BILL 171
THE IMPLICATIONS FOR DENTAL HYGIENISTS
MISSION STATEMENT

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.

CONTACT US

In the Toronto area call: 416-961-6234
Toll Free Long Distance: 1-800 268-2346
www.cdho.org

Registrant/Chief Administrative Officer
Fran Richardson
Ext. 229, frichardson@cdho.org

Executive Assistant to the Registrar
Jane Cain
Ext. 226, jcain@cdho.org

Deputy Registrar
Evelyn Waters
Ext. 228, ewaters@cdho.org

Administrative Assistant to the
Deputy Registrar
Claudia Galben
Ext. 237, cgalben@cdho.org

Director, Administrative Services
Margaret Stevenson
Ext. 235, mstevenson@cdho.org

Practice Advisor/Quality Assurance
Administrator
Lisa Taylor
Ext. 239, itaylor@cdho.org

Registration Coordinator
Joyce Quan
Ext. 238, jquan@cdho.org

Communication Services Coordinator
Diane Colautti
Ext. 231, dcolautti@cdho.org

Quality Assurance Assistant
Denise Lalande
Ext. 230, dlalande@cdho.org

Receptionist
Celine Weeling-Lee
Ext. 0 or 221, cweelinglee@cdho.org

Director of Finance
Mimi Pichelli
Ext. 227, mpichelli@cdho.org

NEW COUNCIL MEMBERS

Iga St. Onge, District #8

Susan Raynak, Academic

Cathie Mazal-Kuula, President

Kathleen Feres Patry, Vice President

Linda Jamieson, Professional Member

Derrick McLennon, Public Member

Gordon Campbell, Public Member

2007 EXECUTIVE COMMITTEE

The Executive Committee, which is comprised of three dental hygienists and two members of the public appointed by the government, was elected by the members of Council pursuant to Schedule II of Bylaw No.3. The term is one year.

Non-Council Members are chosen by Council to sit and deliberate on specific Committees. They are not members of Council and apply to Council rather than being elected in a particular district. The term is three years.

Jennifer McLean (Orangeville),
Registration/Discipline Committees

Elaine Powell (Thunder Bay),
Complaints/Patient Relations Committees

Heather Murray (Unionville),
Quality Assurance/Discipline Committees

Varinder Singh (Mississauga),
Quality Assurance Committee
AN INTERPROFESSIONAL GUIDE ON THE USE OF ORDERS, DIRECTIVES AND DELEGATION FOR REGULATED HEALTH PROFESSIONALS IN ONTARIO

The Federation of Health Regulatory Colleges of Ontario has developed a guide to address questions, variances and confusion regarding the use of orders – direct orders and medical directives – and delegation across all professions and practice settings in the province to facilitate interprofessional care in accordance with regulatory and legislative requirements. It is designed to complement and assist with fulfilling guidelines, standards and regulations developed by health profession Colleges. The guide is based on a framework of the fundamental cornerstones of health professional practice: public protection and patient safety achieved through regulated health professions practising independently and interdependently in accordance with expectations of professional practice.

To access the guide and templates, please go to “A Guide to Medical Directives and Delegation” at: http://www.regulatedhealthprofessions.on.ca
BILL 171
THE IMPLICATIONS FOR DENTAL HYGIENISTS

By Fran Richardson, Registrar

When Bill 171 was introduced into the Legislature on December 12, 2006, it began the last step in the government process that will provide the people of Ontario with increased access to preventive oral health care; when, where and by whom they choose. Bill 171 is an Omnibus Bill (Health System Improvements Act, 2006) and contains much more than just an amendment to the Dental Hygiene Act, 1991 (DHA). Bill 171 includes amendments to the Regulated Health Professions Act, 1991 that will also impact on dental hygienists and the people they serve; as it includes the creation of new Colleges, and the rearranging of how existing colleges function.

There are definitely some significant developments that the CDHO will be monitoring and on which it will be commenting when Bill 171 comes before Committee in April. Nevertheless, the most significant aspect of Bill 171, for dental hygiene, is the inclusion, by the present government, of a series of amendments to the DHA.

Dental hygienists in Ontario are very well aware that both the College of Dental Hygienists of Ontario (CDHO) and the Ontario Dental Hygienists’ Association (ODHA) have been working on amendments to the Dental Hygiene Act ever since the DHA was proclaimed in 1993 with the ubiquitous ‘order’ included in Section 5 of the Act. Just to be clear – that ‘order’ was never supposed to be in the DHA; it was a compromise made at the time as a result of intense lobbying by organized dentistry. The inclusion of ‘order’ was a mistake fourteen years ago and it is a mistake today.

