New Public Education Program
Improving Client Outcomes
It’s renewal time!

January 2010

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College of Dental Hygienists of Ontario

The mission of the College of Dental Hygienists of Ontario is to regulate the practice of dental hygiene in the interest of the overall health and safety of the public of Ontario.

La mission de l’Ordre des hygiénistes dentaires de l’Ontario consiste à réglementer l’exercice de la profession d’hygiène dentaire de sorte à favoriser l’état de santé global et la sécurité du public ontarien.

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In the 15 years since dental hygiene was granted self-regulation in Ontario, the CDHO has been working tirelessly and strategically to establish a leadership position in preventive oral health care.

In the process, we have had many discussions about our role as a regulator. Do dental hygienists have confidence in self-regulation? Does the public understand the importance of self-regulation? Is the College seen as credible? Are we, as an organization, perceived as forward thinking and dedicated to the mandate to regulate the profession to protect the public?

Then, we finally achieved self-initiation. As you all know, a major step for the profession.

While we have long known that dental hygienists play a key role in the oral health care team, it is now time to make sure that all Ontarians clearly understand our profession’s important role and make full use of the care that we provide.

In the past year the College commissioned important public research to quantify the public’s awareness and perception of dental hygienists and the College.

The research reveals two important points about the public’s awareness. First, while the public has a low understanding of the dental hygienist’s full role, the public is clearly receptive to messages that will educate them on the profession’s full range of practice and oral care prevention. Additionally, the public’s awareness of the CDHO and its role of public protection sits at less than 5%. While this is not surprising given the lack of awareness regarding the dental hygienist’s role, having the public understand the role of CDHO is essential to achieving our mandate of regulating safe and effective dental hygiene practice in Ontario.

Clearly there is a lot for the public to learn about the profession and the CDHO.

We have identified the first three foundational messages for the public. These messages tie back to the strategic goal set by this Council and serve as the beginning of a multi-year commitment to build public awareness about oral health, the profession and the College as regulator.

The messages are:

1. Oral health comprises more than just teeth and gum care, and is key to your overall health.
2. Your dental hygienist is the expert for preventive oral health care.
3. The CDHO regulates the professional practice of dental hygienists to ensure all Ontarians receive high quality care.

The Public Education Program will allow CDHO to actively reach out and engage the public in a dialogue about oral health care. This in turn will increase confidence in self-regulation for both the public and practicing dental hygienists and in CDHO’s important role in protecting the public.

It is now time to make sure that all Ontarians clearly understand our profession’s important role and make full use of the care that we provide.

I urge you to remember that this education program has been built to primarily speak to and engage the public. It is modern, bold and approachable, with creative messaging that has been designed to break through the clutter of Ontario advertising and to, most importantly, present the College in a way that maximizes the public’s ability to notice, and remember, our messages.

I am happy to share this new initiative and I am sure you will all be looking forward to hearing and seeing our messages as they are broadcast around Ontario in early January!
As the regulation and practice of dental hygiene moves forward to the next decade, change must occur. Since you are reading this message, you will have noticed that *Milestones* has a new look. The redesign of this magazine, and our new visual identity—a new logo and tagline—are the most visible way we are strategically redefining who we are as an organization in the minds of our members, the public and other stakeholders. The CDHO Council had the foresight to set aside funds for a communications initiative that is the culmination of two years of strategic planning. This decision took courage, but then so does being on Council and putting the public interest at the forefront of all decisions.

Unfortunately, the College often hears of issues that are not so progressive, that are not in the public interest. One of these issues is the professional interaction between dental hygiene colleagues.

A prime example of such a situation can occur when a “new” dental hygienist joins an established practice where several dental hygienists are already employed or contracted. If the “new” dental hygienist is a recent graduate, the established members can choose to learn the latest techniques from their new colleague and mentor her or him to become a fully integrated member of the practice. If the dental hygienist is “experienced”, the existing team members can take the opportunity to learn from them. Unfortunately, there are situations where the “new” person is seen as a threat or a challenge to existing practices.

Disharmony in a practice (school, public health, administrative unit, etc.) can, and does, affect client care. Regardless of the practice setting or the employment situation, the client must be the center of the dental hygiene focus. Criticizing, ignoring, bullying or chastising a fellow dental hygienist is inappropriate and may be grounds for a complaint to the College. If there is a legitimate concern about a fellow registrant’s behaviour or competency, then the person should be directly dealt with, and if the issue is not resolved, then taken to the College for resolution. Unprofessional behaviour helps no one and reflects on both the individuals involved and the profession.

An employer does not have the authority to expect a CDHO registrant to go against the regulations set out by this College.

In these tough economic times, many dental hygienists feel that employers are making increasingly unrealistic demands of employees. That may or may not be true. However, no matter the profession and no matter the employment situation, health care professionals regulated under the *Regulated Health Professions Act* are responsible to the people of Ontario first, through their College and to their employer second. An employer does not have the authority to expect a CDHO registrant to go against the regulations or standards of practice set out by this College.

Being professional is often a challenge, especially when one perceives that those around them don’t have the
same goals. There have been a number of issues that have challenged that professionalism and integrity for the College over the last few months. The continuing number of non-accredited dental hygiene programs in the province has been of great concern to the CDHO. To this point in time, the CDHO has had no say in the proliferation of schools that have not achieved Commission of Dental Accreditation of Canada (CDAC) accreditation status. Yet, others have used this problem to denigrate the practice of dental hygiene in this province and to use this situation to curb regulatory initiatives by the College. While the CDHO has acted in a decidedly professional manner, the College has distinct concerns about the integrity and motivation of our detractors. Resolution will not occur until 2013 when the Ministry of Training, Colleges and Universities will mandate that all dental hygiene programs in Ontario must be accredited by the CDAC or they will not be provided with a permit to operate.

Moving forward with our new look and our new outlook, the CDHO will not be deterred in its role as regulator of dental hygienists in Ontario. The new message is client-centered, uplifting and worthy of an organization that looks to innovative models of oral health care that reach the client wherever they live.

As we move forward into 2010, let us all embrace the challenge to remain professional in each of our encounters, and to discover new ways of delivering preventive oral health care to the residents of Ontario.

Looking for specific medical advisories or contra-indications to scaling and root planing? Interested in finding evidence-based resources?

CDHO’s online Knowledge Network is an easy way to find information to make point of care decisions easier, faster and more accurate.

Discover more at: www.cdho.org/QAKnowledgeNetwork.htm
Council Highlights
October 30, 2009

CDHO President, Linda Jamieson opened the meeting by expressing her appreciation for the work of Council in moving towards a new era in the regulation of dental hygiene in Ontario.

Registration Statistics
Registration statistics as of October 1, 2009: General – 9,995; Inactive – 679; Specialty – 499; and authorized to self-initiate – 2,577.

Administrative Update
The Registrar provided the Administrative Report, highlighting the fact that the office renovations are complete. In addition, she welcomed Regina Sy as Administrative Assistant with the College.

Community Partnering
As Chair of the Executive Committee, the President provided information on community partnering with the CDHO. She highlighted the research grant provided to the Mennonite Home in Cambridge, Ontario for their study “The Effect of Dental Hygienists Services on Oral Health in LTC Residents”; partnering with the Centre for Education and Research on Aging and Health in Thunder Bay; and continued partnering with the York Region School Board, the College of Opticians of Ontario and with PATHWAYS for Children, Youth and Families of York Region in the Early Childhood Screening Project.

New Practice Standard
The revised Standard of Practice: Delegation Limited to Clinical Competency Preparatory Courses in Schools Accredited by the Commission on Dental Accreditation of Canada was presented to Council at Second Reading. The revision was as a result of the numerous comments received following the stakeholder consultation. Following debate on the issue, Council decided to move the issue to Third Reading and approved the Standard.

2010 Budget
The 2010 Budget was presented and passed by Council.

2010 Council Meeting Dates
Council meeting dates for 2010 were set at January 29, May 28 and October 22.

Council determined that as of January 1, 2010, that a scheduled Council or Committee meeting (other than a teleconference) will be considered one day and the per diem rate paid accordingly.

