

**COLLEGE OF CHIROPODISTS OF ONTARIO
QUALITY ASSURANCE COMMITTEE
PRACTICE ASSESSMENT**

Practitioner Name _____

Date _____

PRACTICE ASSESSMENT TOOL

PAGE 1

Practitioner name & Registration no. _____

Practice address _____

Assessment date & time _____

Assessor _____

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**PRACTICE ASSESSMENT TOOL SECTION ONE: ADMINISTRATION
 PATIENT RECORDS**

PAGE 2

	YES	NO	N/A
Are patient records kept in a secure space at your site of practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are records kept at an alternate site away from your practice? Where? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Are patient records organized for easy retrieval?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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How long are patient records maintained?

How are patients records destroyed?

	YES	NO	N/A
Is a patient scheduling system maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OFFICE ADMINISTRATION

Is an office manual maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Does it include equipment safety and service logs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Does it include official clinic policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Does it include clinical procedures and practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Does it include a Sharps policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Does it include a procedure to dispose of expired hazardous chemicals or medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Are WHMIS documentation or label maintained and available (such as for any material transferred from a large bottle into a smaller bottle)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Are MSDS documentation maintained and available for materials found in large quantities (such as 4L alcohol jugs)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Are College regulations and documents maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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ADMINISTRATION RELATED TO PRACTITIONER

Does it include annual CPR registration certification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Is College certificate of registration displayed visibly to patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

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PRACTICE ASSESSMENT TOOL SECTION ONE: ADMINISTRATION

PAGE 3

	YES	NO	N/A
Does signage clearly present practitioner's name and title?	q	q	q
Does prescription pads clearly and accurately present practitioner's name, address, telephone, title?	q	q	q
Does billing clearly present practitioner's name, address, title, fee?	q	q	q
Does letterhead clearly present practitioner's name, address, title?	q	q	q
Are fee schedules clearly presented or available on request?	q	q	q

Comments:

	YES	NO	N/A
Are hazardous materials or prescription items securely stored?	q	q	q
Are hazardous materials maintained according to WHMIS?	q	q	q
Are flammable materials stored in an approved storage cabinet?	q	q	q
Are expiration dates current?	q	q	q

Comments:

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PRACTICE ASSESSMENT TOOL SECTION TWO: CLINICAL AREAS

PAGE 4

	YES	NO	N/A
Is there a clean treatment area?	q	q	q
Is a surface disinfectant available?	q	q	q
Is there a sink or hand washing station?	q	q	q
Is there an ultrasonic cleaner?	q	q	q
Is steam sterilization available?	q	q	q
Is there a system to verify sterilization?	q	q	q
Are sterilized instruments kept in a non-contaminated area?	q	q	q
Is treatment area safe, private and confidential?	q	q	q
Is there an exam chair (plinth, gurney, table)?	q	q	q
Is there adequate light source?	q	q	q
Are facilities clean?	q	q	q

Comments:

	YES	NO	N/A
Is there a procedure for daily routine cleaning of facilities?	q	q	q
Is there a procedure for daily routine cleaning of treatment area?	q	q	q
Are sharps stored away from patient harm?	q	q	q
Is there a procedure for disposal of sharps?	q	q	q
Are biohazardous materials appropriately stored?	q	q	q
Is there a procedure for disposal of biohazards?	q	q	q
Do the facilities comply with the Healing Arts Radiation Protection Act?	q	q	q

Comments:

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PRACTICE ASSESSMENT TOOL SECTION TWO: CLINICAL AREAS

PAGE 5

	YES	NO	N/A
Are non-sterile exam gloves available?	q	q	q
Are sterile procedural gloves available?	q	q	q
Are treatment gowns/coats available?	q	q	q
Are sterile surgical gowns available?	q	q	q
Are clean towels available?	q	q	q
Are sterile towels available?	q	q	q
Are eye shields available?	q	q	q
Are face masks available?	q	q	q
Are clean instruments kept secure?	q	q	q
Are soiled instruments kept secure?	q	q	q
Are prescription pads kept secure?	q	q	q

Comments:

SECTION THREE: EMERGENCY PROCEDURES

	YES	NO	N/A
Is accessible oxygen available?	q	q	q
Is accessible injectable adrenalin available?	q	q	q
Is an eye wash station available?	q	q	q
Is staff trained in emergency procedures?	q	q	q
Is an emergency policy and manual maintained?	q	q	q
Is a univalve mask available?	q	q	q

Comments:

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PRACTICE ASSESSMENT TOOL SECTION FOUR: ORTHOTIC MANUFACTURE

PAGE 6

	YES	NO	N/A
Is orthotic manufacture area separate from treatment area?	q	q	q
Is there proper and separate ventilation of manufacture area?	q	q	q
Is a fume hood type device available as per specifications?	q	q	q
Are specified quality respirators in use at manufacture area?	q	q	q
Is specified quality eye protection in use at manufacture area?	q	q	q
Is separate protective clothing in use at manufacture area?	q	q	q
Are specified quality rubber gloves in use at manufacture area?	q	q	q
Is a fire extinguisher available in the building?	q	q	q

Comments:
