

Public Health Unit Infection Prevention and Control Lapse Report	
Initial Report	
Premise/facility under investigation (name and address)	Fancy Face Fancy it Up
Type of premise/facility: (E.g. clinic, personal services setting)	Personal Service Setting
Date Board of Health became aware of IPAC lapse	November 17, 2022
Date of Initial Report posting	December 6, 2022
Date of Initial Report update(s) (if applicable)	
How the IPAC lapse was identified	The lapse was identified during a compliance inspection
Summary Description of the IPAC Lapse	<ul style="list-style-type: none"> Inadequate cleaning and disinfection of semi critical equipment and instruments that are reused on clients—the micro-blade holder was not being processed between clients. Infection risk: There is a risk of Blood Borne Infection (BBI) as well as the risk of transmitting skin infections from one client to another. While the infection risk is low, procedures involving the use of a micro-blade carry risk. Blood does not need to be visibly present for transmission of microorganisms to occur. The Health Hazard has been stopped through closure of the premise.
IPAC Lapse Investigation	
Did the IPAC lapse involve a member of a regulatory college?	No
If yes, was the issue referred to the regulatory college?	N/A
Were any corrective measures recommended and/or implemented?	<ul style="list-style-type: none"> Instruments that cannot be cleaned, disinfected or sterilized between each use must be single use then discarded after each client. Reusable equipment/instruments must be cleaned and disinfected An equipment/ reprocessing sink must be installed Records of client contact information, disinfection records and records of accidental exposure to blood and bodily fluids should be kept Premises was instructed on proper procedures and closed until the operator could demonstrate knowledge and use of required processing.
Please provide further details/steps	Fancy Face Fancy it Up is a standalone aesthetician service where the operator is the sole provider of service, date of operations for this IPAC Lapse are 2018-2022.

	<p>During the compliance inspection the Public Health Inspector identified the following errors in regards to IPAC compliance that resulted in an IPAC Lapse:</p> <ul style="list-style-type: none"> • Unable to verify that Semi-critical equipment was reprocessed adequately between uses and protected from contamination during storage. • Sterility and/or integrity of single use equipment could not be verified • Lack of required records such as client contact records, disinfection records and accidental exposure to blood and bodily fluids records made it difficult to verify how many clients received an invasive procedure; if approved disinfectants were used correctly for high-level disinfection; and if there were any incidences related to accidental exposure to blood and bodily fluids that put the client or the service provider at risk of acquiring an infection • Public Health Inspector advised the operator that the premise that was closed on November 9, 2022 by Norfolk County By-law remains closed. • Re-opening will only be permitted once the operator demonstrates adequate knowledge and required IPAC processes.
Date any order(s) or directive(s) were issued to the owners/operators (if applicable)	November 9, 2022
Initial Report Comments and Contact Information	
Any Additional Comments	

If you have any further questions, please contact:	
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Final Report	
Date of final report posting	February 8, 2023
Date any order(s) or directive(s) were issued to the owner/operator (if applicable)	
Brief description of corrective measures taken	Corrective Measure as outlined above have been implemented. Internal procedures on infection control and device reprocessing are followed.
Date all corrective measures were confirmed to have been completed	February 6, 2023

Final report comments	The operator is now in compliance with IPAC standards of best practice for personal service settings.
Final Report Contact Information. If you have any further questions, please contact	
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