

York Region Infection Prevention And Control Lapse Report

Initial Report					
Premise/Facility under investigation (name and address)				
York County Sleep Laboratory					
28 Main St N					
Newmarket, Ontario					
L3Y 3Z7					
Type of Premises/Facility					
Sleep Clinic					
Date Board of Health became aware of IPAC lapse (yyyy/mm/dd)		Date	Date of Initial Report posting (yyyy/mm/dd)		
2018/06/25		2019	2019/06/20		
Date of Initial Report update(s) (if applicable) (yyyy/mm/dd)			How the IPAC lapse was identified Complaint		
Summary Description of the IPAC Lapse		,			
York Region Public Health noted: efficacy testing of daily basis; equipment (e.g. masks, connection tukin the high-level disinfectant for the contact time in stored in a manner that did not prevent contaminat not kept; and filters on the continuous positive air changed after each client.	es) requirestructed lition; a log	ing repr by the m of the e	ocessinanufac quipme	ng was being cleaned but not fully submergec cturer; clean and disinfected equipment was ent that received high-level disinfection was	
IPAC Lapse Investigation	Yes	No	N/A	Please provide further details/steps	
Did the IPAC lapse involve a member of a regulatory college?	\boxtimes				
If yes, was the issue referred to the regulatory college?	\boxtimes			The College of Physicians and Surgeons of Ontario	
Were any corrective measures recommended and/or implemented?	\boxtimes				
Please provide further details/steps	 The clinic must ensure the following: Efficacy of high-level disinfectant is monitored and logged on a daily basis Multi-use equipment (e.g. masks, connection tubes) is fully submerged in the high-level disinfectant High-level disinfectant is used in accordance with manufacturer's instructions Clean and disinfected equipment is stored in a manner that prevents contamination A log is kept of the equipment that received high-level disinfection Filters on the CPAP machines are changed after each client 				
Date any order(s) or directive(s) were issued to the ow Initial Report Comments and Contact Info			olicable)	(yyyy/mm/dd)	
Any additional Comments: (Please do not include any			n or ne	rsonal health information)	
Inspection report was provided to the clinic on Jun operator was educated on site and instructed to us Provincial Infectious Diseases Advisory Committee Equipment/Devices in All Health Care Settings, May corrective measures have been implemented.	e 25, 2018 e multi-us e Best Pra	outlinii se equip ctices fo	ng corre ment th or Clear	ective measures to be implemented. The nat was reprocessed in accordance with ning, Disinfection and Sterilization of Medical	
If you have any further questions, please contact					
Health Connection		٠٠٠ ا ا			
Telephone Number	i ⊨mail	Address			



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1-800-361-5653 <u>Health.inspectors@york.ca</u>

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

A re-inspection was conducted on June 27, 2018. At time of re-inspection, clinic staff demonstrated proper reprocessing practices as per PIDAC best practices. All corrective measures have been put into place.

Date of all corrective measures were confirmed to have been completed (yyyy/mm/dd) 2018/06/27

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 Connection

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