Dental hygienists know when to proceed with treatment, when to consult and when to refer. For anyone else to say otherwise, is an insult to the profession. The public respects and needs preventive oral health care services and sometimes experiences overwhelming obstacles to getting them under the current system. Removal of the ‘order’ will remove a major barrier to access.

The public’s right to choose their healthcare provider(s) is a principal of the Regulated Health Professions Act and the Canada Health Act.

There has been wide consultation on the proposed Contraindications Regulation. Despite the fact that many dental hygienists and interested parties considered the regulation too restrictive and ambiguous, the CDHO Council passed the proposed regulation as distributed. This was because the CDHO honoured its commitment in the four-party agreement made between the Royal College of Dental Surgeons of Ontario (RCDSO), Ontario Dental Association (ODA), ODHA and CDHO. The proposed Regulation was the product of an agreement in the Memorandum of Understanding between the ODA and ODHA which put the CDHO in a very difficult position. Nevertheless, the CDHO kept its promise and expects the other three organizations to do likewise in supporting the DHAA in Bill 171.

The other issue of concern within the DHAA component of Bill 171 is the consideration of the educational preparation of dental hygienists for self-initiation. Many will remember that in the past, organized dentistry has opposed an enhancement of credentials for entry-to-practice dental hygiene, even though dentistry has not been the regulator for well over a decade. This situation has repeated itself
throughout the country. The CDHO has no immediate plans to amend the entry-to-practice regulations and stands by the 1995/96 HPRAC Reports which stated that dental hygienists have the knowledge, skill and judgment to self-initiate the controlled act of "scaling teeth and root planing, including curetting surrounding tissue." In 1995 and again in 1996, HPRAC concluded that dental hygienists are competent to decide if it is appropriate and safe to proceed with dental hygiene services without an ‘order’ from a dentist. This conclusion holds true today. The CDHO has an excellent Quality Assurance Program (QAP) that ensures that dental hygienists have continuous competencies throughout their careers.

The QAP is but one example of the CDHO’s proactive approach to protect the public. The College has a self-initiation regulation ready for government approval and we have a course of action that will prepare dental hygienists to work competently, comfortably and safely within a self-initiation environment. Current data from the CDHO QAP indicates that those dental hygienists, who currently have increased autonomy, also have the highest quality of practice. This statistic provides increased evidence that professional responsibility is what is required for client safety and not the oversight of the employer. However, the QAP will not be the only support mechanism for those dental hygienists who are self-initiating. The College has a plan and that plan will be considered by the CDHO Council at its meeting in June 2007. If Council agrees, then the plan will be implemented upon proclamation of Bill 171.

Government Bills require three readings in the Legislature. First Reading is the introduction; Second Reading entails a debate on the policy and principles of the Bill that, if approved, results in the Bill being sent to a specific Committee for hearings or consultation. Third Reading involves another debate, after which the Legislature can be expected to pass the Bill. The Bill then requires Royal Assent. Sometime later proclamation occurs, which means the Bill comes into legal force and effect.

In the case of Bill 171, Second Reading will most likely occur shortly after the House returns in mid-March. Because Bill 171 is an Omnibus Bill, having many sections with varied content, there will probably be limited time for each section during the Committee hearings. After the hearings, the Committee will report back to the Legislature with any amendments it proposes. Third Reading will occur sometime thereafter. If the Bill is passed at Third Reading, is given Royal Assent. It then awaits proclamation before enactment. Many of the components of Bill 171 will have a two year delay to allow the Colleges to reconfigure their structures and operations prior to enacting the changes. This is not so for the DHAA component which will become law as soon as possible after Royal Assent.

Representatives of the ODA have stated that they are concerned about the safety aspects of dental hygienists self-initiating.

The CDHO is concerned about public safety at all times, not just when dental hygienists are working without an ‘order’ from a dentist. The CDHO was established to protect the public and is carrying out its mandate. The CDHO has published Standards of Practice, a published Code of Ethics and a solid, transparent Quality Assurance Program. Unfortunately, not all organizations have produced such documents. The CDHO is proud of its record of protecting public safety.

