

## South East Health Unit Infection Prevention and Control Lapse Report



Initial Report						
Premise/Facility Under Investigation						
Impressions Dental Centre - Madoc						
Address						
Unit Number	Street Number				Street Name	
Suite A	52				St. Lawrence St. East	
City/Town	Province				Postal Code	
Madoc ON					K0K-2K0	
Type of Premises/Facility Dental Clinic						
				Date of Initial Report Posting		
17/09/2025				Click here to enter a date.		
Date of Initial report Update(s) (if applicable)			Н	How the Potential IPAC Lapse was Identified:		
Click here to enter a date.			D	Dental Clinic Self Reported		
Summary Description of the IPAC Lapse (4-5 sentences max)						
Sterilizer loaded evening of Thursday, September 11th, although was not turned on. Morning of						
Friday, September 12th, staff unloaded sterilizer and used packaged equipment on four dental						
clients. Sterilization internal and external indicators were not checked by staff to ensure items						
unloaded from sterilizer were in fact sterilized.						
IPAC Lapse Investigation		Yes	No	N/A	Please provide further details/steps	
Did the IPAC lapse involve a member of	a regulatory				College of Dental Hygienists of Ontario,	
college?					Royal College of Dental Surgeons of	
					Ontario	
If yes, was the issue referred to the regulatory college?		☒				
Were any corrective measures recomme	ended and/or				Dental clinic initiated additional	
implemented?					staff training & IPAC assessment	
					and inspection from Germiphene.	
Date any order(s) or Directives (s) were issued to the owner/operator (if applicable) (yyyy/mm/dd)						
No orders or Directives were issued.						
Initial Report Comments						
Any additional Comments: (Please do not include any personal information or personal health information						
Public Health Ontario and Ministry of Health were made aware of IPAC Lapse.						
Final Report						
Date of Final Report Posting 26/09/2025						
Date of all corrective measures were confirmed						
19/09/2025						
Brief description of corrective measures taken (concise description)						
Dental clinic initiated additional staff training.						
Final Report Comments and Contact Information						
Any Additional Comments: (Please do not include any personal information for personal health information)						
If you have any further questions, please					T=	
Name	Telephone Number				Email Address	
Southeast Public Health	613-966-5500 ext 349				cdcalendar@hpeph.ca	