

## Bureau de santé MORTH BAY PARRY SOUND DISTRICT HEALTH UNIT

## PUBLIC HEALTH UNIT INFECTION PREVENTION AND CONTROL LAPSE REPORT

| Initial Report  |  |  |
|---|--|--|
| Premise/facility under investigation (name and address)               | Heather's Advanced Foot Care   |  |
| Type of premise/facility:<br>(E.g. clinic, personal services setting) | Mobile   |  |
| Date Board of Health became aware of IPAC lapse                       | 9/10/2024  |  |
| Date of Initial Report posting  | 9/23/2024  |  |
| Date of Initial Report update(s)<br>(if applicable)                   | N/A  |  |
| How the IPAC lapse was identified                                     | Other  |  |
| Summary Description of the IPAC Lapse                                 | Health Unit staff observed improper reprocessing of reusable instruments |  |
| IPAC Lapse Investigation  |  |  |
| Did the IPAC lapse involve a member of a regulatory college?          | Yes  |  |
| If yes, was the issue referred to the regulatory college?             | Yes  |  |
| Were any corrective measures recommended and/or implemented?          | Yes  |  |

| Please provide further details/steps   | <ol> <li>A sterile set of foot care equipment/devices is<br/>required for each client interaction. Foot care<br/>equipment must be single-use sterile disposable<br/>equipment/devices and discard after use, or if<br/>reusable, reprocessed by cleaning and steam<br/>sterilization after each use.</li> <li>Maintain written infection prevention and control<br/>policies and procedures, that are based on the<br/>most current best practices guidelines, for the<br/>reprocessing of reusable foot care<br/>equipment/devices.</li> </ol> |  |
|--|--|--|
| Date any order(s) or directive(s) were<br>issued to the owners/operators<br>(if applicable)            | N/A  |  |
| Initial Report Comments and Contact Information  |  |  |
| Any Additional Comments<br>(Do not include any personal information<br>or personal health information) |  |  |
| If you have any further questions, please contact:   |  |  |
| Name   | David Perrault   |  |
| Title  | Manager, CDC Program   |  |
| E-mail address   | david.perrault@healthunit.ca   |  |
| Phone number   | 705-474-1400 ext. 5292   |  |
| Final Report   |  |  |
| Date of Final Report posting:  | 9/23/2024  |  |
| Date any order(s) or directive(s) were<br>issued to the owner/operator<br>(if applicable)              | N/A  |  |
| Brief description of corrective measures taken   | Operator decided to close her practice.  |  |
| Date all corrective measures were confirmed to have been completed                                     | As of September 13, 2024   |  |

| Final Report Comments and<br>Contact Information  |                              |  |
|---|------------------------------|--|
| Any Additional Comments<br>(Do not include any personal<br>information or personal health<br>information) |                              |  |
| If you have any further questions, please contact:  |                              |  |
| Name  | David Perrault               |  |
| Title   | Manager, CDC Program         |  |
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