In November 2006, the CDHO retained Dr. Gordon Atherley to provide an independent opinion on the Expert Panel Report dated October 10, 2006. The Expert Panel Report did not contain a consensus opinion on the education and preparation of dental hygienists to self-initiate the controlled act of "scaling teeth and root planing, including curetting surrounding tissue." Dr. Atherley provided his opinion to Council on January 26, 2006. (Available on the CDHO website at www.cdho.org)

Dr. Atherley came to the conclusion that the provision of preventive oral health care that is reasonably priced, easily accessible and provided by the regulated health care professional of choice is not only a fundamental right but is also a social justice issue. He noted that the proposed regulation on self-initiation is vague and that the requirement for a dental hygienist to obtain a clearance from a physician may not be practical in an already overburdened health care system. In addition, Dr. Atherley noted that the arguments put forward by organized dentistry regarding its position that increased education is required for self-initiation were based on their concepts of "risk and safety." He did not agree with their assertion that additional education was required. However, he did note that all regulated health professions have the responsibility of ensuring that their members have access to current information. The key word was "access." The Report stated that the CDHO, as the regulatory authority for dental hygienists in Ontario, is fully capable of facilitating and monitoring this component of dental hygiene practice. Finally, Dr. Atherley concluded that the ability of the public to access the preventive oral health care services when, where and from whom the public choose is well aligned with the broader issues of public policy.

In the coming months, the CDHO will be investing significant resources into the development of the aforementioned plan. Of course, that plan is of little value if the legislation is not passed by the Legislature and proclaimed by the government. However, the CDHO is confident that Mr. McGuinty’s promise to amend the DHA in accordance with the 1996 HPRAC Report will come to fruition prior to the termination of the current legislative session. The people of Ontario deserve no less!
SUMMARY OF DECISION & REASONS FOR DECISION - SHERYL GAIL BAKER

In a hearing held on August 25, 2006, a Panel of the Discipline Committee found Ms. Sheryl Baker guilty of professional misconduct under paragraphs 30 (failing to reply), 42 (contravening the legislation), and 47 (unprofessional misconduct) of Section 15 of Ontario Regulation 218/94 as amended.

Under the Quality Assurance regulations, members of the College are required to comply with the requirements of the College’s Quality Assurance Program. Those requirements include the following:

(a) developing and maintaining a professional portfolio,
(b) during every year participating in continuing quality improvement activities sufficient to indicate that the member continues to have and to apply in his or her dental hygiene practice the knowledge, skills, judgment and attitudes required to practice dental hygiene in compliance with the College’s standards of practice and ethics,
(c) accurately and completely documenting those activities in the member’s professional portfolio, and
(d) cooperating with an assessment of her/his professional portfolio, quality improvement activities and practice to evaluate the member’s knowledge, skills, judgment and attitudes.

Those requirements are set out in ss. 19-23 of Ontario Regulation 218/94, as amended and s.82 of the Health Professions Procedural Code.
Ms. Baker failed to cooperate with the Quality Assurance Committee and with the College as a whole and breached her written agreement to the College. She failed to respond to its many communications. Furthermore, although Ms. Baker ultimately did submit her portfolio, she breached her written assurance to the College that she would provide her professional portfolio in a timely way, as required.

The Panel wanted to make clear that compliance with the Quality Assurance Program was a fundamental obligation of the profession. As the Committee had stated in another case, it was not just a matter of a filing requirement, nor a failure to comply or just a technical breach of the rules. The Quality Assurance Program is very important and strongly connected to safe and effective client/patient care. It is critical that Ms. Baker and all registrants recognize this connection.

The College of Dental Hygienists of Ontario’s Quality Assurance Program, of which the Professional Portfolio is a component, requires the dental hygienist to:

- Reflect upon one’s own performance in the provision of patient care
- Identify areas of performance that require improvement
- Develop Continuing Quality Improvement (CQI) activities

These requirements are essential to ensure that every dental hygienist maintains and improves her/his level of competence through continuous acquisition of knowledge, skills and judgment. The Panel considered that the penalty proposed and ordered would serve as a specific deterrent to Ms. Baker and as a general deterrent to other registrants of the profession.

Aggravating factors in this case included the repeated failure to cooperate with the Quality Assurance Committee, after numerous opportunities to comply that extended over a one and a half year period. Ms. Baker breached her verbal agreement with the College, suggesting a failure to comprehend the connection between continuing quality improvement activities and competent, safe and effective patient care. Furthermore, Ms. Baker did not properly appreciate her duty to cooperate with the College which has the obligation to ensure that there is compliance with the requirements of the Quality Assurance Program.

