

York Region Infection Prevention And Control Lapse Report

| Initial Report | | | | | |
|---|--|------------|--|--------------------------------------|--|
| Premise/Facility under investigation (name and address |) | | | | |
| Angie's Angels | | | | | |
| 236 Cedar Avenue | | | | | |
| Richmond Hill, Ontario | | | | | |
| L4C 2B2 | | | | | |
| Type of Premises/Facility Personal Services Setting | | | | | |
| Date Board of Health became aware of IPAC lapse (yyyy/mm/dd) | |) Date | Date of Initial Report posting (yyyy/mm/dd) | | |
| 2019/07/25 | | 2019 | 2019/08/08 | | |
| Date of Initial Report update(s) (if applicable) (yyyy/mm/dd) | | | How the IPAC lapse was identified Complaint | | |
| Summary Description of the IPAC Lapse | | | | | |
| For waxing services - operator failed to clean and disinfect multi-use metal spatula after each client use; operator failed to ensure products are stored and dispensed in a manner that prevents contamination of the remaining portion of the products. | | | | | |
| 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? | | | X | | |
| Were any corrective measures recommended and/or implemented? | X | | | | |
| Please provide further details/steps | At the time of inspection, operator was educated on correct infection prevention and control (IPAC) practices. Operator is required to ensure that: | | | | |
| | All products (e.g., wax) are stored and dispensed in a manner that prevents contamination of the remaining portion (i.e., no 'double-dipping') All reusable equipment (e.g., metal spatula) are cleaned with detergent, rinsed, dried and fully immersed in a disinfectant for the required contact time between each use | | | | |
| | | | | | |
| | The operator demonstrated the correct IPAC practices for the above items after education was provided. | | | | |
| Date any order(s) or directive(s) were issued to the ow 2019/07/25 | ner/operat | or (if app | licable) | (yyyy/mm/dd) | |
| Initial Report Comments and Contact Info | rmation | | | | |
| 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 | Email Address | | | | |
| 1-800-361-5653 | Health.inspectors@york.ca | | | | |
| Final Report | | | | | |
| Date of Final Report posting (yyyy/mm/dd) | | | | | |
| 2019/08/08 | | | | | |



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| Date any order(s) or directive(s) were issued to the owner/operator (if applicable) (yyyy/mm/dd) | | | | |
|--|--|--|--|--|
| Brief description of corrective measures taken | | | | |
| | | | | |
| Date of all corrective measures were confirmed to have been completed (yyyy/mm/dd) 2019/07/25 | | | | |
| | | | | |
| Final Report Comments and Contact Information | | | | |
| Any Additional Comments: (Please do not include any personal information or personal health information) | | | | |
| During the inspection, York Region Public Health seizo was able to demonstrate appropriate IPAC practices a | ed wax and a metal spatula being used for waxing services. Operator fter education was provided. | | | |
| If you have any further questions, please contact | | | | |
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