



MILESTONES

Resource for Dental Hygienists in Ontario

MAY 2005

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College of Dental
Hygienists of Ontario

•

L'Ordre des hygiénistes
dentaires de l'Ontario



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DENTAL HYGIENIST

Loses Certificate of Registration in recent Discipline Hearing



MISSION

STATEMENT

The mission of the College of Dental Hygienists of Ontario is to develop, advocate and regulate safe, effective dental hygiene practice for the promotion of oral health and well-being of the public of Ontario.

LA MISSION

La mission de l'Ordre des hygiénistes dentaires de l'Ontario consiste à élaborer, promouvoir et réglementer l'exercice de la profession d'hygiène dentaire de façon sûre et efficace dans le but de promouvoir la santé buccale et le bien-être du public ontarien.

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HONOURABLE MENTION

Céline Weeling Lee

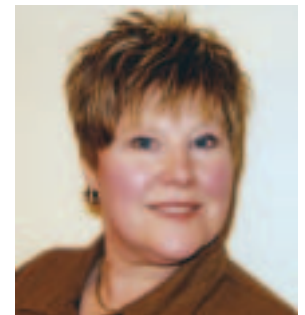


On February 14, 2005 Céline Weeling-Lee was honoured for her ten years of service with the College. A native of the Seychelles in the Indian Ocean, Céline is fluent in French and assists callers in both official languages. As receptionist Céline is often the first contact the public has with the College and over the years many registrants have come to recognize her friendly voice.

Congratulations Céline!

WE'D LIKE TO INTRODUCE...

Lisa Taylor, Practice Advisor



Lisa joined the College in March as Practice Advisor. She has recently moved to Toronto from Ottawa where she enjoyed a 19 year career as a dental hygienist in clinical practice. A history in general, orthodontic and paediatric practices provides Lisa with an insight into the day to day practise of dental hygiene. Her educational background includes a diploma in dental hygiene from Algonquin College and a BA from Carleton University. She is currently completing a B. Ed. (Adult) from Brock University.

Lisa has been a member of the ODHA and CDHA since joining the profession and has held volunteer positions with both the ODHA and the Ottawa Dental Hygienists Society.

Lisa will be a regular contributor to *Milestones* and welcomes your practice questions. You can reach Lisa at ► lisa@cdho.org or at (416) 961-6234, (1-800)268-2346 ext. 235

HAVE YOUR SAY



Q: My employer (dentist) requests that a full mouth series of radiographs be taken on ALL new patients and is making a concerted effort to do the same for all existing patients. When the dentist documents a prescription following a clinical examination, can I expect a reasonable explanation for the NEED for the x-rays? What do I do if I do not agree that the radiographs are necessary?

A: The use of x-ray machines is governed by provincial acts and regulations. In Ontario, healthcare x-ray machines fall under the *Healing Arts Radiation Protection Act*. In accordance with the *Act*, a dental hygienist must receive a client specific prescription prior to taking radiographs.

A dentist is one of the health professionals specified in the *Act* who may prescribe dental radiographs. A rationale for taking the x-rays must be determined by the dentist and must be client specific and based on the results of a clinical examination. The *Act* precludes taking a set number of radiographs based only on the fact that the client is new to your practice. New clients have the right to request that their dental records (including radiographs) be transferred from their previous dental office. This is one of the many criteria the dentist should consider when determining individual client needs.

It is reasonable to expect an explanation of the rationale used in determining a client's need for radiographs. Since you will need to ensure that you have the client's informed consent prior to exposing them, you will be required to discuss that rationale with your client. If you have sufficient reason to believe that any service you deliver is not in the best interest of the client then you have an obligation to the health and safety of your client not to proceed.

The guiding principle behind the *Healing Arts Radiation Protection Act* is that every dental client in Ontario has the right to expect a high quality x-ray examination with as minimal amount of risk as possible. It would be advisable to discuss with your dentist /employer the rationale s/he will be using in determining radiograph requirements before a situation arises. Open communication goes a long way towards building a relationship of mutual trust and respect.

Q: Can I advertise for my mobile mouth-guard business in the local community newspaper?

A: Yes, as long as your advertisement is in compliance with the CDHO advertising regulation. You can view an on-line version of the *Dental Hygiene Act, 1991-O.reg. 218/94* at ► <http://www.e-laws.gov.on.ca>



Send your comments to:

- haveyoursay@cdho.org
- or by mail to Have Your Say
69 Bloor St. East, Suite 300, Toronto, Ontario, M4W 1A9

While not all submissions will be published, we will endeavour to respond to your comments.

