Discipline Committee of the College. The allegations were referred in accordance with section 26 of the *Health Professions Procedural Code* which is Schedule II to the *Regulated Health Professions Act, 1991*. The statement of specified allegations is attached to this notice of hearing. A discipline panel will hold a hearing under the authority of sections 38 to 56 of the *Health Professions Procedural Code*, as amended, for the purposes of deciding whether the allegations are true. A **pre-hearing conference** will be held at a date and location to be set by the Presiding Officer. A discipline panel will convene at the offices of the College at 150 John Street, 10th Floor, Toronto, Ontario at **9:30 a.m. on a date to be set by the Registrar**, or as soon thereafter as the panel can be convened, for the purposes of conducting the **discipline hearing**.

IF YOU DO NOT ATTEND ON THE DATE FOR THE HEARING IN ACCORDANCE WITH THE PRECEDING PARAGRAPH, THE DISCIPLINE PANEL MAY PROCEED IN YOUR ABSENCE AND YOU WILL NOT BE ENTITLED TO ANY FURTHER NOTICE IN THE PROCEEDINGS.

If the discipline panel finds that you have engaged in professional misconduct, it may make one or more of the following orders:

1. Direct the Registrar to revoke your certificate of registration.
2. Direct the Registrar to suspend your certificate of registration for a specified period of time.
3. Direct the Registrar to impose specified terms, conditions and limitations on your certificate of registration for a specified or indefinite period of time.
4. Require you to appear before the panel to be reprimanded.
5. Require you to pay a fine of not more than \$35,000 to the Minister of Finance.
6. If the act of professional misconduct was the sexual abuse of a patient, require you to reimburse the College for funding provided for that patient under the program required under section 85.7 of the *Health Professions Procedural Code*.
7. If the panel makes an order under paragraph 6, require you to post security acceptable to the College to guarantee the payment of any amounts the member may be required to reimburse under the order under paragraph 6.

The discipline panel may, in an appropriate case, make an order requiring you to pay all or part of the College's costs and expenses pursuant to section 53.1 of the *Health Professions Procedural Code*.

You are entitled to disclosure of the evidence against you in accordance with section 42(1) of the *Health Professions Procedural Code*.

You, or your representative, may contact the solicitor for the College, Rebecca Durcan, in this matter:

Steinecke Maciura LeBlanc
Barristers & Solicitors
401 Bay Street
Suite 2308, P.O. Box 23
Toronto, ON M5H 2Y4

Telephone: (416) 644-4783
Facsimile: (416) 593-7867

You must also make disclosure in accordance with section 42.1 of the *Health Professions Procedural Code*, which states as follows:

Evidence of an expert led by a person other than the College is not admissible unless the person gives the College, at least ten days before the hearing, the identity of the expert and a copy of the expert's written report or, if there is no written report, a written summary of the evidence.

Date: November 5, 2018



Andrew Parr, CAE
Registrar & CEO
College of Naturopaths of Ontario

TO: **Dr. Michael Yarish, ND**
The Lakeside Clinic Center for Integrated Medicine
570 Byrne Drive, Unit F
Barrie, ON L4N 9P6

c/o Mario Delgado
Dolden Wallace Folick LLP
14th Floor - 20 Adelaide St. E.
Toronto, ON M5C 2T6
mdelgado@dolden.com

STATEMENT OF SPECIFIED ALLEGATIONS

1. At all relevant times, Dr. Michael Bohdan Yarish, ND (the “Member”) has been a member of the College of Naturopaths of Ontario (the “College”).
2. At all relevant times, the Member met the Therapeutic Prescribing and the Intravenous Infusion Therapy (IVIT) Standards of Practice.
3. The Member is the owner of The Lakeside Clinic Center for Integrated Medicine in Barrie, Ontario (the “Clinic”).

Administration of B12 Injections

4. On or about August 7, 2017, the Member administered an injection of Vitamin B12 to Persons 1, 2 and/or 3 (the “Injections”).
5. Persons 1, 2, and/or 3 worked at the Clinic.
6. Persons 1, 2, and/or 3 were together in the room when the Member administered the Injections.
7. It is alleged that:
 - a. The Member did not consider one or more of Persons 1, 2, and/or 3 as a patient and/or did not have a naturopath-patient relationship;
 - b. The Member did not obtain the health history of Persons 1, 2, and/or 3 prior to administering the Injections;
 - c. The Member administered the Injections without a Sharps container immediately available;
 - d. The Member administered the Injection to Person 3 using the needle used for Person 1 or Person 2;
 - e. The Member was immediately aware that he had administered the Injection to Person 3 using the needle used for Person 1 or Person 2; and/or
 - f. The Member did not create an incident report following his administration of the Injection to Person 3 using the needle used for Person 1 or Person 2.
8. It is alleged that the Member did not administer the Injections in accordance with Regulation 168/15.

9. The following are standards of practice of the profession:

- a. A member must have a naturopath-patient relationship with the patient before performing a controlled act and must record the patient's health history (s. 3(1) para 1 of Regulation 168/15 and/or *Performing Authorized Acts Standard of Practice* of the College);
- b. A member must ensure that appropriate infection control procedures are in place at all times and that the controlled act is performed in an environment that is clean, safe, private and comfortable to the patient (s. 3(1) para 5 of Regulation 168/15);
- c. A member must maintain appropriate therapeutic relationships and professional boundaries (*Therapeutic Relationships and Professional Boundaries Standard of Practice* of the College);
- d. A member must incorporate routine practices that minimize the chance of, or spread of infection (*Standard Infection Control Standard of Practice* of the College); and/or
- e. A member must ensure that an incident report is prepared in the event of an incident involving exposure to biomedical material that poses a risk of transmission (*Standard Infection Control Standard of Practice* of the College).

10. It is alleged that the above conduct constitutes professional misconduct pursuant to section 51(1)(c) of the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions Act, 1991* (the "Code") as set out in one or more of the following paragraphs of section 1 of Ontario Regulation 17/14 made under the *Naturopathy Act, 2007*:

- a. **Paragraph 1** (Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession);
- b. **Paragraph 36** (Contravening, by act or omission, a provision of the Act, the Regulated Health Professions Act, or the regulations under either of those acts); and/or
- c. **Paragraph 46** (Engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional).

