

**Initial Report**

**Premises/Facility under investigation (name and address)**

Dawn Stewart  
Barrie, Ontario (mobile premises)

**Type of Premises/Facility**

Foot Care Services

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| <b>Date Board of Health became aware of IPAC lapse (yyyy/mm/dd)</b><br>2023/07/20 | <b>Date of Initial Report posting (yyyy/mm/dd)</b><br>2023/08/08 |
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| <b>Date of Initial Report update(s) (if applicable) (yyyy/mm/dd)</b> | <b>How the IPAC lapse was identified</b><br>Referral |
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**Summary Description of the IPAC Lapse**

- Concerns with reprocessing of reusable footcare equipment/devices

| IPAC Lapse Investigation                                     | Yes  | No                       | N/A                      | Please provide further details/steps |
|--|--|--------------------------|--------------------------|--------------------------------------|
| Did the IPAC lapse involve a member of a regulatory college? | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | College of Nurses of Ontario (CNO)   |
| If yes, was the issue referred to the regulatory college?    | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |                                      |
| Were any corrective measures recommended and/or implemented? | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |                                      |
| Please provide further details/steps                         | <p><b>Corrective measures for Premises/Facility:</b></p> <ul style="list-style-type: none"> <li>Use single use foot care equipment/devices or 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>Have written infection prevention and control policies and procedures that are based on the most current best practices guidelines for the reprocessing of reusable foot care equipment/devices.</li> </ul> |                          |                          |                                      |

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

Verbal Order Issued 2023/07/20. Written Order Issued 2023/08/03

**Initial Report Comments:**

Operator was ordered 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<br>1-800-361-5653 | Email Address<br><a href="mailto:Health.inspectors@york.ca">Health.inspectors@york.ca</a> |
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**Final Report****Date of Final Report posting (yyyy/mm/dd)**

2023/08/23

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

2023/07/20 Operator discontinued providing foot care services. The conditions of the initial Order must continue to be followed. The Operator has been instructed to contact Public Health prior to resuming the provision of foot care services.

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**Brief description of corrective measures taken**

Corrective measures have not been implemented .Operator has not demonstrated measures to provide single use disposal devices/equipment or 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". Operator discontinued providing foot care services.

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

2023/08/16 Operator discontinued providing foot care services.

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**Final Report Comments and Contact Information**

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**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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|------------------|--|
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