

York Region Infection Prevention and Control Lapse Report

Initial Report					
Premise/Facility under investigation (name and addre	ess)				
Rosedale Family Dental Centre					
531 Atkinson Avenue Units: 15 and 16					
Thornhill, Ontario L4J 8L7					
Type of Premises/Facility					
Dental Office					
Date Board of Health became aware of IPAC lapse (yyyy/mm/dd)			Date of Initial Report posting (yyyy/mm/dd)		
2022/07/12			2022/08/08		
Date of Initial Report update(s) (if applicable) (yyyy/mm/dd)			How the IPAC lapse was identified Complaint		
Summary Description of the IPAC Lapse As a result of a complaint, York Region Public Heal York Region Public Health noted concerns with rep dental equipment/devices designated as single use dental/medical equipment/device were not always dental/medical equipment/devices were not always immediately after use (at the point of use) before tr equipment (e.g., brush) were not always cleaned, of	processing e only. New reprocesses pre-clear ansport fo	and so wly pur ed prio led (e.g r furthe	ubseque chased r to use g., wipe er manu	ent re-use of critical and semi-critical , non-sterile critical and/or semi-critical as indicated on the packaging. The d, gross soil removed manually) al or mechanical cleaning. Cleaning	
IPAC Lapse Investigation	Yes	No	N/A	Please provide further details/steps	
Did the IPAC lapse involve a member of a regulatory college?					
If yes, was the issue referred to the regulatory college?				Royal College of Dental Surgeons of Ontario	
Were any corrective measures recommended and/or implemented?					
Please provide further details/steps	Corrective measures:				
	Cease reprocessing and/or re-use of critical and semi-critical dental/medical equipment/devices labelled as single use.				
	Ensure all newly purchased, non-sterile critical and semi-critical dental/medical equipment/devices are inspected and reprocessed prior to use, according to their intended use, as per Manufacturer's Instructions for Use (MIFU).				
	Ensure each package is always labelled with date processed, sterilizer used, cycle or load number and the health care provider's initials in a manner that does not puncture or dampen the package. If the dental/medical equipment/devices are not visible (e.g., wrapped cassette), package contents are labelled.				
	 Ensure immediately after use, the dental/medical equipment/devices are pre-cleaned (e.g., wiped, gross soil removed manually), at the point of use, before transport for further manual or mechanical cleaning. 				
	 Ensure cleaning equipment (e.g., brushes) is in good repair, and at minimum, cleaned, disinfected, dried, and stored after each use or else discarded. 				
	 Ensure there are written policies and procedures for all aspects of reprocessing that are based on current recognized standards/recommendations/MIFU, and these are reviewed regularly and/or as new information becomes available. 				



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IPAC Lapse Investigation	Yes	No	N/A	Please provide further details/steps			
	Ensure there is policy and procedure regarding single-use dental/medical equipment/devices.						
Date any order(s) or directive(s) were issued to the own	er/operato	r (if appli	icable) 2	2022-06-16			
Initial Report Comments and Contact Infor	mation						
Any additional Comments: (Please do not include any personal information or personal health information)							
York Region Public Health issued an order to the premise Follow-up re-inspection was pending at the time.	es on June	16, 202	2, outlin	ing corrective measures to be implemented.			
If you have any further questions, please contact Health Connection							
Telephone Number	Email A	Email Address					
1-800-361-5653	Health.	Health.inspectors@york.ca					
Final Report							
Date of Final Report posting (yyyy/mm/dd) 2022/08/17							
Date any order(s) or directive(s) were issued to the own	er/operato	or (if appl	icable) (yyyy/mm/dd)			
Brief description of corrective measures taken Re-inspection conducted on August 17 th , 2022. No conducted on August 17 th , 2022.	erns were	noted at	the tim	e of re-inspection.			
Date of all corrective measures were confirmed to have b 2022/08/17	een comp	leted (yy	yy/mm/o	dd)			
Final Report Comments and Contact Inform	nation						
Any Additional Comments: (Please do not include any p	ersonal in	formatior	or pers	sonal health information)			
If you have any further questions, please contact Health Connection							
Telephone Number	Email	Email Address					

Health.inspectors@york.ca