

It is time to initiate your Routine Out-of-Hospital Premises Inspection (Previously known as the 5-year inspection) as required under O. Reg 11/94.

For the CPSO to coordinate the premises inspection, you are requested to complete each of the pre-inspection requirements below within 2 weeks of receiving your Portal Message accompanying this guide.

This guide will assist you in completing all your pre-premises inspection requirements. It includes step by step quick reference guides, as well as information to prepare you for your upcoming premises inspection.

Pre-assessment Requirements

1. Ensure the OHP details on the online Members Portal are up-to-date.

- Log into the Members Portal and review the OHP details page to ensure all information regarding your OHP is up-to date.
- For instructions on how to log into the Members Portal to and review the OHP details go to page 4 and 5.

2. Ensure the OHP Approved Address is up-to-date.

- For instructions on how to review the OHP Approved Address and/or submit a new address go to page 6.

3. Ensure the list of OHP Procedures are up-to-date.

- For instructions on how to view listed procedures and/or add a new procedure go to page 7.

4. Ensure the list of OHP Equipment is up-to-date.

- For instructions on how to view listed equipment and/or add new equipment go to page 8.

5. Ensure that all physicians working at the premises have completed the affiliation process

- For instructions on how to check for OHP Staff Affiliations through the Members Portal go to page 9.
- Upon review, if there are physicians who are no longer affiliated with the OHP you can withdraw those staff affiliations. To withdraw staff affiliations go to page 9.

Pre-assessment Requirements, cont. (2/3)

6. Prepare a copy of the OHP's most up-to-date Policies and Procedures Manual

- Ensure that the document is complete and meets all the standards set out by the OHPIP. [View OHPIP Program Standards here.](#)
- Prepare the Policies and Procedures manual as one bookmarked PDF document.
- To review the Policies and Procedures Manual Guide go to page 14.

7. Complete a Infection Prevention and Control (IPAC) self assessment and prepare forms/checklists

- For more information on [Infection Prevention and Control for Clinical Office Practice click here.](#)
- Complete and download the following forms:
 - IPAC CORE Elements Checklist*
 - Reprocessing/Devises Checklist (If applicable)*
 - Endoscopy Checklist (If applicable)*
- To find required [IPAC forms/checklists templates click here.](#) Use the search bar to find appropriate forms

8. Complete the Premises Inspection Preparedness Checklist

- Review and provide all applicable information and/or documents required from the Preparedness Inspection document. See page 12.

9. Submit required documents

- Submit required documents through the CPSO External Sharing link that was provided to you in the initial Portal Message contact letter that accompanied this guide
- For instructions on how to access and submit documents through your CPSO External Sharing link go to page 10.
- Documents that need to be submitted through CPSO External Sharing:
 - *Applicable information and/or documents from the Preparedness checklist*
 - *Most up-to-date copy of the OHP's Policy and Procedures manual*
 - *IPAC CORE Elements Checklist*
 - *Reprocessing/Devises Checklist (If applicable)*
 - *Endoscopy Checklist (If applicable)*

Pre-assessment Requirements, cont. (3/3)

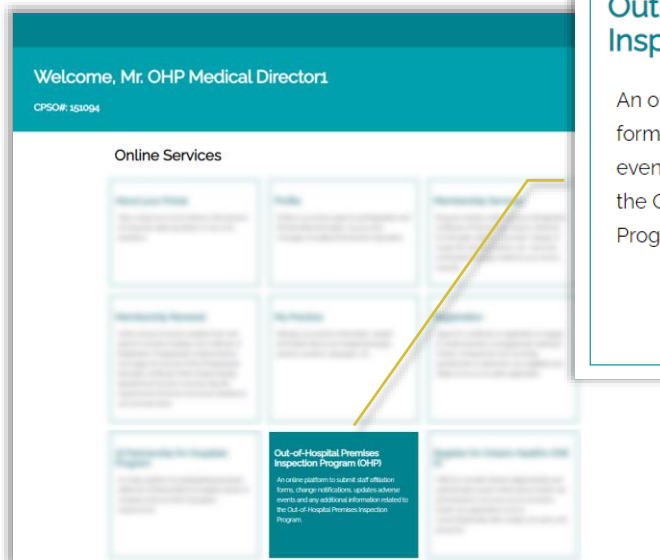
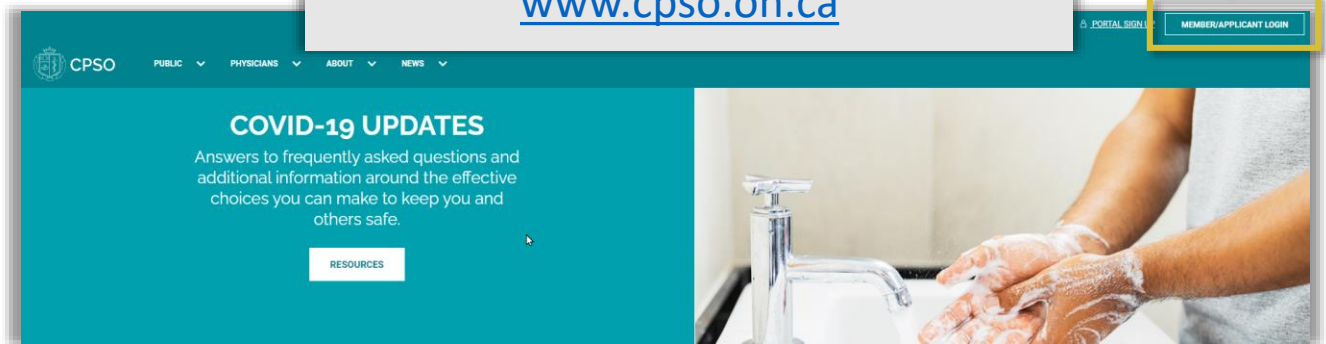
10. Submit possible dates for Premises Inspection

- Send possible dates through a Portal message to CPSO OHP Program staff.
- For instructions on how to send a Portal message to CPSO OHP Program staff go to page 11.