Appointments
Tote Quizan had been reappointed as a public member for a further three-year term. Results for Council Elections include District 8, Ilga St. Onge, acclaimed, and District 4, Shirley Silverman, acclaimed. A second call has been made for a second Council member in District 4 and for a Council member in District 7. The by-election for the academic position occurs in late November 2009.

Council approved the appointment of the following non-council members:
- Registration/Discipline Committees: Deborah Winick (Toronto)
- Discipline/Quality Assurance Committees: Heather Murray (Unionville) [2nd term]
- Quality Assurance Committee: Denise Burdon (Newmarket)
- ICRC Committee (2): Gail Marion (Thunder Bay) [June 4, 2009 – June 2012], Audrey Kenny (Burlington)
Quality Assurance Program
The Quality Assurance Committee indicated that of a total of 978 professional portfolios requested, 850 have met the assessment guidelines, 106 are still in the assessment process, 22 are participating in directed learning/remediation and eight resigned. Of the 146 on-site practice assessments requested, 23 have met the assessment guidelines, 102 are still in the assessment process, 21 are participating in directed learning/mentorships and one resigned.

Amendments to Regulation 218/94
Council reviewed and approved the Amendments to Regulation 218/94, Part VII – Registration following revision and recirculation to stakeholders. The proposed amendments include requirements for the Agreement on Internal Trade, Chapter 7, Labour Mobility as proposed by the Ontario government in Bill 175, an Act to enhance labour mobility between Ontario and other Canadian provinces and territories.

The Audit of Registration Practices for the Office of the Fairness Commission began the week of October 6, 2009 and is on-going.

The Chair of the Registration Committee reported that they had considered two applications for a specialty certificate of registration. One applicant was referred to George Brown College for evaluation of skills and knowledge while the other applicant was requested to submit additional documentation.

Communications Update
The Patient Relations Committee reported that Administration had participated in the development of CDHO’s business plan for implementation during a pandemic. A program evaluation using the language of the Dental Hygiene Process of Care has been developed for use with CDHO initiatives. Council approved the Public Education Communications Plan that will inform the public of Ontario that dental hygienists are regulated health care professionals.

Discipline Decisions
The Discipline Committee reported that a discipline hearing was held on August 21, 2009 respecting Ms Sarah Clifford. A summary of the proceedings can be found elsewhere in this issue of Milestones and on the CDHO website.

Accreditation Update
Ms Elizabeth Jeffers, Manager, Private Institutions Branch, Ministry of Training Colleges & Universities, Post Secondary Education Division, Post Secondary Accountability Branch made a presentation on MTCU’s plan to ensure that dental hygiene programs in Ontario met CDAC standards. Ms Jeffers indicated that all non-accredited dental hygiene programs in Ontario must apply for accreditation no later than August 1, 2010 and must achieve accreditation status no later than December 2013 or MTCU will not renew the programs’ operating permits.
The Regulated Health Professions Statute Law Amendment Act, 2009 introduced legislation that, if passed, would improve access to health care for Ontarians by enabling a number of health care professions to provide more services and improve patient safety. CDHO requested the inclusion of the administration of local anesthesia by injection by dental hygienists authorized by the College. This request was not precedent setting, as injecting anesthesia is practiced by RDHs elsewhere in Canada. However, due to a very strong lobby effort by other interested parties, the College did not succeed in having Bill 179 amended. Despite this setback, the CDHO will continue to seek ways to better serve Ontarians. I would like to share with you my speech to the Standing Committee.

Oral Presentation to the Standing Committee on Social Policy
September 28, 2009
Fran Richardson, Registrar

Thank you, Chair.

My name is Fran Richardson and I’m the Registrar of the College of Dental Hygienists of Ontario, which is the statutory regulatory body for the over 10,000 dental hygienists who practice today in Ontario.

“Pain” is an ugly word, but then so is “disease”. The most common disease in the world occurs in the mouth. Nearly everyone has some form of periodontal or gum disease. The good news is that both gum disease and tooth decay are preventable.

The College that I represent regulates those members of the health care family that are dedicated to the prevention of oral disease. If gum disease has been allowed to progress, then treating that condition may be painful. In today’s world, with modern health care and modern drugs, there is no reason why anyone should have to suffer pain when they get their teeth cleaned.

Pain management and pain control are important components of health care—dental hygienists are integral members of the health care team—and the patients/clients we serve deserve to have access to modern methods of pain control.

Local anesthesia, or freezing, is safely administered daily by thousands of dental hygienists in Western Canada, but not in Ontario; by tens of thousands in the United States, but not in Ontario; by thousands of dental hygienists in Europe and other parts of the world, but not in Ontario. For some unexplained reason, the public of Ontario has been denied modern pain management when receiving periodontal therapy or teeth cleaning. Dental hygienists educated in Ontario, move west, successfully complete a local anesthesia course, practice out west, return to Ontario and then are told “no”, not in this province. There is no logic to this situation.

Two years ago, then Minister of Health and Long-Term Care, George Smitherman, had the foresight to propose amendments to the Dental Hygiene Act so that the public could have direct access to preventive oral health care. Those amendments were approved by the Legislature and the accompanying regulations were put in place by Cabinet in September 2007. There are now many, many Ontarians who have the dental hygienist come to them, in their homes, residences, or care facilities. More people than ever before have an increased quality of life because their mouth is clean, thereby enabling them to eat, smile and laugh. These people deserve to have a pain free experience.

Our Request

That through Bill 179, the Dental Hygiene Act be amended to grant dental hygienists access to the controlled act of “administering a substance by injection” supported by a CDHO specific standard of practice relating to the administration of local anesthesia that would come in to force when the regulations are approved.

What the College will do:

- Enact a professional misconduct regulation prohibiting a CDHO registrant from administering local anesthetics without certification from the College;
- Provide certificates of authorization to those so certified and require that certificate to be displayed in the registrant’s place of practice;
• Initiate a pilot project with selected, accredited, dental hygiene programs in Ontario in which the administration of local anesthesia would be included in their curricula with defined outcomes;

• Collaborate with the aforementioned programs, the University of Toronto Dental Faculty, the University of Western Ontario’s Schulich School of Medicine and Dentistry and/or the University of Manitoba’s School of Dental Hygiene to develop the Ontario curriculum;

• Include contraindications to the use of local anesthesia and the product monographs on the CDHO website (www.cdho.org);

• Provide information on the Knowledge Network on the CDHO website; and

• Initiate, in conjunction with the Ministry of Health and Long-Term Care and Ontario Ministry of Training, Colleges and Universities, a research project that includes dental hygienists and members of the public in the use and acceptance of the administration of local anesthesia by dental hygienists in Ontario.

The CDHO has provided you with a detailed, written submission that includes back-up material including statistics indicating the safety of the administration of local anesthesia by dental hygienists in other jurisdictions.

The College currently has 300 dental hygienists on a roster who have already received the appropriate education; many were practicing local anesthesia for years before moving here. I assure you, members of the Committee and the people of Ontario, that the College is making this request for the comfort of the people our registrants serve.

Thank you.

### Information to Dental Hygiene Societies

The CDHO receives many requests during the year for a College representative to speak at dental hygiene societies throughout the province. These invitations are most appreciated.

However, due to the high volume of requests and limited resources, as of 2010 the College will no longer be holding face-to-face jurisprudence presentations for students and other applicants for registration. Instead, jurisprudence information will be available on-line on our website (www.cdho.org).

College representatives will still be available to speak to regulatory matters, and we are happy to include subjects of interest specific to your society members.

### Extending Invitations

If your society needs a larger venue to accommodate the attendees, please contact us, and we can help make suitable arrangements. In addition, the College will place an announcement on our website and in Milestones alerting other registrants or applicants that they are welcome to attend the presentation.

As always, please feel free to contact the College should you wish a CDHO representative to visit your area. We always appreciate your hospitality!
As a registered dental hygienist in the province of Ontario, you are responsible for renewing your certificate of registration by January 1 of each year, even if you fail to receive a notice. If you have not received your renewal form by the beginning of December, you should contact the CDHO or go to www.cdho.org to access On-Line Renewal, or to print a blank renewal form to mail in.

