

Initial Report

Premises/Facility under investigation (name and address)

Hellen Nails
6-213 The Queensway South
Keswick, Ontario L4P 2A7

Type of Premises/Facility

Personal Service Settings

Date Board of Health became aware of IPAC lapse (yyyy/mm/dd)	Date of Initial Report posting (yyyy/mm/dd)
2024/02/09	2024/02/16

Date of Initial Report update(s) (if applicable) (yyyy/mm/dd)	How the IPAC lapse was identified
	Referral

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”.
- 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?	<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>Corrective measures for Premises/Facility:</p> <ul style="list-style-type: none"> • 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.” • 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). • Keep and maintain written records for equipment and instruments that receive high-level disinfection. • Discard single-use equipment immediately after use.
--------------------------------------	---

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

Verbal Order Issued 2024/02/09. Written Order Issued 2024/02/16

Initial Report Comments:

Verbal order was issued on February 9, 2024, ordering operator to correct conditions related to manicure and pedicure services, followed up with a written order on February 16, 2024.



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, please contact
Health Connection

Telephone Number
1-800-361-5653

Email Address
Health.inspectors@york.ca

Final Report

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

2024/03/07

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

Verbal order 2023/02/09 followed by a written order issued 2024/02/16

Brief description of corrective measures taken

Corrective measures were implemented, and education provided 2024/02/09

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

Reinspection conducted and all corrective measure were confirmed to have been completed 2024/03/01

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