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OUT OF HOSPITAL PREMISES INSPECTION PROGRAM INDUCED ABORTION CARE PREMISES AND INDEPENDENT HEALTH FACILITIES (IHF) CHECKLIST

Modifications and Exemptions to the following Out-of-Hospital Premises Inspection Program Standards are applied for Abortion Premises:

- 3.1 OHP Levels**
- 4.6 Drugs for Resuscitation**
- 4.7 Monitoring and Resuscitation Requirements**
- 5.0 OHP Staff Qualifications**
- 5.5 Physicians Administering Sedation**
- 5.6 Nurse Qualifications**
- 6.2/6.3 Pre-Procedure Requirements**
- 6.9 Post-Procedure Patient Care**
- 6.10 Patient Discharge**
- Section II Applies to Facilities that have IHF licenses**

Please Note: Induced Abortion Premises and Independent Health Facilities (IHF) must comply with all other requirements as listed in the Out-of-Hospital Premises Inspection Program Standards.

OHPIP STANDARD 3.1 OHP Levels				
Indicator	C	NC	N/A	Notes
Additional Requirement: Clinics that provide sedation with N2O must meet all occupational health and safety requirements including the availability and use of scavenger equipment. Clinics must demonstrate that they meet all Occupational Health & Safety requirements for use of N2O.				
OHPIP Standard 4.6 Drugs for Resuscitation				
<p><i>Exemption: The following drugs are not required:</i> <i>Drugs for Resuscitation listed in All Levels: a, d</i> <i>Drugs for Resuscitation listed in Levels 2 and 3 only: a, b, c, f, g, l, m, o, p, q, r</i></p> <p><i>The following drugs for resuscitation are required to be available on the premises:</i></p>				
OHPIP STANDARD 4.6 Drugs for Resuscitation ****All Levels				
b) Epinephrine for injection				
c) Salbutamol				
e) Oxygen				
OHPIP STANDARD 4.6 Drugs for Resuscitation ****Levels 2 and 3 only				
d) Atropine IV				
e) Benzodiazepine IV (at least one of the following: Midazolam, Diazepam, or Lorazepam)				
h) Dextrose 50% IV				
i) Diphenhydramine IV				
j) Flumazenil IV				
k) Hydrocortisone IV 100mg or 500mg				
n) Naloxone IV (if narcotics are stocked)				
Additional Drugs and equipment required to manage post-abortion hemorrhage:				
a) Oxytocin				
b) Methergine				
c) Misoprostol				
d) Carboprost tromethamine (Hemabate)				
e) One of the following mechanical devices providing intrauterine pressure: <ul style="list-style-type: none"> • Foley catheter; • Bakri Balloon; or • Vaginal pack 				

OHPIP STANDARD 4.7 Monitoring and Resuscitation Requirements				
Indicator	C	NC	N/A	Notes
****Level 1 Only				
a) AED				
****All levels				
b) IV setup				
c) Adequate equipment to manage local anesthetic toxicity				
d) Appropriate sized equipment for infants and children, if required.				
****Levels 2 and 3 only				
e) Assortment of disposable syringes, needles, and alcohol wipes				
f) Cardiopulmonary resuscitation equipment with current ACLS/ PALS-compatible defibrillator				
g) ECG monitor				
h) Intubation tray with a variety of appropriately sized blades, endotracheal tubes, and oral airways				
i) Laryngeal mask airways				
j) Means of giving manual positive pressure ventilation (e.g., manual self-inflating resuscitation device)				
k) Qualitative and quantitative means to verify end-tidal CO ₂				
l) Oxygen source				
m) Pulse oximeter				
n) Suction with rigid suction catheter				
o) Torso backboard				
Additional Requirement: Devices for the measurement of pulse and blood pressure must be available for use throughout the clinic.				

