

York Region Infection Prevention and Control Lapse Report

Initial Report					
Premises/Facility under investigation (name	and a	ddress)			
Ontario Diagnostic Centre					
8077 Islington Avenue					
Unit: 110					
Woodbridge, Ontario L4L 7X7					
Type of Premises/Facility					
Clinical – Diagnostic					
Date Board of Health became aware of IPAC lapse (yyyy/mm/dd)					
2024- 04-03		2024/05/10			
Date of Initial Report update(s) (if applicable) (yyyy/mm/dd)		How the IPAC lapse was identified			
		Complaint			
Summary Description of the IPAC Lapse Cleaning and disinfection of reusable media 					
with "Public Health Ontario: Best Practices Equipment/Devices In All Health Care Setti					
 There were disinfectants, used for reproces Canada Drug Identification Number, Natura 					
Canada Drag rachimoation Nambol, Natare	ar i rode	aot i t airi	DC1 01	Class 2 Boyloc Electrice.	
IPAC Lapse Investigation	Yes	No	N/A	Please provide further details/steps	
Did the IPAC lapse involve a member of a regulatory college?					
If yes, was the issue referred to the regulatory college?					
Were any corrective measures recommended and/or implemented?					
Please provide further details/steps		Corrective measures for Premises/Facility: Reprocess (clean, and disinfect or sterilize) re-usable			
	 medical equipment/devices after each use in accordance with the "Public Health Ontario: Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices In All Health Care Settings, 3rd Edition, May 2013". Use disinfectants for the reprocessing of reusable equipment/devices that have an expiry date, a Drug Identification Number (DIN), Natural Product Number (NPN), and/or Medical Device License (MDAL) with Health Canada (with exception of Chlorine Bleach). Provide personal protective equipment (PPE), such as 				
	gowns, gloves, mask, and eye protection in reprocessing area, and train staff on routine practices including conducting risk assessment, hand hygiene and use of PPE.			mask, and eye protection in ea, and train staff on routine practices cting risk assessment, hand hygiene	
•		Evaluate all staff who perform reprocessing to ensure hey have demonstrated competency in the			



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reprocessing process of reusable medical equipment/devices.

Date any order(s) or directive(s) were issued to the owner/operator (if applicable) (yyyy/mm/dd) Order Issued 2024/03/01.

Initial Report Comments:

An Order was issued on March 1, 2024, ordering operator to implement all corrective measures related to reprocessing of re-usable medical equipment/devices.

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)

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

Brief description of corrective measures taken

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

Reinspection conducted and all corrective measure were confirmed to have been completed 2024/02/27 **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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