

Initial Report					
Premise/Facility under investigation (name and address Medigas 7010 Warden Ave., Unit 6-7 Markham, Ontario L3R 5Y3)				
Type of Premises/Facility					
Retail Store		1-			
Date Board of Health became aware of IPAC lapse (yyyy/mm/dd) 2018/07/19		Date of Initial Report posting (yyyy/mm/dd) 2019/06/20			
Date of Initial Report update(s) (if applicable) (yyyy/mm/dd		How the IPAC lapse was identified Referral			
Summary Description of the IPAC Lapse During an inspection conducted on July 7, 2018, Ye positive airway pressure (CPAP) masks were not c machine filter was not replaced after each client us	leaned an				
IPAC Lapse Investigation	Yes	No	N/A	Please provide further details/steps	
Did the IPAC lapse involve a member of a regulatory college?		X			
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	 An inspection was conducted on July 19, 2018. The store must ensure the following: Discontinue re-use of tester CPAP masks between clients and re-use of same filter for the Resmed CPAP machine between clients and 				
	demonstrate that:				
 The tester CPAP masks are intended for multi-clie The filters for the Resmed CPAP machine are interclient use 					
 Prior to resuming cleaning and disinfection practices of reuse medical equipment/instruments: 					
	 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, 3rd Edition, May 2013 				
	• Dise	-		e Resmed CPAP machine after each client use	
Date any order(s) or directive(s) were issued to the ow	ner/operat	or (if app	licable)	(vvvv/mm/dd)	

Date any order(s) or directive(s) were issued to the owner/operator (if applicable) (yyyy/mm/dd) 2018/07/19

Initial Report Comments and Contact Information

Any additional Comments:

An inspection report was provided to the retail store on July 19, 2018 outlining corrective measures to be implemented. The operator was educated on site 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 July 19, 2018. 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		
1-800-361-5653	Health.inspectors@york.ca		



Final Report

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

2019/06/20

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

Brief description of corrective measures taken

Follow-up was conducted on August 20, 2018 where it was noted by York Region Public Health that all corrective measures have been put into place. Operator has implemented measures at this retail location to prevent the handling of display CPAP masks; CPAP masks and related supplies used for demonstration or fitting on a client are not reused.

Date of all corrective measures were confirmed to have been completed (yyyy/mm/dd) 2018/08/20

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 Connect	lon

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