11. In addition, it is alleged that the above conduct constitutes professional misconduct pursuant to subsection 4(3) of the *Naturopathy Act, 2007*.

Failing to install Laminar Air Flow Hood

12. It is alleged that between approximately March 2, 2017 and March 22, 2018 the Member did not install and/or utilize a Laminar Air Flow Hood when compounding for IVIT at the Clinic.

13. It is alleged that the College requires all sterile compounding for IVIT to be performed in a Laminar Air Flow Hood.

14. It is alleged that between approximately March 2, 2017 and March 22, 2018, the Member did not maintain the required equipment records related to the Laminar Air Flow Hood.

15. It is alleged that between approximately March 2, 2017 and March 22, 2018, the Member did not compound for IVIT in accordance with Regulation 168/15.

16. The following are standards of practice of the profession:

- a. A member must ensure that appropriate infection control procedures are in place at all times and that the controlled act is performed in an environment that is clean, safe, private and comfortable to the patient (s. 3(1) para 5 of Regulation 168/15);
- b. A member must ensure that the controlled act of compounding a drug designated in Table 5 is performed in an aseptic preparation area using aseptic techniques to minimize the risk of contamination (s.11(2) para 4 of Regulation 168/15);
- c. A member must maintain identified equipment records (*Equipment Records Standard of Practice* of the College).

17. It is alleged that the above conduct constitutes professional misconduct pursuant to section 51(1)(c) of the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions Act, 1991* (the "Code") as set out in one or more of the following paragraphs of section 1 of Ontario Regulation 17/14 made under the *Naturopathy Act, 2007*:

- a. **Paragraph 1** (Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession);

- b. **Paragraph 23** (Failing to keep records in accordance with the standards of the profession);
- c. **Paragraph 36** (Contravening, by act or omission, a provision of the Act, the Regulated Health Professions Act, or the regulations under either of those acts); and/or
- d. **Paragraph 46** (Engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional).

18. In addition, it is alleged that the above conduct constitutes professional misconduct pursuant to subsection 4(3) of the *Naturopathy Act, 2007*.

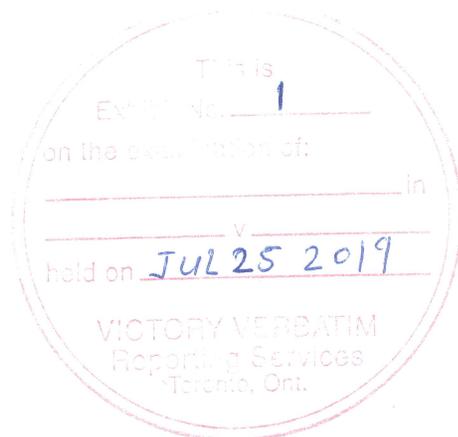
Leaving the Clinic during IVIT sessions

19. It is alleged that prior to March 2018 the Member would leave the Clinic while IVIT was being administered to patients.
20. It is alleged that the Member did not arrange for appropriate supervision of his patients who were undergoing IVIT while he was not in the Clinic.
21. It is a standard of practice of the profession to not leave the physical building when IVIT is being administered to patients and/or ensure that when IVIT is being administered that patients are always appropriately supervised.
22. It is alleged that the above conduct constitutes professional misconduct pursuant to section 51(1)(c) of the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions Act, 1991* (the "Code") as set out in one or more of the following paragraphs of section 1 of Ontario Regulation 17/14 made under the *Naturopathy Act, 2007*:
- a. **Paragraph 1** (Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession); and/or
 - b. **Paragraph 46** (Engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional).

APPENDIX

1. The documents to be tendered in evidence at the hearing have been sent with this Notice of Hearing.
2. The *Rules of Procedure of the Discipline Committee* have been sent with this Notice of Hearing.
3. Take notice that the documents that have been and may later be disclosed to you will be tendered as business documents pursuant to the *Evidence Act* of Ontario.
4. All documents that are disclosed to you in this matter are disclosed on the basis that they are to be used solely for the purpose of this proceeding and for no other purpose.

DISCIPLINE COMMITTEE
OF THE COLLEGE OF
NATUROPATHS OF ONTARIO



NOTICE OF HEARING

STEINECKE MACIURA LEBLANC

Barristers & Solicitors
401 Bay Street, Suite 2308
P.O. Box 23
Toronto, ON M5H 2Y4

Rebecca Durcan

Telephone: (416) 644-4783
Facsimile: (416) 593-7867
Email: rdurcan@sml-law.com

Lawyers for the College of
Naturopaths of Ontario

**DISCIPLINE COMMITTEE OF
THE COLLEGE OF NATUROPATHS OF ONTARIO**

BETWEEN :

COLLEGE OF NATUROPATHS OF ONTARIO

- and -

MICHAEL YARISH

AGREED STATEMENT OF FACTS

The parties hereby agree that the following facts may be accepted as true by the Discipline Committee of the College of Naturopaths of Ontario (the "College"):

The Member

- 1. At all relevant times, Dr. Michael Bohdan Yarish, ND (the "Member") has been a member of the College of Naturopaths of Ontario (the "College"). Attached as **Tab "A"** is a copy of the Member's print out on the College Register.
- 2. At all relevant times, the Member met the Therapeutic Prescribing and the Intravenous Infusion Therapy (IVIT) Standards of Practice.
- 3. The Member is the owner of The Lakeside Clinic Center for Integrated Medicine in Barrie, Ontario (the "Clinic").
- 4. This is the first time the Member has been referred to the Discipline Committee. The Member made efforts to resolve this matter soon after the ICRC referred specified allegations of professional misconduct to the Discipline Committee.

Administration of B12 Injections

- 5. On or about August 7, 2017, the Member administered an injection of Vitamin B12 to Persons 1, 2 and 3 (the "Injections").
- 6. Persons 1, 2 and 3 worked at the Clinic.