Accessing the Member's Portal

Login to the Member Portal through the
CPSO Website.

www.cpso.on.ca



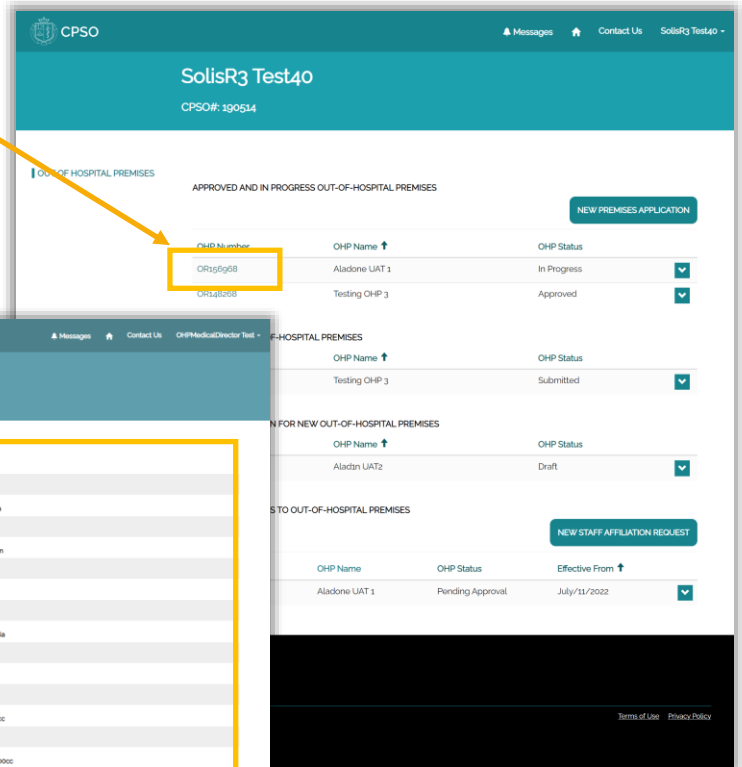
Out-of-Hospital Premises Inspection Program (OHP)

An online platform to submit staff affiliation forms, change notifications, updates adverse events and any additional information related to the Out-of-Hospital Premises Inspection Program.

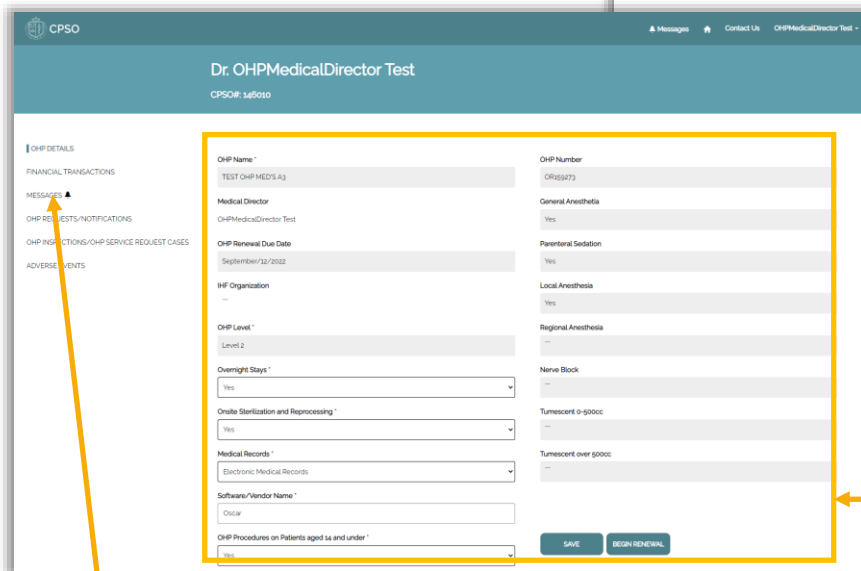
Once in the Member Portal, click on the **Out-of-Hospital Premises Inspection Program (OHP)** tile.

Accessing and reviewing the OHP Details page

When at the Out of Hospital Premises page, click on the **OHP Number** link associated with the OHP to access its **Details Page**.



Screenshot of the CPSO Out of Hospital Premises page. The page title is "SolisR3 Test40" with CPSO# 190514. It shows a list of "APPROVED AND IN PROGRESS OUT-OF-HOSPITAL PREMISES". One entry is highlighted with a yellow box: OHP Number OR150968, OHP Name Aladone UAT 1, OHP Status In Progress. Other entries include Testing OHP 3 (Approved) and Aladon UAT2 (Draft).



