



PUBLIC HEALTH UNIT INFECTION PREVENTION AND CONTROL LAPSE REPORT

Initial Report

Premise/facility under investigation (name and address)	Dr. Bruce Sweet (General Practitioner-Allergy) 110-63 Algoma St N.
Type of premise/facility: (E.g. clinic, personal services setting)	Allergy Clinic
Date Board of Health became aware of IPAC lapse	March 16, 2017 complaint received; March 17, 2017 complaint initiated; March 20, 2017 IPAC Lapse confirmed
Date of Initial Report posting	April 05, 2017
Date of Initial Report update(s) (if applicable)	
How the IPAC lapse was identified	Other
Summary Description of the IPAC Lapse	Single use disposable devices were being reprocessed and reused, improper sharps disposal in an unapproved sharps box, no liquid soap in a dispensing unit at hand washing sinks, examination tables were covered in a reusable sheet that wasn't changed in between clients and the beds were not being cleaned/disinfected, re usable instruments were not being properly cleaned and disinfected.

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	Do not re-use single use disposable devices, obtain biohazard sharps box and dispose of all sharps in that container, obtain liquid soap in dispensing unit for handwashing, obtain cleaner/disinfectant for cleaning examination tables in between each client, ensure proper cleaning and the appropriate level disinfectant is used to reprocess instruments in between clients
Date any order(s) or directive(s) were issued to the owners/operators (if applicable)	Section 13 verbal order issued March 20/2017, written order hand-delivered March 27/2017

Initial Report Comments and Contact Information

Any Additional Comments (Do not include any personal information or personal health information)	
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If you have any further questions, please contact:

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Phone number	807-625-5935

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	