7. Persons 1, 2 and 3 were together in the room when the Member administered the Injections.
8. It is agreed that on or about August 7, 2017:
 - a. The Member did not consider one or more of Persons 1, 2 and 3 as a patient and did not have a naturopath-patient relationship;
 - b. The Member did not obtain the health history of Persons 1, 2 and 3 prior to administering the Injections;
 - c. The Member administered the Injections without a Sharps container immediately available;
 - d. The Member administered the Injection to Person 3 using the needle used for Person 1 or Person 2;
 - e. The Member was immediately aware that he had administered the Injection to Person 3 using the needle used for Person 1 or Person 2; and
 - f. The Member did not create an incident report following his administration of the Injection to Person 3 using the needle used for Person 1 or Person 2.
9. It is agreed that the Member did not administer the Injections in accordance with the following standards of practice of the profession set out in Regulation 168/15 and the College's published standards.
 - a. A member must have a naturopath-patient relationship with the patient before performing a controlled act and must record the patient's health history (s. 3(1) para 1 of Regulation 168/15 and *Performing Authorized Acts Standard of Practice* of the College);
 - b. A member must ensure that appropriate infection control procedures are in place at all times and that the controlled act is performed in an environment that is clean, safe, private and comfortable to the patient (s. 3(1) para 5 of Regulation 168/15);
 - c. A member must maintain appropriate therapeutic relationships and professional boundaries (*Therapeutic Relationships and Professional Boundaries Standard of Practice* of the College);

- d. A member must incorporate routine practices that minimize the chance of, or spread infection (*Standard Infection Control Standard of Practice* of the College); and
- e. A member must ensure that an incident report is prepared in the event of an incident involving exposure to biomedical material that poses a risk of transmission (*Standard Infection Control Standard of Practice* of the College).

Attached as **Tab "B"** is a copy of the relevant excerpts and Standards.

10. It is agreed that the above conduct constitutes professional misconduct pursuant to section 51(1)(c) of the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions Act, 1991* (the "Code") as set out in the following paragraphs of section 1 of Ontario Regulation 17/14 made under the *Naturopathy Act, 2007*:
 - a. **Paragraph 1** (Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession);
 - b. **Paragraph 36** (Contravening, by act or omission, a provision of the Act, the Regulated Health Professions Act, or the regulations under either of those acts); and
 - c. **Paragraph 46** (Engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional).
11. In addition, it is agreed that the above conduct constitutes professional misconduct pursuant to subsection 4(3) of the *Naturopathy Act, 2007*.

Failing to install Laminar Air Flow Hood

12. It is agreed that between approximately March 2, 2017 and March 22, 2018, the Member did not install and utilize a Laminar Air Flow Hood when compounding for IVIT at the Clinic.
13. It is agreed that the College requires all sterile compounding for IVIT to be performed in a Laminar Air Flow Hood.

14. It is agreed that between approximately March 2, 2017 and March 22, 2018, the Member did not maintain the required equipment records related to the Laminar Air Flow Hood.
15. It is agreed that between approximately March 2, 2017 and March 22, 2018, the Member did not compound for IVIT in accordance with the following standards of practice of the profession set out in Regulation 168/15 and the College's published standards:
- a. ~~A member must ensure that appropriate infection control procedures are in place at all times and that the controlled act is performed in an environment that is clean, safe, private and comfortable to the patient (s. 3(1) para 5 of Regulation 168/15);~~
 - b. A member must ensure that the controlled act of compounding a drug designated in Table 5 is performed in an aseptic preparation area using aseptic techniques to minimize the risk of contamination(s.11(2) para 4 of Regulation 168/15)
 - c. A member must maintain identified equipment records (*Equipment Records Standard of Practice* of the College)

Attached as **Tab "C"** is a copy of the relevant excerpts and Standards.

16. It is agreed that the above conduct constitutes professional misconduct pursuant to section 51(1)(c) of the Code as set out in the following paragraphs of section 1 of Ontario Regulation 17/14 made under the *Naturopathy Act, 2007*:
- a. **Paragraph 1** (Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession);
 - b. **Paragraph 23** (Failing to keep records in accordance with the standards of the profession);
 - c. **Paragraph 36** (Contravening, by act or omission, a provision of the Act, the Regulated Health Professions Act, or the regulations under either of those acts); and
 - d. **Paragraph 46** (Engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional).

17. In addition, it is agreed that the above conduct constitutes professional misconduct pursuant to subsection 4(3) of the *Naturopathy Act, 2007*.

Leaving the Clinic during IVIT sessions

18. It is agreed that prior to March 2018, the Member would leave the Clinic while IVIT was being administered to patients.
19. It is agreed that the Member did not arrange for appropriate supervision of his patients who were undergoing IVIT while he was not in the Clinic.
20. It is agreed that it is a standard of practice of the profession to not leave the physical building when IVIT is being administered to patients and/or ensure that when IVIT is being administered that patients are always appropriately supervised.
21. It is agreed that the above conduct constitutes professional misconduct pursuant to section 51(1)(c) of the Code as set out in the following paragraphs of section 1 of Ontario Regulation 17/14 made under the *Naturopathy Act, 2007*:
- a. **Paragraph 1** (Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession); and
 - b. **Paragraph 46** (Engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional).

Admission of Professional Misconduct

22. By this document, the Member admits to the truth of the facts referred to in paragraphs 1 to 21 above (the "Agreed Facts").
23. By this document, the Member states that:
- a. He understands fully the nature of the allegations made against him;
 - b. He has no questions with respect to the allegations against him;
 - c. He admits to the truth of the facts contained in this Agreed Statement of Facts and Admission of Professional Misconduct and that the admitted facts constitute professional misconduct;

- d. He understands that by signing this document he is consenting to the evidence as set out in the Agreed Statement of Facts and Admission of Professional Misconduct being presented to the Discipline Committee;
- e. He understands that by admitting the allegations, he is waiving his right to require the College to prove the allegations against him at a contested hearing;
- f. He understands that the decision of the Committee and a summary of its reasons, including reference to his name, will be published in the College's annual report and any other publication or website of the College;
- g. He understands that any agreement between him and the College with respect to the penalty proposed does not bind the Discipline Committee; and
- h. He understands and acknowledges that he is executing this document voluntarily, unequivocally, free of duress, free of bribe, and that he has been advised of his right to seek legal advice.

24. In light of the Agreed Facts and Admission of Professional Misconduct, the College and the Member submit that the Discipline Committee should find that the Member has committed professional misconduct.

All of which is respectfully submitted.

