York Region
Infection Prevention and Control Lapse Report

Initial Report

Premises/Facility under investigation (name and address)

Vitacare OBGYN
11685 Yonge Street, Unit A205
Richmond Hill, Ontario, L4E OK7

Type of Premises/Facility

Obstetrics and Gynecology

Date Board of Health became aware of IPAC lapse (yyyy/mm/dd)	**Date of Initial Report posting (yyyy/mm/dd)**
2024/11/08	2025/03/19
Date of Initial Report update(s) (if applicable) (yyyy/mm/dd)	**How the IPAC lapse was identified**
	Referral

Summary Description of the IPAC Lapse

- Disinfection and sterilization of multi-use medical equipment/devices were not conducted in accordance with the Manufacturer's Instructions for Use (MIFU) and "PIDAC Best Practices for Cleaning, Disinfection, and Sterilization of Medical Equipment/Devices in All Health Care Settings, 3rd Edition, May 2013".

IPAC Lapse Investigation	**Yes**	**No**	**N/A**	**Please provide further details/steps**
Did the IPAC lapse involve a member of a regulatory college?	☒	☐	☐	College of Physicians and Surgeons of Ontario (CPSO)
If yes, was the issue referred to the regulatory college?	☒	☐	☐	
Were any corrective measures recommended and/or implemented?	☒	☐	☐	
Please provide further details/steps	**Corrective measures for Premises/Facility:** • Discontinue the use of all multi-use medical equipment/devices that were reprocessed in the Midmark M9 Steam Sterilizer until sterilization parameters can be verified. • Discontinue the use of all multi-use medical equipment/devices that were reprocessed in Metricide 28 Glutaraldehyde. • Discontinue the use of Metricide 28 Glutaraldehyde for the reprocessing of critical and semi-critical, multi-use medical equipment/devices. • Reprocess all multi-use medical equipment/devices after each use in accordance with the "PIDAC Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices in All Health Care Settings, 3rd Edition, May 2013". • Label sterilized packages with the date processed, sterilizer used, cycle or load number, and the health care provider's initials, in a manner that does not puncture or dampen the package. If the medical equipment/device is not visible (e.g., wrapped cassette), label the package contents.			

	• Monitor sterilizer parameters and log test results.
	• Record sterilization load and cycle, including:
	  ○ Biological indicator (BI) results
	  ○ Chart/printout of physical parameters of the sterilization cycle
	  ○ Load contents
	  ○ Person responsible for the sterilization cycle
	  ○ Chemical indicator (CI) monitoring results

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

Verbal Order Issued 2024/11/08. Written Order Issued 2024/11/12.

Initial Report Comments: A verbal Order was issued on November 08, 2024, followed by a written Order on November 12, 2024. The operator discontinued the use of multi-use medical equipment/devices that were reprocessed in the Midmark M9 Steam Sterilizer or Metricide 28 Glutaraldehyde until they could demonstrate that the reprocessing of multi-use medical equipment/devices follows current best practices. The operator obtained three consecutive spore tests using Biological Indicators (BI) with the Midmark M9 Steam Sterilizer using the current sterilization process. The operator discontinued the use of Metricide 28 Glutaraldehyde for the reprocessing of multi-use critical and semi-critical medical equipment/devices.

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

If you have any further questions, please contact.
Health Connection

Telephone Number	Email Address
1-800-361-5653	Health.inspectors@york.ca

Final Report

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

2025/03/19

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

The verbal Order was issued on November 08, 2024. The written Order was issued on November 12, 2024. The operator was able to resume the use of multi-use medical equipment/devices when the conditions of the Order were met. The conditions of the Order must continue to be followed.

Brief description of corrective measures taken

Reinspections were conducted on November 18, 2024, and December 4, 2024. All corrective measures were implemented, and no concerns were noted at the time of reinspection. The operator demonstrated reprocessing of all multi-use medical equipment/devices after each use in accordance with the “PIDAC Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices in All Health Care Settings, 3rd Edition, May 2013” and Manufacturer’s Instructions for Use (MIFU).

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

2024/12/04

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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