While the Panel sympathized with her personal problems, it was noted that the College had been very reasonable and patient in dealing with her over the period of non-compliance. However, dental hygienists like other health professionals, must abide by their obligations, even in trying personal times, if they wish to continue to practice. It is important that this message be loud and clear.

Therefore, the Panel accepted a joint submission on order as follows:

1. that Ms. Baker shall receive a reprimand, the fact of which shall be recorded on the register.
2. that Ms. Baker’s certificate of registration shall be suspended for three weeks to commence on a date to be fixed by the Registrar.
3. that the Registrar shall suspend two weeks of the suspension ordered in paragraph 2 herein and Ms. Baker shall be required to serve the remaining two weeks of the three-week suspension if she fails to comply with the remainder of this Order. If any dispute shall arise between Ms. Baker 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. Baker has breached a provision of this Order, then and only then shall she be required to serve the remaining two weeks of her three-week suspension, to commence on a date to be fixed by the Registrar.
4. that the Registrar shall impose the following specified terms, conditions and limitations on the certificate of registration of Ms. Baker:
   (a) For a period of two years, commencing on the date the Discipline Panel’s Order becomes final, Ms. Baker shall reply appropriately and within 30 days to a written inquiry made by the College that requests a response; and
   (b) Ms. Baker shall successfully complete, in the opinion of the Registrar, an Ethics and Jurisprudence course acceptable to the Registrar, at Ms. Baker’s own expense, within six months from the date the Discipline Panel’s Order becomes final.
5. that Ms. Baker shall pay to the College the amount of $2,400.00 in costs at the rate of $100.00 per month, starting on the 15th day of the first month after completing the first week of her suspension. No interest will accrue on the outstanding amounts so long as they are paid on time. At all times, Ms. Baker shall be at liberty to increase the amount of her monthly payment, solely at her discretion.

Ms. Baker waived her right of appeal and the reprimand was administered by the Panel.
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## Resigned/Revoked Registrants

In accordance with section 24 of the *Regulated Health Professions Act* (Code), the following registrants have been suspended/revoked for non-payment of the annual renewal fee. These registrants were forwarded notice of the intention to suspend and provided with two months in which to pay the fee. If a registrant who has been suspended for non-payment does not reinstate her/his certificate of registration, that certificate is deemed to be revoked two years after the failure to pay the annual fee. Some registrants choose to resign from the College at renewal time.

### Resignations – January 1, 2007 - February 8, 2007

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### Reinstated – May 26, 2006 - February 13, 2007

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REGISTRANT LETTER OF APOLOGY—
COMMENTS FROM THE REGISTRAR

The following is an excerpt of a letter of apology which was requested by the Executive Committee of the College as a result of a registrant’s failure to abide by a signed Undertaking to remain current with her/his certificate of registration.

The College of Dental Hygienists of Ontario
Attention Registrar, Fran Richardson

As requested, I am writing this letter of apology regarding my unintentional failure to pay my CDHO registration fees on time. I clearly recognize the differences between paying my College licensure fees and my association/liability insurance. The purpose of the College is to regulate the practice of Dental Hygiene and protect the public, whereas the Associations are advocates and support the profession of Dental Hygiene. In ten years of practice, this is unfortunately the second time I have paid my College fees late due to changes in address. I do appreciate the responsibilities of each member to keep their file up-to-date with the College, including immediate notice of change in address. I also recognize the reasons why the College would be forced to revoke one’s license if their fees are not paid on time. Thank you.

While the registrant has acknowledged s/he was in error, there are some points that are pertinent for all registrants.

1. Under the RHPA, 1991 the term “license” is no longer applicable since all regulated health care practitioners now have a certificate of registration;
2. As per Section 16.8 (4) Bylaw No. 3, a registrant must notify the College within seven (7) days of any change of address (home or business);
3. Certificates of Registration that have been suspended by the Registrar are revoked the day after the second anniversary of the suspension, if the suspension is still in effect (i.e. if a registrant receives a notice of suspension for non-payment of fees, her/his certificate will be revoked in two years plus a day unless the registrant applies for a lifting of that suspension);
4. Registrants practicing while their certificate has been suspended/revoked are practicing illegally and their professional liability insurance may be null and void during that time;
5. Professional misconduct includes:
   • failing to pay money owed to the College
   • failing to reply appropriately or within a reasonable time to a written inquiry made by the College that requests a response
   • failing to abide by a written Undertaking given by the member of the College, or to carry out an agreement entered into with the College O. Reg.70/06 Part V 28, 30, 36.