DISCIPLINE PANEL DECISION AND REASONS FOR DECISION

(REVOCAION OF A DENTAL HYGIENIST'S **CERTIFICATE OF REGISTRATION**)

RE: MS. MARLENE MIZZAU



A Panel of the Discipline Committee of the College of Dental Hygienists of Ontario (CDHO) held a hearing in Toronto on March 4, 2005 to determine whether Ms. Marlene Mizzau committed an act of professional misconduct (sexual abuse) when she developed a personal and sexual relationship with a client.

Sexual abuse of a client is defined in Section 1.(3) of the *Code*, as (a) sexual intercourse or other forms of physical sexual relations between a registrant and a client, (b) touching, of a sexual nature, of a client by a registrant, or (c) behaviour or remarks of a sexual nature by a registrant towards a client.

It was admitted that Ms. Mizzau carried on a sexual relationship with the complainant while he was her client. Sexual intercourse by a dental hygienist with a client constitutes sexual abuse. Therefore, the Panel determined that Ms. Mizzau committed an act of professional misconduct relating to sexual abuse.

The relevant penalty provision of the *Code* in a sexual abuse case is a reprimand and revocation of the dental hygienist's certificate of registration. A dental hygienist whose certificate of registration has been revoked for sexual abuse that includes sexual intercourse cannot make an application for reinstatement earlier than five

years after the revocation. The Panel was aware that a challenge had been made to the courts with respect to the mandatory provision for revocation in the event of a finding of serious sexual abuse. The Ontario Court of Appeal in the Dr. Mussani and College of Physicians and Surgeons of Ontario case upheld the constitutional validity of that mandatory penalty in the face of a challenge that it violated rights under the Charter of Rights. The Ontario Court of Appeal is the highest court in Ontario, and the Panel understood that its role is to apply the law as determined by the courts.

The Panel was aware that the relationship with the complainant developed into a spousal relationship and that the complaint was made some years later and only after the spousal relationship had ended. Counsel for the College emphasized in his submission that it was not the position of the College that Ms. Mizzau's conduct was predatory. However, he did submit that the conduct was nevertheless a serious violation of boundaries, which all health professionals have been informed by their Colleges is unacceptable. The Panel was of the view that sexual intercourse with a current client, even if not a predatory act, is a serious crossing of boundaries that was unacceptable. The professional relationship with the client must be terminated, if a dental hygienist wishes to embark upon an intimate relationship with that person.

The adoption of zero tolerance policies and mandatory revocation were highlighted by

the Court of Appeal in the Dr. Mussani case. The Court summarized a number of important findings and factors. Among the principal factors noted were the following that the Panel considered important in respect to registered dental hygienists, as with other health professionals.

- (1) the general vulnerability of clients in such relationships;
- (2) the power imbalance that almost invariably exists in favour of the health professional, thus facilitating easy invasion of the client's sexual boundaries;
- (3) the breach of trust entailed in such conduct;
- (4) the injury to the victim, both physical and emotional, that often results from sexual abuse, including the harmful effects on future care caused by the victim's inability to place trust in other health professionals;
- (5) the fact that sexual abuse tarnishes public trust in the entire profession.

Although the Court was dealing directly in that case with sexual abuse by a medical doctor, the prohibition of sexual contact by health professionals and their clients applies to all of the health professions in Ontario under the *Code*. Indeed, the Court acknowledged the application of these principles to all health professions. Furthermore, the CDHO adopted a zero tolerance policy, which was known or should have been known to Ms. Mizzau. The CDHO has published in *Milestones* and other educational brochures and guidelines materials related to the prevention of sexual abuse.

Therefore, the Panel determined:

1. That the Certificate of Registration of Ms. Mizzau be revoked commencing on March 4, 2005.
2. That Ms. Mizzau appear before the Panel to be reprimanded.

The Panel made no order against Ms. Mizzau as to costs.

The Panel recommended that any future panel of the Discipline Committee approve her application for reinstatement provided that she successfully complete a refresher course acceptable to the Registrar within an 18-month period prior to returning to active practise. A future Panel, of course, is not bound by what the Panel recommended, and must itself determine whether it is then appropriate to reinstate her certificate of registration.



