

PUBLIC HEALTH UNIT INFECTION F	PREVENTION AND CONTROL LAPSE REPORT
	Summary Report
Premise/facility under investigation (name and address)	Kawartha Cardiology, Blood Lab, 327 Charlotte St. Peterborough ON
Type of premise/facility: (E.g. clinic, personal services setting)	Blood Lab
Date Board of Health became aware of IPAC lapse	2018-06-19
Date of Initial Report posting	2018-06-26
Date of Initial Report update(s) (if applicable)	
How the IPAC lapse was identified	Other
Summary Description of the IPAC Lapse	 Reusable blood tube holders not cleaned or disinfected between use 2) Multi-patient use of tourniquets Hand hygiene not in compliance with current best practices
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?	
Were any corrective measures recommended and/or implemented?	Yes
Please provide further details/steps	Clinic to ensure: 1) Policies and procedures for infection prevention control are developed. 2) Effective hand hygiene requirements are in place. 3) Proper selection and use of personal protective equipment is in place. 4) Hand hygiene is performed immediately prior to aseptic procedures. 5) Tourniquets are non-latex and single use only. 6) Blood tube holders are cleaned and disinfected after each use (NOTE: Single-use preferred).
Date any order(s) or directive(s) were issued to the owners/operators (if applicable)	2018-06-26
Initial Report Comments and Conta	ct Information
Any Additional Comments (Do not include any personal information or personal health information)	Blood lab was closing for vacation at the time of the complaint and the initial visit. Corrective measures were provided to the clinic to be implemented before reopening. Follow up by a Public Health Inspector will be completed to verify compliance.
If you have any further questions, please	contact:
Name	Gillian Pacey
Title	Public Health Inspector
E-mail address	gpacey@peterboroughpublichealth.ca
Phone number	705 743 1000 Ext. 224
Final Report	2018-08-09
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	 Policies and procedures for infection prevention control developed and readily available. Effective han hygiene requirements are in place. Proper selection and use of personal protective equipment is in place. Hand hygiene is performed immediately prior to aseptic procedures. Tourniquets are non-latex and single use only. Blood tube holders are cleaned and disinfected after each use.
Date all corrective measures were	2018-07-18
confirmed to have been completed	
•	t Information
Final Report Comments and Contac Any Additional Comments (Do not include any personal	t Information
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confirmed to have been completed Final Report Comments and Contac Any Additional Comments (Do not include any personal information or personal health information) If you have any further questions, please Name	
Final Report Comments and Contact Any Additional Comments (Do not include any personal information or personal health information) If you have any further questions, please	contact:
Final Report Comments and Contact Any Additional Comments (Do not include any personal information or personal health information) If you have any further questions, please Name	contact: Gillian Pacey