

## PUBLIC HEALTH UNIT INFECTION PREVENTION AND CONTROL LAPSE REPORT

Initial Report	
Premise/facility under investigation (name and address)	Betty E. McTague Chiropodist Clinic 1 Elora St. S. Suite #4, PO Box 25 Harriston ON NOG 1Z0
Type of premise/facility: (E.g. clinic, personal services setting)	Chiropody Clinic
Date Board of Health became aware of IPAC lapse	Aug 18, 2022
Date of Initial Report posting	Aug 23, 2022
Date of Initial Report update(s) (if applicable)	
How the IPAC lapse was identified	A complaint by a member of the public.
Summary Description of the IPAC Lapse	During the complaint inspection it was documented that the cleaning, disinfection and sterilization of medical equipment and devices on-site did not follow the Provincial Infectious Diseases Advisory Committee (PIDAC) Best Practice Standards for medical device reprocessing and infection control in the clinical office setting or the Standards of Practice for Chiropodists and Podiatrists.
IPAC Lapse Investigation	
Did the IPAC lapse involve a member of a regulatory college?	Yes
If yes, was the issue referred to the regulatory college?	Yes
Were any corrective measures recommended and/or implemented?	Yes
Please provide further details/steps	<ul> <li>The chiropody practice is to ensure:</li> <li>Medical equipment reprocessing and other general infection control practices follow Infection         Prevention and Control (IPAC) Best Practice documents as provided by the Provincial Infectious             Diseases Advisory Committee (PIDAC) and the             Canadian Safety Association (CSA)     </li> </ul>

	<ul> <li>Documentation and review of each sterilization cycle and spore testing daily.</li> <li>Staff members responsible for any or all steps in reprocessing must be trained and complete continuing education for medical equipment reprocessing.</li> </ul>
Date any order(s) or directive(s) were issued to the owners/operators (if applicable)	Written Order to chiropodist issued: Aug 23, 2022
Initial Report Comments and Contact Information	
Any Additional Comments (Do not include any personal information or personal health information)	
If you have any further questions, please contact:	
Name	Kyley Alderson
Title	Infection Control Manager
E-mail address	kyley.alderson@wdgpublichealth.ca
Phone number	519-822-2715 ext. 4208
Final Report	
Date of Final Report posting:	
Date any order(s) or directive(s) were issued to the owner/operator (if applicable)	
Brief description of corrective measures taken	
Date all corrective measures were confirmed to have been completed	
Final Report Comments and Contact Information	
Any Additional Comments (Do not include any personal information or personal health information)	
If you have any further questions, please contact:	

Name	
Title	
Email address	
Phone number	