CLIENTS WITH CARDIAC PACEMAKERS
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.

VALUES STATEMENT

A values statement is an expression of an organization's philosophy of how it conducts business. The College of Dental Hygienists of Ontario has not had a values statement in past and the following values statement was developed during the workshop held on March 31 and April 1, 2005.

The mission of the Order of the 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.

VISION STATEMENT

The purpose of a vision statement is to provide an organization with a shared and long-term direction for the future. The group developed the following vision statement during the workshop.

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.

OTHER STATEMENTS

Q: My employer / dentist will not be present in the office. Is it OK for me to treat a client who requires prophylactic antibiotic coverage?

A: Yes, providing that you have:
1. an “order” outlining certain conditions that must be met prior to procedures being performed.
2. confirmed that there have not been any significant changes to the medical history.
3. confirmed that the client has taken the prophylactic antibiotics as prescribed.
4. obtained the client’s informed consent to proceed.
5. recorded the above in the client’s treatment record.

Q: What if this client forgot to take her pre-medication but has the prescription recorded in her client record? We keep medication in the office in case this happens. Can I give it to her and ask her to wait the one hour until it becomes effective?

A: No. A dental hygienist may not dispense prescribed medications to a client in the above situation. The PHPA Section 27(2) B lists “Prescribing, dispensing, selling or compounding a drug as defined in subsection 117(1) of the Drug and Pharmacies Regulation Act” as a controlled activity. This controlled activity is not included in the Dental Hygiene Act.

Q: What should I record in the client’s chart? Is it OK to just document “MHNC & Pre-medication taken”?

A: The more specific you are in record keeping the better. Documentation should include:
1. an “order” outlining certain conditions that must be met prior to procedures being performed.
2. confirmed that there have not been any significant changes to the medical history.
3. confirmed that the client has taken the prophylactic antibiotics as prescribed.
4. obtained the client’s informed consent to proceed.
5. recorded the above in the client’s treatment record.

Q: Sometimes a client who requires antibiotics prior to scaling arrives without having taken their prescribed medication. The dentist I work for keeps antibiotics in our office and will give the client the medication and tell me to proceed with treatment without waiting the one hour. He says there is no risk and if there was he would assume it. Is this true?

A: Your dentist/employer cannot assume responsibility for what you do or do not do. As a regulated health care professional, you have a professional obligation to act in the client’s best interest. The CDHO recommendations for prophylactic antibiotic coverage (www.cdho.org/regulations.html) agree with the American Heart Association (AHA) and the American Dental Association / American Association of Orthopedic Surgeons ADA/AAOS. Accordingly, prophylactic antibiotics should be taken one hour prior to initiating scaling and root planning. It is inappropriate to change this protocol as a means of maintaining an appointment schedule.

Q: I am planning to travel with a health care team to a developing country to deliver dental hygiene services. I will be raising money to fund my trip. Are there any ethical issues I need to consider?

A: The College does not have an issue with fundraising but, before you start, you should review the CDHO Code of Ethics and the privacy legislation, Personal Health Information Protection Act, (PHIPA) regarding soliciting funds from clients. In addition, a review of the CDHO’s professional misconduct regulations is recommended. You may also consider looking into whether or not the country you are travelling to has any legal restrictions that would limit you from delivering dental hygiene services. Your sponsoring organization should be able to help you find out if there are any applicable regulations.

Q: You mentioned that the prescribing, dispensing, selling or compounding a drug as defined in subsection 117(1) of the Drug and Pharmacies Regulation Act is a controlled activity. Is this correct?

A: Yes, the prescribing, dispensing, selling or compounding of a drug as defined for the purpose of the Drug and Pharmacies Regulation Act is a controlled activity.

MY QUESTIONS ANSWERED

Send your comments to:
• yourquestions@cdho.org
• or by mail to Your Questions Answered 69 Bloor St. East, Suite 310, Toronto, Ontario, M4W 1A9

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

MILESTONES SEPTEMBER 2005 3
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.

VALUES STATEMENT

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The College of Dental Hygienists of Ontario values integrity, trust, accountability, leadership and a commitment to excellence.

LA MISSION

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.

VISION STATEMENT

The purpose of a vision statement is to provide an organization with a shared and long-term direction for the future. The group developed the following vision statement during the workshop.

The College of Dental Hygienists of Ontario is committed to using evidence-based research to set the highest possible practice standards to facilitate safe, effective and accessible dental hygiene care for the people of Ontario.

MISSION STATEMENT

The purpose of the mission statement is to identify, in a clear and straightforward manner, the purpose of the organization’s existence. The group developed the following.

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.
Cardiac pacemakers are increasingly common in the aging population. With an estimated 3.25 million functioning cardiac pacemakers worldwide, dental hygienists are encountering clients with cardiac pacemakers and implantable cardioverter defibrillators (ICD) more frequently than in the past. In planning individualized dental hygiene services, dental hygienists assess the current medical status of all clients to determine those who may be at high risk for emergency situations and to determine whether special precautions are necessary.