Registrants are advised to review the professional misconduct regulations, found at the back of their copy of the Dental Hygiene Act, 1991 or on www.e-laws@gov.on.ca
PROFESSIONAL PORTFOLIO/ PRACTICE REVIEW 2007

The selection process for the 2007 Professional Portfolio/Practice review is about to begin. Dental hygienists selected to participate in this year’s review will receive their letters early in April. You will be asked to submit your completed 2006 professional portfolio by May 11, 2007. All dental hygienists holding a general or specialty certificate of registration are required to have their portfolios ready to be submitted when requested to do so. The current professional portfolio forms may be downloaded from the CDHO website www.cdho.org.

Here are some of the questions dental hygienists ask about the quality assurance portfolio.

Q: Do I need to type my portfolio?
   Typed or word processed is preferred. Handwritten portfolios are acceptable as long as they are legible when photocopied. Legible means easily read and understood by others.

Q: I am not working as a dental hygienist, do I still need a portfolio?
   Yes. If you are registered with this College you must have a professional portfolio. If you maintain a general or specialty certificate of registration you are included in the selection for the Peer Review.

Q: I am not working as a dental hygienist but have a general certificate of registration, do I need to do continuing education?
   Yes. You have the same obligations for continuing your competency level as working dental hygienists. You are expected to make learning goals that will prepare you for when you return to practice. You will record your learning in your portfolio.

Q: I am an RDH holding a general certificate with the College, but am close to retirement. Can I be exempt from the Quality Assurance Program?
   No. All registrants holding a general or specialty certificate of registration must comply with the Quality Assurance Program without exception.

Q: I work as a temp, how do I complete my typical day?
   You will have to assess what a typical day is for you. What services do you typically provide? What is your role in your client’s process of care? What infection control protocols do you ensure for all clients? What are you recording in your client record?

Q: Will my employer know the results of my professional portfolio/practice review?
   Your results will be kept confidential. The Quality Assurance Committee will mail you the results of your assessment.

Q: Do I have to use the College forms to document my learning activities?
   Yes. It is important that all CDHO registrants’ Quality Assurance records be in a consistent format to facilitate a fair evaluation process.

Q: What kind of learning activities will the Quality Assurance Committee accept?
   The committee accepts a wide range of learning activities such as seminars, journal reading, video tapes, professional activities/research, peer discussions, etc. There is the expectation that all learning will be based on current dental hygiene research and theory, and will be relevant to your dental hygiene practice. This will need to be documented and demonstrated in your professional portfolio. You must show the Committee that you are remaining competent through continuous learning that relates to your practice.

Professional Portfolio Tutorial now available at: www.cdho.org/quality_dd.htm
Elections were held for the positions on the Executive Committee for 2007. The results are as follows:

Cathie Mazal-Kuula (District #7), President
Kathleen Feres Patry (District #6), Vice President
Gordon Campbell (Public Member)
Linda Jamieson (Dental Hygiene Educator)
Derrick McLennon (Public Member)

The Administrative report noted that there were a total of 8,859 registrants as of January 9, 2007. The 2007 annual registration renewal form was placed on the website for registrants to access and download as required. On-line registration renewal process for 2007 was carried out in all districts with great success.

Elections were held in Districts #4 and #8. Shirley Silverman and Carole Ono were elected in District #4 and Ilga St. Ong was acclaimed in District #8. A by-election among full time dental hygiene academic faculty was held to fill the academic vacancy when Carole Ono let her name stand in District #4. Susan Raynak from Confederation College was selected by her peers.

The College welcomed Claudia Galben to the position of Administrative Assistant to the Deputy Registrar.

The Minister of Health & Long-Term Care George Smitherman introduced Bill 171, the Health System Improvements Act, 2006 that includes an amendment to the Dental Hygiene Act, 1991. It is anticipated that Bill 171 will go for Second Reading and be referred to a Standing Committee. The College commissioned an independent researcher, Dr. Gordon Atherley of Greyhead Associates to provide his opinion on the report of the Expert Panel that commented on the education of dental hygienists for self–initiation. Dr. Atherley’s report is posted to the CDHO website at www.cdho.org.