You must notify the CDHO within fourteen days of any change of name, residential address and telephone, or business address and telephone. Remember, you must practice dental hygiene with the same name as the one you are registered with. Name changes require supporting documentation.

**How to Avoid the $100.00 Late Payment Fee**

Use this checklist to ensure you have completed your renewal form correctly:

- **Make sure the CDHO has your correct address.** Check the Public Register on the website to verify your address.

- **Send your renewal form in early.** Do not wait until the last minute to mail your renewal form. You can post-date the cheque up to January 1st. All renewals received post-marked after January 1, 2009 are subject to the $100.00 late payment fee.

- **Ensure the form is properly completed.** Renewal forms not properly completed will be returned for correction and could result in a late payment fee. Common mistakes include:
  - Renewal form is incomplete or not signed
  - Renewal form is not signed with the same name as the one you are registered with
  - Payment is sent in without the renewal form
  - Payment is not enclosed with renewal form
    - For mail-in renewal forms, only cheques or money orders in Canadian funds are accepted. Please write your registration number on the back of the cheque or money order.
    - For on-line renewals, only Visa or MasterCard are accepted.
    - Cheques are not filled out properly. All NSF/returned cheques are subject to a $25.00 administration fee. The replacement payment must be made with a money order. If the CDHO has not received the replacement payment by January 1st, the late payment fee of $100.00 will also apply.

- **Are you renewed?** Your 2010 Certificate of Registration wallet certificate is proof that you are renewed. You can also check on-line at “Find a Dental Hygienist” to see if you are renewed.

**Business Address is Mandatory**

Your business address is the address that will be placed on the CDHO’s website in the Public Register section. Failing to include a separate business address means that your residential address and phone number will be considered the business address and phone number, and therefore becomes public knowledge.

**Online Renewal**

On-Line Renewal will be available to all registrants as of November 19, 2009. To renew on-line, you need a User ID (your registration number), password (your eight-digit birth date in the format YYYYMMDD) and a credit card – Visa or
Renew... 
**Online and on time!**

Renew your registration at www.cdho.org

Simple, fast and always secure...

We continue to make online renewal easier to access and more user-friendly. Deadline for renewal is January 1, 2010.

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**Changing Your Registration Status**

If you are planning to change your registration status, please review the options below:

**From General/Specialty to Inactive Certificate of Registration:**
- If you plan to renew with an inactive certificate of registration for 2010, tick the “inactive” status and submit the appropriate registration fee. This can be done on-line

**From Inactive to General/Specialty Certificate of Registration:**
- Please contact CDHO directly if you wish to change your certificate of registration status from inactive to a general or specialty certificate of registration.

**Resigning/Not Renewing:**
- If you are not planning to renew your certificate of registration, you must advise CDHO in writing by either signing on the appropriate place on the renewal form and returning it to CDHO or by sending a letter or email. This can be done on-line
- Failure to notify CDHO that you are not planning to renew will lead to your certificate of registration being suspended and ultimately revoked.

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**Renewal Reminder!**

Renewal forms were mailed on November 16, 2009.

The deadline for renewing your certificate of registration is January 1, 2010.

If you do not renew or do not advise us that you wish to resign, your certificate of registration will be suspended.

You cannot practice dental hygiene once your certificate has been suspended.

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**Circle of Care: Sharing Personal Health Information for Health-Care Purposes**

Brochure available from the Information and Privacy Commissioner/Ontario at www.ipc.on.ca.
The New CDHO Public Education Program

Improving client care outcomes through education

The CDHO provides regulatory direction to dental hygienists in order to protect the public. To help the public understand this goal, Council has set public education as a key strategic priority.

Council sees a significant need to enhance the Ontario public’s understanding of the role of the CDHO to both inform them how to participate in College processes and programs, and, to build overall public awareness of the full range of services and professionalism that they should expect from their registered dental hygienist.

To fulfill these ambitious and long-term goals, the College has created its Public Education Plan (PEP) to help ensure the public can access high quality oral health care from all dental hygienists.

A Plan Based in Research

A key strategic goal set by the College Council focuses on improving the health and well being of the public through dental hygiene care. As a starting point, the College commissioned public polling research to quantify the Ontario public’s current awareness and perception of oral health, dental hygienists and the College.

The results of this research brought a number of interesting issues forward:

- The public is not aware of the RDH’s full scope-of-practice
- The majority of the public does not know that the RDH is an independent health professional
- Most Ontarians do not know of the CDHO or its role

However, there were some very positive findings about the public’s awareness of oral health care:

- The public has a moderate understanding of the full scope of oral health, but there is clear public receptivity for advanced oral health care messages
- There is clear public receptivity to having the RDH perform a full range of oral health care
- The majority of the public recognizes that the dental hygienist has post-secondary education and is certified/regulated

(For a summary of research findings, please see page 19.)

A Long-Term Public Education Strategy

Council has made a long-term commitment for its public education program. The PEP has been created based on the strategy of promoting regular public education messages that progress in content and complexity (based on public progress in awareness levels identified by regular research). These messages will be promoted through varying means (radio, print, etc.) and across varying communities in the province.

Based on the research, the following three foundational messages were identified as the “start” of our educational push:

1. Oral health comprises more that just teeth and gum care, and is key to a person’s overall health
2. The dental hygienist is the expert for preventive oral health care, and
3. The CDHO regulates the professional practice of dental hygienists to ensure all Ontarians receive high quality care.

Launching in January 2010

Starting in the New Year, the PEP will begin with the following four components:
An informed public will take active steps to improve their oral health through self-care and regular visits to their dental hygienist.

1. Public-Targeted Messaging
   • Creative English and French radio ads have been created as the primary tool to promote our messages with the public: the importance of oral health, the role of the RDH in providing oral health care and the role of CDHO to protect the public.
   • The ad will initially run in six communities (Barrie, London, Ottawa, Sudbury, Thunder Bay, Toronto) and will be accompanied by a series of print advertisements to increase saturation in these communities.
   • We will also be launching a new public information section on www.cdho.org.

2. Stakeholder Outreach
   Clearly, the public can hear messages from the CDHO about oral health, but the public will not fully believe and accept such messages if these are not reinforced when they visit their RDH.

   To this end, we are working hard to make it easy for you to learn and pass on the PEP’s key messages to your clients.

3. The CDHO is also committed to regularly reporting the progress of the PEP to you, in part through:
   • A redesigned and revitalized *Milestones* magazine
   • A refreshed website (Spring 2010)

4. New CDHO Visual Identity
   You will also see that the CDHO has a new, modern, and memorable logo and tagline. This is an essential element of our program as the public will be more receptive to our messages if they see these messages being delivered in material that is creative and memorable.

5. Media, Government and Other Outreach
   The College will also be informing all of its key stakeholders about this new program and its long-term goals.

The Program’s Benefits: for the Public
A better informed public, aware of the components and importance of oral health will make informed decisions about the care they receive and from whom.
They will better respond to the care and education provided by their dental hygienist, and ultimately, a better informed client will likely receive and maintain quality oral health care.

**The Program’s Benefits: for the Profession**

For the public to know how to access quality oral health care, the PEP must highlight the key role that dental hygienists play in the oral health team to support quality client care.

Clearly, a client that has a good understanding of the full range of care that they can expect, will, in turn, facilitate the dental hygienist as she/he seeks to provide the full scope of practice to her/his client.

Improved oral health for more Ontarians will lead to greater professional satisfaction for the dental hygienists who provide that care.

**Progress Guided by Research**

Using the initial research as a baseline, the College will, through the life of the PEP, regularly assess changes in the public’s awareness levels. And, to ensure our overall goals are being met, the messages and methods of message promotion will evolve as changes in awareness are identified in the research.

**Let the PEP Help Your Practice**

As a front-line health professional you play a major role in public education and awareness.

As you work to advance your own practice and continue to work to your full scope of practice, look for new opportunities to share your expertise with your clients, peers and colleagues.

