

**Initial Report**

Premise/Facility under investigation (name and address)

**Nice One Nails  
3650 Langstaff Road, Unit 10  
Woodbridge, L4L 9A8**

Type of Premises/Facility

**Personal Service Setting**

Date Board of Health became aware of IPAC lapse (yyyy/mm/dd) <b>2022/05/18</b>	Date of Initial Report posting (yyyy/mm/dd) <b>2022/05/26</b>
Date of Initial Report update(s) (if applicable) (yyyy/mm/dd)	How the IPAC lapse was identified <b>Complaint</b>

Summary Description of the IPAC Lapse

As a result of a complaint reported on May 4, 2022, York Region Public Health conducted an initial inspection at the premise on May 4, 2022, with a follow-up inspection conducted on May 13, 2022. York Region Public Health noted concerns with reprocessing of re-usable non-critical and semi-critical equipment/devices. Operator failed to ensure disinfectants are used per manufacturer's instructions for use (MIFU) for non-critical and semi-critical items. Operator failed to keep a log of equipment/devices that receive high level disinfection (HLD). Operator failed to ensure reprocessing sink is dedicated and that there is adequate counter space around the sink to prepare equipment for reprocessing. Within reprocessing area the operator failed to ensure there is a one-way workflow from dirty to clean to prevent cross-contamination. Appropriate types of PPE were not provided within the reprocessing area.

<b>IPAC Lapse Investigation</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Please provide further details/steps</b>
Did the IPAC lapse involve a member of a regulatory college?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If yes, was the issue referred to the regulatory college?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Were any corrective measures recommended and/or implemented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please provide further details/steps	<p>At time of inspection, operator was educated on correct infection prevention and control (IPAC) practices.</p> <ul style="list-style-type: none"> <li>• Operator must ensure re-usable equipment (e.g., grater style foot file, nail clippers, cuticle cutters) is cleaned and disinfected (reprocessed) between each use.</li> <li>• Ensure that for all re-usable equipment/devices that require reprocessing, a reprocessing process used is in accordance with the "Guide to Infection Prevention and Control in Personal Service Settings, 3<sup>rd</sup> edition."</li> <li>• Operator to ensure there is to be at least one dedicated reprocessing sink in the personal service setting.</li> <li>• Operator must ensure sink has adequate counter space to prepare equipment/devices for reprocessing.</li> <li>• Re-usable equipment/devices are fully immersed into disinfectant solution for the appropriate contact time as per manufacturers' instructions.</li> <li>• Operator must ensure disinfectants are used per manufacturer's instructions for use for non-critical items.</li> </ul>
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**Infection Prevention And Control Lapse Report**

IPAC Lapse Investigation	Yes	No	N/A	Please provide further details/steps
				<ul style="list-style-type: none"> <li>Operator must ensure disinfectants are used per manufacturer's instructions for use for semi-critical items.</li> <li>Operator must provide appropriate PPE at the personal service setting.</li> <li>Operator must use appropriate PPE for task at hand.</li> <li>Operator must keep a log of equipment/devices that receive high level disinfection (HLD) and other records (e.g., policies and procedures) of personal service setting as required.</li> <li>Operator must ensure personal service setting free from condition that may constitute health hazard.</li> </ul>

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

**Initial 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

Telephone Number  
1-800-361-5653

Email Address  
[Health.inspectors@york.ca](mailto:Health.inspectors@york.ca)

**Final Report**

Date of Final Report posting (yyyy/mm/dd)  
**2022/05/26**

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

Brief description of corrective measures taken

The operator demonstrated the correct IPAC practices for the above items after education was provided on May 17, 2022

Date of all corrective measures were confirmed to have been completed (yyyy/mm/dd)  
2022/05/17

**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

Telephone Number  
1-800-361-5653

Email Address  
[Health.inspectors@york.ca](mailto:Health.inspectors@york.ca)