Algoma PUBLIC HEALTH
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Public Health Unit Infection Prevention and Control Lapse Report

Initial Report

Premise/facility under investigation (name and address)	**Eva G's In-Home Footcare**
Type of premise/facility	**Mobile Foot Care Services**
Date Board of Health became aware of IPAC Lapse	**2026-08-12**
Date of Initial Report posting	**2026-09-26**
Date of Initial Report update(s) (if applicable)	Click here to enter a date.
How the IPAC Lapse was identified	**Complaint received regarding improper reprocessing of foot care equipment/devices.**
Summary Description of the IPAC Lapse	**An inspection was conducted on August 18, 2026. Several IPAC best practices were not adhered to:** • **Foot care equipment were only being cleaned with a surgical instrument cleaner without further reprocessing.** • **No documented policies and procedures related to foot care.** • **No Manufacturer's Instructions for Use (MIFUs) available for foot care equipment/devices.** • **Improper transportation of contaminated foot care equipment/devices.** • **Missing labelling requirements on disinfectant products.**

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**
Were any corrective measures recommended and/or implemented?	**Yes**
Please provide further details/steps	**The foot care nurse was instructed to follow reprocessing requirements all foot care equipment/devices based on the Public Health Ontario PIDAC document "Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices In All Health Care Settings (2013)" or use single-use disposable equipment/devices.** **Provide written policies and procedures related to foot care.** **Obtain Manufacturer's Instructions for Use (MIFUs) for each foot care equipment/device used.** **Provide a puncture-resistant container with a lid for transportation of contaminated foot care equipment/devices.** **Ensure all disinfectant products have proper labelling requirements.**

Date any order(s) or directive(s) were issued to the owners/operators (if applicable) (yyyy/mm/dd)	**On August 14, 2026, APH verbally directed the footcare nurse to discontinue services until proper procedures for reprocessing of foot care equipment/devices can be established and verified by Algoma Public Health.**

Initial Report Comments and Contact Information

Any additional comments. (Do not include any personal information or personal health information)	**N/A**

If you have any further questions, please contact:

Name	Environmental Health Department
Phone number and extension	705-759-5286

Final Report

Date of Final Report posting	**2026-09-28**
Date of any order(s) or directive(s) were issued to the owner/operator (if applicable)	Click here to enter a date.
Brief description of corrective measures taken	**A follow-up inspection was conducted on September 22, 2026. All IPAC best practices have been met:** • **A Health Canada approved steam sterilizer has been purchased and proper reprocessing requirements have been met based on the Public Health Ontario PIDAC document "Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/ Devices In All Health Care Settings (2013)".** • **Written policies and procedures for foot care services have been obtained based on guidelines provided by the Canadian Association of Foot Care Nurses and policies and procedures for reprocessing of medical equipment/devices have also been obtained.** • **Manufacturer's Instructions for Use (MIFUs) have been obtained for all foot care equipment/devices, except for one device which has been deemed single-use disposable.** • **A covered puncture-resistant container labelled dirty is being used for the transportation of contaminated foot care equipment/devices.** • **All disinfectant products have proper labelling including valid expiration dates.**
Date all corrective measures were confirmed to have been completed	**September 22, 2026**

Final Report Comments and Contact Information

Any additional comments (Do not include any personal information or personal health information)	N/A

If you have any further questions, please contact:

Name	Environmental Health
Phone number and extension	705-759-5286