DEVELOPING A PERSONAL RELATIONSHIP WITH A CLIENT

As clearly demonstrated in the recent discipline hearing, **there is no such thing as a consensual relationship between a registrant and a client.**

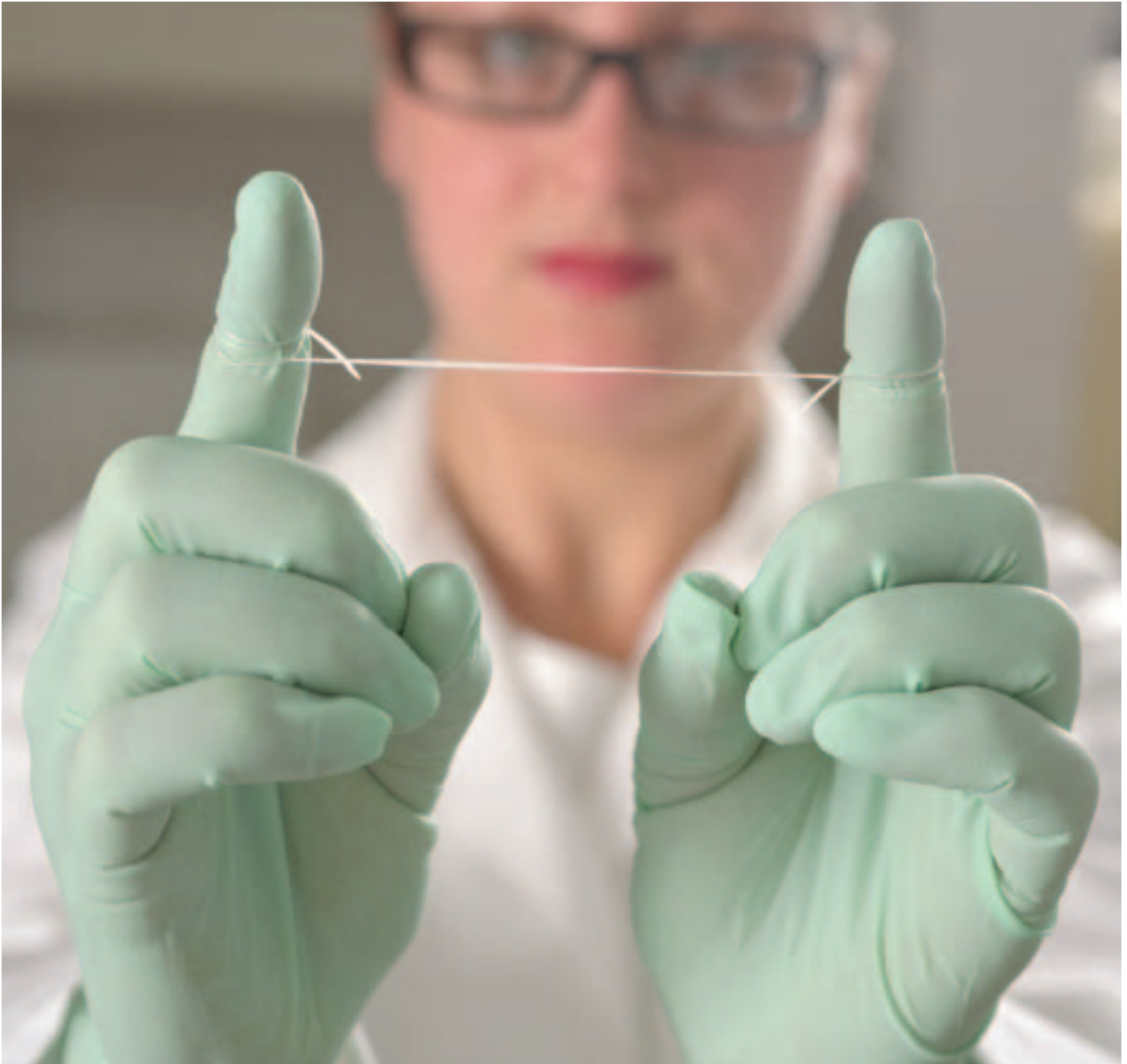
The foundation of a dental hygienist/client relationship is based on the principles of trust, respect, intimacy and power. It is generally recognized that a power imbalance exists between a health professional and a client. This imbalance will vary in degree depending on the type of health professional and the circumstances of the individual case. The

practice of dental hygiene has elements of power imbalance. For example, a dental hygienist may become aware of personal health information about a client.

The dental hygienist is responsible for using her or his professional judgment to determine when a relationship with a client becomes unacceptable. Even if the client initiates the conduct, it is the responsibility of the dental hygienist as a professional to maintain proper boundaries. The definition of "sexual abuse" is very broad.

If you intend to date a client, the dental hygienist/client relationship should first be terminated. Arrangements should be made for another dental hygienist to treat the client. The termination of the professional relationship should be clearly documented on the chart at the time. You should then wait an acceptable time before beginning to date the former client. An appropriate time depends on the circumstances of each case. Dental hygienists are strongly urged to err on the side of caution.