OHPIP STANDARD 5 STAFF QUALIFICATIONS				
Indicator	C	NC	N/A	Notes
5.3 OHP Staff Qualifications				
Exemption: For the purpose of this requirement a pregnant teenager in an abortion clinic will be considered to be an adult, therefore PALS certification as noted in the core standards document is not required.				
5.6 OHP Staff Qualifications				
Additional Requirement: Physicians using IV sedation must be competent to manage emergent airway complications				
Exemption: For the purpose of this requirement a pregnant teenager in an abortion clinic will be considered to be an adult, therefore PALS certification as noted in the core standards document is not required.				
5.6 Nurse Qualifications				
Exemption: For the purpose of this requirement a pregnant teenager in an abortion clinic will be considered to be an adult, therefore PALS certification as noted in the core standards document is not required.				

OHPIP STANDARD 6 PROCEDURAL STANDARDS				
Indicator	C	NC	N/A	Notes
OHPIP STANDARD 6.3 Pre-Procedure Requirements (Level 2 and Level 3 only)				
Modification: <i>Instructions may be provided over the telephone by trained clinic staff or a regulated health professional for 6.3.1,6.3.2 and 6.3.2.</i>				
<p>Before day of procedure:</p> <ol style="list-style-type: none"> 1. Provide fasting instructions as required for the procedure, specific conditions (e.g. diabetes), and for medications the patient routinely takes (e.g. diabetic medications, antihypertensives, antiplatelets). 2. Advise patients if they will require adult accompaniment on leaving OHP after the procedure. 3. Advise patient that a responsible adult must be accessible during the duration of the OHP stay. <p>Additional Requirement: In situations where an adult is not accessible during the duration of the OHP stay it must be documented in the patient record why this was not possible.</p>				

OHPIP STANDARD 6.9 Post-Procedure Care ****Level 2 and Level 3 Only

Modification: *If the physician performing the procedure has determined that the patient is alert, oriented and responsive to commands; and is deemed to no longer be sedated, an RPN can care for the patient in Recovery Phase 1 with the presence of an RN onsite. Available RNs onsite cannot be taken away from situations where they are responsible for the monitoring of a patient during a procedure. In these settings Recovery Phase 2 and Phase 3 would not be applicable as the patient has already received an Aldrete score 9/10 in Recovery Phase 1.*

Indicator	C	NC	N/A	Notes
<p>1.Recovery area focus and staff requirements are as shown in Table 09. Depending on the invasiveness of the procedure and the level of anesthesia, the staffing requirements may be increased at the discretion of the most responsible physician as appropriate.</p> <ul style="list-style-type: none"> • One RN in the same room at all times with the patient and a second RN or RPN available on site during Recovery Phase I • Minimum of 2 nurses of which one must be an RN, competent in post- procedure care during Recovery Phase II and Recovery Phase III 				
<p>2. Following sedation/regional anesthesia/general anesthesia, the anesthesiologist/physician must accompany the patient to the recovery area and communicate the appropriate information to the appropriate recovery-area staff. This verbal report includes, but is not limited to: <i>name and age of patient; procedure performed; pertinent history including allergies, medical/physical limitations; type of anesthesia/sedation used, other medications given; any unusual or adverse events pertaining to patient; estimated fluid or blood loss and anesthetic progression</i></p>				
<p>3. The anesthesiologist/physician should stay with the patient until the appropriate recovery-area staff accepts responsibility for the patient.</p>				
<p>4. Recovery-area staff caring for patients in phase I, II, or III recovery provide care and document it in the patient record; this includes but is not limited to:</p> <ol style="list-style-type: none"> a) patient identification, date and time of transfer to recovery area, initial and routine monitoring of: blood pressure, pulse, respirations, SpO₂, temperature, level of consciousness, pain score, procedure site and general status; b) continuous monitoring of vital signs until the patient has met requirements of discharge criteria using an objective scoring system from time of transfer to recovery area until discharge from Phase II recovery; c) medication administered: time, dose, route, reason, and effect; d) treatments given and effects of such treatment; e) status of drains, dressings, and catheters including amount and description of drainage; f) summary of fluid balance. 				