Signed this 1st day of March, 2019

Signed this 2nd day of April, 2019



 Dr. Michael Yarish, ND
 Member



 Andrew Parr, CAE
 Registrar & CEO
 College of Naturopaths of Ontario

TAB A



The College of Naturopaths of Ontario

FRANÇAIS CART

Public Register of Ontario Naturopaths

[Return to Search Page](#)

Member Details

Name:	Dr. Michael Bohdan Yarish, ND	
Nickname or Abbreviation:	None	
Date Of Registration:	Nov 07, 2007	
Registration #:	1577	
Current Status:	In Good Standing	
Class of Registration:	General Class	
Previous First Name:	None	
Previous Last Name:	None	

Registration History

Registrant Class	Status	Effective Date	Notes
General Class	In Good Standing	Nov 07, 2007	Date of initial registration with the BDDT-N

Extended Services

Additional Standards of Practice	Qualified	Effective Date	Notes
Therapeutic Prescribing is a post-registration Standard of Practice. NDs who wish to prescribe, dispense, compound, sell, or administer by	Yes	Oct 20, 2015	

injection or inhalation the restricted substances available to Ontario NDs under the College's General Regulation must first meet this Standard of Practice. NDs who do not wish to access these substances or perform these controlled acts are not required to meet this Standard.

Additional Standards of Practice	Qualified	Effective Date	Notes
The Standard of Practice for Intravenous Infusion Therapy (IVIT) is a post-registration Standard of Practice. NDs who wish to administer substances intravenously for therapeutic benefit, must first meet this Standard of Practice and the Standard of Practice for Therapeutic Prescribing. NDs who do not wish to administer substances intravenously are not required to meet this Standard.	Yes		

Terms, Conditions And Limitations

Effective Date	Expiry Date	Type Of Conditions	Notes
No Data Found			

Employment Information

Employer	Address	City	Province	Country	Postal Code	Phone
The Lakeside Clinic Center for Integrated Medicine	570 Byrne Drive	Barrie	ON	CAN	L4N 9P6	(705) 726-0923

Professional Corporation

Inquiries, Complaints, And Reports Committee Referrals

Inquiries Complaints And Reports Committee - Outcomes

Findings

Member Reported And Other Findings

Registrar's Notation

Public

Overview

The College and You

About NDs

Complaints and Reports

Discipline

Fitness to Practise

Patient Rights

The Public Register

About the Register

ND Register

Corporations Register

IVIT Premises Register

Unauthorized Practitioners

Preventing Sexual Abuse

About Naturopaths

Find a Naturopath

Complaints & Reports

Preventing Sexual Abuse

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CONTACT US

150 John Street, 10th Floor

Toronto, Ontario, M5V 3E3

Tel. 416.583.6010

Fax. 416.583.6011

TAB B

ONTARIO REGULATION 168/15
GENERAL

Consolidation Period: From March 2, 2017 to the [e-Laws currency date](#).

Last amendment: 415/16.

Legislative History: 415/16.

This is the English version of a bilingual regulation.

[...]

PART II
CONTROLLED ACTS

[...]

Standards of practice, s. 4 (1) of the Act

3. (1) A member shall not perform any controlled act under the authority of paragraph 1, 2, 3, 4 or 6 of subsection 4 (1) of the Act unless he or she performs it in accordance with all of the following standards of practice of the profession:

1. The member must have a naturopath-patient relationship with the patient and, before performing the controlled act, must record the patient's health history.
2. Before performing the controlled act, the member must inform the patient or the patient's authorized representative about,
 - i. the purpose of the controlled act,
 - ii. the risks inherent in performing it,
 - iii. alternative treatments that the member knows or ought to know are available within the practice of the profession, and
 - iv. treatments that the member knows or ought to know are available to the patient if he or she were to be treated by a member of another College under the *Regulated Health Professions Act, 1991*.
3. Before performing the controlled act, the member must receive an informed consent from the patient or his or her authorized representative.
4. Before performing the controlled act, the member must determine that the patient's condition warrants performing the controlled act, having considered,
 - i. the known risks and benefits to the patient of performing the controlled act,
 - ii. the predictability of the outcome,
 - iii. the safeguards and resources available in the circumstances to safely manage the outcome of performing the controlled act, and
 - iv. other relevant circumstances specific to the patient.
5. The member must ensure that appropriate infection control procedures are in place at all times and that the controlled act is performed in an environment that is clean, safe, private and comfortable for the patient.
6. The member must have the knowledge, skill and judgment,
 - i. to perform the controlled act safely and ethically, and
 - ii. to determine whether the patient's condition warrants performance of the controlled act.

(2) It is a further standard of practice of the profession that a member is prohibited from taking or collecting a specimen from the human body for examination to obtain information for diagnosis, prophylaxis or treatment, unless the specimen that is taken or collected is identified in the regulations made under the *Laboratory and Specimen Collection Centre Licensing Act* and related to a specific laboratory test set out in the regulations made under that Act.

(3) It is a further standard of practice of the profession that a member is prohibited from performing a laboratory test or taking blood samples or other specimens from a patient for the purpose of performing a laboratory test, unless the laboratory test that the member performs is specified in the regulations made under the *Laboratory and Specimen Collection Centre Licensing Act* and the blood samples or other specimens taken from a patient are identified in and related to a specific test in the regulations made under that Act.

(4) It is a further standard of practice of the profession that a member is prohibited from ordering a laboratory test unless the test is one specified in the regulations made under the *Laboratory and Specimen Collection Centre Licensing Act*.



The College of Naturopaths of Ontario

Standard of Practice:

Therapeutic Relationships and Professional Boundaries

Introduction

The intent of this standard is to advise Members on how to establish and maintain appropriate therapeutic relationships and professional boundaries with patients.

Definitions

Mandatory Report: Under the *Regulated Health Professions Act, 1991*, it is mandatory that a report be made by a regulated health professional who, in the course of practicing his/her profession, acquires information leading to reasonable grounds to believe that another regulated health care professional sexually abused a patient.

Family Member: For the purpose of this standard, "family member" means a Naturopathic Doctor's spouse or partner, parent, child, sibling, grandparent or grandchild; a parent, child, sibling, grandparent or grandchild of the Naturopathic Doctor's spouse or partner.

Close Personal Relationship: For the purpose of this standard, "close personal relationship" means a relationship in which the Naturopathic Doctor has personal or emotional involvement with an individual that may render the Naturopathic Doctor unable to exercise objective professional judgment in reaching diagnostic or therapeutic decisions.