Always use your RDH designation to increase the public and your colleagues’ awareness of your professional status.

And, look for opportunities to reinforce the PEP’s key messages with your clients. Feel free to use the messages shown to the right to further reinforce the importance of good oral health care with your clients.

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**PEP Messages to Build Awareness**

**What Your Client Needs to Know about Oral Health**

1. Having good oral health helps you maintain your overall physical health
2. Your oral health includes caring for your mouth, teeth, gums and tongue
3. Maintaining good oral health helps you prevent infection (such as gingivitis) and reduces your risk of certain diseases (such as heart disease)
4. To maintain good oral health, you need to brush and floss your teeth, massage your gums, clean your tongue, rinse your mouth and visit your dental hygienist on a regular basis
5. Poor oral health increases your risk to infections that can enter your body through your mouth

**Share These Messages about your Role as an RDH**

6. As a regulated health professional, your dental hygienist is responsible for the care that she/he provides you
7. Your dental hygienist will treat your mouth, gums, teeth and tongue, and monitor your mouth for signs of infection or disease
8. Your dental hygienist is your preventive oral health professional
9. Your dental hygienist is your oral health information professional
10. Your dental hygienist will refer you to your dentist if she/he identifies any areas of concern with your gums, teeth or mouth
11. Your dental hygienist is a key partner in your oral health care team

**Tell your Client about the CDHO**

12. The College of Dental Hygienists of Ontario regulates the profession by setting the requirements to become a dental hygienist and establishing practice standards for safe, ethical care for all Ontarians
Delegation: Limited to Clinical Competency Preparatory Courses in Schools Accredited by the Commission on Dental Accreditation of Canada

Introduction

College publications contain practice parameters and standards which should be considered by all Ontario dental hygienists in the care of their clients and the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

This Standard applies to CDHO registrants who delegate the controlled act of “scaling teeth and root planing, including curetting surrounding tissue” for the purpose of assisting individuals preparing for the clinical competency evaluation. This Standard should be read in conjunction with the CDHO Standard of Practice for Self-Initiation and the CDHO Dental Hygiene Standards of Practice.

The objective of this Standard of Practice is to communicate the professional standards and the College’s expectations for CDHO registrants involved in such delegations.

Legislation

The CDHO is governed by the Regulated Health Professions Act, 1991 (RHPA), the Dental Hygiene Act, 1991 (DHA) including subsequent amendments. Controlled acts are procedures that could cause harm if they are not performed safely, appropriately and effectively by individuals with the requisite knowledge, skill and judgment. “Scaling teeth and root planing, including curetting surrounding tissue” and any other procedure performed below the surface of the teeth, are controlled acts under the RHPA. Dental hygienists are specifically authorized to perform “scaling teeth and root planing, including curetting surrounding tissue” through the DHA, in one of two ways: (i) through self-initiation, subject to certain conditions, or (ii) where there is an ‘order’ of a registrant of the Royal College of Dental Surgeons of Ontario (RCDSO). In addition, dental hygienists can also perform the controlled act if an exception applies or if they receive a delegation from another practitioner who is authorized to perform it.
**Exceptions**

The RHPA allows individuals fulfilling the requirements to become a registrant of a health profession to perform controlled acts that fall within the scope of practice of her or his future profession, as long as those acts are done under the direction and supervision of a registrant of the profession. This is what occurs in the academic setting. In addition, an individual who is fulfilling a requirement for registration such as a clinical competency evaluation may perform the controlled act in a specific supervised setting for the purpose of evaluation of that applicant’s skills. This exception does not apply to individuals who have completed their schooling and wish to prepare for a clinical competency evaluation.

**Delegation**

There are a number of significant barriers to delegating the controlled act of “scaling teeth and root planing, including curetting surrounding tissue” by a dental hygienist. Firstly, it is only potentially available for dental hygienists who can self-initiate the controlled act; it is not available for those authorized by an order of a dentist or through an exception to the controlled acts rules. Secondly, the delegating dental hygienist is responsible to ensure that none of the specified contraindications are present before or during the procedure. It is the CDHO’s view that this duty is personal to the delegating dental hygienist. Thirdly, the delegation must comply with accepted standards of practice.

Therefore, delegation of the controlled act of “scaling teeth and root planing, including curetting surrounding tissue” is generally not available, with one narrow exception.

**Standard Statement**

A dental hygienist, who is authorized by the CDHO to self-initiate “scaling teeth and root planing, including curetting surrounding tissue”, may delegate these procedures, in whole or in part, under the following circumstances:

- The delegation takes place within the clinical facilities as part of a clinical competency evaluation preparatory course within a dental hygiene school whose program is currently accredited by the Commission on Dental Accreditation of Canada (CDAC)
- The delegator is either a full-time or part-time member of the faculty in which the delegation occurs, or in another accredited dental hygiene program and is currently teaching and evaluating student clinical experience
- The delegation is part of a structured program acceptable to the CDHO
- The delegation is to facilitate applicants who require clinical practice prior to the clinical competency evaluation
- The applicant has completed all other requirements for registration with the CDHO
- The delegator personally reviews the client’s medical history and the treatment plan developed by the applicant
- The delegator supervises the treatment in a manner consistent with all of the circumstances, evaluates the outcomes and provides feedback to the applicant.
- Record keeping is in line with the CDHO Records Regulation

The CDHO views this narrow exception to be necessary to enable applicants to prepare for registration. This exception is particularly important to enable the CDHO to meet its obligations to international applicants in a manner consistent with the Fair Access to Regulated Professions Act, 2006 amendments to the RHPA as monitored by the Office of the Fairness Commission.
Performance Expectations for the Delegating Dental Hygienist

A dental hygienist, delegating the authorized act of “scaling teeth or root planing, including curetting surrounding tissue”, demonstrates the standard by:

Assessment
1. Prior to delegating the authorized act, the registrant:
   • Makes sufficient inquiries of the applicant to ensure that s/he is competent to perform the delegated act
   • Reviews the treatment plan
   • Personally reviews the client’s medical history

Risk
2. Prior to delegating the authorized act, the dental hygienist:
   • Assesses the risks of delegating the authorized act and ensures that the risks are relatively low and that the applicant is safe to proceed

Authorization
3. Prior to delegating the authorized act, ensuring that s/he is authorized to self-initiate the act through the authorizing mechanisms available in the RHPA and DHA.

Competence
4. Being able to demonstrate her or his competence to delegate the authorized act through authorization from the CDHO to self-initiate and through evidence of clinical teaching experience in a CDAC accredited school.

Accountability
5. Assuming accountability for decisions and actions related to the performance of the authorized act.
6. Assuming responsibility for the performance and outcome of the authorized act.

Professional Responsibilities
7. Delegating the authorized act in accordance with applicable legislation, regulations or standard of practice of the profession, including:
   (a) Transparency – informing the client that the procedure is being performed under delegation and the authority for that delegation
   (b) Consent – obtaining informed consent, which may include a requirement that the client be advised of the registration status of the person who is performing the procedure
   (c) Recordkeeping – recording the fact and details of the delegation including the name of the registrant delegating the procedure and the name of the individual performing the procedure
Indications for use of this Standard of Practice

Delegation of the authorized act is limited and acceptable only under the following two limited circumstances:

1. To facilitate applicants for registration with the CDHO—especially international applicants—with the required practice to prepare for the clinical competency evaluations.

2. In a clinical evaluation preparation course offered through a school that has a dental hygiene program accredited by the CDAC.

Approved by CDHO Council: October 2009
To be reviewed by CDHO Council: October 2011
Using Research to Guide Our Public Education Program

This past spring, the College of Dental Hygienists of Ontario commissioned public polling research with Ipsos Reid. The survey was conducted to establish a baseline of current public awareness levels of oral health, the role of the dental hygienist and awareness of the CDHO and its mandate.

Following are highlights from the poll. Conducted among a representative sample of 800 Ontarians, these findings significantly contributed to the strategy and messaging of our new Public Education Program.