OHPIP STANDARD 6.9 Post-Procedure Care **Level 2 and Level 3 Only Continued**

Indicator	C	NC	N/A	Notes
<p>5. An anesthesiologist/physician must remain on site until the patient has met Phase 1 discharge criteria. Where there is an overnight stay at an OHP, all of the following conditions must be met:</p> <ul style="list-style-type: none"> a) The physician or designate physician, appropriately qualified in accordance with Section 5 of the OHP core standards, shall be immediately available by telephone and shall be available onsite at the premises within thirty minutes for urgent medical matters; and, b) The minimum staffing requirements at the premises for overnight stays will be: a minimum of two nurses, one must be a RN with ACLS certification. The second nurse can be a RN or a RPN. The second individual cannot be a Personal Support Worker 				

OHPIP STANDARD 6.10 Patient Discharge

Modification: *In rare circumstances, patients may be discharged without an accompanying adult. Patients must be given a 24-hour contact number for the clinic or a trained abortion provider on behalf of the clinic and encouraged to call this number first for any problems.*

<p>1. An anesthesiologist or physician is responsible for writing the discharge order. However, the actual decision for discharge from the recovery area must be based on discharge criteria using an objective scoring system; the decision can be delegated to recovery-area staff.</p>				
<p>2. All patients should be accompanied by an adult when leaving the OHP. Patients having received sedation or general anesthesia must be accompanied by a responsible adult.</p>				
<p>3. Appropriate verbal and written post-discharge instructions are given to the patient and the accompanying adult.</p>				
<p>4. The patient and accompanying adult are instructed to notify the OHP of any unexpected admission to a hospital within 10 days of the procedure.</p>				

Section II: Role of the Quality Advisor				
Indicator	C	NC	N/A	Notes
<p>Every Quality Advisor shall:</p> <ul style="list-style-type: none"> • Be FRCP or FRCS qualified (or equivalent), a family physician whose training enables him/her to advise the licensee on matters pertaining to standards or quality of care. • Be appointed by the licensee to advise on issues of quality and standards of induced abortion care in the IHF • Seek advice from other health professionals where necessary to ensure that all aspects of the services provided through the IHF are provided in accordance with generally accepted professional standards. • Chair the Quality Advisory Committee at least semi-annually if the IHF has more than six full-time staff equivalents including the Quality Advisor, otherwise at least annually, and to document the substance of the discussion, the actions agreed upon and the completion date for any actions agreed upon. <p>The Quality Advisor shall advise the facility licensee and document this advice concerning the following:</p> <ul style="list-style-type: none"> • Qualifications, selection and ongoing education of the professional and technical staff working in the independent health facility. • Whether adequate and appropriate staffing, equipment and procedures are available to ensure patient and staff safety in the independent health facility. • Testing being performed on a periodic basis to ensure the accuracy and reliability of the independent health facility's equipment • Proper design of consultation requests, performance protocols, documentation and reports used at the independent health facility. • Development and maintenance of a quality assurance program for the facility. <p>Every licensee shall have a written agreement with the Quality Advisor requiring and authorizing the Quality Advisor to fulfill the requirements as set out above.</p>				

Section II : Patient Records				
Indicator	C	NC	N/A	Notes
<p>The IHF must maintain patient records for the required length of time as outlined in the Independent Health Facilities Act. Paper or electronic record that is accessible and readable is acceptable.</p> <p>Physicians are expected to comply with the requirements outlined in the CPSO Medical Records Policy.</p>				
Section II: Providing Quality Care				
<p>A Quality Advisory Committee is established as per the IHF Act. The advisory committee shall consist of health professionals who provide health services in or in connection with the independent health facility. Regular meetings are held and minutes maintained (IHF Act Regulation 57/92)</p> <p>Note: An exception to this is where the physician is the sole provider of the services, is owner/operator and Quality Advisor, and the services provided are part of his/her office practice.</p>				