

<b>PUBLIC HEALTH UNIT INFECTION PREVENTION AND CONTROL LAPSE REPORT</b>	
<b>Initial Report</b>	
Premise/facility under investigation (name and address)	MK Nails located at: 1867 O'Brien Street, North Bay, Ontario P1B 5Y7
Type of premise/facility: (e.g. clinic, personal services setting)	Personal Services Setting
Date Board of Health became aware of IPAC lapse	4/20/2023
Date of Initial Report posting	4/25/2023
Date of Initial Report update(s) (if applicable)	n/a
How the IPAC lapse was identified	Other
Summary Description of the IPAC Lapse	<p>Complaint received 4/4/2023. A client reported an injury during service resulting in an infection. Onsite investigation occurred on 5/4/2023 where:</p> <ul style="list-style-type: none"> <li>• A proper reprocessing area was not available for reusable equipment to be cleaned and disinfected, as required.</li> <li>• Reusable equipment, including tweezers and Dremel bits were observed not to be cleaned as required after each use.</li> <li>• Reusable equipment, including tweezers, manicure/pedicure tools and Dremel bits were observed not to be disinfected as required after each use.</li> <li>• One disinfectant did not have a Drug Identification Number (DIN) and another disinfectant was not being used as per manufacturer's instructions.</li> <li>• Staff were not washing their hands, as required, after removing gloves and before and after services.</li> <li>• Records of accidental exposures to blood not kept.</li> </ul>
<b>IPAC Lapse Investigation</b>	
Did the IPAC lapse involve a member of a regulatory college?	No
If yes, was the issue referred to the regulatory college?	Not Applicable
Were any corrective measures recommended and/or implemented?	Yes
Please provide further details/steps	<p>Corrective measures as follows:</p> <ol style="list-style-type: none"> <li>1) All reusable equipment must be cleaned and disinfected at a reprocessing area that meets the requirements</li> <li>2) Clean all reusable equipment after each client</li> <li>3) Disinfect all reusable equipment after each client</li> <li>4) Use disinfection products that have a DIN and is used as per manufacturer's instructions</li> <li>5) Wash hands before and after each service and at other times, when necessary</li> </ol>
Date any order(s) or directive(s) were issued to the owners/operators (if applicable)	Issued report of inspection detailing infractions and directives on 5/4/2023.

<b>Initial Report Comments and Contact Information</b>	
Any Additional Comments (Do not include any personal information or personal health information)	Complaint investigation was conducted 5/4/2023 a yellow, conditional pass resulted from this investigation. Corrective measures were required as indicated above. Re-inspections occurred on 11/4/2023 and 25/4/2023 where some corrective measures are outstanding.
<b>If you have any further questions, please contact:</b>	
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Title	Program Manager, Environmental Health
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Phone number	(705) 474-1400 ext. 5320

<b>Final Report</b>	
Date of Final Report posting:	9/17/2024
Date any order(s) or directive(s) were issued to the owner/operator (if applicable)	Issued report of inspection detailing infractions and directives on 5/4/2023.
Brief description of corrective measures taken	Corrective measures as follows: 1) All reusable equipment must be cleaned and disinfected at a reprocessing area that meets the requirements 2) Clean all reusable equipment after each client 3) Disinfect all reusable equipment after each client 4) Use disinfection products that have a DIN and is used as per manufacturer's instructions 5) Wash hands before and after each service and at other times, when necessary
Date all corrective measures were confirmed to have been completed	6/19/2024

<b>Final Report and Contact Information</b>	
Any Additional Comments (Do not include any personal information or personal health information)	Further to the initial complaint on 5/4/2023, with re-inspections on 11/4/2023 and 25/4/2023, further inspections occurred on 11/12/2023, 6/14/2024 and 6/19/2024. Part I offence notices issued 6/14/2024.
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