

York Region Infection Prevention and Control Lapse Report

Initial Report				
Premises/Facility under investigation (name	and ad	dress)	
Canada Vein Clinics				
9555 Yonge Street, Suite 205,				
Richmond Hill, Ontario L4C 1A3				
Type of Premises/Facility				
Vein Clinic		1		
Date Board of Health became aware of IPAC (yyyy/mm/dd) 2024/11/11	lapse	Date 6		ial Report posting (yyyy/mm/dd)
Date of Initial Report update(s) (if applicable (yyyy/mm/dd))		he IP	AC lapse was identified
Summary Description of the IPAC Lapse		Keleli	aı	
 Sterilizer not currently licensed for use by F 	lealth C	anada	-	
Non-compliance with adherence to the Mar Practices for Infection Prevention and Cont dispensing, using, and storing of multi-dose	nufacture rol for C	er's Ins	structio	
IPAC Lapse Investigation	Yes	No	N/A	Please provide further details/steps
Did the IPAC lapse involve a member of a regulatory college?	\boxtimes			College of Physicians and Surgeons of Ontario (CPSO)
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	 Dis EA reu Dis dev EA pair ver Re dev the and He Foliofor dos Re ond "PI 	scontin SYCL/ Isable scontin vices/e SYCL/ ramete rified. proces vices/e "PIDA d Steril alth Ca llow the disper se vials move I ce the DAC E	ue the AVE T medic ue the quipm AVE T rs of t s (clear quipm AVE Best ization are See Mannsing, s. needle medic sest Property of the AVE T results of the AV	res for Premises/Facility: a use of 'the current sterilizer', friumph TR250M, for reprocessing al devices/equipment. a use of reusable medical ment that were reprocessed in the friumph TR250 until sterilization he EASYCLAVE Triumph TR250 can be an and sterilize) all reusable medical ment after each use in accordance with st Practices for Cleaning, Disinfection of Medical Equipment/Devices in All attings, 3rd Edition, May 2013". ufacturer's Instructions for Use (MIFU) using, labelling, and discarding of multi- mes immediately from multi-dose vials reation is drawn up in accordance with the ractices for Infection Prevention and fical Office Practice April 2015".



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Verbal Order Issued 2024/11/11. Written Order Issued 2024/11//18

Initial Report Comments: Verbal Order was issued on November 11, 2024, followed by a written Order
on November 18, 2024. Operator discontinued the use of 'the current sterilizer' EASYCLAVE Triumph
TR250 for reprocessing multi-use medical devices/equipment. Operator discontinued using multi-use
medical devices/equipment that were reprocessed in the EASYCLAVE Triumph TR250. Operator obtained
three consecutive spore tests using Biological Indicators (BI) with the EASYCLAVE Triumph TR250 using
the current sterilization process.

the current sterilization process.	
Any additional Comments: (Plea information)	se do not include any personal information or personal health
If you have any further questions, I	please contact.
Health Connection	
Telephone Number	Email Address
1-800-361-5653	Health.inspectors@york.ca
Final Report	•
Date of Final Report posting (yy	yy/mm/dd)
Date any order(s) or directive(s)	were issued to the owner/operator (if applicable) (yyyy/mm/dd)
Date any order(s) or directive(s)	were issued to the owner/operator (if applicable) (yyyy/mm/dd)
Date any order(s) or directive(s) Brief description of corrective m	
Brief description of corrective m	easures taken
Brief description of corrective m	easures taken were confirmed to have been completed (yyyy/mm/dd)
Brief description of corrective m	easures taken were confirmed to have been completed (yyyy/mm/dd)
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Brief description of corrective measures of all corrective measures of Final Report Comments and Corrective Any Additional Comments: (Pleasinformation)	easures taken were confirmed to have been completed (yyyy/mm/dd) ntact Information use do not include any personal information or personal health
Brief description of corrective measures of all corrective measures of Final Report Comments and Corrective Any Additional Comments: (Pleasinformation) If you have any further questions, present the connection	were confirmed to have been completed (yyyy/mm/dd) intact Information use do not include any personal information or personal health blease contact
Brief description of corrective measures of all corrective measures of Final Report Comments and Corrective Any Additional Comments: (Pleasinformation)	easures taken were confirmed to have been completed (yyyy/mm/dd) ntact Information use do not include any personal information or personal health