## Final IPAC Investigation Report

<table>
<thead>
<tr>
<th>Premise/Facility under Investigation (name &amp; address)</th>
<th>Saberton Denture &amp; Implant, 289 Queenston Rd, Hamilton ON L8K 1H2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Premise/Facility</strong></td>
<td>Measuring and fitting of dentures and implants (no invasive procedures)</td>
</tr>
<tr>
<td><strong>Date of Final Report Posting</strong></td>
<td>June 22, 2020</td>
</tr>
<tr>
<td><strong>Date of Final Report update(s) if applicable</strong></td>
<td>Not applicable</td>
</tr>
<tr>
<td><strong>Brief Description of Corrective Measures Taken</strong></td>
<td>Hamilton Public Health Services (PHS) has verified, based on the information collected during re-inspection of the premises that all corrective measures recommended by PHS have been implemented.</td>
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<tr>
<td><strong>Date all corrective measures were confirmed to have been completed</strong></td>
<td>June 12, 2020</td>
</tr>
<tr>
<td><strong>Date and list of any order(s) or directive(s) that were issued to the owner/operator (if applicable)</strong></td>
<td>Not applicable</td>
</tr>
</tbody>
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### How Board of Health became aware of potential IPAC lapse?

Complaint received on Mar 10, 2020

### Summary Description of IPAC Lapse

During an inspection conducted by Hamilton Public Health Services on March 12, 2020, the following IPAC lapses were identified:

- Improper practices related to reprocessing of lab instruments.
- Improper practices related to high-level disinfection of lab equipment/instruments.
- Reprocessed, sterile items not being stored and maintained sterile until point-of-use.
- Insufficient cleaning of non-critical surfaces and equipment.
- Lack of appropriate PPE.
<table>
<thead>
<tr>
<th>IPAC Lapse Investigation</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Details</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>College of Denturists of Ontario</td>
</tr>
<tr>
<td>If yes, was the issue referred to the regulatory college?</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>March 18, 2020</td>
</tr>
</tbody>
</table>

**Corrective measures recommended and/or implemented**

The following corrective measures were recommended based on current evidence and best practice documents:

- All instruments/equipment must be single-use or able to be sterilized as per manufacturer’s instructions for use. Follow Public Health Ontario’s document, IPAC best practices for Cleaning, Disinfection and Sterilization, May 2013.
- Sterilization is preferred and is the standard for the College of Denturists of Ontario; work towards compliance with the College of Denturists of Ontario Draft Guideline: Infection Prevention and Control, March 2020.
- Ensure all sterilization cycles with parameters are verified and logged as per document above.
- If performing high-level disinfection of non-critical instruments and devices, follow the PHO document named above.
- Operate and maintain ultrasonic cleaner as per manufacturer’s instructions for use.
- Sterile equipment must be stored separately from non-sterile or dirty equipment.
- Ensure a one-way work flow, from dirty to clean. Keep area uncluttered and clean.
- Maintain sterile items as sterile until point-of-use.
- Ensure a supply of PPE is available and is appropriately used.
- Provide alcohol-based hand rub for hand hygiene.
- Replace porous surfaces with non-porous, cleanable surfaces.
- Discard all instruments/devices that can not be cleaned properly prior to sterilization (i.e. rusted instruments).
- Ensure there is a written cleaning schedule for reprocessing area.
- All storage containers must be cleaned between clients.
- Staff providing reprocessing must be appropriately knowledgeable and/or trained.
- Develop policies and procedures for reprocessing.

**Date and list of any order(s) or directive(s) that were issued to the owner/operator (if applicable)**

Not applicable
**Additional Comments:**
An inspection report was given to the premises/facility owner noting corrective measures. Information, education and resources were provided. Owner voluntarily closed 3 premises to implement corrective measures. All clinic locations closed as a result of the current COVID-19 pandemic.

A re-inspection was completed on June 12, 2020 prior to the premises re-opening which verified the recommended corrective measures had been implemented. An inspection of the remaining two premises was completed prior to reopening, no issues identified.