

Woodstock Site 410 Buller Street Woodstock, ON N4S4N2

Final IPAC Lapse Report

Part A: IPAC Lapse Des	cription		
Premise/Facility under investigation (name and address):			
West Lorne Dental Clinic – 188 Main St., West Lorne, ON, NOL 2P	0		
Type of Premise/facility (e.g., medical clinic, multi-service persona	I service setting):	Dental Clinic	
Date the Medical Officer of Health or designate became aware of	IPAC lapse: Wedr	esday, July 5, 2	2023
Date IPAC lapse was linked to the premise/facility: Wednesday, Ju	ıly 5, 2023		
Source of IPAC lapse information (e.g., routine inspection, public c	complaint etc.): P	ublic Complain	t
Summary Description of IPAC Lapse (4-5 sentences maximum):			
 Semi-critical, detachable dental devices were not being ster Semi-critical, permanently attached dental devices were no Some dental devices were in the "closed/locked" position cleaning/sterilization process. 	t covered with ba		bled during the
 Inadequate storage of reprocessed critical and semi-critic 	cal dental device	s.	
 Inappropriate setup of reprocessing area. 			
The available logs for all tests completed on the sterilizers v	vere incomplete	and unorganize	ed.
Did the lapse involve a member of a regulatory college?	⊠Yes	□No	
 If yes, was the issue referred to the regulatory college? 	⊠Yes	□No	
f applicable, were other stakeholders notified?	⊠Yes	□No	□NA
A concise description of the corrective measures required to addro	•		
 Detachable dental devices must be cleaned and sterilized (a patient. 	as per manufactu	rer's instructio	ns) after each
Permanently attached dental devices must be covered with	barriers that are	changed after	each patient.
• Reusable dental devices must be in the "open" and "unlock manufacturer's instructions) prior to cleaning and sterilizing	ed" position AND	-	•
 Dental devices are to be stored in a manner that prevents p 	-	ND contamina	ation to the iter
and its packaging.			
 The reprocessing area must allow for one-way workflow. 			
 Logs of the sterilizer(s) are to be maintained and include the 	e following: load	control label (s	terilizer numbe
load number, and date of sterilization); chart/printout of ph	-		
contents; person responsible; CI monitoring results; BI mon			•
action taken.		,	
Please provide further detail/steps, if applicable:			
Date any order(s) or directive(s) issued to the owners/operators, i	f applicable: Secti	on 13 issued o	n Thursday, Jul
	- approable: Geee		
6, 2023			

Ontario Ministry of Health. (2022). Retrieved 2 14, 2023, from Infection Prevention and Control Disclosure Protocol, 2022: https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Infection_Prevention_and_Control_Disclo sure Protocol 2022 en.pdf

Part B: Initial Report Date of Initial Report posting: Thursday, July 13, 2023 Date of Initial Report update(s), if applicable: Click or tap to enter a date. Additional comments or revisions (indicate the date of revision): If you have further questions about this report, please contact communications@swpublichealth.ca

Signature

Part C: Final Report

Date of Final Report posting: 8/22/2023

Additional order(s) or directive(s) issued to the owners/operators, if applicable: Friday, July 14, 2023 RESCINDING of Section 13 issued

Brief description of corrective measures taken:

- All detachable dental devices are being cleaned and sterilized (as per manufacturer's instructions) after each patient.
- All permanently attached dental devices are covered with barriers. These barriers are changed after each patient.
- Reusable dental devices are now being fully disassembled, cleaned and sterilized in the "open" and "unlocked" position (if applicable).
- Dental devices are stored in a manner that prevents possible damage AND contamination to the item and its packaging.
- The reprocessing area is set up to allow for a one-way workflow.
- Logs of the sterilizer(s) are maintained, and the clinic is now recording all the required information, which includes the following: load control label (sterilizer number, load number, and date of sterilization); chart/printout of physical parameters of the sterilization cycle; load contents; person responsible; CI monitoring results; BI monitoring results; any malfunction and appropriate action taken.

Date all corrective measures were confirmed to have been completed: August 18th, 2023.

Additional comments: A final inspection was completed on August 18th, 2023, to address all findings (including lower risk items). All corrective actions, including the items not mentioned above, were completed by the clinic.

If you have further questions about this report, please contact communications@swpublichealth.ca

Signature

August 22, 2023 Date

July 13, 2023

Date

Ontario Ministry of Health. (2022). Retrieved 2 14, 2023, from Infection Prevention and Control Disclosure Protocol, 2022: https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Infection_Prevention_and_Control_Disclo sure Protocol 2022 en.pdf