

York Region Infection Prevention And Control Lapse Report

Initial Report						
Premise/Facility under investigation (name and address)					
Dr. Deepak Gupta						
101-16700 Bayview Ave.						
Newmarket, Ontario L3X 1W1						
Type of Premises/Facility						
Medical Clinic						
Date Board of Health became aware of IPAC lapse (yyyy/mm/dd)			Date of Initial Report posting (yyyy/mm/dd)			
2018/11/27			2019/07/10			
Date of Initial Report update(s) (if applicable) (yyyy/mm/dd)			How the IPAC lapse was identified Complaint			
Summary Description of the IPAC Lapse During an inspection conducted on November 27, 2 protective equipment (gloves, gown, facial protecti manual cleaning of medical equipment/instruments medical equipment/instruments were not complete instruments/equipment were not found to be in god equipment/instruments were not labelled appropria and daily spore testing of the Prestige 2100 Classic using sterilized items; no log book(s) present for si	on) was no s were not ly submen od repair; ately; phys c sterilizer	ot availa t cleaned rged dur pouches sical par r were no	ible for I and st ing mai s for ste ameters ot being	staff in the reprocessing area; brushes for terilized or replaced at the end of each day; nual cleaning; some medical erilization containing medical s (time, temperature, pressure) monitoring g conducted and were not verified prior to		
IPAC Lapse Investigation	Yes	No	N/A	Please provide further details/steps		
Did the IPAC lapse involve a member of a regulatory college?	X			College of Physicians and Surgeons of Ontario		
If yes, was the issue referred to the regulatory college?	X					
Were any corrective measures recommended and/or implemented?	×			See below		
Please provide further details/steps	An inspection was conducted on November 27, 2018. The premise must ensure the following: Discontinue offering any services which require multi-use medical equipment/instruments to be sterilized					
	Discontinue use of the Prestige 2100 Classic sterilizer					
	Discontinue use of any multi-use medical equipment/instruments that were sterilized in the Prestige 2100 Classic sterilizer on or prior to the date of inspection; they are to be sterilized in accordance with the requirements of the Provincial Infectious Diseases Advisory Committee Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices in All Health Care Settings, May 2013 ("PIDAC")					
	Prior to resuming sterilization of reusable medical equipment/instruments:					
0			Provide an approved sterilizer and use a sterilization process that complies with the requirements of PIDAC			
	0	 Conduct and provide three consecutive negative spore tests (using biological indicators) with the Prestige 2100 Classic sterilizer and provide the results to York Region Public Health 				
	0	Ensure items are completely submerged during the cleaning process				
	0	Ensure brushes used for manual cleaning of medical equipment/instruments are inspected frequently; high-level disinfected or disposed of at end of day				
	0	Ensure every package for sterilization is labelled appropriately and in a manner that does not compromise the integrity of the package				



York Region Infection Prevention And Control Lapse Report

	mecu		CACII	illon And Control Eapse Report		
IPAC Lapse Investigation	Yes	No	N/A	Please provide further details/steps		
	 Perform daily spore testing (using biological indicators or "BI") or the sterilizer and document the results 					
	0	Ensure sterilized items are not released for patient use until the results of the BI are available and found to be negative OR obtain passed results from Type 5 or 6 chemical indicators and verification that physical parameters (time, temperature and pressure) have been achieved				
	0	chemical indicators and physical parameters have been met fo every sterilization cycle Ensure a recall policy is in place in the event of equipment/instrument sterilization failures				
	0					
	0	Ensure repair	medica	I equipment/instruments are maintained in good		
	0					
Date any order(s) or directive(s) were issued to the own 2018/11/30	ner/operat	or (if app	licable)	(yyyy/mm/dd)		
Initial Report Comments and Contact Info	rmation					
Any additional Comments: (Please do not include any p	personal in	nformatio	n or per	sonal health information)		
infection prevention and control practices. A follow- issued on November 30, 2018. Follow-up will be cond If you have any further questions, please contact Health Connection						
Telephone Number	Email	ail Address				
1-800-361-5653	Health	alth.inspectors@york.ca				
Final Report	I					
Date of Final Report posting (yyyy/mm/dd) 2019/07/10						
Date any order(s) or directive(s) were issued to the own	ner/opera	tor (if app	olicable)	(yyyy/mm/dd)		
Brief description of corrective measures taken Follow-up was conducted on December 7, 2018 who measures have been put into place. Operator disco instruments and is using sterile, pre-packaged sing	ntinued s	terilizati	on prac	ctices and the use of reusable medical		
Date of all corrective measures were confirmed to have 2018/12/07	been cor	npleted (yyyy/mr	n/dd)		
Final Report Comments and Contact Infor	mation					
Any Additional Comments: (Please do not include any	oersonal i	nformatio	n or per	rsonal health information)		
If you have any further questions, please contact Health Connection	_					
Telephone Number	Email	Address				
1-800-361-5653	Health	th.inspectors@york.ca				