Screenshot of the "Dr. OHPMedicalDirector Test" OHP Details page. The page shows a form with various fields for OHP details. The "OHP Number" field is highlighted with a yellow box and contains the value OR150273. Other fields include OHP Name (TEST OHP MEDS A3), Medical Director (OHPMedicalDirector Test), OHP Renewal Due Date (September 12, 2022), OHP Organization (---), OHP Level (Level 2), OHP Number (OR150273), General Anesthesia (Yes), Parenteral Sedation (Yes), Local Anesthesia (Yes), Regional Anesthesia (---), Nerve Block (---), Tumescert 0-600cc (---), and Tumescert over 600cc (---).

OHP DETAILS

FINANCIAL TRANSACTIONS

MESSAGES ▲

OHP REQUESTS/NOTIFICATIONS

OHP INSPECTIONS/OHP SERVICE REQUEST CASES

ADVERSE EVENTS

Once on the OHP details page, ensure the details associated with the OHP are correct.

If any of the details are *incorrect* send a portal message to CPSO OHP staff indicating the changes that need to be made by clicking on **MESSAGES** on the left-hand navigation menu.

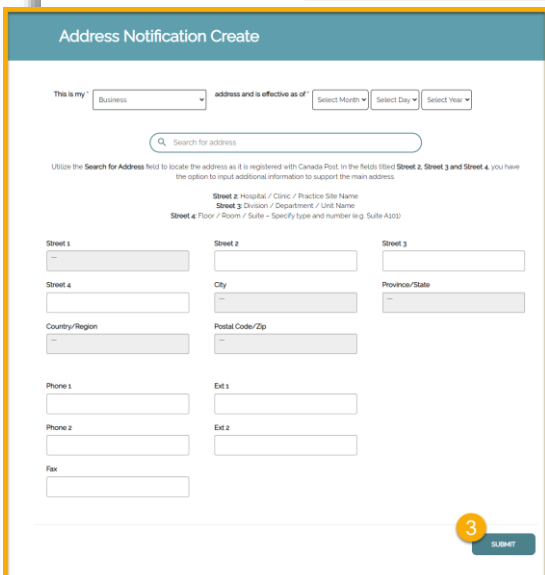
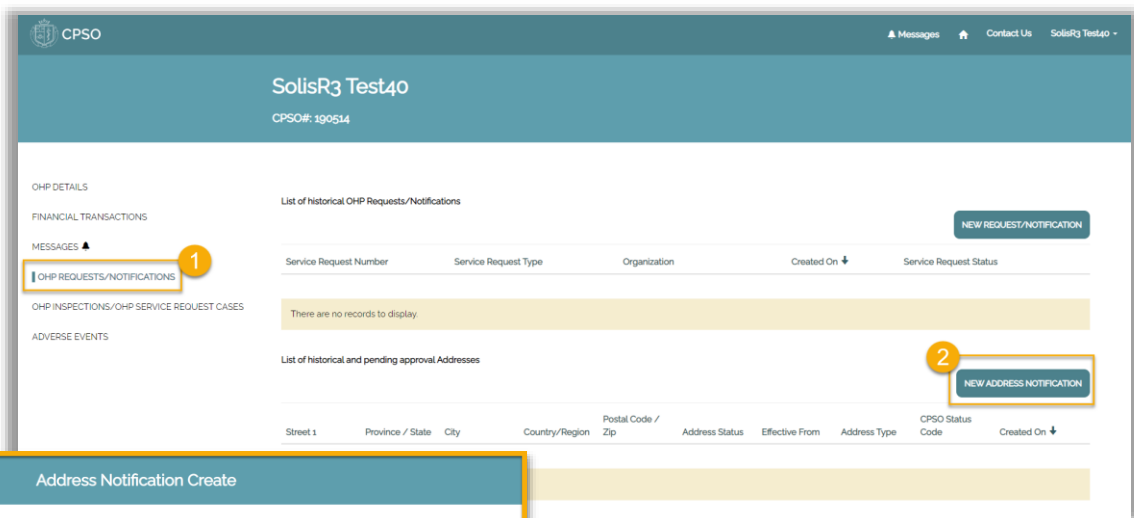
If the OHP level is *incorrect* contact your assigned **nurse inspector** separately.

Reviewing Approved Addresses and Submitting an Address Change

Approved Addresses

Street 1	Province / State	City	Country/Region	Postal Code / Zip	Address Status	Effective From ↓	Address Type
80 College St	ON	Toronto	Canada	M5G 2E2	Current	December/12/2022	Business

On the OHP Details page, scroll down and **review the Approved Addresses** listed under Approved Address. If the address need updating, you will need to submit a New Address Notification. Follow the steps below if needed.



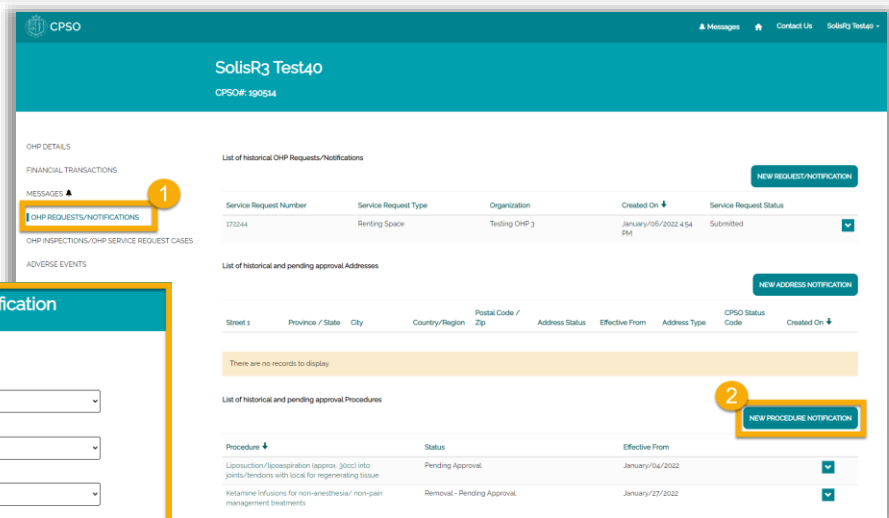
1. From the OHP Details page, click on **OHP REQUEST/NOTIFICATIONS** on the left hand navigation menu.
2. Click on the **NEW ADDRESS NOTIFICATION** button.
3. Fill out the Address Notification Create form and click the **SUBMIT** button.

