

## York Region Infection Prevention and Control Lapse Report

Initial Report					
Premises/Facility under investigation (name	and ad	ldress)	)		
Joanne Kiss					
Nursing Foot Care					
Barrie, ON (mobile premises)					
Type of Premises/Facility Foot Care Services					
	lance	Doto c	sf Initi	al Papart pacting (vanu/mm/dd)	
Date Board of Health became aware of IPAC lapse (yyyy/mm/dd) 2023/07/17			Date of Initial Report posting (yyyy/mm/dd) 2023/12/07		
Date of Initial Report update(s) (if applicable) (yyyy/mm/dd)		How the IPAC lapse was identified			
		Referral			
<ul> <li>Summary Description of the IPAC Lapse</li> <li>Inadequate cleaning &amp; disinfection of patier</li> <li>Concerns with reprocessing of reusable for</li> </ul>					
IPAC Lapse Investigation	Yes	No	N/A	Please provide further details/steps	
Did the IPAC lapse involve a member of a regulatory college?	$\boxtimes$			College of Nurses of Ontario (CNO)	
If yes, was the issue referred to the regulatory college?	$\boxtimes$				
Were any corrective measures recommended and/or implemented?	$\boxtimes$				
Please provide further details/steps	<ul> <li>Corrective measures fore Premises/Facility:</li> <li>Use single-use sterile disposable foot care equipment/devices; or, Where reusable foot care equipment/devices are used, clean and sterilize reusable foot care equipment/devices after each use in accordance with the "PIDAC Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices in All Health Care Settings, 3rd Edition, May 2013."</li> <li>Clean and disinfect client care environment with a Health Canada approved healthcare grade low-level disinfectant following Manufacturer's instructions for use.</li> <li>Use only foot care devices that are intended, by the manufacturer, for use on humans.</li> <li>Transport all clean/sterile foot care devices separately from soiled foot care devices to ensure the integrity of the clean/sterile foot care devices is not compromised.</li> <li>Maintain written infection prevention and control policies and procedures, that are based on the most</li> </ul>				



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 IPAC Lapse Investigation
 Yes
 No
 N/A
 Please provide further details/steps

 current best practices guidelines, for the reprocessing of reusable foot care equipment/devices.

Date any order(s) or directive(s) were issued to the owner/operator (if applicable) (yyyy/mm/dd)

Verbal order was issued on July 12, 2023, followed by issuance of a written order on July 19, 2023.

## **Initial Report Comments and Contact Information:**

Verbal order was issued on July 12, 2023, followed by issuance of a written order on July 19, 2023, ordering operator to cease providing foot care services.

Any additional Comments: (Please do not include any personal information or personal health information)

If you have any further questions, please contact Health Connection.

Telephone Number Email Address

1-800-361-5653 Health.inspectors@york.ca

**Final Report** 

Date of Final Report posting (yyyy/mm/dd)

December 07, 2023

Date any order(s) or directive(s) were issued to the owner/operator (if applicable) (yyyy/mm/dd)

Order was issued on July 12, 2023.

Brief description of corrective measures taken

Operator advised they will not be resuming the provision of foot care services in York Region.

Date of all corrective measures were confirmed to have been completed (yyyy/mm/dd)

**Final Report Comments and Contact Information** Any Additional Comments: (Please do not include any personal information or personal health information)

If you have any further questions, please contact Health Connection.

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