

Initial Report						
Premise/Facility under Investigation (name & a	ddress	;)				
Vivian Spa 11-3415 Dixie Rd						
Mississauga, ON L4Y 4J6						
Type of Premise/Facility						
· , po of 1 control, 1 donity						
Personal services setting						
Date board of health became aware of IPAC lapse				Date of Initial Report posting		
2021-08-31						
Date of Initial Report update(s) if applicable				How the IPAC lapse was identified?		
2021-09-01			Complaint/compliance inspection			
Summary Description of the IPAC lapse						
Used sharps such as needles used for injections	were b	eing red	capped a	and not discarded immediately after use in an		
approved sharps disposal container No sharps disposal container on site or at point	ofuco					
Pre-filled syringe not found in sterile packing. St		ockaging	n muct h	e opened in front of the client just prior to		
providing the service.	erne pa	ackaging	s must b	e opened in none of the client just phor to		
providing the service.						
IPAC Lapse Investigation	Yes	No	N/A	Please provide further details/steps		
IPAC Lapse Investigation Did the IPAC lapse involve a member of a	Yes	No ⊠	N/A	Please provide further details/steps		
		-		Please provide further details/steps		
Did the IPAC lapse involve a member of a regulatory college?		-		Please provide further details/steps		
Did the IPAC lapse involve a member of a regulatory college? If yes, was the issue referred to the regulatory		-		Please provide further details/steps		
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Did the IPAC lapse involve a member of a regulatory college? If yes, was the issue referred to the regulatory college? Were any corrective measures recommended and/or implemented? If yes, state the corrective measures in details/steps Date and list any order(s) or directive(s) that w	A pul Prom servi	blic hea notion A ces.	Ith orde Act requi	See below r was issued under the Health Protection and ring the operator to stop providing injectable er/operator (if applicable) ion and Promotion Act		



Region of Peel Infection Prevention And Control (IPAC) Lapse Report

Initial Report Comments and Contact Information

Additional Comments: (Please do not include any personal information or personal health information) Operator was not a regulated health professional and was not able to provide proof of delegation or a directive from a physician or nurse practitioner permitting performance of a controlled act (e.g. injections). Operator was ordered to provide proof of delegation and directive from a physician or nurse practitioner to the public health inspector.

⊠ On-site investigation was conducted. An inspection report and section 13 order was e-mailed to the operator noting what was required of the operator. Information/educational resources were reviewed with and provided to the operator. If you have any further questions, please contact:

Liz Haydu, Supervisor Health Services 905-791-7800 ext 2503

liz.haydu@peelregion.ca

Final Report	
Date of Final Report Posting	Date of Final Report Update(s) (if applicable)
2021-09-14	
State and date any order(s) or directive(s) we	re issued to the owner/operator (if applicable)
Order was issued 2021-08-31	
State and date of all corrective measures that	were confirmed to have been completed
Sharps container has been provided	
Sharps being disposed of immediately after u	se
Injectable services are no longer offered pend	ding compliance with the public heath order
Final Report Comments and Contact Info	rmation
Additional Comments: (Please do not include	e any personal information or personal health information)
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If you have any further questions, please cont	tact:
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