**Initial Report**

**Premise/Facility under Investigation**
Region of Peel – Public Health Oral Health Clinic (Brampton East)
150 Central Park Drive
Brampton, ON  L6T 2T9

**Type of Premise/Facility**
Dental Clinic

**Date board of health became aware of IPAC lapse**  
August 19, 2019

**Date of Initial Report posting**  
August 26, 2019

**How the IPAC lapse was identified?**
Internal notification

**Summary Description of the IPAC lapse**
Reprocessing failure – critical and semi-critical dental instruments were cleaned but not sterilized and subsequently put into circulation.

**IPAC Lapse Investigation**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Please provide further details/steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the IPAC lapse involve a member of a regulatory college?</td>
<td>☒</td>
<td></td>
<td></td>
<td>College of Dental Hygienists of Ontario</td>
</tr>
<tr>
<td>If yes, was the issue referred to the regulatory college?</td>
<td>☒</td>
<td></td>
<td></td>
<td>College of Dental Hygienists of Ontario</td>
</tr>
<tr>
<td>Were any corrective measures recommended and/or implemented?</td>
<td>☒</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, state the corrective measures in details/steps</td>
<td></td>
<td></td>
<td></td>
<td>Four of five non-sterile instrument packages were removed from circulation prior to use. A risk assessment is in progress to inform further actions.</td>
</tr>
</tbody>
</table>

**Date and list any order(s) or directive(s) that were issued to the owner/operator (if applicable)**

**Initial Report Comments and Contact Information**

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

☒ On-site investigation was conducted. Immediate actions were completed.

If you have any further questions, please contact:
Monali Varia, Manager Health Services
1-905-791-7800 ext 2451
monali.varia@peelregion.ca

**Final Report**

**Date of Final Report Posting**  
October 2, 2019

**Date of Final Report Update(s) (if applicable)**
State and date any order(s) or directive(s) were issued to the owner/operator (if applicable)

State and date of all corrective measures that were confirmed to have been completed

A risk assessment was completed; affected clients were notified of the IPAC lapse. Measures including training, enhanced audits, and process improvements have been implemented by the health department to prevent a recurrence.

**Final Report Comments and Contact Information**

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

If you have any further questions, please contact:

Monali Varia, Manager Health Services
1-905-791-7800 ext 2451
monali.varia@peelregion.ca