### Initial Report

**Premise/Facility under Investigation (name & address)**

Brampton Dental Walk-In  
4515 Ebenezer Road, Brampton ON L6P 2K7

**Type of Premise/Facility**  
Dental Office

**Date board of health became aware of IPAC lapse**

2017/10/23

**Date of Initial Report posting**

**Date of Initial Report update(s) if applicable**

**How the IPAC lapse was identified?**

Complaint from a member of the public

**Summary Description of the IPAC lapse**

Suboptimal documentation related to reprocessing of multi-use equipment; no available documentation of physical parameters of the sterilization cycle (time, temperature, pressure) or chemical indicator results.

### 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>Royal College of Dental Surgeons of Ontario</td>
</tr>
<tr>
<td>If yes, was the issue referred to the regulatory college?</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td></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>Immediate corrective actions have been taken by the clinic. The clinic was required to reprocess all multi-use equipment as per requirements of the Provincial Infectious Diseases Advisory Committee (PIDAC) and Canadian Standards Association (CSA). This included adequate documentation of physical, biological and chemical sterilization monitoring controls.</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. An inspection report was left with the premise/facility noting corrective measures. Information/educational resources were provided for review.

If you have any further questions, please contact:

Monali Varia, Manager, Region of Peel – Public Health  
905-791-7800 ext 2451 or monali.varia@peelregion.ca
### Final Report

<table>
<thead>
<tr>
<th>Date of Final Report Posting</th>
<th>Date of Final Report Update(s) (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2017-11-01</strong></td>
<td></td>
</tr>
</tbody>
</table>

**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**

**All multi-use equipment was sterilized with documentation of quality assurance parameters including time, temperature, pressure, and results of chemical and biological indicator monitoring.**

**Facility resumed use of multi-use equipment on October 26, 2017 after Peel Public Health verified that immediate corrective actions had been taken.**

### 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, Region of Peel – Public Health  
905-791-7800 ext 2451 or monali.varia@peelregion.ca