York Region
Infection Prevention And Control Lapse Report

Initial Report

Premise/Facility under investigation (name and address)

Dr. Margaret Anne Macpherson
250 Harding Boulevard West
Richmond Hill, Ontario

Type of Premises/Facility

Dermatology Clinic

Date Board of Health became aware of IPAC lapse (yyyy/mm/dd)	Date of Initial Report posting (yyyy/mm/dd)
2020/02/18	**2020/06/19**
Date of Initial Report update(s) (if applicable) (yyyy/mm/dd)	How the IPAC lapse was identified
2020/06/19	**Complaint**

Summary Description of the IPAC Lapse

On February 18, 2020 York Region Public Health conducted an inspection and noted inadequate reprocessing of semi-critical and critical medical equipment/devices. There was no one-way work flow from dirty to clean to prevent cross-contamination of multi-use medical instruments; hand hygiene in the reprocessing area was being carried out in the same sink as manual cleaning of medical instruments; alcohol-based hand rub (ABHR) was not provided in the reprocessing or clinic areas; brushes used for manual cleaning of medical instruments were not replaced or sterilized at the end of the day; multi-use hinged instruments were not cleaned or sterilized in the open position; multi-use devices were not packaged prior to sterilization; Prestige Classic Autoclave not tested daily with a biological indicator/spore test; chemical indicators were not used in each sterilization load and physical parameters (time, temperature and pressure) could not be verified; non-critical multi-use devices and environmental surfaces were not adequately cleaned and disinfected between patients; single-use devices were reprocessed; personal protective equipment (PPE) was not readily available for staff in the reprocessing area; and manufacturer's instructions for single–use and multidose vials were not followed.

IPAC Lapse Investigation	Yes	No	N/A	Please provide further details/steps
Did the IPAC lapse involve a member of a regulatory college?	☒	☐	☐	
If yes, was the issue referred to the regulatory college?	☒	☐	☐	**College of Physicians and Surgeons of Ontario**
Were any corrective measures recommended and/or implemented?	☒	☐	☐	

Please provide further details/steps

Corrective measures:

- Discontinue offering any services at this premise whereby equipment/instruments are required to be sterilized
- Discontinue the use of any multi-use equipment/instruments that were reprocessed in the Prestige Classic Autoclave
- Discontinue the use of the Prestige Classic Autoclave for the sterilization/reprocessing of medical equipment/instruments
- Conduct three consecutive successful biological indicators /spore test on the Prestige Classic Autoclave.

Prior to multi-use devices being used on patients:

- Demonstrate a sterilization process that is in accordance with the "PIDAC Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices in All Health Care Settings", 3rd Edition, May 2013
- Ensure qualification of new sterilizer is done, as per Manufacturer's Instruction for Use (MIFU).
- Ensure sterilized items are not released for patient use until the results of the biological indicator/spore test are available and found to be negative; if this is not possible, sterilized items may be released for patient use after obtaining passed results from Type 5 or 6 chemical indicators and verifying the appropriate cycle physical parameters (time, temperature and pressure) have been achieved.

IPAC Lapse Investigation	Yes	No	N/A	Please provide further details/steps
				• Ensure records are kept (i.e., log book) to document that biological indicators, chemical indicators and physical parameters (time, temperature and pressure) have been met for every sterilized load and are stored and maintained on-site • Ensure a one-way work flow from dirty to clean is established and maintained to prevent cross contamination of multi-use devices. • Ensure medical instruments/devices are dried and placed in pouches/packages in the open position after manual cleaning prior to sterilization. • Ensure medical instruments/devices are adequately pre-cleaned after patient use prior to further reprocessing. The Premise must also ensure that: • Non-critical devices/equipment and environmental surfaces are cleaned and disinfected after exposure to blood and/or body fluids and after each patient use. • MIFU are followed for the use of all single-use devices. • MIFU are followed for the use of all single-use vials. • MIFU are followed for the use of all multi- dose vials. • Alcohol based hand rub is provided for hand hygiene

Date any order(s) or directive(s) were issued to the owner/operator (if applicable) (yyyy/mm/dd)
2020/02/18, 2020/02/24.

Initial Report Comments and Contact Information

Any additional Comments: (Please do not include any personal information or personal health information)

York Region Public Health provided an inspection report to the premise on February 18, 2020 outlining corrective measures to be implemented. The operator was educated on site during the inspection and was instructed to use proper infection prevention and control practices. Follow-up written Orders under the Health Protection and Promotion Act were issued on February 24, 2020. A re-inspection was conducted on March 19, 2020 where it was noted that all corrective measures had been implemented.

If you have any further questions, please contact
Health Connection

Telephone Number	Email Address
1-800-361-5653	Health.inspectors@york.ca

Final Report

Date of Final Report posting (yyyy/mm/dd)
2020/06/19

Date any order(s) or directive(s) were issued to the owner/operator (if applicable) (yyyy/mm/dd)
February 24 2020

Brief description of corrective measures taken

Date of all corrective measures were confirmed to have been completed (yyyy/mm/dd)
March 19 2020

Final Report Comments and Contact Information

Any Additional Comments: (Please do not include any personal information or personal health information)

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