**BACKGROUND**

Implanted cardiac devices (ICD) and implantable pacemakers are used to treat cardiac arrhythmias associated with damaged heart muscle. A pacemaker and ICD consist of a battery generator associated with damaged heart muscle. A pacemaker is used to treat cardiac arrhythmias.

**MILESTONES SEPTEMBER 2005**

- **CARDIAC PACEMAKERS**
  - **CLIENTS WITH CARDIAC PACEMAKERS**
    - Cardiac pacemakers are increasingly common in the aging population. With an estimated 3.25 million functioning cardiac pacemakers worldwide, dental hygienists are encountering clients with cardiac pacemakers and implantable cardioverter defibrillators (ICD) more frequently than in the past. In planning individualized dental hygiene services, dental hygienists assess the current medical status of all clients to determine those who may be at high risk for emergency situations and to determine whether special precautions are necessary.

- **OVERVIEW**
  - **ENDOCARDITIS**
    - There is a theoretical risk of bacterial endocarditis due to the presence of the pacemaker as a foreign material in the circulatory system. However, the American Heart Association has classified the pacemaker and ICD as a negligible risk factor for endocarditis and does not recommend prophylactic antibiotic coverage for dental hygiene treatment. The risk would be prudent if the client reports any other heart or medical conditions that may be indicators of additional risk or if the implant has been inserted within the last 6 months.

- **RISK FACTORS**
  - If a client reports having a pacemaker, or any other implanted device, a medical consultation may be required prior to initiating dental hygiene care. The usual health history should be supplemented with information contained in the identification card along with the underlying disease condition.

- **SYMPTOMS OF PACemaker MALFUNCTION**
  - Clients may report unusual activity or discomfort from their implanted device. Observable symptoms of malfunction include, difficulty breathing, dizziness, light-headedness, changes in pulse rate, swelling in chest, ankles, arms, wrists, chest pain, prolonged hiccupping, and muscular twitching.

- **POWER TOOTHBRUSHES**
  - There are no known or reported interactions from electric and battery powered toothbrushes. A precaution has been issued by one leading cardiac implant manufacturer for the use of sonic toothbrushes with a battery charger. They caution clients to maintain a distance of at least 6 inches between the battery charger unit and the implanted device and to have a distance greater than 7 inch between the toothbrush and the implanted device.

- **LOCAL ANAESTHETIC**
  - Epi-epinephrine or other vasoconstrictors are contraindicated in all intradental procedures and should be used with caution (reduced dose with careful monitoring) in clients with pacemakers and implanted defibrillators.

- **IMPLICATIONS FOR DENTAL HYGIENE TREATMENT**
  - The presence of a pacemaker or an ICD indicates a medically compromised heart condition. The usual health history should be supplemented with information about the underlying condition and the specifics of the implanted device.
  - Consultation with the client’s cardiologist or the cardiological unit responsible for follow up of the client’s pacemaker or ICD is recommended when planning therapeutic services.
  - Antibiotic prophylaxis is not recommended unless indicated by the cardiologist.
  - Magnetostrictive (Cavitron) instruments may affect unshielded cardiac implanted devices. If the use of a magnetostrictive ultrasonic is indicated, a sonde or piezoelectric instrument may be used.
  - Covering unshielded pacemakers with a lead apron may offer protection from electrical interference. Care should be taken not to place electrical cords near the client’s chest or the operating area. Most manufacturers of implant devices when tested in an in-vitro setting and placed at close proximity. Manufacturers of the Delt loop/Cavitron ultrasonic scaler advise users not to operate the unit if the operator or client has an implanted cardiac device. Exposure to magnetostrictive scalers may contribute to a temporary increase in pulse rate but this is not considered clinically significant as the pacemaker is not easily damaged and usually resumes normal operation immediately when external interference ends. To date, there have been no actual reported incidences of interference with the operation of a cardiac pacemaker from dental equipment.

- **COVER STORY**
  - **MILESTONES SEPTEMBER 2005**
    - **CARDIOVASCULAR ENDANGERMENT**
      - **CANDIDATE INFECTION**
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- **EMERGENCY PRECAUTIONS**
  - In the event of a suspected implanted device malfunction, the dental hygienist should turn off all suspected sources of interference and activate the medical emergency protocol. In most instances, the implanted cardiac unit will return to normal function when interference has been discontinued. An interference incident should be reported to the client’s cardiologist to determine the need for a medical follow-up.

- **ENDOCARDITIS**
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**RISK FACTORS**

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**ELECTROMAGNETIC INTERFERENCE**

Pacemakers and ICDs are sensitive to strong electromagnetic signals that may temporarily interfere with function. Most devices are now designed with safeguards that include electronic filters or shields that insulate in the presence of electromagnetic interference (EMI). Most dental hygiene procedures do not involve strong electromagnetic signals and are unlikely to interfere with a shielded pacemaker or ICD. Those considered safe are: dental radiographs; dental handpieces; composite curing lights; sonic and piezoelectric scalers. There is some evidence that, older ferromagnetic ultrasonic scalers, magnetostrictive (Cavitron) scalers, Transcutaneous Electrical Nerve Stimulators (TENS), ultrasonic cleaning baths and electrosurgical units caused marked interference with cardiac implant devices when tested in an in-vitro setting and placed at close proximity. Manufacturers of the Dentaplay/Cavitron ultrasonic scaler advise users not to operate the unit if the operator or client has an implanted cardiac device. Exposure to magnetostrictive scalers may contribute to a temporary increase in pace rate but this is not considered clinically significant as the pacemaker is not easily damaged and usually resumes normal operation immediately when external interference ends. To date, there have been no actual reported incidences of interference with the operation of a cardiac pacemaker from dental equipment.

