

**Initial Report**

Premise/Facility under investigation (name and address)

**Complete Respiratory Care  
400 Creditstone Road, Unit 6A  
Vaughan, Ontario  
L4K 3Z3**

Type of Premises/Facility

**Retail Store**

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

**2019/06/04**

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

**2019/07/02**

Date of Initial Report update(s) (if applicable) (yyyy/mm/dd)

**2019/08/06**

How the IPAC lapse was identified

**Referral**

Summary Description of the IPAC Lapse

**During an inspection conducted on June 4, 2019, York Region Public Health noted the following: trial continuous positive airway pressure (CPAP) equipment was not cleaned and disinfected appropriately between each client use.**

| IPAC Lapse Investigation                                     | Yes  | No                       | N/A                      | Please provide further details/steps |
|--|--|--------------------------|--------------------------|--------------------------------------|
| Did the IPAC lapse involve a member of a regulatory college? | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |                                      |
| If yes, was the issue referred to the regulatory college?    | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input 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><b>An inspection was conducted on June 4, 2019. The Premise must ensure the following:</b></p> <ul style="list-style-type: none"> <li>• Discontinue re-use of trial CPAP masks between clients and provide evidence that:               <ul style="list-style-type: none"> <li>○ The trial CPAP masks are intended for multi-client use</li> </ul> </li> <li>• Prior to resuming cleaning and disinfection practices of reusable medical equipment/instruments:               <ul style="list-style-type: none"> <li>○ Provide a cleaning and disinfection process that is in accordance with the Provincial Infectious Diseases Advisory Committee (PIDAC), Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices in All Health Care Settings, 3<sup>rd</sup> Edition, May 2013</li> </ul> </li> <li>• Ensure personal protective equipment is available in close proximity to the equipment reprocessing area</li> <li>• Ensure dedicated handwashing sinks and/or alcohol-based hand rub dispenser(s) are located in or near the equipment reprocessing area</li> <li>• Ensure there is a regular schedule for environmental cleaning in the equipment reprocessing area</li> </ul> |                          |                          |                                      |

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

**2019/06/25**

**Initial Report Comments and Contact Information**

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

**An inspection report was provided to the retail store on June 4, 2019 outlining corrective measures to be implemented. York Region Public Health provided on site education during the inspection and instructed to use proper infection prevention and control practices. A follow-up written Order under the Health Protection and Promotion Act was issued on June 25, 2019. Follow-up will be conducted to ensure corrective measures have been implemented.**

If you have any further questions, please contact

Health Connection

Telephone Number

Email Address



## York Region Infection Prevention And Control Lapse Report

1-800-361-5653

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

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### Final Report

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

**2019/08/06**

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

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Brief description of corrective measures taken

**A re-inspection was conducted on July 16, 2019 where it was observed by York Region Public Health that all corrective measures have been put into place.**

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

**2019/07/16**

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### Final Report Comments and Contact Information

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

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If you have any further questions, please contact

Health Connection

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Telephone Number

1-800-361-5653

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Email Address

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

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