Minor Condition: Generally, a non-urgent, non-serious condition that requires only short-term routine care and is not likely to be an indication of, or lead to, a more serious condition.

Emergency: Exists where an individual is apparently experiencing severe suffering or is at risk of sustaining serious bodily harm if intervention is not promptly provided.

1. Appropriate Therapeutic Relationships and Boundaries

The Member fosters appropriate therapeutic relationships with his/her patients in a transparent, ethical, patient-centred manner with respect for diversity of beliefs, values and interests.

Performance Indicators

The Member:

- recognizes the position of power the Member has over the patient within the therapeutic relationship;
- does not exploit these relationships for any form of non-therapeutic or personal gain, benefit or advantage;
- never enters into a sexual relationship with a current patient or someone with whom the patient has a significant personal relationship (e.g., child's parent);
- does not enter into a sexual relationship with a former patient unless it can be reasonably established that sufficient time has elapsed since the professional relationship ended or was terminated and it can be demonstrated that there is no longer a power imbalance between the Member and the patient;

- never enters into a sexual relationship with a former patient where counselling was a significant part of treatment;
- does not enter into a therapeutic relationship and/or accept a patient with whom the Member already has a personal relationship and where professional boundaries may not be sustained;
- takes immediate steps to address and rectify a boundary violation when it occurs; and
- accepts responsibility for boundary crossings and violations when they occur.

2. Consent

The Member understands that patient consent is never a defence against a boundary violation.

Performance Indicators

The Member:

- develops and maintains practices and procedures to explain to the patient that consent does not permit a non-therapeutic relationship or allow for a personal relationship with the patient; and
- when appropriate, clearly and diplomatically explains why patient consent does not justify a boundary violation.

3. Personal Relationships

The Member does not provide naturopathic services to his/her own family members or another individual with whom they have a close personal relationship except for minor conditions or in the event of an emergency.

Performance Indicators

The Member:

- maintains practices and procedures that clearly demonstrate that provision of naturopathic services to an individual with whom the Member has a personal relationship may be inappropriate as outlined in legislation and/or if professional boundaries may not be sustainable;
- clearly, sensitively and consistently explains why the service cannot be provided; and
- does not treat a person with whom they are having a sexual relationship, except in an emergency.

Related Standards and Guidelines

Consent

Internal Examinations

Conflict of Interest

Legislative Framework

Professional Misconduct Regulation

Regulated Health Professions Act, 1991

College of Naturopaths of Ontario Patients Relations Program

Disclaimer

In the event of any inconsistency between this standard and any legislation that governs the practice of Naturopathic Doctors, the legislation shall govern.



The College of Naturopaths of Ontario

Standard of Practice:

Infection Control

Introduction

The intent of this standard is to advise Members with respect to the incorporation of appropriate infection prevention and control measures into their practice.

Definitions

Routine Practices: the standards of practice, commonly known as “universal precautions”, that should be followed for the care of all patients at all times. They are based on the premise that all persons are potentially infectious, even when asymptomatic, and that the same safe standards of practice should be taken routinely when handling blood, body fluids, secretions and excretions, mucous membranes, non-intact skin, and undiagnosed rashes of all patients.

Respiratory Etiquette: personal practices that help prevent the spread of bacteria and viruses that cause acute respiratory infections (e.g., covering the mouth when coughing, care when disposing of tissues).

Biomedical Waste: for the purposes of this Standard of Practice biomedical waste is either anatomical or non-anatomical.

Anatomical Waste: consists of tissue, organs and body parts not including hair, teeth and nails.

Non-anatomical Waste: consists of:

- i. human liquid blood or semi-liquid blood and blood products, items contaminated with blood that would release liquid or semi-liquid blood if compressed, dried items that would have released liquid blood if compressed before drying and body fluids contaminated with blood, excluding urine and feces;
- ii. all sharps including acupuncture needles, needles attached to syringes, blades and microscope slides with blood;
- iii. broken glass or other materials capable of causing punctures or cuts which have come in contact with human blood or body fluid.

1. Routine Practices

The Member incorporates routine practices that minimize the chance of, or spread of infection.

Performance Indicators

The Member:

- maintains current knowledge of infection control protocols relevant to naturopathic practice;
- adopts appropriate infection control measures and monitors their use and effectiveness to identify problems, outcomes and trends;
- ensures that the infection control measures include, as a minimum, requirement for:

- risk assessment of the patient, and of the health care provider's interaction with the patient;
 - knowing his/her personal immune status (i.e. Hepatitis B, Tuberculosis, HIV etc.) relevant to the practice setting and taking appropriate action to ensure patient protection;
 - taking the measures necessary to prevent the transmission of infection from the Member to the patient or other health care providers and staff;
 - hand hygiene with an appropriate hand cleaner; or if hands are soiled with soap and water;
 - proper and adequate cleaning of equipment and clinic environment;
 - proper and adequate engineering controls (e.g. well-maintained ventilation); and
 - point of care sharps containers, hand hygiene product dispensers and adequate hand wash sinks.
- Ensure administrative controls are in place including:
 - policies and procedures;
 - staff education;
 - healthy workplace policies;
 - respiratory etiquette; and
 - monitoring of compliance.
- Uses safety engineered needles whenever hollow bore needles are used.

Where applicable the Member establishes and maintains a clean field which includes:

- using only single use, sterile, disposable needles;
- creating a clean work surface (sheets, paper etc.) in the treatment room;
- sharps/biohazard waste containers are located in each room, but do not come in contact with the clean field.

2. Reportable Communicable Disease

The Member reports all Reportable Communicable Diseases that he/she diagnoses.

Performance Indicators

The Member:

- reports all Reportable Communicable Diseases to the local Medical Officer of Health as outlined under the [*Health Protection and Promotion Act R.S.O. 1990, O. Regulation 559/91*](#);
- has available, the phone number for the applicable local Medical Officer of Health;
- has available, in the office the [list of Reportable Communicable Diseases](#).

3. Handling and Disposal of Biomedical Waste

The Member incorporates current, appropriate, and generally accepted practices for handling and disposal of biomedical waste.