The CDHO participated in the Canadian Dental Hygienists Association Student Summit held in Toronto on January 20, 2007. The CDHO sponsored an information booth, a presentation by Council Member Nancy Kitchen on restorative dental hygiene practice and a presentation by the Registrar on self-regulation.

Council approved at Third Reading the proposed Regulation on Contraindication for Self-Initiation. The proposed regulation will be forwarded to the Ministry of Health & Long-Term Care for expeditious processing.

The Executive Committee reported that there is one civil case pending regarding an individual who was using the title “dental hygienist” and who was reported to be performing the controlled act of “scaling teeth and root planing, including curetting surrounding tissue.”

One situation was resolved when the Executive Committee was assured that their concerns were addressed by the registrant in a signed Acknowledgement and Undertaking. In another matter, one registrant was called in to meet with the Executive Committee to assure them that she understood and respected the issues that brought her before them and that it would not happen again.

An investigation was launched because of an anonymous complaint, but upon investigation the College determined that no further action was required. There are two ongoing investigations.

The Complaints Committee completed its investigation of two complaints. In one case, the Committee determined that no further action be taken. In the other case, the decision required the registrant to attend before a Panel of the Complaints Committee for a caution. There are three complaints currently being investigated by the Committee.

It was reported that a discipline hearing was held on January 24, 2007 in the matter of Nancy Davis. A summary of the proceedings will be published in a subsequent edition of Milestones. A discipline hearing was held on August 25, 2006 in the matter of Sheryl Gail Baker. A summary of the proceedings is featured in this edition of Milestones.

The Registration Committee reviewed two applications from graduates of non-accredited courses of study outside of North America. In both cases, they determined that the courses of study were equivalent to having successfully completed an approved accredited dental hygiene program. The Committee also approved an applicant for a specialty certificate of registration, subject to successful completion of the Specialty Certificate of Registration examinations.

The Committee approved amendments to the process outlining the Clinical Competency Assessments and are in the process of approving guidelines for a jurisprudence course.

The next meeting of Council is scheduled for Friday, June 1, 2007 at the Toronto Board of Trade, 77 Adelaide Street West, Toronto. All are welcome to attend. For further information please contact Jane Cain at (416) 961-6234 or outside the Toronto area at (1-800) 268-2346 ext. 226 or e-mail jcain@cdho.org.
Does my Workplace Need to Have a Health and Safety Program?

According to the Health and Safety Act, if your workplace has six or more employees, a Health and Safety program is required. In addition, if your workplace uses any of the controlled products covered by WHMIS (and all dental offices will have some, if not many, of these products), you must have the proper labeling and Material Safety Data Sheets to accompany such products. Please refer to the section on WHMIS below.

The Rights of Workers

All workers in the dental setting have three basic rights: 1) the right to participate; 2) the right to know; and 3) the right to refuse work.

The Right to Participate

As dental hygienists in the workplace, we have the right to be involved in health and safety programs, identifying workplace hazards, and working towards rectifying any areas of concern with respect to health and safety. Depending on the number of employees in the workplace, workers may participate on either a Health or Safety Committee (for workplaces with twenty or more employees) or more likely in the case of dental hygiene, as a Health and Safety Representative (in workplaces with six or more employees).

Health and Safety Representatives or members of a committee have many functions, such as identifying any hazards in the workplace, investigating/documenting accidents, and performing monthly health and safety inspections of the workplace.
Dental hygienists have the right to know about any hazards or potential hazards to which they may be exposed in the workplace. “This means the right to be trained and to have information on machinery, equipment, working conditions, processes and hazardous substances (Ministry of Labour, 2002, p.2).” The Workplace Hazardous Materials Information System (WHMIS) plays an important role in knowing about the materials (mainly chemicals) that we work with. WHMIS will be discussed later in the article.

Dental hygienists have a right to refuse work that they believe is dangerous to either their own health and safety or that of another worker.

The employer in the dental setting has the responsibility to make the workplace safe for everyone. This includes informing workers about any hazards, keeping equipment in good working condition, providing a written policy for health and safety, providing proper training and education for hazardous materials, posting a copy of the Health and Safety Act, and keeping proper records regarding any issues.

WHMIS is a system that allows us to be informed about the hazardous materials (referred to as “controlled products”), that we work with in the dental setting. WHMIS is a law, and essentially it forces suppliers of controlled products to provide information in the form of a Material Safety Data Sheet (MSDS) to purchasers. Employers are required to provide this information to workers. As an employer, one is legally obligated to provide employees with MSDSs for each and every controlled product in the practice setting.

