# Initial Report

**Premise/Facility under Investigation**

Humber Valley Dental  
25 Queen Street N.  
Bolton, ON L7E 5T3

**Type of Premise/Facility**  
Dental Clinic

**Date Board of Health became aware of IPAC lapse**  
November 29, 2019

**How the IPAC lapse was identified?**  
Dentist self-reporting

**Date of Initial Report Posting**  
N/A – final report only

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

**Summary Description of the IPAC lapse**  
Reprocessing failure- 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>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>
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<tr>
<td>Were any corrective measures recommended and/or implemented?</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>If yes, state the corrective measures in details/steps</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>4 of 7 non-sterile instrument packages were removed from circulation prior to use and immediately reprocessed. Dental clinic will proceed with client notification.</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 provided to premise.

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

<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>January 3, 2020</td>
<td></td>
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</tbody>
</table>

State any order(s) or directive(s) that were issued to the owner/operator and date(s) issued (if applicable)

State all corrective measures that were confirmed to have been completed and date(s) completed

**Affected clients were notified of the IPAC lapse.**

Measures including training, enhanced audits, and process improvements have been implemented by the clinic 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
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