Performance Indicators

The Member:

- ensures that biomedical waste is segregated from all other waste and handled in accordance with the containment, labeling, storage and transportation requirements in [Guideline C-4: The Management of Biomedical Waste in Ontario](#);

4. Incident Reporting

The Member ensures that an incident report is prepared in the event of an incident involving exposure to biomedical material that poses a risk of transmission of infection.

Performance Indicators

The Member ensures that a report is written for any incident involving exposure to biomedical material posing a risk of transmission (e.g., needle-stick injury, blood or body fluid ingestion, contact with mucous membrane or broken skin).

The Member's incident report includes:

- nature of the incident;
- date and time of the incident;
- name of individuals involved;
- how the incident occurred;
- results of all medical tests administered;
- any treatment administered; and
- any other information relevant to the incident.

The Member keeps a copy of the report in a master incident report file and makes a notation in the patient file if a patient was involved.

The Member retains the incident report for at least ten (10) years.

Related Standards

Acupuncture
 Blood Examinations
 Compounding
 Dispensing
 Emergency Preparedness
 Inhalation
 Injection
 Internal Examinations
 IV Infusion Therapy
 Record Keeping

Legislative Framework

Health Protection and Promotion Act R.S.O. 1990

Routine Practices and Additional Precautions in all Health Care Settings (2011)

Ontario Public Health Standards – Infectious Diseases Protocol

Occupational Health and Safety – Guideline C-4: The Management of Biomedical Waste in Ontario

Resources

Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices
Public Health Agency of Canada

Approval

Original Approval Date: October 15, 2012

Latest Amendment Date: March 6, 2019

Disclaimer

In the event of any inconsistency between this standard and any legislation that governs the practice of Naturopathic Doctors, the legislation shall govern.

TAB C

ONTARIO REGULATION 168/15

GENERAL

Consolidation Period: From March 2, 2017 to the e-Laws currency date.

Last amendment: 415/16.

Legislative History: 415/16.

This is the English version of a bilingual regulation.

[...]

**PART II
CONTROLLED ACTS**

[...]

Compounding a drug

11. (1) For the purposes of paragraph 7 of subsection 4 (1) of the Act, a member may compound a drug designated in Table 5 only if all of the standards of practice of the profession in this section are met.

(2) The following are standards of practice for the purposes of subsection (1):

1. The member must have a naturopath-patient relationship with the patient for whom the drug is compounded.
2. The member must have the knowledge, skill and judgment to engage in the controlled act safely, competently and ethically.
3. Before performing the controlled act, the member must have considered the patient's condition, the risks and benefits to the patient and any other relevant circumstances specific to the patient.
4. The member must ensure that the controlled act is performed in an aseptic preparation area using aseptic techniques to minimize the risk of contamination.
5. The member must provide the compounded drug directly to the patient or the patient's authorized representative.
6. Where a limitation, a route of administration or a dosage is indicated in the column opposite the drug in Table 5, a member shall only compound that drug in compliance with the limitation and in accordance with the route of administration and dosage specified.
7. The member must compound the drug for the purpose of providing a customized therapeutic solution for a particular patient.
8. The member must advise the patient or his or her authorized representative that the drug may be compounded at a pharmacy.
9. The member shall only engage in the controlled act when a supply of a Health Canada approved, commercially prepared product that meets the patient's needs is not reasonably available.
10. The member must have ensured that the drugs or other substances used in the compounding have been obtained and stored in accordance with any applicable laws.
11. The member must have ensured that the drugs or other substances used in the compounding have not expired and will not expire before the date on which the patient is expected to take or use the last of the compounded drug.
12. The member must ensure that the container holding the compounded drug, or if there is insufficient space on the container, a document attached to the container, lists the following information:
 - i. An identification number, if applicable.
 - ii. The member's name and title.
 - iii. The name, address and telephone number of the place where the drug was compounded.
 - iv. The identification of the drugs, substances and any other ingredients used in the compounding, their names and strength and, if available, their manufacturer.
 - v. 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.
 - vi. The date that the compounded drug was prepared and the date that the compounded drug was dispensed to the patient.

- vii. The expiry date of the compounded drug.
- viii. The name of the patient for whom the drug was compounded.

- ix. The directions for the storage and use of the compounded drug, including its dose, frequency, route of administration and any special instructions.

13. The member must retain a copy of the information described in paragraph 12 in the patient's record.

(3) It is a further standard of practice of the profession that a member may only perform a controlled act described in subsection (1) if he or she has successfully completed,

- (a) a course on prescribing that has been approved by the Council; and
- (b) an examination on prescribing that is administered or approved by the Council.

(4) Despite anything in this section, a member may perform a controlled act described in subsection (1) if he or she does so while taking part in a course or examination required under clause (3) (a) or (b).



The College of Naturopaths of Ontario

Standard of Practice:

Record Keeping

Introduction

The intent of this standard is to advise Members with respect to the expectations for record keeping in their practice. This standard applies to both written and electronic records as appropriate.

Definitions

Patient Record: Consists of the patient chart, appointment record and financial records.

1. Appointment Records

The Member maintains an appointment record that is accurate, legible and comprehensive.

Performance Indicators

The Member maintains an appointment record that clearly and legibly identifies:

- Member's name, clinic name, address and telephone number;
- date and time of appointment;
- name of patient (minimum of last name and first initial); and
- duration of appointment.

The Member maintains and retains appointment records for a period of at least 10 years after the date of the last entry. In the case of a minor, records are retained for at least 10 years following the patient's 18th birthday, regardless of the date of the last entry.

2. Patient Financial Records

The Member maintains a financial record that is accurate, legible and comprehensive.

Performance Indicators

The Member ensures that financial records clearly and legibly record:

- name of treating Member, clinic name, address, telephone number;
- patient's name, address and telephone number;
- date of service;
- services billed;
- substances, drugs or devices dispensed;
- payment amount and method of payment; and

- balance of account.

The Member ensures that:

- patient financial records are clearly itemized;
- fees for naturopathic consultation are separated from all other fees;
- fees for supplements, injectable substances, devices, special testing, etc., are individually listed;
- receipts are issued for all payments and copies are maintained in the patient financial record.

The Member maintains and retains financial records for a period of at least 10 years after the date of the last entry. In the case of a minor, records are retained for at least 10 years following the patient's 18th birthday, regardless of the date of the last entry.