Reviewing Approved Procedures and Submitting a New Procedure Notification

PROCEDURES APPROVED TO BE PERFORMED AT THE OHP

Name	Status Reason	Effective Date	Created On ↓
Testing OHP 3 - Septoplasty	Approved	August/18/2021	January/06/2022 4:59 PM
Testing OHP 3 - Perineoplasty	Approved	January/06/2022	January/06/2022 4:57 PM

On the OHP Details page, scroll down and review the Approved Procedures listed under the **PROCEDURES APPROVED TO BE PERFORMED AT THE OHP**. If a new procedure needs to be added to the list, you will need to submit a New Procedures Notification. Follow the steps below if needed.



Add/Remove Procedure Notification

Category*

Subcategory*

Procedure*

General Anesthesia*

Parenteral Sedation*

Regional Anesthesia*

Local Anesthesia*

Nerve Block*

Tumescent 0-500cc*

Tumescent over 500cc*

Effective Date*

3

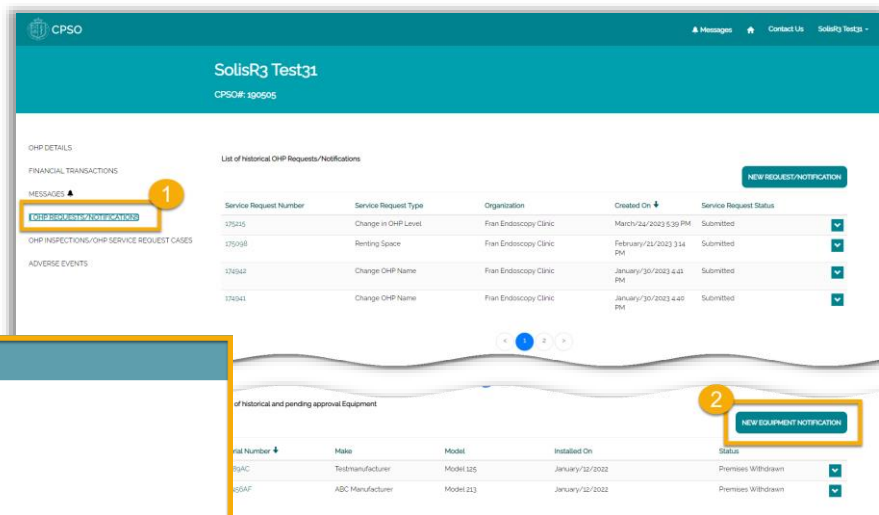
1. From the OHP Details page, click on **OHP REQUEST/NOTIFICATIONS** on the left hand navigation menu.
2. Click on the **NEW PROCEDURE NOTIFICATION** button.
3. Fill out the Add Procedure form and click the **SUBMIT** button.

Reviewing Approved Equipment and Submitting a New Equipment Notification

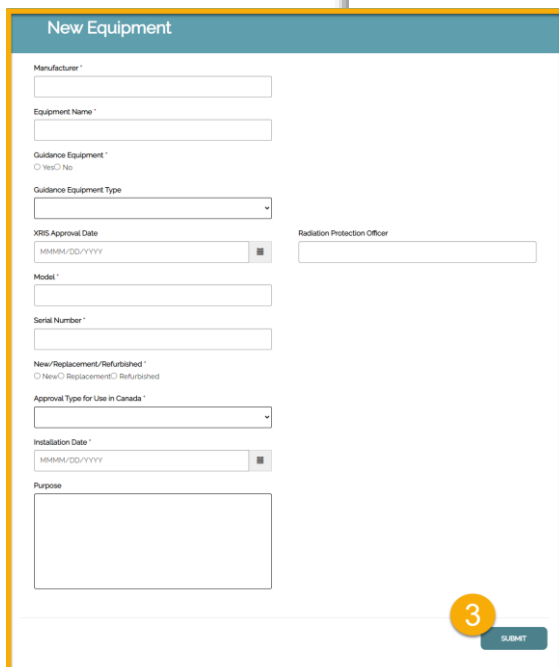
Approved Equipments

Serial Number	Manufacturer	Model	Installation Date ↓
3322636	Clarius	PS15201	July/07/2021

On the OHP Details page, scroll down and review the Approved Equipments listed under the **APPROVED EQUIPMENTS**. If a new equipment needs to be added to the list, you will need to submit a New Equipment Notification. Follow the steps below if needed.



