

## York Region **Infection Prevention and Control Lapse Report**

Initial Report				
Premises/Facility under investigation (name and address)				
Diamond Nails and Spa				
4-2943 Major Mackenzie Drive				
Vaughan , Ontario L6A 3N9				
Type of Premises/Facility				
Personal Service Settings				
Date Board of Health became aware of IPAC lapse (yyyy/mm/dd)				
2024/05/31		2024/06/12		
Date of Initial Report update(s) (if applicable) (yyyy/mm/dd)		How the IPAC lapse was identified		
(уууултилас)		Complaint		
Summary Description of the IPAC Lapse				
<ul> <li>Disinfection of reusable equipment was not conducted in accordance with "Public Health Ontario: Guide to Infection Prevention and Control in Personal Service Settings, 3rd Edition, July 2019".</li> <li>Re-use of single-use equipment.</li> <li>Disinfectant used for reprocessing of reusable equipment was not accompanied by a Health Canada Drug Identification Number (DIN), Natural Product Number(NPN) or Class 2 Device License</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?		$\boxtimes$		
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 for Premises/Facility:</li> <li>Reprocess (clean and disinfect or sterilize) re-usable equipment/instruments after each use in accordance with the "Public Health Ontario: Guide to Infection Prevention and Control in Personal Service Settings, 3rd edition, First Revision: July 2019."</li> <li>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).</li> <li>Keep and maintain written records for equipment and instruments that receive high-level disinfection.</li> <li>Discard single-use equipment immediately after use.</li> </ul>			
Date any order(s) or directive(s) were issued	d to the	owner	opera/	ator (if applicable) (yyyy/mm/dd)

Verbal Order Issued 2024/05/31. Written Order Issued 2024/06/04 Initial Report Comments: Verbal order was issued on May 31, 2024, ordering operator to correct

conditions related to manicure and pedicure services, followed up with a written order on June 04, 2024.

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



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If you have any further questions, please contact

**Health Connection** 

Telephone Number Email Address

1-800-361-5653 <u>Health.inspectors@york.ca</u>

#### **Final Report**

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

2024/06/12

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

Verbal Order Issued 2024/05/31. Written Order Issued 2024/06/04

### Brief description of corrective measures taken

Corrective measures were implemented, and education provided 2024/05/31

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

Reinspection conducted and all corrective measures were confirmed to have been completed 2024/06/04

**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**