Inspection Preparedness Checklist

CPSO

The following materials should be provided at the beginning of your inspection and uploaded to the shared folder provided by CPSO:

1. Up-to-date certifications for all affiliated staff at the premises.
   a) *Valid ACLS/PALS for Anaesthesiologists (applicable for anesthesiologists without hospital privileges)*
   b) *Valid ACLS/PALS for Proceduralists, if performing sedation or if there is no Anaesthesiologist on-site*
   c) *Valid ACLS/PALS 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) *Valid reprocessing qualification/certification for staff involved in MDR.*
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 prefilled syringes, please provide a letter ensuring 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. Confirm that equipment is licensed for use in Canada per the Medical Devices Active Licence Listing (MDALL).
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 Standards CSA Z317.2-10 Special Requirements for Heating, Ventilation, and Air Conditioning (HVAC) Systems in Health Care Facilities.

11. Fluoroscopy/radiation information (if applicable)
    a) Unit details:
        - Make, model, serial number, manufacturer date
        - 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 Public Health Ontario's Clinical Office Practice best practice documents and CPSO's Out of Hospital Premises Standards