

## Initial Report

(yyyy/mm/dd)

Premises/Facility under investigation (name and address)

New G Nail D50-4300 Steeles Avenue East Markham, Ontario L3R 0Y5

 Type of Premises/Facility

 Personal Service Setting

 Date Board of Health became aware of IPAC lapse (yyyy/mm/dd)
 Date of Initial Report posting (yyyy/mm/dd)

 2024/02/06
 2024/02/09

 Date of Initial Report update(s) (if applicable)
 How the IPAC lapse was identified

## Summary Description of the IPAC Lapse

 Cleaning and 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".

Complaint

- Re-use of single-use equipment.
- Disinfectant used for reprocessing of reusable equipment was not accompanied by a Health Canada Drug Identification Number, Natural Product Number or Class 2 Device License.

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?				
Were any corrective measures recommended and/or implemented?	$\boxtimes$			
Please provide further details/steps	<ul> <li>Corrective measures for Premises/Facility:</li> <li>Clean and disinfect all equipment/devices according to "Public Health Ontario: Guide to Infection Prevention and Control in Personal Service Settings, 3rd Edition, July 2019".</li> <li>Discard single-use equipment immediately after use.</li> <li>Select and use disinfectants for reprocessing of reusable equipment/devices that have a Drug Identification Number, Natural Product Number, and/or Class 2 Device License with Health Canada (with exception of chlorine bleach).</li> </ul>			

## Date any order(s) or directive(s) were issued to the owner/operator (if applicable) (yyyy/mm/dd) 2024/02/06

**Initial Report Comments:** 

Verbal order was issued on February 6, 2024, ordering operator to correct conditions related to eyelash extension services, followed up with a written order on February 9, 2024.



**York Region** 

## Infection Prevention and Control Lapse Report Any additional Comments: (Please do not include any personal information or personal health information)

If you have any further questions, pleas	se contact:
Health Connection	
Telephone Number	Email Address
1-800-361-5653	Health.inspectors@york.ca
Final Report	
Date of Final Report posting (yyyy/m 2024/02/09	ım/dd)
Date any order(s) or directive(s) wer	e issued to the owner/operator (if applicable) (yyyy/mm/dd)
Brief description of corrective measure	ures taken
Corrective measures were confirmed to	b have been completed during re-inspection on February 9, 2024.
Date of all corrective measures were	confirmed to have been completed (yyyy/mm/dd)
2024/02/09	
<b>Final Report Comments and Contact</b>	Information
Any Additional Comments: (Please of information)	do not include any personal information or personal health
If you have any further questions, pleas	se contact:
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