Controlled products will have a specific label that bears a hatched border and one or more specific WHMIS classification symbols (there are six different symbols in all) inside the border. When a controlled product is ordered, the supplier should send along a Material Safety Data Sheet. If they do not, you should call the supplier and request one. These sheets should be kept in an organized binder for easy reference for all workers. MSDS sheets should always be kept and must be no older than three years old. MSDSs are a wealth of information including toxicology data for the product, protective equipment required to work with the product, safe handling and storage, and what to do in the case of accidental contact or spilling. It is this information that is your key to working safely with the chemicals that are encountered in a dental / dental hygiene practice.

Many of the products that we use are controlled products. The following is a short list of examples; you will find many more in your workplace:

- fixer and developing solutions
- disinfecting solutions
- cleaning solutions for suction lines
- handpiece lubricants

The following link will provide the WHMIS symbols that you need to be aware of:

[www.labour.gov.on.ca/english/hs/whmis/whmis_appa.html](http://www.labour.gov.on.ca/english/hs/whmis/whmis_appa.html)
I Have No Health and Safety Program in Place…What Should I Do?

If you have no Health and Safety program in place, you should work towards implementing one as soon as possible. Here is what you can do to get started:


Another place for small businesses to begin is at the IAPA website: http://www.iapa.ca/business/

2) Talk about this at your workplace, and get involved. Any hazards such as chemicals need to be identified, and rectified (chemicals, faulty equipment).

3) Learn WHMIS and take an inventory of the controlled products in your workplace. Material Safety Data Sheets can be obtained through your supplier. Organize MSDSs in a binder and have all workers read them.

4) Perform monthly health and safety inspections of your workplace. Devise a checklist of areas to be inspected.

The information included in this article has provided a brief overview to a very large topic. It is suggested that registrants explore deeper into this subject. Implementing such a program requires a team approach and a shared responsibility. Remember, not only is workplace health and safety a law, but it will also protect your health and keep you working safely.

Sue Eckenswiller is a Registered Dental Hygienist, entrepreneur, and has taught Health and Safety at Georgian College for several years. She has implemented Health and Safety programs in the offices in which she worked, and acts as a resource for many dental professionals regarding Health and Safety issues. Ms. Eckenswiller is a graduate of the George Brown College Dental Hygiene Program. In addition, she holds a B.Sc. from the University of Waterloo, a B.Ed. from Brock University and is a M.Ed candidate.

Lisa Taylor would like to thank Sue Eckenswiller for contributing to this edition of Practically Speaking.
FOR YOUR INFORMATION

Great-West Life is now accepting direct claims from dental hygienists for those covered in public service. For more information go to:

http://www.tbs-sct.gc.ca/hr-rh/in-ai/2006/1205_e.asp

Considering Starting your Own Dental Hygiene Business?

Resources available to help you get started:

- ODHA www.odha.on.ca
- CDHA www.cdha.ca
- Government of Ontario www.gov.on.ca, click on "Gateway for Business"
- Courses are available through your local Community College on starting/operating a business.

NOTICE

This year the Federation of Health Regulatory Colleges of Ontario and Steinecke Maciura LeBlanc are presenting a seminar on, "The Only Constant is Change: Recent Developments in Health Law". For additional information go to: http://www.regulatedhealthprofessions.on.ca/objects/Brochure_0207.pdf

REMINDER

All requests for tax receipts, certificates of professional conduct (letter of good standing) or duplicate certificates must be in writing to the attention of Joyce Quan.

Requests can be faxed to (416) 961-6028; e-mailed to jquan@cdho.org or mailed to 69 Bloor Street East, Suite 300, Toronto Ontario M4W 1A9.

PLEASE INCLUDE YOUR REGISTRATION NUMBER ON ALL CORRESPONDENCE

NSF / RETURNED CHEQUES

All returned cheques are subject to a $25.00 administration fee. The replacement payment must be made with a money order.

The registrant is responsible for notifying the College of an address or name change within seven (7) days of that change.

Milestones is published periodically by the College of Dental Hygienists of Ontario, 69 Bloor Street East, Suite 300, Toronto, Ontario M4W 1A9
Telephone • 416 961-6234 Toll Free • 1 800 268-2346 Facsimile • 416 961-6028
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