

| PUBLIC HEALTH UNIT INFECTION PREVENTION AND CONTROL LAPSE REPORT | |
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| Initial Report | |
| Premise/facility under investigation (name and address) | Cali Nails 285-1105 Wellington Rd. S London Ontario N6E 1V4 |
| Type of premise/facility: (E.g. clinic, personal services setting) | Nail Salon |
| Date Board of Health became aware of IPAC lapse | May 4 th , 2017 |
| Date of Initial Report posting | Public Health Inspection report posted May 8 th , 2017. Initial posting January 5 th , 2018. |
| Date of Initial Report update(s) (if applicable) | |
| How the IPAC lapse was identified | Complaint |
| Summary Description of the IPAC Lapse | Complaint reported the following concerns: 1. Reusing disposable nail files on her and others 2. Reused purple buffer on feet 3. Cut on cuticles and others were cut. She bled, staff applied pressure, applied a bluish green solution to feet not explaining what it was and caused stinging. Applied gauze. She questions the reprocessing of the cuticle nipper. |
| 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 – ensure that disposable items disposed of immediately; ensure to clean items with soap and water prior to disinfection. |
| Please provide further details/steps | Section 13 Order issued on May 4 th , 2017 |
| Date any order(s) or directive(s) were issued to the owners/operators (if applicable) | May 4 th , 2017 |
| 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 | Mary Lou Albanese |
| Title | Manager, Infectious Disease Control Team |
| E-mail address | Marylou.albanese@mlhu.on.ca |
| Phone number | 519-663-5317 ext. 2358 |
| Final Report | |
| Date of Final Report posting: | January 5, 2018 |
| Date any order(s) or directive(s) were issued to the owner/operator (if applicable) | |
| Brief description of corrective measures taken | Operator disposing of single-use items after each client; equipment being washed and scrubbed prior to disinfection |
| Date all corrective measures were confirmed to have been completed | December 18, 2017 |
| 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 | Mary Lou Albanese |
| Title | Manager |
| Email address | Marylou.albanese@mlhu.on.ca |
| Phone number | 519-663-5317 Ext. 2358 |