CHOOSE YOUR GLOVES **WISELY**



In light of the emerging latex sensitivities of both clients and practitioners, many dental offices have taken steps to becoming latex-free. When choosing alternatives to latex gloves, a prudent dental hygienist will investigate the range of current acceptable technological options and will select the best options for the situation (*Dental Hygiene Standards of Practice criterion #11*)

Gloves should be worn to prevent contamination of hands when touching mucous membranes, blood, saliva, or other potentially infectious materials and to reduce the likelihood that micro organisms on the dental hygienist's hands will be transmitted to clients during intra-oral procedures.

There are a variety of medical-grade gloves available to the health care practitioner. It is important that you make your decision on glove choice based on what best matches your situation. Here are some examples of gloves and their suggested use:

GLOVE MATERIAL	INDICATIONS	NOT RECOMMENDED FOR:
VINYL	<ul style="list-style-type: none"> • Short term tasks • Tasks placing minimal stress on gloves • Low risk of exposure to blood, body fluids or other potentially infectious materials 	<ul style="list-style-type: none"> • Moderate to high risk of exposure to blood, body fluids • Handling chemicals or other caustic materials
NATURAL RUBBER LATEX	<ul style="list-style-type: none"> • Client care with moderate or high exposure or contact with blood, body fluids, items contaminated with blood or body fluids, and other potentially infectious materials • Procedures requiring dexterity, tactile sensitivity, durability and flexibility 	<ul style="list-style-type: none"> • Those with latex allergy • Prolonged contact with glutaraldehyde, hydrogen peroxide, alcohol preparations, and hydro-carbon based products that may weaken the latex. • Use over 30 minutes (gloves should be changed when heavily soiled or every 15 to 30 minutes to prevent breakdown or wicking of material) • Washing with soap (causes wicking)
NITRILE	<ul style="list-style-type: none"> • Those with sensitivity or reactivity to latex • Client care with moderate or high exposure or contact with blood, body fluids, items contaminated with blood or body fluids, and other potentially infectious materials • When a better chemical resistance is required (better resistance than latex) 	<ul style="list-style-type: none"> • Those with allergies to nitrile



- Wearing gloves does not replace the need for hand washing. Hands should be washed thoroughly, immediately before and after gloving.
- Wear the correct size glove. Ill-fitting gloves can compromise technique and have the potential to increase the risk of contamination to both the hygienist and the client.
- To reduce the risk of tears or pinholes, keep fingernails short and well manicured.
- Other chemicals associated with dental materials that may weaken gloves include acrylic monomer, chloroform, orange solvent, eugenol, cavity varnish, acid etch, and dimethacrylates.

More information on gloves and infection control can be found through the Association for Professionals in Infection Control and Epidemiology ► www.apic.org and Centers for Disease Control and Prevention ► www.cdc.gov .