1. General Awareness

As you can see in the Table 1, the public has a good awareness of the dental hygienists role to clean/scale and polish teeth. However, 68% awarenesss, indicates many (32%) remain unaware of a primary RDH role. In addition, we see that there is significant areas to grow when it comes to educating the public about the full scope of the RDH’s practice including education, identifying problem areas (probing), radiographs, etc. (This question was unprompted, indicating top-of-mind public awareness vs. prompted* perception as in Tables 3A and 3B below).

Table 1: “To the best of your knowledge, what are the roles and responsibilities of a dental hygienist?” (unprompted)

<table>
<thead>
<tr>
<th>Role/Task</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clean/polish teeth</td>
<td>68%</td>
</tr>
<tr>
<td>Check teeth/identify problems for the dentist</td>
<td>28%</td>
</tr>
<tr>
<td>Check gums for signs of disease</td>
<td>16%</td>
</tr>
<tr>
<td>Basic dental services/oral care</td>
<td>14%</td>
</tr>
<tr>
<td>Assist the dentist</td>
<td>7%</td>
</tr>
<tr>
<td>X-rays</td>
<td>5%</td>
</tr>
<tr>
<td>Instruct patient on dental/care/oral health</td>
<td>5%</td>
</tr>
<tr>
<td>Prep you for the dentist</td>
<td>5%</td>
</tr>
<tr>
<td>Check for cavities</td>
<td>2%</td>
</tr>
<tr>
<td>Check for oral cancer</td>
<td>2%</td>
</tr>
<tr>
<td>Check teeth/identify problems for the dentist</td>
<td>5%</td>
</tr>
<tr>
<td>Prep you for the dentist</td>
<td>2%</td>
</tr>
<tr>
<td>Floss your teeth</td>
<td>2%</td>
</tr>
<tr>
<td>X-rays</td>
<td>2%</td>
</tr>
<tr>
<td>Other/C/N/Refused</td>
<td>2%</td>
</tr>
<tr>
<td>Check for oral cancer</td>
<td>2%</td>
</tr>
<tr>
<td>Fill your teeth</td>
<td>2%</td>
</tr>
<tr>
<td>Fluoride treatment</td>
<td>2%</td>
</tr>
</tbody>
</table>

2. Frequency of Visits

Frequency of visits to the dental hygienist were also captured so that we can compare, over the long term, whether Ontarians respond to the education by way of visits to their RDH.

Table 2: “How often do you see a dental hygienist?”

- *Unprompted questions seek awareness without influence, whereas prompted questions include the topic at hand, e.g., unprompted: “Who regulates RDHs?”, prompted: “Does the CDHO regulate RDHs?”
3. Prompted Perception

The following two charts indicate that the public is very receptive to prompted messages about oral health and the role of the RDH. By indicating high levels of agreement with these statements (even though unprompted awareness is low (Table 1)) we see that the public is receptive and able to retain messages that detail the roles and services provided by the RDH (Tables 3A, 3B).

Table 3A: “How important would it be for the dental hygienist to:” (prompted)

Table 3B: “When seeing the dental hygienist, how important is it for her/him to:” (prompted)

4. Oral Health

The following tables indicate high public receptivity to information about oral health and all of its aspects. These responses are prompted, therefore the public is receptive to education messages that detail greater levels of information about the scope of one’s oral health and its impact.

5. The RDH’s Scope of Practice

With the majority of the public believing that the dentist oversees the work of the dental hygienist (Table 5A), clearly much needs to be done by the College and the profession in correcting this inaccuracy.

Table 5A: True or False: “The dentist must check the work of the dental hygienist” (prompted)
While it is encouraging that the public has a high level of awareness that the RDH has post-secondary education, is regulated and participates in the oral health team (Table 5B), the data also shows that significant inaccuracies remain, particularly as to the autonomy of the RDH (i.e., the dentist must check the work of the RDH, the RDH as independent practitioner).

Table 5B: “It is TRUE that dental hygienists...” (prompted)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have post-secondary education</td>
<td>28</td>
</tr>
<tr>
<td>Would have no work if everybody brushed and flossed</td>
<td>33</td>
</tr>
<tr>
<td>Can set up a practice that does not have a dentist</td>
<td>7</td>
</tr>
<tr>
<td>Are an important member of the oral health team</td>
<td>84</td>
</tr>
<tr>
<td>Are regulated health professionals</td>
<td>97</td>
</tr>
<tr>
<td>Operate on their own in the dental office</td>
<td>97</td>
</tr>
<tr>
<td>And dentists work as a team to ensure best oral health care</td>
<td>92</td>
</tr>
</tbody>
</table>

6. CDHO

Finally, while the public indicated “awareness” of the CDHO (Table 6A), their responses as to its actual role (Table 6B), remain much lower (18.5% of all Ontarians appear to know that the College regulates the profession (42% of 44% of Ontarians who said they have heard of the CDHO.)

Table 6A: “Have you heard of the College of Dental Hygienists?” (prompted)

<table>
<thead>
<tr>
<th>Option</th>
<th>Yes (%)</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>44</td>
<td>56</td>
</tr>
</tbody>
</table>

Table 6B: “What is the role of the College of Dental Hygienists?” (unprompted)

<table>
<thead>
<tr>
<th>Role</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certify/licence the dental hygienist</td>
<td>13</td>
</tr>
<tr>
<td>To supervise/oversee dental hygienists</td>
<td>14</td>
</tr>
<tr>
<td>Regulate the profession/set standards</td>
<td>42</td>
</tr>
<tr>
<td>To train dental hygienists/teaching</td>
<td>54</td>
</tr>
<tr>
<td>Other/Don’t know/Can’t remember</td>
<td>13</td>
</tr>
</tbody>
</table>

Table 6C: “Who do you call if you have questions or concerns about the care you received from a dental hygienist?” (Unprompted)

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>To train dental hygienists/teaching</td>
<td>66</td>
</tr>
<tr>
<td>Get RDH to help care of teeth/gums</td>
<td>5</td>
</tr>
<tr>
<td>To take care of teeth/gums</td>
<td>5</td>
</tr>
<tr>
<td>Certify/licence the dental hygienist</td>
<td>3</td>
</tr>
<tr>
<td>To supervise/oversee dental hygienists</td>
<td>2</td>
</tr>
<tr>
<td>College of Dental Hygienists</td>
<td>1</td>
</tr>
<tr>
<td>College of Dentistry</td>
<td>1</td>
</tr>
<tr>
<td>Dental Hygienist</td>
<td>1</td>
</tr>
<tr>
<td>Dental Office</td>
<td>1</td>
</tr>
<tr>
<td>Other/Don’t know/Can’t remember</td>
<td>15</td>
</tr>
</tbody>
</table>

In sum, we have a public that is receptive to messages about oral health and the additional roles in the RDH’s professional scope, but clearly this cannot be achieved without beginning to build awareness of the College and its roles.

As the College carries out its public and stakeholder education and awareness outreach, we will repeat this poll at regular intervals (every 12-18 months) to measure our progress in increasing overall public awareness about oral health, the dental hygienist’s scope of practice and the College’s role as regulator.

However, Table 6C indicates that unprompted awareness of whom to call (the CDHO) if one has questions or concerns about and RDH’s care, remain near zero at ~1%.
Collaboration: Sharing the Knowledge Network with Registrars

November 19, 2009

Dear Registrar:

I would like to introduce you to a wonderful tool developed by the College of Dental Hygienists of Ontario (CDHO) called the Knowledge Network and offer it as a resource to both your College and to your members/registrants.

In 2008, the CDHO Council determined that a computer-based information infrastructure, if available to dental hygienists, would aid them in making more efficient and effective oral care decisions for and with their clients. A search of current medical models, most designed with physicians in mind, did not provide an adequate link between medical knowledge and oral conditions. Therefore, it became apparent that a tool would need to be developed to address the needs of dental hygienists. Going forward with this project became a priority for the College. By February 2009, the College had created and launched the web-based instrument that provides information that connects the mouth with the rest of the body in a way in which no other instrument has done before. Each advisory contained within the network provides up-to-date information on medical and oral challenges presented by many of our clients. The response from dental hygienists to the new tool has been so positive that it occurred to us that other health care professionals might also benefit from access to the Knowledge Network.