3. Patient Charts

The Member maintains a patient chart that is accurate, legible and comprehensive.

Performance Indicators

In all patient charts, the Member ensures:

- all written entries are made in indelible ink;
- the patient's name or patient number is recorded on each page;
- all entries are made in either English or French. Other languages may be used provided that English or French are also used;
- there is no highlighter used over writing;
- all written records are clearly legible;
- there are no blank spaces between entries;
- all pages are in chronological order, consecutively numbered and dated;
- a consistent format is used for recording the date;
- all chart entries are recorded as soon as possible after the patient interaction; and
- when other than generally accepted medical abbreviations are used, a legend of abbreviations or codes is available.

The Member ensures that all records contain:

- subjective information provided by the patient or their authorized representative;
- relevant objective findings;
- results of any naturopathic examinations;
- an assessment of the information and any diagnosis;
- proposed treatment plan, including prescriptions and recommendations;
- relevant communications with or about the patient;
- relevant information obtained from re-assessment; and
- indication of who made each entry and when the entry was made.

The Member records the following information related to the delivery of treatment:

- name and strength of all drugs and/or substances administered;
- dosage and frequency;
- date of administration;

- method of administration; and
- how treatment was tolerated.

The attending Member includes his/her registration number and signs the written record so that the treating ND is clearly identified.

The Member maintains and retains patient records for a period of at least 10 years after the date of the last entry. In the case of a minor, records are retained for at least 10 years following the patient's 18th birthday, regardless of the date of the last entry.

4. Electronic Records

The Member ensures that electronic records are maintained and retained in a safe and effective manner.

Performance Indicators

The Member ensures that, when patient records are maintained in an electronic system, the following criteria are met:

- the system provides a visual display of the recorded information;
- the system provides a means of accessing the record of each patient by the patient's name;
- the system is capable of printing promptly the recorded information in chronological order for each patient;
- 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 separately.
- the system provides reasonable protection against unauthorized or inappropriate access;
- the system is backed up at least each practice day and allows for the recovery of backed-up files or otherwise provides reasonable protection against loss of, damage to and inaccessibility of records; and
- files are encrypted if they are transferred or transported outside of the facility.

5. Storage of Charts

When storing patient charts, the Member takes reasonable measures to ensure patient confidentiality and security of patient information to prevent unauthorized access and maintain its integrity.

Performance Indicators

The Member:

- ensures all patient charts are secured;
- ensures sensitive information is never left unattended in an unsecured location;
- stores all patient charts alphabetically or numerically, such that a specific file can be easily identified and retrieved;
- maintains a separate chart for each patient; and
- ensures, if other practitioners also see the same patient, that the Member's electronic records can be individually retrieved.

6. Amendments to Patient Charts

The Member ensures that any amendments made to a patient chart are properly documented.

Performance Indicators

The Member ensures that:

- any amendment to a written chart is initialed, dated and indicates what change was made;
- all previous written entries remain legible;
- amendments are only to be in the form of additions and not erasure or overwriting;
- the original entry is available and legible;
- a patient chart is never re-written.

7. Privacy

The Member adheres to the Personal Health Information Protection Act, 2004 (PHIPA).

Performance Indicators

The Member identifies the Health Information Custodian (HIC) who establishes written policies and procedures relating to the collection, use, and disclosure of all personal health information.

All patients are made aware that other practitioners may have access to their charts and patients may choose to decline that access.

8. Retention and Transfer of Patient Records

When retaining and transferring records, the Member takes reasonable measures to ensure confidentiality and security of information to prevent unauthorized access and maintain the record's integrity.

Performance Indicators

The Member:

- maintains the original chart unless it is requested by the College for a regulatory purpose or is required for legal purposes in which case a copy is retained by the Member;
- never provides any information concerning a patient to a person other than the patient or their authorized representative(s) without the express consent of the patient, an authorized representative, or as otherwise required by law;
- may charge a reasonable fee to reflect the actual cost of reproduction, the time required to prepare the material and the direct cost of sending the material to the authorized party. The Member shall not require prepayment of this fee. Non-payment of the fee is not a reason for the Member to withhold the information;
- retains and transfers records in a manner that ensures continued access by patients and the College.

The Member maintains and retains records for a period of at least 10 years after the date of the last entry. In the case of a minor, records are retained for at least 10 years following the patient's 18th birthday, regardless of the date of the last entry.

In the event of the death of a Member, the responsibility for the maintenance of the records lies with the estate, which is obliged to maintain those records as defined above. If the estate sells the practice to another Member, all records are transferred to the purchasing Member and are maintained as above.

If a Member relocates a practice he/she takes the patient records to the new location. If the practice ceases operation, the Member either appropriately transfers or maintains the original of all patient records as described above. Patients are notified in writing as to how they can obtain access to their patient records. The College is also notified and provided with a forwarding address for a minimum of ten (10) years.

In the event of a sale of the practice, all of the original records are transferred to the purchasing Member who maintains those records as described above. Where feasible (in some cases by newspaper notice) patients are notified, in writing, of the practice sale so that any patient who requires it may obtain a copy of their record. The College is also informed in writing of the sale and in whose care and control the original records will be maintained.

In all cases, the College is notified, in writing, of the forwarding address where the records are kept for a minimum of ten (10) years from the date of the last day of practice of the Member. Any records that are destroyed after the minimum period of retention are destroyed by shredding, burning, overwriting software or some other method to render them illegible and irretrievable. The Member maintains a record of disposal dates and the names of patients whose records were disposed.

9. Dispensing and Selling of Drugs and Substances

The Member creates and maintains appropriate records of the dispensing and selling of drugs and substances for a minimum of ten years.

Performance Indicators

The Member:

- records and maintains an inventory of drugs and substances purchased or received, including date of receipt;
- records the date drugs and substances are dispensed and/or sold;
- records the name of the person to whom the drugs and substances were dispensed and/or sold;
- maintains copies of prescriptions/recommendations from other Members or health care providers;
- maintains a log containing a record of distribution of each drug or substance dispensed to enable the Member to issue a recall of any dispensed drug or substance;
- maintains a record of any product recalls or alerts provided by the manufacturer or Health Canada; and
- maintains these records for a minimum of ten (10) years.

10. Equipment Records

The Member creates and maintains appropriate records of the purchase, maintenance and disposition of clinical equipment.