REGISTRANTS STATUS UPDATE

New Registrants

Name	Reg ID	Name	Reg ID
Jennifer L Andrego	009549	Alison Logee	009550
Brenda Ann Auger	009596	Christina Lea Lopes	009547
Alina Carmen Bahnean	009598	Adele Laila Lotufo	009613
Parvinder Kaur Bains	009605	Diana Lucreziano	009628
Kimberley Patricia Barker	009606	Sherri Ann Renee Ludwig	009569
Sarah Elizabeth Barkhouse	009627	Lyndsy Anne MacPhee	009546
Arlene Marie Blundon	009565	Zdzislawa Maria Marchwica	009602
Jelena Boskovic	009616	Maria Marino	009585
Emerald Brokalakis	009555	Borivoje Markovic	009519
Wendy Ann Buckmire	009624	Florabela Costa Melo	009557
Rebecca Dawn Burnett	009631	Brandi Rose Meyers	009545
Stefanie Ann Canestraro	009575	Susan Tionaose	
Lorrie Carriere	009524	Winona Montour	009541
Dawn Patricia Carter	009537	Kendra Janelle Moore	009636
Christina Lynn Cation	009610	Jessica Morden	009538
Christina Cerisano	009584	Eryl Catharine Morgan	009625
Leanne Marie Chipman	009554	Chantal Morin	009551
Saadia Choudhry	009561	Josee Morin	009553
James David Clarke	009531	Alison Lynn Munro	009634
Cheryl Correa	009581	Jennifer Rosemarie Nero	009539
Natasha Correia	009587	Juliana Nestorovic	009630
Mihaela Costea	009591	Sandra Ospina	009595
Maryse Courchesne	009523	Lucia Caterina Papaleo	009614
Nadia Cugliari	009609	Cassandra Jean Peace-Hall	009548
Tanya D'Emilio	009611	Tanya Pecoskie	009522
Carly Dale	009534	Larina Plankova	009617
Jodie Dallas	009560	Kara Marie-Denise Procter	009526
Eva Teresita de la Portilla	009520	Katarzyna Pyrek	009582
Erin Michele De Munck	009599	Katarzyna Joanna Reiser	009583
Loredana De Simone	009632	Stacey Alanna Reznick-Schipper	009618
Anna Desiderato	009574	Luz Angela Rojas Barrios	009592
Yulawattie Dhandhari	009622	Sharon Rosen	009607
Kristen Sarah Donovan	009568	Shiva Roshanaie	009608
Stephanie Cecilia Double	009623	Jennifer Nicole Rusnak	009594
Shannon Lee Eaton-Lefroy	009590	Gagangeet Kaur Sandhu	009619
Sheila Louise Ellis	009558	Szilvia Kriszti Sasvari	009567
Tara Leigh Everard	009579	Azadeh Seyedbagheri	009562
Mariam Shahbana Farooq	009604	Atefeh Shahriari	009621
Elizabeth Maria Fiander	009570	Sanaz Shamloo	009638
Beatriz Elizabeth Flores	009635	Karin Patricia Sidley	009543
Emily Elizabeth Forbes	009637	Milena Silva	009576
Mary Catherine Gainey	009612	Sonia Singh	009589
Melina Garneau	009529	Shyamala Sivananthan	009563
Michelle Gibbs	009525	Juanita Ashley Smith	009620
Trudi Lynn Graham	009527	Loredana Spinello	009536
Melanie Suzie Greene	009578	Kim Xiao Qin Su	009600
Matina Haralampous-		Susan Soo Sung-Li	009564
La Manna	009626	Jenelle Renee Therrien	009593
Kathryn Diane Haramina	009629	Andrea Glenna Thompson	009532
Beatriz Hernandez	009577	Simin S Toussiani	009588
Nancy Hersh	009601	Lynne Kathleen Tufford	009566
Amy Louise Hullah	009535	Sue Ellen Umali	009573
Kimberley Angela James	009559	Marguerite Mary VanSchaick	009597
Keeley Ann Johnstone	009552	Jacqueline Wade	009571
Jayne Kelland	009530	Diana Wiggan	009586
Julie Kelly	009533	Carla Susanne Wilson	009603
Jessica Kern	009542	Christina Marie Wilson	009528
Jennifer Lariviere	009580	Ashley Young	009556
Lisa Lauriault	009633		
Annick Lauzon	009540		
Shannon Marie Erin Lawless	009544		
Andrea Marie Lieferink	009615		
Rivka Carina Livay-Shakke	009521		

*RESIGNED/SUSPENDED/ 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.

Reinstated 2005

Name	Reg ID
Kelley Anne Bellehumeur	008376
Renata Agnieszka Bielak	008336
Kimberly Irene Burtney	007443
Jennifer Lynn Cayea	004298
Sarah Catherine Colquhoun	009072
Heather Elizabeth Dobbng	007739
Vanessa Gomez	007482
Marianne Rebecca Grote	008613
Leisa Cavell Hirtz	004197
Amy Theresa James	008316
Tanya Leanne McKenzie	006953
Rita Maureen O'Phee	005513
Lorna Mary Passafiume	000148
Tracy Elizabeth Paterson	007488
Denise Prior	008558
Katherine E Ridout	004324
Shannon Kerry Ryan	007363
Elena A Sgro	007158
Jennifer Lynn Smith	006543
Marni Steinberg	009466
Gina C Tatalias	008295
Laura Joy Tempest	009472
Heather Joan Treleaven	003014
Jodie Rebecca Waxman	007801
Diane Lynn Wiles	008714
Roberta C Zutautas	002849