The creation of the Knowledge Network is a good example of, and continues to be, a good avenue for interprofessional collaboration. It should be noted that the medical expertise used in the advisories was also a collaborative effort. The CDHO is grateful to the physicians, pharmacists, registered nurses, societies and associations who participated in our consultation process on specific medical conditions.

The CDHO invites all health professionals to use the Knowledge Network and encourages them to consult with dental hygienists in matters concerning oral health care. The College hopes the Knowledge Network will provide an on-going platform for continued interprofessional collaboration. The public benefits when a system is in place that efficiently connects those who produce and archive medical knowledge to those that need the proper application of that knowledge.

For access to the Knowledge Network:

• Visit the CDHO website at www.cdho.org
• Go to “Practice Guidelines & Resources”
• Select the “Knowledge Network Login” from the scroll down menu and follow the login directions for guests.

I look forward to receiving your feedback

Sincerely,

Fran Richardson, RDH, BScD, MEd, MTS
Registrar/Chief Administrative Officer
Medical Device Problem Reporting

Accidents happen. Therefore, dental hygienists are reminded to always be vigilant of the integrity of the instruments they use.

Elaine Powell, RDH

Standard of Practice #11: Equipment is current and in good repair. Instruments are sharp and the original design has been maintained.

In the course of providing dental hygiene services, the tip of an instrument may break. While it is often difficult to retrieve the broken tip, dental hygienists are well versed in explaining to the client what has happened, documenting the event and providing the necessary post incident treatment. If the broken tip is not visible on a radiograph of the area, it is always best practice to assess the situation of the foreign fragment. Dental hygienists in independent practice who do not have radiographic equipment must refer the client for immediate attention.

What if the client inhales the instrument?
The client must attend an emergency department for a radiograph to ensure there are no complications and a physician will decide if there is any further treatment required. It would be prudent for the RDH to follow up with the client and in some cases accompany the client to the emergency department.

What if the instrument was an ultrasonic device tip?
Although this is a rare event, it does happen. The same procedure would follow for client care but in addition, the RDH must contact the manufacturer to find out if this has happened in the past. Manufacturers have quality assurance programs that they must follow, thus providing a safety measure for the public. Sterilize the instrument and contact the manufacturer for instructions.

Many dental hygienists are providing dental hygiene services with the use of lasers. Lasers are also considered medical devices.

Although manufacturers and importers are required to report medical device problems the Health Products and Food Branch encourages anyone purchasing, using or maintaining these products to report problems. Reporting can result in the prevention of similar problems and can lead to product modification, redesign, recalls or improvements in directions for use.

What type of problems should be reported?
Any concerns that relate to the safety, effectiveness or quality of a medical device that have been detected during use or identified during device examination and testing prior to use should be reported. The problems include deficiencies in the design of the device, defects arising from the manufacturing and inadequacy or errors in labeling such as directions for use.


Report Medical Device Problems

CDHO is well aware that accidents can happen while delivering dental hygiene services:

- Ensure that the client is aware of what has happened.
- Provide appropriate care for the client.
- Document the event in the client chart, inform the CDHO of the situation, inform the malpractice insurance company of the incident and discuss with the manufacturer what has happened.

According to Health Canada, medical device problem reporting is essential.
What’s New in Quality Assurance for 2010?

Lisa Taylor, RDH, BA, BEd

Each year the Quality Assurance Committee reviews its policies and procedures to ensure they are in keeping with the legislation. A key component of that review are registrant responses from quality assurance surveys and requests for stakeholder feedback on proposed amendments to the regulation. This important information ensures that the Quality Assurance (QA) Program is relevant and meaningful to dental hygienists.

The QA Program

While there are some new policy changes that will take effect in 2010, the same principles remain in place: to ensure the provision of optimal quality care to the public and promote continuing quality improvement. Consistent with the requirements set by the Regulated Health Professions Act, the QA Program includes the following components:

1. Continuing education or professional development that,
   (b) Promotes continuing competency and continuing quality improvement
   (c) Address changes in the practice environments
   (d) Incorporates standards of practice, advances in technology, changes to entry to practice competencies;
2. Self, peer and practice assessment; and
3. A mechanism for the College to monitor members’ participation in, and compliance with, the QA Program.

What’s New to the QA Program in 2010

Notice of Assessment Lengthened

The stratified random selection will occur in January 2010, and if selected, you will be asked to submit your portfolio by January 30, 2011. This full year notice allows you more time to make sure your portfolio is submission ready by the due date.

The Big Picture

To address concerns that a one-year “snapshot” of learning activities does not always provide a true picture of continuing competency activities over time, the Committee will now ask that portfolio submissions contain learning goals and activities for the past three years. For example, those selected in 2010 will be asked to submit their professional portfolio by January 30, 2011 containing portfolio forms 6 and 7 for the years 2008, 2009 and 2010. This will provide a better opportunity to demonstrate competency over time and will accommodate high and low activity years.

New Guidelines

More definitive guidelines for selecting Continuing Quality Improvement activities will be published in January 2010. Included in the guide will be criteria for selecting learning goals, acceptable learning activities and overall hours expected for activities used towards meeting learning goals. Many registrants expressed confusion over how much time should be spent on learning activities in a year, and did not feel comfortable self-determining the quality of learning activities required to demonstrate competence. While the guide will not have a number of mandatory activities or hours, it will provide more guidance in the selection of appropriate goals and activities.

Self-Initiation

The Canadian Dental Hygienists Association (CDHA) self-initiation course will be counted as a stand-alone goal and learning activity for any given year. Those that have successfully completed the CDHA self-initiation course as a learning goal, and have been authorized to self-initiate, may use this as their learning for the year by listing it on form 6 as a single goal and filling out a form 7 to describe how the learning from the course has impacted their practice.
Other QA Programs

Recognition of another province’s QA Program will allow dental hygienists who hold concurrent registration in another province and who practice in that province the option to provide evidence that they are in good professional standing with the province of practice and thus be exempted for a portfolio review. While they are still required to keep a portfolio as long as they are registered in Ontario, if the province they are practicing is monitoring their competence through a QA Program, the requirements are considered met.

Now is the time to be thinking about your learning goals and activities for 2010. The new guidelines will be published on the CDHO website early in the new year. You are encouraged to review the professional portfolio guide and the portfolio tutorial available on the website. If you are unsure about how to complete your professional portfolio, consider taking a professional portfolio development workshop.

Are you looking for information on pandemic planning?
As part of your daily routine, visit our website for up-to-date information and links to essential government services.

www.coho.org

Your Questions Answered...

...about self-initiation.

I have decided to apply for self-initiation. Where do I find the information?

The self-initiation section under the “Practice Guidelines and Resources” tab on www.cdho.org will provide background information on the steps to self-initiation, a printer-friendly application, a list of supporting documents needed and the cost of application. If you need more information, please call the College.

When I receive authorization to self-initiate, do I change the documentation in the chart?

If you are authorized by CDHO to self-initiate then you are no longer required to write the reference to the “order” within the chart entry. If there is a contra indication to scaling teeth and root planning, including curetting surrounding tissue, then the source and circumstances of the medical/dental clearance must be documented.

Once I receive self-initiation may I use “SI” as a professional designation in my signature?

No.

Self-initiation is not to be included in a signature as it is not a professional designation. You should use RDH to signify your professional designation as a Registered Dental Hygienist.

...on setting personal boundaries.

Must I treat a person who I am uncomfortable seeing?

The answer will depend on the situation.

If the person is already a client, then the dental hygienist must make alternate arrangements for that person or, failing that, provide sufficient time for the person to make their own arrangements to find another dental hygienist. Absent exceptional circumstances (e.g., a realistic threat to personal safety), the dental hygienist cannot simply refuse to treat the person without making sure that the individual can receive on-going dental hygiene care.