Screenshot of the CPSO OHP Details page for SolisR3 Test31. The page shows a list of historical OHP requests/notifications. A red box with a '1' highlights the 'OHP REQUESTS/NOTIFICATIONS' link in the left-hand navigation menu. A red box with a '2' highlights the 'NEW EQUIPMENT NOTIFICATION' button in the top right corner of the page.



Screenshot of the 'New Equipment' form. The form contains fields for Manufacturer, Equipment Name, Guidance Equipment (Yes/No), Guidance Equipment Type, XRIIS Approval Date, Model, Serial Number, New/Replacement/Refurbished, Approval Type for Use in Canada, Installation Date, and Purpose. A red box with a '3' highlights the 'SUBMIT' button at the bottom right of the form.

1. From the OHP Details page, click on **OHP REQUEST/NOTIFICATIONS** on the left hand navigation menu.
2. Click on the **NEW EQUIPMENT NOTIFICATION** button.
3. Fill out the Add Equipment form and click the **SUBMIT** button.

Reviewing and Withdrawing Staff Affiliations

Approved Staff Affiliations

For staff affiliation changes for physicians who are no longer active at this premises, please send a portal message providing the physician names and CPSO numbers. The OHP program staff will follow up with this request.

CPSO # (Physician)	Shareholder Name	Status	Effective From ↓
190996	SolisR3 Test114	Approved	February/17/2023

On the OHP Details page, scroll down and review the Staff Affiliation list under **Approved Staff Affiliations**. If there are affiliated physicians that are working in the OHP and are **NOT** on this list **contact your assigned Nurse Inspector**.

Approved Staff Affiliations

For staff affiliation changes for physicians who are no longer active at this premises, please send a portal message providing the physician names and CPSO numbers. The OHP program staff will follow up with this request.

CPSO # (Physician)	Shareholder Name	Status	Effective From ↓
190996	SolisR3 Test114	Approved	February/17/2023

View details

Staff Affiliation Details

Premises Name *

Fran Endoscopy Clinic

Street

55-155 Chandos Dr

City

Kitchener

Province/State

ON

Medical Director

SolisR3 Test11

Director CPSO Number *

190996

PROCEDURES APPROVED TO BE PERFORMED AT THE OHP

OHP Procedure	General Anesthesia	Local Anesthesia	Regional Anesthesia	Parenteral Sedation	Nerve Block	Turnscent 0-500cc	Turnscent over 500cc	Effective Date ↓
There are no records to display								

PROCEDURES PENDING APPROVAL TO BE PERFORMED AT THE OHP

OHP Procedure	Status Reason	Effective Date ↓
There are no records to display		

Effective date of withdrawal *

MM/DD/YYYY

WITHDRAW

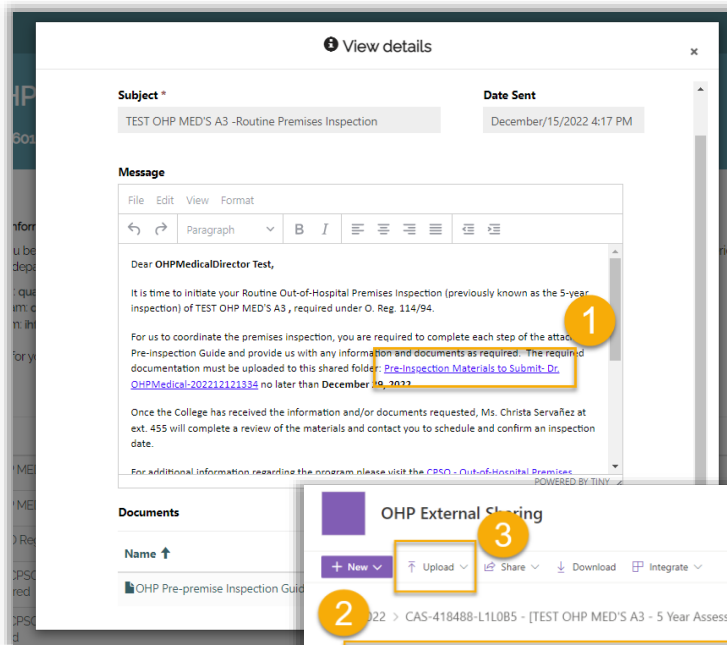
BACK

To remove physicians who are no longer active at the OHP, you will need to:

1. Click on the **drop down arrow** to the right of physician then click on **View Details**.
2. Select an **Effective date of withdrawal**.
3. Click the **Withdraw** button.

Accessing and Uploading to your CPSO External Shared Folder

In the Portal Message you received you will find a link to your CPSO External Shared Folder. This is the folder where CPSO staff will share documents with you and vice versa. This folder is where you will upload the required documents listed in this Pre-premises Inspection Guide.