Resigned 2005

Name	Reg ID
Sandra Lynn Alexander	006061
Samantha F Atnikov	007951
Heather Sue Begg	000394
Danielle Bertin	008445
Partha Pratim Boruah	009230
Jill Dawn Brideau	004989
Susan Margaret Brown	000366
Eric Patrick Bussieres	008777
Stephanie Lillian Canfield	007628
Andree Champagne	009213
Melissa Dawn Costa	007704
Christopher Hugh Dennis	008043
Roxanne Diotte	006254
Suzanne Marie Duval	001625
Diana Corinne Falconer	000186
Nadia Filice	007539
Lucia Maria Fodor	009025
Kimberly M S Gill	002769
Marlene Lila Gourley	000070
Lynda A Gregorini	009177
Laura Mary Hadley	002610
Shirley Ida Hanick	000373
Martha Kathleen Hanley Orton	001236
Rebecca Hanscom	006324
Lana Nichole Hayward	008574
Deborah Sarah Hume	006031
Jeanne Olivia Jonusaitis	000597
Jennifer Amy Journeay	009211
Katherine Jane Judge	009369
Catherine Liat Ko	002014
Muguette A T Laflamme	003865
Mary Jane Lapthorne	000193
Anne Aline Lavoie	004036
Leah Levine	000413
Amber Shona Locker	008555
Sharon Lee MacAulay	006174
Kimberley Anne Martignaco	004143
Angela Michelle Matheson	007999
Sherry Lynn Maudsley	007159
Joyce Evelyn Meredith	000421
Debbie Anne Mertin	001199
Teddy E Morin	001494
Laura Murphy	004783
Hugh Brent Murray	008350
Rhoda Heather Pearson	008775
Virginia Yvonne Perry	004180
Michelle A Peter	007460
Elzbieta Pietras	009116
Cheryl Pizzacalla	008914
Diane Janet Presley	001777
Artie Ram	009101
Christine Judy Sanders	008014
Angela Sciortino	006069
Alison Marie Silver	009220
Linda May Smith	000173
Janis Mary Thomas	000847
Katharine Ann Thompson	000326
Diane Kathleen Townsend	003785
Vien Tran	008315
Gail Ann Uebelacker	000537
Joseph Valerio	005344
Joan Ann Wachna	000055
Irena Wasylinko	007579
Susan Weltman	001017

OPEN WIDE CAMPAIGN

Suspended 2005

Name	Reg ID
Ayala Adler	008313
Penelope Gail Aikman-Freedom	000153
Alnar Amirali Altani	008972
Kathleen Maura Bokrossy	003901
Regina Braunshtein	006124
Line Anne Brettle	002108
Melanie Ruth Byrne	007876
Charity Catherine Chapman	009487
Nicole Denise Comeau	008785
Angela Criscenzo	007894
Sandra Marie DeMendonca	005298
Véronique Doucet	008317
Amanda Esrock	005665
Charlene Futtrup	006684
Melanie Gauthier	009007
Jasmine Girn	006654
Jane Eva Hedlund	001098
Paula Sue Himmel	002492
Sarah Elizabeth Johnston	009023
April Juneau	009318
Anna Kovorsky Steingold	004928
Kim-Marie Laflamme	008079
Céline H Lafond	007961
Lianne Larose	008934
Kelly Michele Matthews	005058
Shannon Crystal McFee	007577
Rosanne Marie Nicolosi	008718
Kimberley E Novak	008264
Sara Pantermoller	009493
Stephanie Papoutsidis	008639
Amanda A Roche	007744
Shirley Marie Squires	006772
Michael Ramsey Taylor	006189
Lianne Nicole Vaillancourt	006949
Melanie Margaret Wastila	005577
Tara R Wepruk	009279
Courtney L Williamson	007590

Revoked 2005

Name	Reg ID
Sonia L Baldassi	001630
Heather Ann Cambers	005291
Natalie Nicole Daley	008314
Chantal Dallaire	007290
Sara Marie DeVilliers	007216
Theresa Anne Dunnell	006065
Brandy Lee Gill	008310
Marie Joanne Hache	007987
Lily Jovanovich	001062
Lori Ellen Jule	004681
Robyn Divina Killen-Maillet	008356
Amanda L Laperriere	008126
Manon St-Pierre	007635

The following registrant's certificate of registration has been revoked as a result of an order of a Discipline Panel:

Marlene Catherine Mizzau	006667
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OAPHD (Ontario Association of Public Health Dentistry) is dedicated to health for all by assuring optimal oral health. OAPHD is supporting Ontario Health Units in improving the oral health of Ontario residents through developing a long-term health promotion plan. The first stage of this project is called OPEN WIDE. This campaign is adapted from one developed by the Connecticut Department of Public Health.

The short term objective of OPEN WIDE is to raise awareness that:

- Dental disease is still a **very real problem** for many residents of Ontario
- Projects that **address dental needs** in Ontario need to be supported and preserved
- Projects that decrease the **depth of poverty** need to be **supported** and preserved
- Poor oral health increases the risk of **serious health problems**

The campaign involves instructing public health dental staff to deliver information and training to other professionals. These could range from health professionals (public health nurses, family

home visitors, registered nurses in the extended class) to professionals who work with children (child care providers, social workers) to senior management and Boards of Health. These professionals then educate and mobilize others in their communities about oral health concerns.