If the person is not a client, then the dental hygienist does not have an obligation to provide treatment (again, absent exceptional circumstances, such as a true emergency). The dental hygienist may simply state that she or he prefers not to treat that person for personal reasons. If the practice is a busy one, the dental hygienist may say that s/he is not taking on new clients at that point in time (if that is true) or may simply choose to refer the person to another dental hygienist. However, a dental hygienist must not refuse treatment in a manner that would infringe on the Ontario Human Rights Code (e.g., if the client has a disability).

Remember: dental hygienists want to affirm oral health care for all persons, but dental hygienists are also permitted to set personal boundaries with respect to their own safety.
Discipline Decision
SUMMARY & REASONS

Sarah Clifford #008980

Allegations
In a hearing held on August 21, 2009, a Panel of the Discipline Committee found that Ms Sarah Clifford had committed acts of professional misconduct in that she failed to reply appropriately or within a reasonable time to an inquiry by the College, she contravened the legislation and that her conduct was disgraceful, dishonorable or unprofessional.

Agreed Statements of Facts
An Agreed Statement of Facts and Joint Submission on Finding was filed with the Panel which included the facts that a representative of the College wrote to Ms Clifford advising her that she had not renewed her certificate of registration for 2008 and that failure to renew would result in her certificate of registration being suspended as of March 21, 2008. As Ms Clifford did not renew her certificate of registration by the deadline, her certificate of registration was suspended. A registered letter to that effect was sent to Ms Clifford but returned to the College unclaimed. In May, 2008, Ms Clifford spoke with a College representative and confirmed that she had engaged in the practice of dental hygiene while her certificate of registration had been suspended. On May 6, 2008, Ms Clifford reinstated her certificate of registration with the College. Ms Clifford was advised that the Executive Committee of the College was concerned that she had practiced dental hygiene while suspended, but believed their concerns could be addressed if she were to sign an undertaking whereby she agreed, among other things, to successfully complete an ethics and jurisprudence course. Ms Clifford was asked for a response to the proposed undertaking by June 2, 2008. From September 2008 to March 2009, numerous telephone messages were left for Ms Clifford and were followed up by mail and email. Ms Clifford did not respond.

Submissions on Penalty
The parties filed a joint submission with respect to an appropriate penalty and costs order to be made in this case. The Panel carefully considered the Statement of Agreed Facts, the Joint Submission on Penalty and Costs, the case law cited, and the oral submissions made and concluded that the proposed Order met the needs of this case and the principles appropriate to setting the penalty. Accordingly, the Panel accepted the joint submission and made the following Order:

1. Ms Clifford shall receive a reprimand, the fact of which shall be recorded on the register.
2. The Registrar shall suspend Ms Clifford’s certificate of registration for three (3) months, on a date to be set by the Registrar.
3. The Registrar shall suspend one (1) month of the suspension ordered in paragraph 2 herein and Ms Clifford shall be required to serve that remaining one (1) month if she fails to comply with the remainder of this Order. If any dispute shall arise between Ms Clifford and the College as to whether she is in breach of a provision of this Order, the dispute shall be referred to a Panel of the Discipline Committee for further adjudication. The parties shall have the opportunity to make full submissions to that Panel before it renders a decision. If, thereafter, the Panel determines that Ms Clifford has breached a provision of this Order, then and only then shall she be required to serve the remaining one month of the suspension, to commence on a date to be fixed by the Registrar.
4. The Registrar shall impose a specified term, condition and limitation on the certificate of registration of Ms Clifford requiring her to successfully complete, in the opinion of the Registrar, an ethics and jurisprudence course acceptable to the Registrar, at Ms Clifford’s own expense, within six (6) months from the date the
Discipline Panel’s Order becomes final. Ms Clifford will be required to provide proof satisfactory to the Registrar, within three (3) months from the date the Discipline Panel’s Order becomes final, that she has made arrangements to take the Ethics and Jurisprudence Course.

5. The Registrar shall impose a specified term, condition and limitation on the certificate of registration of Ms Clifford, lasting for a period of two (2) years, requiring her to respond appropriately and within 30 days to any written enquiry of the College that requests a response.

6. Ms Clifford shall pay to the College the amount of $2,000.00 in costs at the rate of $166.00 per month for 11 months and one final payment of $166.74, starting on the 15th day of the first month after the completion of her two month suspension, to be paid in full within 12 months after the completion of her two month suspension. No interest will accrue on the outstanding amounts so long as they are paid on time. At all times, Ms Clifford shall be at liberty to increase the amount of her monthly payment, solely at her discretion.

Penalty

The Panel considered that the Order addressed the principles of public protection, general deterrence and specific deterrence which must be considered in determining the penalty on a finding of professional misconduct.

Firstly, it served the objective of public protection. Failure to comply with the regulations, which were enacted for the protection of the public, was a serious matter, and the suspension ordered was a serious penalty. The Panel wanted to assure the public that the behavior Ms Clifford engaged in would not be tolerated. Rehabilitation also served the objective of public protection. The Panel ordered Ms Clifford to take an Ethics and Jurisprudence Course at her own expense. Secondly the penalty acts as a general deterrent to other registrants of the profession, who see the consequence of such misconduct, and thirdly it acts as a specific deterrent to Ms Clifford to ensure the conduct is not repeated.

As a regulated health professional an individual has a responsibility to comply with the regulations. Personal or health issues may arise, however this must not detract from these professional responsibilities.

The Panel took into account that there were no aggravating factors. The mitigating factors were that this was Ms Clifford’s first appearance in front of a Discipline Panel, she accepted responsibility for her misconduct by her guilty plea and she was cooperative with the College after the referral of the allegations to the Discipline Committee. Legal counsel for the College indicated that Ms Clifford was dealing with personal issues and that her conduct was not due to disrespect or disregard for the College. In addition Ms Clifford apologized to the Panel for her conduct and gave assurance that she was taking appropriate steps so that this conduct would not reoccur.

The Panel believed that the imposed penalty and costs would help to restore the reputation of the profession to the public, which is damaged when a registrant engages in acts of professional misconduct.

At the conclusion of the hearing, Ms Clifford waived her right of appeal and the reprimand was administered by the Panel.
Registrent Status Changes
July 11 to November 11, 2009