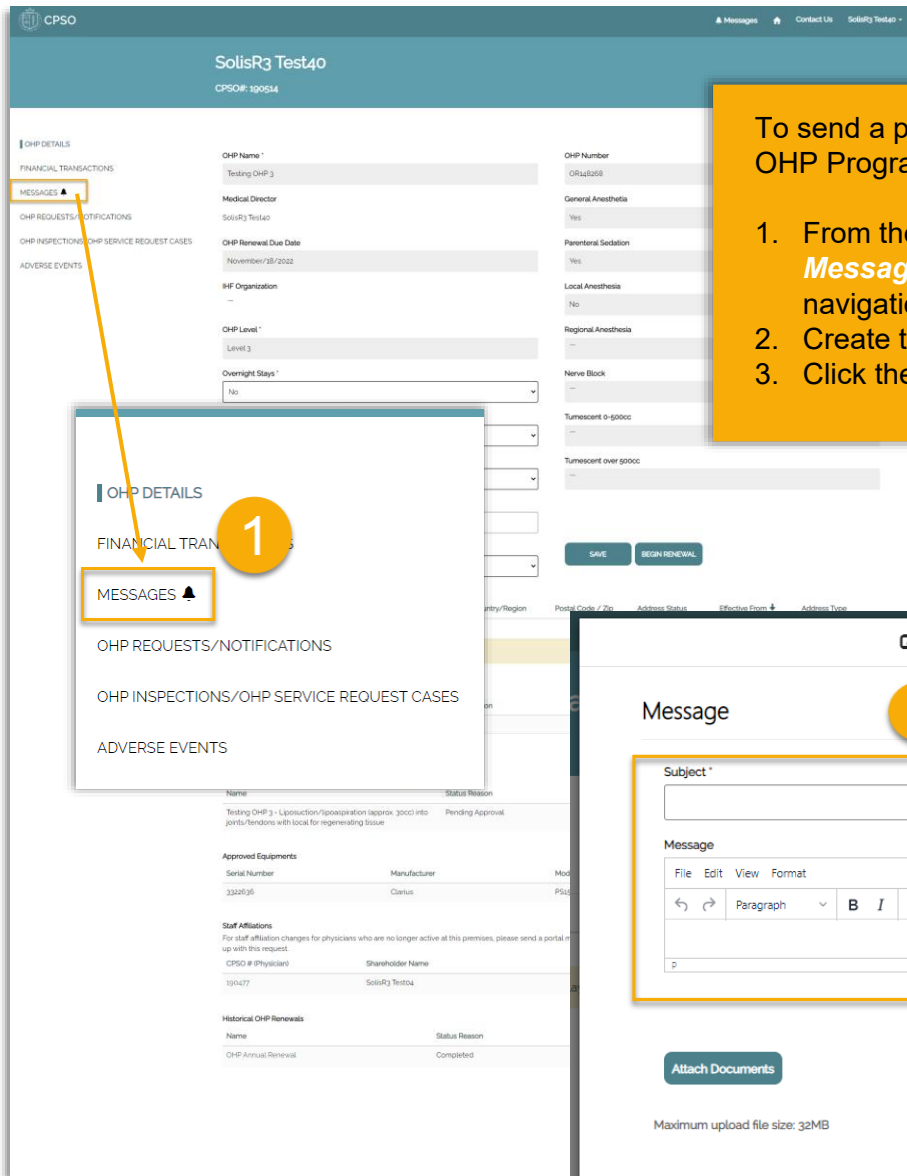
To access your CPSO External Shared folder:

1. Click on the **shared folder link** on the portal message
2. Open and **review documents** in the shared folder.
3. Upload **required documents** to the shared folder.

Note: If this is your first-time accessing the CPSO External Sharing folder with a non-Microsoft account (For example a Gmail account), you will be sent a verification code from Microsoft SharePoint for a second authentication. This second email may be sent to your junk folder.

Sending a Portal Message to CPSO OHP Program Staff

From the OHP Details Page you will be able to send a portal message to CPSO OHP Program staff.



MESSAGES

OHP Name *
Testing OHP 3

Medical Director
SolisR3 Test40

OHP Renewal Due Date
November 28, 2022

HF Organization
--

OHP Level *
Level 3

Overnight Stays *
No

OHP Number
OR142058

General Anesthesia
Yes

Parenteral Sedation
Yes

Local Anesthesia
No

Regional Anesthesia
--

Nerve Block
--

Tumescent 0-500cc
--

Tumescent over 500cc
--

SAVE BEGIN RENEWAL

1

OHP DETAILS

FINANCIAL TRANSACTIONS

MESSAGES

OHP REQUESTS/NOTIFICATIONS

OHP INSPECTIONS/OHP SERVICE REQUEST CASES

ADVERSE EVENTS

2

Create

Message

Subject *

Message

File Edit View Format

Paragraph B I

3

Attach Documents

Maximum upload file size: 32MB

SEND MESSAGE

To send a portal message to CPSO OHP Program staff:

1. From the OHP Details page, click on **Messages** on the left hand navigation menu.
2. Create the **message**
3. Click the **Send the Message** button.

Premises Inspection Preparedness Checklist

Please ensure the following are available for the Nurse Inspector's review and upload to the provided link:

1. Up-to-date certifications for all affiliated staff at the premises.
 - a) *Valid ACLS for Anaesthesiologists*
 - b) *Valid ACLS for Proceduralists, if performing sedation or if there is no Anaesthesiologist on-site*
 - c) *Valid ACLS for RN involved in administration of sedation, monitoring, and recovery.*
 - d) *Valid BLS for any other Registered Health Practitioner involved in patient care*
Note: All ACLS, BLS and PALS courses must contain both hands-on and theory components and align with Heart and Stroke Foundation Ontario.
 - e) *For all reprocessing staff, please see the attached document "Out-of-Hospital Premises Inspection Program Update: Sterilization and Reprocessing Courses" for reference regarding the accepted reprocessing certificates. All sterilization and reprocessing certificates must be valid within five years.*
2. CPSO Change of Scope approval for physicians who have been approved to perform the intended procedures at the Premises, if applicable.
3. Contract with third party reprocessing company, if applicable.
4. Contract with biomedical waste management/removal, if applicable.
5. **For Pain Premises** – if a pharmacy is preparing the prefilled syringes for the Premises, please provide a letter ensuring that they are prepared in a sterile manner
6. Evidence that the space meets building and fire codes
7. Evidence of annual maintenance and/or calibration for all refurbished equipment or equipment purchased >1 year ago. I.e. biomedical inspection report, endoscope maintenance records, AER maintenance records.
8. Evidence of approval for use in Canada, *i.e.* Health Canada license numbers printout and/or photo evidence of CSA labels for all equipment
 2. [Canadian Medical Device Active License search](#)
9. If applicable, copy of written medical directives. Please ensure the directives encompass the required elements as set out in the CPSO policy on [Delegation of Controlled Acts](#)
10. Evidence of HVAC maintenance in the last 6 months, and that the HVAC system meets CSA requirements

Premises Inspection Preparedness Checklist

11. Fluoroscopy/radiation information (if applicable)
 - a) Unit details:
 - a) Make, model, serial number, manufacturer date
 - b) Description of unit's functionalities
 - b) Ministry of Health *Approval of Installation Plan* letter(s)
 - c) Report for most recent tests per HARP Act, Lead PPE Tests, dosimeter badge testing
 - d) Signed Radiation Worker Forms for all staff currently involved in/that will be involved in Fluoroscopy Procedures
12. Copy of most recent Quality Assurance meeting minutes and documentation of activities to monitor quality of care
13. Evidence that staff have reviewed the policies and procedures manual
14. Logs/checklists for reprocessing, emergency equipment audits, controlled substances, etc.

The above items are derived from the [PHO Guidelines on Infection Prevention and Control](#) and the [CPSO Out of Hospital Premises Standards](#)

Policy and Procedure Manual Guide

For reference, the [OHPIP Program Standards](https://www.cpso.on.ca/Physicians/Your-Practice/Quality-Management/Clinic-Inspections-Special-Programs/Out-of-Hospital-Premises-Inspection-Program#OHPIP-Standards) and other inspection documents can be found in the College's website here: <https://www.cpso.on.ca/Physicians/Your-Practice/Quality-Management/Clinic-Inspections-Special-Programs/Out-of-Hospital-Premises-Inspection-Program#OHPIP-Standards>

Administrative

- a. Responsibility for developing and maintaining the PPM
- b. Organizational chart
- c. Scope and limitations of OHP services provided

Job Descriptions

- a. OHP staff job descriptions that define scope and limitations of functions
- b. Responsibilities for patient care
- c. Who is supervising staff

Procedures

- a. Adverse events: monitoring, reporting, and reviewing
- b. Adverse events: response to an adverse event
- c. Combustible and volatile materials
 - i. Comb/Volatile – O₂ storage (keep away from heat sources, chained or in tank holder), well ventilated area
 - ii. Safety Data Sheets (renewed Q 3 years), labels with DIN & expiry dates on cleaning products.
- d. Delegating controlled acts
- e. Emergency evacuation
- f. Equipment: routine maintenance and calibration
 - i. HVAC
 - ii. Biomedical inspection for all equipment

Policy and Procedure Manual Guide

- g. Infection control
 - IPAC policies and procedures that are based on the most current best practices
 - Containment, cleaning, and disinfection of spills of blood and body fluids
 - Prevention and management of injuries from sharp objects
 - Prevention of transmission of blood-borne pathogens (i.e. hepatitis B, hepatitis C and HIV) that includes an immunization policy
 - blood-borne pathogen post-exposure management policy or procedure that incorporates worker education and facilitation of timely access to a medical assessment for appropriate post-exposure prophylaxis PEP if indicated, and reporting of sharps injuries to WSIB and MOL, as appropriate
 - Procedures for cleaning each area of the setting
 - Reprocessing procedures
 - Written process/policy for when the staff is away on vacation or ill, if there is only one reprocessing staff.
- h. Medications handling and inventory
- i. Medical directives
- j. Patient booking system
- k. Patient consent (written/verbal/rolling/etc)
- l. Patient preparation for OHP procedures
- m. Response to latex allergies
- n. Safety precautions regarding electrical, mechanical, fire, and internal disaster
 - g. Fire - do they use a fire safety acronym (i.e., RACE or REACT)
 - h. Electrical - Back up power that is appropriate for medical equipment/UPS. Equipment is CSA or approved by Health Canada.
- o. Urgent transfer of patients
- p. Waste garbage disposal
- q. OHS - PPE, SEMDs, MSDS, Worker Education

Policy and Procedure Manual Guide

Quality Assurance

- a. Proposed Quality Assurance Meeting Agenda
- b. Proposed activities to monitor quality of care; I.e. staff performance reviews, review of medical care (peer review, patient and procedure are appropriate?), chart reviews, Documentation of the numbers of procedures performed: any significant increase/decrease (>50% of the last reported assessment)
- c. Staff Training and Education
 - Orientation and continuing education
 - Competency testing of personnel reprocessing endoscopes

Forms

- a. Consent form
- b. Discharge instruction sheet
- c. Medication logs
- d. Controlled substances logs
- e. Reprocessing logs
- f. Other

Ketamine Infusion policy (if applicable)