Studies have shown that people in the lower income brackets have poorer overall health, including oral health. As oral health professionals, dental hygienists can make a difference. For information on what **you** can do and the OPEN WIDE campaign, contact your local Health Unit or one of the following OAPHD members:

▶ Beth McIntosh, RDH (Brant County Health Unit) **519-753-4937 ext. 207**, bmcintosh@bchu.org

▶ Victoria Leck, RDH (County of Oxford, Public Health & Emergency Services) **519-539-9800**, vleck@county.oxford.on.ca

▶ Carol Moore-Collins, CDA (Haliburton, Kawartha, Pine Ridge District Health Unit) **905-885-9904 ext 231**, ccollins@hkpr.on.ca



COUNCIL'S CORNER

COUNCIL MEETING HIGHLIGHTS, April 15, 2005

F. Richardson, Registrar reported that there were a total of 7,765 registrants as of March 31, 2005. The College welcomed Lisa Taylor to the position of Practice Advisor.

It was reported that the Federation of Health Regulatory Colleges of Ontario (FHRCO) Public Education Strategy was scheduled to launch on April 18, 2005 with 30-second radio ads to run in Toronto, Ottawa, London, Windsor, Sudbury and Thunder Bay.

The Patient Relations committee presented to Council for second reading a proposed regulation regarding Funding for Therapy and Counselling. The proposed regulation has been circulated to registrants with this mailing of *Milestones*.

The Registration Committee reported that a Panel had reviewed three applications from graduates of non-accredited courses of study outside North America and in the process of finalizing its decision and reasons. Further, a proposed amendment regarding the Mutual Recognition Agreement reviewed and the proposed regulation has been circulated to registrants with this mailing of *Milestones*.

Council approved at third reading the March 2005 edition of the proposed Prescribed Records Regulation which will be forwarded to the Ministry of Health and Long-Term Care.

The draft Code of Ethics was approved by Council and will be circulated to registrants and stakeholders for review and comment.

The Complaints Committee completed its investigation of one complaint and determined that an oral caution be given.

It was reported that a discipline hearing was held on March 3, 2005 and a summary of the Decision and Reasons for Decision are featured in this edition *Milestones*.

In her report to Council P. Maggrah, President stated that Council met for an introduction to the strategic planning process on January 20 and that a subsequent intense two day workshop was held on March 31 and April 1 and that Council identified goals and objectives for the next three to five years.

Following the Council meeting, Patricia Manacki, President of the Ontario Dental Hygienists Association presented Fran Richardson with the Elizabeth Craig Award for her contribution and dedication to the dental hygiene profession.

On the occasion of her resignation from the College, Eleanor McIntyre was presented with a token of thanks for her dedication and service to the College and in particular the Quality Assurance Program however it was not a farewell speech as Eleanor will continue to work on various projects at the College.



COUNCIL MEETING DATES

2005 Council Meeting Dates
Friday, October 21, 2005
(Toronto Board of Trade)

The next meeting of Council is scheduled for **Friday, July 15, 2005** 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 extension 226 or e-mail at ▶ jane@cdho.org.

PROFESSION SECTION

HERE'S WHAT HEALTH PROFESSIONALS ARE ASKING ABOUT ONTARIO'S NEW HEALTH PRIVACY LEGISLATION

Since the *Personal Health Information Protection Act (PHIPA)*, came into effect on November 1, 2004, my office has received more than 3,000 calls and e-mails from professionals in the health sector with questions regarding the implications and implementation of *PHIPA*.

One of the most common questions over the past few months has been: **"Why is PHIPA necessary when we already have the federal Personal Information Protection and Electronic Documents Act (PIPEDA)?"**

While the federal *Act* was designed to regulate the collection, use and disclosure of personal information within the commercial sector, *PHIPA* establishes a comprehensive set of rules about the manner in which personal health information may be collected, used, or disclosed across Ontario's health care system. *PIPEDA* was never designed to address the intricacies of personal health information.

In the near future, I anticipate seeing a final exemption order recognizing the substantial similarity of Ontario's *PHIPA* to the federal *PIPEDA*, so that health information custodians covered by *PHIPA* will **not** also be subject to *PIPEDA*.

