

INFECTION PREVENTION AND CONTROL LAPSE REPORT

Initial Report	Last Updated on: July 10, 2024
Premise/facility under investigation (name and address)	Highbury Medical Clinic 1345 Huron St, London, ON N5V 2E3
Type of premise/facility: (e.g., medical clinic, multi-service PSS)	Medical Clinic
Date Board of Health became aware of IPAC lapse	May 24, 2024
Date IPAC lapse was linked to the premise/facility	May 24, 2024
Date of Initial Report posting	May 31, 2024
Date of Initial Report update(s) (if applicable)	July 10, 2024
Source of IPAC lapse information (e.g., routine inspection, public complaint etc.)	Public Complaint
Summary Description of the IPAC lapse	Re-use of single-use items Lack of proper cleaning/disinfection/sterilization of multi-use items
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, CPSO
Were other stakeholders notified? (e.g. Ministry)	Ministry of Health
Concise description of the corrective action(s) required	Demonstrate appropriate use of single-use items Demonstrate proper cleaning/disinfection/sterilization of multi-use items
Please provide further details/steps	Re-inspection A re-inspection was conducted, and the Section 13 order was rescinded on July 2, 2024. Next steps:

		1) Once a patient list with contact information is provided by the clinic, MLHU will notify patients of potential exposure directly with a mailed letter. 2) A second re-inspection in 4-6 months.	
Date any order(s) or directive(s) were issued to the owners/operators (if applicable)		Section 13 Order Issued, May 29, 2024	
Initial Report Comments and Contact Information			
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Final Report		Last Updated on:	
Date of Final Report posting:			
Date any order(s) or directive(s) were issued to the owners/operators (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		Phone Number	