- a. Scope and Limitations of the services provided
- b. Staffing policy, i.e. for monitoring and recovery
- c. Most responsible physician for all aspects of care
 - MRP must have appropriate training and experience in providing psychiatry care (if indicated for mood disorders)
- d. Accepting physician-referrals and self referrals
- e. Consent. *NOTE: consent form should comply with CPSO Policy on [Complementary And Alternative Medicine](#) regarding [off-label use of Ketamine](#).*
- f. Pre-procedure anaesthetic assessment protocol (and psychiatric assessment for mood disorders)

Policy and Procedure Manual Guide

- g. Ketamine Administration protocol
- h. Equipment - infusions are being administered using a dedicated line, only using an infusion control device/syringe pump with a locked control panel; and by continuous infusion only, (i.e. not by patient-controlled devices or bolus dosing)
- i. Intra-procedure monitoring protocol
- j. Protocols for management of behavioural crisis and adverse events
- k. Post-procedure evaluation protocol (and psychiatry evaluation if indicated for mood disorders)
- l. Discharge, crisis management and adverse event instructions
- m. Post-discharge follow-up protocols
- n. Continuation of care, follow up evaluations, and return visits,
- o. Discharge Instruction
- p. QA protocols
- q. Medical Directives –

Note: Deep sedation cannot be delegated to RNs in OHP

Fluoroscopy (if applicable)

- a. Equipment maintenance: Description and logs.
 - For example: HARP testing q6 mos, maintenance per manufacturer's guidelines, preventative maintenance, calibration, daily testing, etc.
- b. Lead apron testing and image retention
- c. PPE program
- d. ALARA principles and guidelines
- e. Equipment use and training
- f. QA agenda to include review of:
 - Recommendations from Assessment/Accreditation Visit/Ministry of Health X-Ray; Inspection Services and HARP (if applicable); over exposures (if applicable); HARP testing that is to be completed every 6 months; dosimetry badge logs including control badge & relevant staff badges; PPE Checklist for X-ray / Fluoroscopy;

Policy and Procedure Manual Guide

- g. Medical Records
 - Must include: Exposure time in seconds; Pregnancy declaration if applicable; Operator signature documentation; etc.
 - How images are transferred to patient chart, backup, etc.
- h. Staff and patient access to examination room, and signage use
- i. Cleaning of equipment procedures
- j. Overexposure management protocol
- k. Employee pregnancy and exposure
- l. Dosimeter use and documentation
- m. Education/Training
- n. Any other Occupational Health and Safety requirements

Inventories/lists of equipment and medications to be maintained

External (non-OHP) policies

Please note, this is not an exhaustive list. The Premises may have additional policies and procedures as appropriate for the setting. The above items are derived from the [PHO Guidelines on Infection Prevention and Control](#), the [CPSO Out of Hospital Premises Standards](#), and [MOL Guidelines on Radiation Hazards and Protection](#).

Sterilization and Reprocessing Courses

- Sterilization and reprocessing staff are required to have a certificate from a recognized course. This could include a College program or another organization with an approved curriculum.
- All sterilization and reprocessing staff, regardless of the certificate they have, is required to maintain their knowledge by possessing a current certificate within 5 years. (Source: [PHO Best Practices for Cleaning Disinfection and Sterilization in All Health Care Settings, May 2013](#))
- For sterilization and reprocessing staff that have a certificate from a Community College, they would be required to provide evidence of continuing education from a recognized course, for example, by passing the CSA Group exam or by receiving a certificate from the CSAO's refresher course.

List of acceptable courses:

1. CSA Group:

- a. Medical Device Reprocessing in Community Healthcare Settings – this an online course, and it must be accompanied with training from the manufacturer of the equipment used in the OHP

Link to course information:

<https://www.csagroup.org/store/product/2430550ol/>

2. Central Services Association of Ontario (CSAO)

- a. Medical Device Reprocessing Techniques Course – this course involves 30-40 hours of required home study in addition to the classroom instruction and a final exam

Link to course information: <https://mdrao.ca/education/>

- b. Refresher course – this course is for those who are required to have continuing education if their current certificate is out of date, past 5 years. This is not a classroom course. Once the course material is mailed out the staff member has 3 months to set the date of their exam. The exam is written in front of a invigilator

Link to course information: <https://mdrao.ca/education/>

Sterilization and Reprocessing Courses

3. Community Colleges

- a. There are a number of Community Colleges that offer sterilization and reprocessing courses. The list of Colleges below does not include all the Colleges offering these courses, but are the Certificates that are commonly seen in the OHP program.
 - Centennial College – Medical Device Reprocessing
 - Algonquin College – Medical Device Reprocessing
 - Fanshawe College – Sterile Processing
 - Seneca College – Medical Devices Reprocessing
 - Mohawk College – Medical Device Reprocessing
 - Durham College – Sterile Processing

4. Manufacturer Courses

- a. Olympus University (specific only to Endoscopy OHPs using Olympus Equipment): Certified Endoscope Reprocessing Trainer Course for Medical Endoscopes (Medical CERT)
Link to course information:
<https://continuum.olympusprofed.com/>
- b. Vantage Endoscopy: MERiT (Master Endoscope Reprocessing Technician) program - Endoscope Reprocessing & Care Certification
Link to course information: <https://vantageendoscopy.com/clinical-education/>

Note: Attendees of Manufacturer Courses that do not have hands-on training must make arrangements with their endoscope manufacturing sales representative for hands-on training and to receive a certificate confirming completion.

(Revised April 4, 2023)