We have received queries that cover a wide range of scenarios under *PHIPA* – issues that range from the extent of patient information being shared between *health information custodians* to whether a parent can obtain information about what prescriptions his daughter is obtaining from a pharmacy. Here is a short sampling of the questions we have received since *PHIPA* came into effect.

One caller was a physiotherapist who works at a health club and who shares patient information with non-regulated health professionals. He wanted to know if staff, such as personal trainers and fitness instructors, would be considered health information custodians and if he would need to get written consent from patients to share their information with such staff members.

Our response was that, generally, the non-medical staff of a health club would not be considered to be *health information custodians*. The Act requires that consent to the disclosure of personal information by a *health information custodian* to a *non-custodian* must be express, and not implied. The physiotherapist would need express consent to pass on personal health information to staff such as personal trainers and fitness instructors. (As well, a *non-custodian* who receives personal health information from a *custodian* may, in general, only use that information for the purpose for which the custodian was authorized to disclose the information.) Obtaining consent at the beginning of the process would enable the physiotherapist to share information as needed, with his co-workers.

► By Ann Cavoukian, Ph.D.
Information and Privacy Commissioner/Ontario

The manager of a long-term health care facility wrote us to ask if physicians who have admission privileges and are contracted for medical services – but who are not staff – should be asked to sign confidentiality agreements the same as staff, volunteers and other agents.

While *PHIPA* does not contain any provisions that relate specifically to a requirement to sign confidentiality agreements, it does state that *health information custodians* are required to take steps that are reasonable to protect the personal health information in their custody. Additionally, *PHIPA* also states that a *custodian* is required to handle records in a secure manner, so having confidentiality agreements in place is just one of the steps that *custodians* could take to help protect the information in their custody.

In this specific instance, the physicians that are contracted to provide services in the facility would likely be considered agents of the facility. Under *PHIPA*, the custodian's contact person is required to ensure that all agents of the *custodian* are appropriately informed of their duties under the law, which may include the signing of confidentiality forms.

One of the more challenging questions was from a pharmacist who wanted to know what his responsibilities were in a case where the cardholder of a prescription drug plan wanted to know the details of drug usage by a family member covered under the drug plan. Would the family member need to give permission or sign a consent form?

This would be a case of disclosure of personal health information by a *health information custodian* to a *non-health information custodian*, which, generally, can only be done on the basis of express consent. Accordingly, a best practice would be to seek consent from the other family member or members who are covered under the cardholder's health plan. This is definitely the case if the information to be disclosed is that of an adult, such as a spouse, or children 16 or older. In the case of children under 16, information may be released without consent to the custodial parent, with *certain exceptions*. For example if the child is capable and disagrees, then the child's decision prevails.

► If you, or your office, have a question regarding the *Personal Health Information Protection Act, 2004*, please do not hesitate to contact us at info@ipc.on.ca. You can also find many useful publications about *PHIPA* on our website, www.ipc.on.ca.

FOR YOUR INFORMATION...

All requests for a duplicate certificate of registration, tax receipt or a certificate of professional conduct (letter of good standing) must be in writing to the attention of Joyce Quan. Requests can be faxed to ▶ (416) 961-6028; e-mailed to ▶ joyce@cdho.org or mailed to 69 Bloor Street East, Suite 300, Toronto, Ontario M4W 1A9.

- PLEASE INCLUDE YOUR REGISTRATION NUMBER ON ALL CORRESPONDENCE.

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SOME WEB SITES TO VIEW

- As part of its public education campaign the Federation of Health Regulatory Colleges of Ontario (FHRCO) has launched a new community web-site at ▶ www.itsnotagame.ca which features a link to each of the 22 regulated health college's web-sites. In addition, if you would like to hear the radio advertisement, "Its Not a Game" click on "radio spot" on the bottom right hand side of the grid.
- Canadian Pensioners Concerned founded in 1969 in Ontario, is a provincial and national membership based organization that has produced a diabetes tool kit entitled, "Dealing with Diabetes: A Tool Kit for Seniors Helping Seniors". To download a copy got to ▶ www.canpension.ca. The toolkit is also available in French.

TERMINOLOGY

- This is to advise you that the correct term or Nurse Practitioner is **Registered Nurse Extended Class, RN(EC)**. According to the College of Nurses of Ontario (CNO) the CNO has relied on its regulatory language of "**Registered Nurse Extended Class**" rather than the more commonly used term of Nurse Practitioner. CNO's intent, at the time of regulation development for the extended class, was to be visionary and prepare for the potential evolution of additional "extended nursing roles".

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

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Comments or Questions on issues relating to the dental hygiene profession are welcome.

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