

PUBLIC HEALTH UNIT INFECTION PREVENTION AND CONTROL LAPSE REPORT	
Summary Report	
Premise/facility under investigation (name and address)	Brenna Steels Naturopathic Clinic 339 Reid St. Peterborough ON K9H 4G3
Type of premise/facility: (E.g. clinic, personal services setting)	Naturopathic Clinic
Date Board of Health became aware of IPAC lapse	2018-04-23
Date of Initial Report posting	2018-04-27
Date of Initial Report update(s) (if applicable)	2018-05-14
How the IPAC lapse was identified	Other
Summary Description of the IPAC Lapse	1) Lancing device (pen-like device that houses the lancet) used on multiple patients. NOTE: lancet and lancet hub were single-use disposable and changed between patients. 2) Alcohol based hand sanitizer or handwashing sink with soap and water were not available at point of care. 3) Hand hygiene not performed according to the four moments of hand hygiene.
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	1) Stop using current lancet device 2) Ensure hand hygiene is available at point of care, and 3) Perform hand hygiene as per the four moments for hand hygiene.
Date any order(s) or directive(s) were issued to the owners/operators (if applicable)	2018-04-24
Initial Report Comments and Contact Information	
Any Additional Comments (Do not include any personal information or personal health information)	The listed corrective measures were implemented immediately. Additional recommendations for policies and procedures and staff education have been made and follow up by a Public Health Inspector will be completed.
If you have any further questions, please contact:	
Name	Gillian Pacey
Title	Public Health Inspector
E-mail address	gpacev@peterboroughpublichealth.ca
Phone number	705 743 1000 Ext. 224
Final Report	
Date of Final Report posting:	2018-06-26
Date any order(s) or directive(s) were issued to the owner/operator (if applicable)	
Brief description of corrective measures taken	1) Facility is using single-use disposable lancets which do not require a lancet device for use 2) Handwashing and alcohol based hand rub are available at point of care 3) Procedures have been updated in regards to hand hygiene
Date all corrective measures were confirmed to have been completed	2018-06-26
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	Gillian Pacey
Title	Public Health Inspector
Email address	gpacev@peterboroughpublichealth.ca
Phone number	705 743 1000 Ext. 224