PublicHealth
WELLINGTON-DUFFERIN-GUELPH
Stay Well.

PUBLIC HEALTH UNIT INFECTION PREVENTION AND CONTROL LAPSE REPORT

Initial Report

Premise/facility under investigation (name and address)	Shelburne Long Term Care 200 Robert Street Shelburne ON, L9V 3S1 *Order issued to Owner/Operator:* Southbridge Care Homes 766 Hespeler Road, suite 301 Cambridge, Ontario, Canada, N3H 5L8
Type of premise/facility: (E.g. clinic, personal services setting)	Long Term Care
Date Board of Health became aware of IPAC lapse	2023/10/26
Date of Initial Report posting	2023/10/27
Date of Initial Report update(s) (if applicable)	
How the IPAC lapse was identified	An onsite routine inspection
Summary Description of the IPAC Lapse	During the routine inspection at Shelburne Long Term Care, it was observed that the home has: a) Failed to reprocess reusable medical equipment/devices as per CSA Z314 and as per PIDAC Best Practices. b) Failed to maintain semi-critical and critical medical equipment/devices sterile until point of use. c) Reprocessed semi-critical and critical medical equipment/devices in an area that does not meet Best Practice requirements. d) Client care services were provided using reusable medical equipment/devices at *Shelburne Long Term Care, located at, 200 Robert Street Shelburne ON, L9V 3S1*. Semi critical and critical medical equipment/devices were reprocessed in an area that does not meet Best Practice requirements. The infection prevention and control (IPAC) practices in connection with these services are inadequate and are not in compliance with current CSA Z314 Standards or PIDAC Best Practices, as outlined within the PIDAC Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices In All Health Care Settings document (as current) and the PIDAC Best Practices for Infection Prevention and Control for Clinical Office Practice document (as current), for the use of the medical equipment/devices being used during the delivery of these services
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	• Follow Canadian Standards Association (CSA) Standard and Provincial Infectious Diseases Advisory Committee (PIDAC) Best Practices as these relate to the services offered and reprocessing of reusable medical equipment/devices, including but not limited to the following: *a. CSA Z314 Canadian Medical Device Reprocessing* *b. Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices* *c. Infection Prevention and Control for Clinical Office Practice* *d. Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings* *e. Best Practices for Hand Hygiene in All Health Care Settings* • All staff involved in reprocessing must complete education and training in reprocessing. • Provide a plan to Wellington-Dufferin-Guelph Public Health for the development of site-specific policies and procedures based on current PIDAC Best Practices for clinical office practice and for onsite reprocessing (cleaning, disinfection and/or sterilization) of reusable medical equipment used in your professional practice. • Review the manufacturer's instructions for use (MIFU) for all semi-critical medical equipment and sterilizer(s) used onsite. • Create an inventory list of reusable semi-critical and critical medical equipment used onsite that details the MIFU time/ temperature/ pressure required for sterilization. • Compare the MIFU instructions for reusable equipment with the MIFU for the onsite sterilizer(s) to determine if the reusable equipment can be sterilized in the onsite sterilizer(s). Physical Layout • If reusable equipment will be used, provide a dedicated reprocessing area that is physically separated from client care areas and procedures rooms. This room cannot be a washroom. • Provide a dedicated equipment cleaning sink in the reprocessing area that is large enough to clean and rinse reusable equipment onsite. The sink must be posted as a designated equipment cleaning sink. • Ensure there is a one-way workflow from dirty to clean in the reprocessing area to prevent cross contamination. • Ensure there is a clear separation between soiled and clean areas. • Ensure clean and sterile equipment is physically separated from dirty or used equipment at all times. • Clean reusable medical equipment/devices in a designated reprocessing area. • After each use, ensure all reusable semi-critical medical equipment/device is: • Pre-cleaned prior to manually or mechanically cleaning.

	• Disassembled (if applicable) as per the MIFU prior to cleaning. • Cleaned with friction (manual or mechanical) using a cleaning product meant for reusable medical equipment cleaning. • Rinsed as per the MIFU. • For reusable medical equipment/device sterilization, follow the MIFU requirements for the device and the sterilizer as well as CSA and PIDAC requirements and maintain sterile until point of use. • Ensure the sterilizer used onsite or any newly incoming sterilizer is on Health Canada's medical device active license listing and is equipped with a printer to monitor physical parameters for sterilization
Date any order(s) or directive(s) were issued to the owners/operators (if applicable)	Written order issued to Southbridge Care Homes: October 27, 2023
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	April Pollington
Title	Manager, Infection Control
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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	