NORTHEASTERN PUBLIC HEALTH

SANTÉ PUBLIQUE DU NORD-EST

PUBLIC HEALTH UNIT INFECTION PREVENTION AND CONTROL LAPSE REPORT

Initial Report	
Premise/facility under investigation (name and address)	Hollinger Dental Group- 100 Waterlood Road, Timmins, ON
Type of premise/facility: (E.g. clinic, personal services setting)	Dental Office
Date Board of Health became aware of IPAC lapse	2025-04-24
Date of Initial Report posting	2025-05-05
Date of Initial Report update(s) (if applicable)	N/A
How the IPAC lapse was identified	Other
Summary Description of the IPAC Lapse	Sterilization of dental tools was not completed as required.
IPAC Lapse Investigation	
Did the IPAC lapse involve a member of a regulatory college?	Yes
If yes, was the issue referred to the regulatory college?	Yes
Were any corrective measures recommended and/or implemented?	Yes
Please provide further details/steps	This lapse was self-reported by staff at Hollinger Dental after there was an error in a sterilization processes. All necessary steps were taken to contact patients and resolve the issue.
Date any order(s) or directive(s) were issued to the owners/operators (if applicable)	N/A
Initial Report Comments and Contact Information	
Any Additional Comments (Do not include any personal information or personal health information)	Public Health Ontario (PHO) IPAC Checklist for Dental Practice (reprocessing of Dental/Medical Equipment/Devices) was completed. Dental office followed up with patients and were encouraged to speak to their Healthcare Provider to disscuss testing. Recommendations were made to improve sterilization process and record keeping.
If you have any further questions, please contact:	
Name	Suzanne Lajoie
Title	Manager of Environmental Health
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Phone number	1-877-442-1212 x 2304
Final Report	
Date of Final Report posting:	
Date any order(s) or directive(s) were issued to the owner/operator (if applicable)	
Brief description of corrective measures taken	
Date all corrective measures were confirmed to have been completed	
Final Report Comments and Contact Information	
Any Additional Comments (Do not include any personal information or personal health information)	
If you have any further questions, please contact:	
Name	
Title	
Email address	
Phone number	