



PREMISES INSPECTION COMMITTEE REPORT
Medical Clinic of Dr. Magdy Elkhashab – Level 2
Toronto, Ontario

Following a review of the Infection Prevention and Control (IPC) report and submissions from *Medical Clinic of Dr. Magdy Elkhashab*, the Premises Inspection Committee affirms the decision of the outcome of the inspection to be a FAIL.

At this time neither you nor any other physician is permitted to perform any OHP procedures at the *Medical Clinic of Dr. Magdy Elkhashab*. You may continue patient consultations at the Premises. The Fail outcome will remain so unless and until the Premises receives a Pass or Pass with Conditions, and conditions have been addressed.

This decision does not affect your non-OHP practice.

The reasons for the fail result are as follows:

1. **As per OHP Standard 3.3.6.2 g) Infection Control:**

The Committee directs that the premises provide proof of purchase for the minimum number of scopes to begin seeing patients.

2. **As per OHP 3.3.6.3 b) OHP Responsibilities-Infection Control:**

The Committee directs that the premises provide proof of purchase of a new autoclave for infection control and prevention measures and must provide evidence that it is CSA approved.

3. **As per OHP 4.1 General Physical Standards:**

The Committee directs that the premises provide proof of purchase and delivery of an Emergency Power Source and must provide evidence that it is CSA approved. The Committee also directs that the premises provide proof of purchase and installation of a call bell in the patient's washroom.

4. **As per OHP 4.1. General Physical Standard –table 03:**

The Committee directs that the premises provide a fire safety report along with a fire evacuation map. The Committee also directs the premises to provide evidence of a fire extinguisher to be mounted on the wall.

5. As per OHP Procedure Room Physical Standards-table 04-Equipment:

The Committee directs that the premises provide evidence in the form of a signed agreement from a biomedical technician to maintain and inspect medical devices and equipment at the premises. The Committee also requires evidence in the form of a signed agreement for preventative maintenance of the Medivator and the new autoclave as well as all other equipment. The Committee requires proof of purchase of a second suction machine with spare batteries and must provide evidence that it is CSA approved. The Committee further requires proof of purchase of a storage cabinet for the endoscopes.

6. As per OHP 4.2 Procedure Room Physical Standards-table 04-Ventilation:

The Committee directs that the premises provide an air quality testing report.

7. As per OHP 4.4.3 Monitoring and Resuscitation Requirements:

The Committee directs that the premises provide proof of purchase of the following items: crash cart; Intubation tray with a variety of appropriately sized blades; endotracheal tubes and oral airways; Laryngeal mask airways (various sizes); Torso back board and CO₂ detector.

8. As per OHP 4.4.3.1 Equipment for Monitoring and Resuscitation:

The Committee directs that the premises provide proof of purchase for an Automated External Defibrillator (AED) and must provide evidence that it allows for synchronized cardioversion and that it is CSA approved. The Committee also requires confirmation that the AED is part of the ECG monitor and must provide proof of purchase of the ECG monitor and evidence that it is CSA approved.

9. As per OHP 6.2 Intra-procedure Patient Care for Sedation:

The Committee directs that the premises provide proof of purchase of a vital signs monitor and that it is CSA approved.

10. As per OHP 6.2.1 Intra-procedure Patient Care for Sedation:

The Committee directs that the premises provide online notification of the intention of the anesthesiologist to be employed at the OHP. The Committee directs that the premises provide a copy of the BLS or ACLS certification for the

RN.