

## York Region Infection Prevention And Control Lapse Report

Initial Report				
Premise/Facility under investigation (name and address Jing Dental Clinic 49-670 Highway 7 East Richmond Hill, Ontario	ess)			
L4B 3P2				
Type of Premises/Facility				
Dental Clinic				
Date Board of Health became aware of IPAC lapse (yyyy/mm/dd) _2023/05/15		Date of Initial Report posting (yyyy/mm/dd) 2023/05/26		
Date of Initial Report update(s) (if applicable) (yyyy/mm/dd)		How the IPAC lapse was identified  Complaint		
Summary Description of the IPAC Lapse		Compi	шп	
Concerns with manner of use of air and water equipment/devices.	lines after	each clie	ent and	storage of reprocessed dental/medical
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	Correcti	ive meas	ures fo	or Premises/Facility:
	Activate to discharge air and water for a minimum of 20 seconds after each patient/client use for all devices that contact mucous membranes and are attached to the air or waterlines of the dental unit, including high and low-speed handpieces, and air/water syringe tips.			
	<ul> <li>Store sterile dental/medical equipment/devices in their sterile packaging until time of use.</li> </ul>			
Date any order(s) or directive(s) were issued to the	owner/ope	erator (if	applica	able) (yyyy/mm/dd)
Initial Report Comments and Contact Infor	mation			
Any additional Comments: (Please do not include ar	ny person	al inforn	nation o	or personal health information)
If you have any further questions, please contact Health Connection	_			
Telephone Number	Email A	Address		
1-800-361-5653	Health.	inspecto	rs@yorl	<u>k.ca</u>
Final Report				
Date of Final Report posting (yyyy/mm/dd) 2023/06/01				
Date any order(s) or directive(s) were issued to the own	•	or (if appl	icable) (	(yyyy/mm/dd)

Brief description of corrective measures taken



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The operator demonstrated the corrective measures to activate to discharge air and water for a minimum of 20 seconds after each patient/client use for all devices that contact mucous membranes and are attached to the air or waterlines of the dental unit, including high and low-speed handpieces, and air/water syringe tips and store sterile dental/medical equipment/devices in their sterile packaging until time of use.

Date of all corrective measures were confirmed to have been completed (yyyy/mm/dd) 2023/05/29	
Final Report Comments and Contact Information	
Any Additional Comments: (Please do not include any personal information or personal health information)	
If you have any further questions, please contact	

Health Connection	
Telephone Number	Email Address
1-800-361-5653	Health.inspectors@york.ca