Performance Indicators

The Member:

- records and maintains an inventory of equipment purchased or received, including date of receipt;
- records the date and nature of service or maintenance on equipment;
- records the date of disposition of equipment;
- maintains these records for a minimum of five (5) years.

Related Standards

Consent
Dispensing
Fees and Billing

Prescribing
Recommending Non-Scheduled Substances
Selling

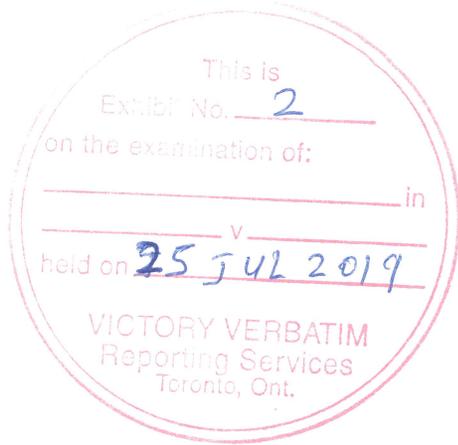
Legislative Framework

[Personal Health Information Protection Act, 2004](#)

[Professional Misconduct Regulation](#)

Disclaimer

In the event of any inconsistency between this standard and any legislation that governs the practice of Naturopathic Doctors, the legislation shall govern.



DISCIPLINE COMMITTEE OF THE
COLLEGE OF NATUROPATHS
OF ONTARIO

**AGREED STATEMENT OF FACTS AND
ADMISSION OF PROFESSIONAL
MISCONDUCT**

STEINECKE MACIURA LEBLANC
Barristers & Solicitors
401 Bay Street
Suite 2308
Toronto, ON M5H 2Y4

Rebecca Durcan

Telephone: (416) 644-4783
Facsimile: (416) 593-7867

Lawyers for the College of Naturopaths
of Ontario

**DISCIPLINE COMMITTEE OF
THE COLLEGE OF NATUROPATHS OF ONTARIO**

B E T W E E N:

COLLEGE OF NATUROPATHS OF ONTARIO

- and -

MICHAEL YARISH

JOINT SUBMISSION AS TO PENALTY AND COSTS

The College of Naturopaths of Ontario and Dr. Michael Yarish, ND (the “Member”) agree and jointly submit that the Discipline Committee make an order:

1. Requiring the Member to appear before the panel to be reprimanded immediately following the hearing of this matter.

2. Directing the Registrar to suspend the Member’s certificate of registration for a period of six months, on a schedule to be set by the Registrar, three months of which shall be remitted if the Member complies with the provisions of paragraphs 3(a) through 3(c) no later than September 30, 2019.

3. Directing the Registrar to impose the following specified terms, conditions and limitations on the Member’s certificate of registration:
 - a. Requiring that the Member successfully complete by November 30, 2019, and at his own expense, the ProBe course in ethics and boundaries;
 - b. Requiring that the Member successfully complete by November 30, 2019, to the satisfaction of the Registrar and at his own expense, the Medical

Records Course at the University of Toronto;

- c. Requiring that the Member successfully complete by November 30, 2019, to the satisfaction of the Registrar and at his own expense, the IPAC Core Competencies program provided by Public Health Ontario;
 - d. Requiring that the Member write an essay between 1000-1500 words in length, and provide it to the Registrar, no later than December 20, 2019, that shall be published by the College at a time and in a format determined by the Registrar, on the following issues:
 - i. The lessons he learned in completing the terms, conditions, and limitations described in paragraphs 3(a) through (c); and
 - ii. The methods he will incorporate into his practice to ensure proper infection control, including but not limited to his provision of IVIT.
4. For greater certainty, the Member's obligation to comply with the proposed terms, conditions and limitations on his certificate of registration contained in paragraphs 3(a) through 3(c) is not relieved by serving the entire suspension referred to in paragraph 2 above.
5. Requiring the Member to pay a fine of not more than \$350 to the Minister of Finance within two months of the date of the hearing of this matter.
6. The Member shall pay the College's costs fixed in the amount of \$3,500 payable in a schedule determined by the Registrar.
7. The Member acknowledges that this Joint Submission as to Penalty and Costs is not binding upon the Discipline Committee.
8. The Member acknowledges and understands and acknowledges that he is executing this document voluntarily, unequivocally, free of duress, free of bribe, and that he has been advised of his right to seek legal advice.

All of which is respectfully submitted,

Signed this 1st day of March, 2019

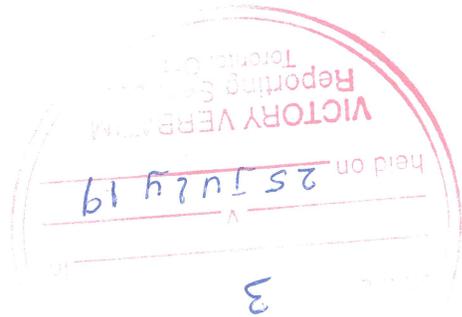


Dr. Michael Yarish, ND
Member

Signed this 2nd day of April, 2019



Andrew Parr, CAE
Registrar, College of Naturopaths of
Ontario



DISCIPLINE COMMITTEE OF THE
COLLEGE OF NATUROPATHS
OF ONTARIO

JOINT SUBMISSION AS TO PENALTY
AND COSTS

STEINECKE MACIURA LEBLANC

Barristers & Solicitors
401 Bay Street
Suite 2308
Toronto, ON M5H 2Y4

Rebecca Durcan

Telephone: (416) 644-4783
Facsimile: (416) 593-7867

Lawyers for the College of Naturopaths
of Ontario

DISCIPLINE COMMITTEE OF
THE COLLEGE OF NATUROPATHS OF ONTARIO

BETWEEN:

COLLEGE OF NATUROPATHS OF ONTARIO

- and -

MICHAEL YARISH

NOTICE OF WAIVER

The undersigned hereby waives all rights of appeal pursuant to section 70 of the *Health Professions Procedural Code* of the *Regulated Health Professions Act, 1991* with respect to the findings and the order of a reprimand made by the Discipline Committee of the College of Naturopaths of Ontario on July 25, 2019.

Dated at Toronto, Ontario this 25th day of July, 2019.


MICHAEL YARISH


Witness

Name of Witness: Mario Delgado

