

## PUBLIC HEALTH UNIT INFECTION PREVENTION AND CONTROL LAPSE REPORT

### Initial Report

Premise/facility under investigation (name and address)	Dr. Bruce V. Abbey 4-21 College Avenue West, Guelph N1G 1R7
Type of premise/facility: (E.g. clinic, personal services setting)	Physician clinic
Date Board of Health became aware of IPAC lapse	June 27, 2019
Date of Initial Report posting	July 3, 2019
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.
<b>IPAC Lapse Investigation</b>	
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	The medical practice is to ensure: <ul style="list-style-type: none"> <li>Medical equipment reprocessing and other general infection control practices follow Infection Prevention and Control (IPAC) Best Practice documents as provided by PIDAC and the Canadian Safety Association (CSA)</li> </ul>

	Staff members responsible for any or all steps in reprocessing must complete the Medical Device Reprocessing Techniques Online Course through the Medical Device Reprocessing Association of Ontario as required by the specified continuing education and remediation program ("SCERP") by the College of Physicians and Surgeons of Ontario (CPSO)
Date any order(s) or directive(s) were issued to the owners/operators (if applicable)	Written Order to office manager issued: June 28, 2019 Written Order to Dr. Abbey issued: July 3, 2019
<b>Initial Report Comments and Contact Information</b>	
Any Additional Comments (Do not include any personal information or personal health information)	
<b>If you have any further questions, please contact:</b>	
Name	Janice Walters
Title	Program Manager
E-mail address	<a href="mailto:janice.walters@wdgpublichealth.ca">janice.walters@wdgpublichealth.ca</a>
Phone number	519-822-2715 ext. 4246
<b>Final Report</b>	
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	
<b>Final Report Comments and Contact Information</b>	
Any Additional Comments (Do not include any personal information or personal health information)	
<b>If you have any further questions, please contact:</b>	

Name	Janice Walters
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