Deceased
Bissonnette, Nathalie R 005530
Riediger, Patricia Jean 002538

New Registrants
Aboukassim, Jessica 013339
Ali, Asma 013403
Allard, Josie 013277
Allen, Sara 013512
Almario, Mayflower, Aisha Badalian 013319
Andreyeva, Luda 013393
Anton, Jaclyn Lucille 013598
Antonacci, Allison Margery 013646
Aram, Giselle 013378
Arruda, Amanda 013669
Aubin, Nicole Chantal Marie 013557
Baietu, Tabitha Amalai 013467
Bahkuyzen, Jennifer Anne 013588
Bar, Sheila 013474
Barre, Kateylin 013464
Baruna, Vera 013491
Basque, Karine Alexandre Marie 013285
Baumgaertner, Rita Nancy 013461
Baumhueter, Rebecca 013502
Beaucamp, Jana 013432
Bedi, Amneet Kaur 013309
Bell, Amber 013656
Bell, Sandra 013386
Beltran, Claudia Andrea 013645
Belviso, Naomi Ellen 013648
Benedek, Carmela 013337
Benisha, Esmere 013525
Bethune, Karlynn 013545
Bhimji, Farzana 013493
Bianucci, Tania 013623
Bishop, Laura 013329
Black, Nicole 013367
Bodenstedt, Julie 013524
Bodnarchuk, Nicole 013284
Bombay, Taigan 013551
Bowes, Sarah Lee 013379
Bowden, Jessica Lauren 013667
Brent, Tanya Jordan 013426
Breza, Michelle 013635
Broit, Vana 013308
Brook, Sara Kristen 013555
Brown, Kaitlyn Jennifer 013528
Buchuk, Jessica 013575
Buell, Lindsay Elise 013594
Buenconsejo, Chemaine Anne 013303
Buell, Christy Laura 013585
Burnley, Karen Elizabeth 013565
Burns, Ainsley Kathleen 013448
Burkley, Courtney 013450
Butler, Kaeti 013376
Cagalaran, Gemma 013518
Calder, Danielle 013608
Cannon, Brittany 013357
Caputo, Josie 013640
Cardella, Tanya Margaret 013510
Carnegie, Kelly Diane 013306
Carrera-Parrsons, Sandra 013618
Carvalheiro, Melissa Tania 013392
Cassar-Demaajo, Sarah Michelle 013289
Cassidy, Sarah Louise 013356
Cassim, Maheen 013446
Chapman, Wendy Clare 013412
Chayka, Leslie 013411
Chee-A-Kwa, Tamara 013549
Chen, Kedesha Sandra 013537
Chiu, Sylvia 013597
Chopra, Aman 013553
Cicerella, Joanne 013318
Cipriani, Anastasia 013271
Coulom, Mallory Evonne 013641
Commodore, Loraine Michelle 013404
Connolly, Morgan 013468
Cook, Melissa Nicole 013383
Cord, Jessica Lee Josephine 013571
Coutler, Cindy 013479
Cox, Amanda 013629
Cuzzolino, Cristina Isabella 013353
Craig, Jason Michael 013355
Crawford, Jenna Lee 013550
Crawford, Sonia 013452
Crosby, Shawna 013651
Currie, Sarah 013580
Cutting, Jenna Leigh 013467
Cuzzupp, Daniela 013462
Dale, Nicole 013610
Dang, Thi Ngoc Loan 013503
D'Angelo, Candice 013349
Davis, Stefanie 013604
Dawson, Sarah 013281
de Vera, Ashley Marie 013368
Deeter, Nicole 013636
Dennis, Sarah Louise 013665
Deosaran, Shweta 013580
DiBiagio, Catherine 013654
Dickson-O'Brien, Sherran Carley 013661
Dietrich, Robin 013476
Dimitu, Mania Joy 013530
Diogo, Jennifer Marie 013287
Dobosz, Agnieszka 013354
Dubitjievic, Danijela 013369
Domagala, Barbara 013497
Donaldson, Courtney 013659
Dong, Wen 013595
Donohue, Alicia 013399
Donohue, Justin 013363
Dorsay, Courtney Anne 013546
Dragomir, Viviana Denise 013397
Drehmer, Danielle Elizabeth 013323
Drinkingwater, Cynthia Marie 013311
Dunsmore, Katelyn 013577
Duong, Michelle 013346
Dupre, Vaishali 013347
Dupuis, Nicole Maria Rita 013342
Dzigas, Jennifer Arlene 013451
Eaton, Mallory Margaret 013440
Elhawi, Heba Gamil 013454
Emrich, Amanda Ann 013389
Espedra, Luis Daniel 013422
Fabella, Mary Ann 013384
Faist, Alycia Victoria 013609
Fedor, Ashley Melissa 013292
Fines, Michelle Christine 013415
Finewax, Mia Lauren 013552
Flemming, Shannon Erin 013674
Flynn, Jayne 013276
Fong, Nancy 013496
Francoeur, Melanie 013544
Frankland, Joelynn 013480
Fresno, Stephanie 013458
Frobel, Christine Rose 013582
Galbraith, Amy-Lou 013273
Gallet, Raquel 013469
Gamo, Marie Charmel Lacsina 013662
Garcha, Nishi 013477
Gafolano, Anna 013652
Gasson, Corey Alison 013517
Gereus, Yull Duplan 013416
Giffen, Ashley Dawn 013596
Gill, Kamal 013533
Gill, Mandeep 013272
Gimenetz, Evelyn 013593
Giordano, Lisa Rose 013650
Giorgio, Tasha 013515
Glover, Amy 013615
Gomes, Marisa 013534
Goncalves, Michelle 013419
Goodwin, Lee-Ann 013438
Gover, Suniti 013607
Graene, Melanie Louise 013562
Green, Liz 013583
Halawah, Fatid Kadry 013520
Ham, Jessica 013601
Hamid, Balsarn 013456
Hanna, Laura 013373
Harper, Kaifin Anita Dawn 013283
Hassan, Basma A Faiha 013515
Hastings, Lee-Ann 013673
Hee, Roy 013540
Helmuth, Stephanie Marie 013352
Hendriksen, Michelle 013671
Heu, Linda 013320
Higgins, Lindsey 013657
Hockley, Lindsey Erin 013559
Holland, Lindsay Dianne 013599
Hordichuk, Nadya 013569
Hsu, Hui-Ling 013499
Hu, Jacqueline 013631
Hurteau, Krystal Ann Benvie 013428
Iacoza, Stefania Melissa 013387
Ilanstrate, Rachiele 013333
Igreda, Ledda 013568
Jang, Jung Hyun 013504
Jaqemert, Kristel 013275
Jeong, Sharon 013293
Jetha, Zahr 013366
Jeyarajah, Mariana 013322
Jollimore, Allisa Elizabeth 013566
Jones, Suzie 013301
Joshi, Versa 013529
Juelich, Michelle Katherine 013473
Kalita, Natalia Oksana 013647
Kamal, Mariam 013435
Kamienie, Candice Noelle Helen 013288
Karam, Maha 013594
Kaur, Puneet 013587
Kaves-Naseini, Halih 013514
Keill, Robin 013359
Keller, Tent-Lynn 013563
Kemp, Karyn 013558
Kert, Crystal Denise 013546
Site Surveyors Needed

At the invitation of the Commission on Dental Accreditation of Canada (CDAC), the CDHO sends a representative to the educational institution on the survey team for each dental hygiene accreditation site visit. Each visit is usually 2 ½ to 3 days in length. However, there is considerable reading and preparation beforehand and a draft report to review at the conclusion. The regulatory representative is bound by all of the rules, regulations and policies of other members of the CDAC team, and will be required to sign a confidentiality agreement. Although the CDHO puts forth names for consideration, the final decision rests with the Commission.

Criteria include:

- At least five years experience as a dental hygienist
- A thorough understanding of the Regulated Health Professions Act, Dental Hygiene Act and CDHO Regulations and Standards of Practice
- Current knowledge of the academic system and recent teaching experience in dental hygiene in an accredited school
- Fluency in the language of instruction, both oral and written
- Registered in good standing with the CDHO
- Ability to work collaboratively in a team setting

Selection Process

- Applications from interested parties are reviewed/approved by the Registrar/Deputy Registrar, and additional information may be requested from the applicant
- A roster of interested, qualified applicants would be maintained
- Current Council or non-Council Members and full-time faculty members are ineligible
- Selection for a particular site visit would be dependant on factors such as conflict of interest (the site visitor must not have a history of having taught or consulted for the educational institution being surveyed)
- Language is critical, both the ability to speak well and to write clearly and concisely
- Availability for the time chosen by the accrediting body
- Acceptable to the institution being surveyed

If you are interested in applying for consideration as an accreditation site surveyor, and meet the criteria please send a cover letter and resume to the attention of the Registrar by mail:

College of Dental Hygienists of Ontario
69 Bloor street East, Suite 300
Toronto ONM4W 1A9

or, email registrar@cdho.org.

Please note that due to CDAC scheduling, the number of site surveyors varies from year to year.
Have you moved or changed offices?

If you change your home or business address, you are required to notify the College within 14 days.

To update your address information, please login to the Registrant Address Change page on the registration tab at www.cdho.org.

Your login ID is your CDHO Registration ID (6 digits).
Your password is your birth date in the format of YYYYMMDD (8 digits).

Use the buttons on the left of the screen to navigate to your existing address.
You may add up to four secondary business addresses in addition to your primary business address.
Please note, your mailing address must be either your residence or primary business address.

Alternately, you may complete and mail in the Change of Address Form below.

Information required for your residence address:

Information required for your primary and secondary business addresses:

Surname
First Name
Registration Id
Street Address
Apt./Suite/Unit
City
Province/State
Postal Code/Zip
Country
Phone
Email

Practice Setting
Business Name
Street Address
Apt./Suite/Unit
City
Province/State
Postal Code/Zip
Country
Phone and ext.
Fax
Email

Mail to: College of Dental Hygienists of Ontario, 69 Bloor Street East, Suite 300, Toronto, Ontario M4W 1A9
Fax to: 416-961-6028