

York Region Infection Prevention and Control Lapse Report

Initial Report					
Premises/Facility under investigation (name	and ac	dress))		
Jenny Caratin Tattooing Services					
3- 304 Millard Avenue					
Newmarket, Ontario L3Y 1Z2					
Type of Premises/Facility PSS					
Date Board of Health became aware of IPAC lapse (yyyy/mm/dd)		Date of Initial Report posting (yyyy/mm/dd)			
2024/06/19			2024/06/28		
Date of Initial Report update(s) (if applicable) (yyyy/mm/dd)			How the IPAC lapse was identified Complaint		
 Summary Description of the IPAC Lapse Cleaning and disinfection of reusable equinous Health Ontario: Guide to Infection Prevent July 2019". Disinfectant was not available for the clear Hand washing sink was not dedicated for Reprocessing sink was not dedicated for realth Alcohol-based hand rub was expired. 	ion and ning and hand hy	ools wa Contro d disinfa giene p	as not I in Pe ection propos	of environmental surfaces.	
IPAC Lapse Investigation	Yes	No	N/A	Please provide further details/steps	
Did the IPAC lapse involve a member of a regulatory college?		\boxtimes			
If yes, was the issue referred to the regulatory college?			\boxtimes		
Were any corrective measures recommended and/or implemented?	\boxtimes				
Please provide further details/steps	 Re eq "Pr an Jul" Us Ide (NI with eq eq us on the presentation of th	equipment/tools after each use in accordance with the "Public Health Ontario: Guide to Infection Prevention and Control in Personal Service Settings, 3rd Edition, July 2019." Use disinfectants that have an expiry date, a Drug Identification Number (DIN), Natural Product Number (NPN), and/or Medical Device License (MDAL) and used with Health Canada (with exception of Chlorine Bleach). Use disinfectants, for the reprocessing of reusable equipment/devices, that are within their expiry date. Use alcohol-based hand sanitizer within its expiry date.			



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Date any order(s) or directive(s) were issued to the owner/operator (if applicable) (yyyy/mm/dd)

Verbal directional order and verbal closure order issued 2024/06/19. Written directional and written closure order delivered on 2024/06/21.

Initial Report Comments:

Verbal order was issued on June 19, 2024, ordering operator to correct conditions related to tattoo services, followed up with a written directional and closure order on June 21, 2024. Reinspection was conducted on June 21, 2024, and all corrective measures were followed.

Any additional Comments: (Please do not include any personal information or personal health information)

Email Address

If you have any further questions, please contact

Health Connection

Telephone Number

1-800-361-5653 <u>Health.inspectors@york.ca</u>

Final Report

Date of Final Report posting (yyyy/mm/dd)

2024/06/25

Date any order(s) or directive(s) were issued to the owner/operator (if applicable) (yyyy/mm/dd)

Verbal directional order and verbal closure order were issued on 2024/06/19. Written directional and written closure order were delivered 2024/06/21.

Brief description of corrective measures taken:

Operator ordered to close. Corrective measures were implemented, and education provided 2024/06/19

Date of all corrective measures were confirmed to have been completed (yyyy/mm/dd)

Reinspection conducted; all corrective measures were confirmed to have been completed 2024/06/21.

Final Report Comments and Contact Information

Any Additional Comments: (Please do not include any personal information or personal health information)

If you have any further questions, please contact

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