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**LOCAL ANAESTHETIC**

Epinephrine or other vasoconstrictors are contraindicated in all intractable arrhythmias and should be used with caution (reduced dose with careful monitoring) in clients with pacemakers and implanted defibrillators.

**SYMPTOMS OF PACEMAKER MALFUNCTION**

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- Covering unshielded pacemakers with a lead apron may offer protection from electrical interference. Care should be taken not to place electrical cords over the client’s chest or operate the magnetostrictive hand piece within 6 inches of the implanted cardiac device.
- Caution should be taken in the selection of local anaesthetic.
- In the event of a suspected implanted device malfunction, follow your medical emergency protocol. Dental hygiene records should be accurate and all-inclusive with a detailed record of the incident. A report of the incident should be forwarded to the CDHO and your liability insurer.
- A list of references used in preparation of this article can be obtained by contacting Lisa Taylor, Practice Advisor/Quality Assurance Administrator at the CDHO.

Implied cardiac devices (ICD) and implanted pacemakers are used to treat cardiac arrhythmias associated with damaged heart muscle. A pacemaker and ICD consist of a battery generator contained in a small metal box (approx. 5 x 5 cm) usually implanted subcutaneously, in the chest wall below the clavicle. Attached to the generator are one or two thin wires (leads) that pass into the venous circulation into the heart. The leads both monitor the heart rate and deliver the pacing impulse as required. An ICD has the capacity to deliver a cardioversion/defibrillation current.
COUNCIL MEETING HIGHLIGHTS
July 15, 2005

F. Richardson, Registrar reported that there were a total of 7,848 registrants as of June 30, 2005. Council welcomed Lisa Taylor to the position of Practice Advisor/Quality Assurance Administrator.

Council approved the 2004 financial statements and re-appointed the firm of Soberman, LLP as auditors for the fiscal year 2005.

On March 31 and April 1 the Council, Non-Council members and members of Administration attended a facilitated workshop to develop a Strategic Plan for 2005-2008. At its April 15 meeting Council asked that the Executive Committee refine and re-circulate the strategic plan to Council for further input. The final version of the Strategic Plan was presented to Council for adoption and subsequently approved. The College’s new Mission Statement, Values Statement and Vision Statement are included in this edition of Milestones.

The draft Code of Ethics was approved by Council and once printed will be distributed to registrants and stakeholders.

The Complaints Committee completed its investigation of one complaint and determined that no further action be taken. There are six complaints currently being investigated by the Committee.

Barbara Sullivan, Chair of the Health Professions Regulatory Advisory Council (HPRAC) provided Council with an update on HPRAC activities.

COUNCIL’S CORNER

PRACTICALLY SPEAKING

Practically Speaking is an educational tool designed to help dental hygienists gain a better understanding of how regulation affects the delivery of dental hygiene services in Ontario.

This column offers general advice only. Registrants with specific practice questions should consult the Practice Advisor directly.

What’s in a Name?

More than you may know. For example, a dental hygienist has a professional obligation (O. Reg. 218/94 15(17)) to identify him/herself by name or registration number when requested to do so by a client, a representative of a client or another health professional. Many dental hygienists identify themselves by first name only. Should a client request your full name, they have a right to that information. The College is required to maintain a public register of all dental hygienists registered in Ontario. This information is available to members of the public via the College’s web-site.

QUALITY ASSURANCE

REGISTRANTS STATUS UPDATE

REszINED 2005

Name Reg ID
Apalo Adler 008313
Brenda Gal Denluc 009645
*Arn Sheryl Feldman 000408
Sara Parmmoller 00493
Rhoda Mele Torenbaum 002211
*

* resigned while under investigation

The next meeting of Council is scheduled for Friday, October 21, 2005 at the Toronto Board of Trade, 77 Adelaide Street West, Toronto, from 9:00 a.m. to 4:00 p.m. 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.

2005 Council Meeting Dates

Friday, October 21, 2005
(Toronto Board of Trade)

05 Peer Assessment
Professional Portfolio / Practice Review

In accordance with the Quality Assurance Regulation, the Quality Assurance Committee reviewed and approved the list of registrants selected for the 2005 Stratified Random Sample for the Professional Portfolio/Practice Review. 720 registrants were selected for the review.

To date, of the 720 portfolios selected, 88.5% have met the assessment guidelines. The remaining 11.5% are still in the assessment process. Remaining in the assessment process are: professional portfolios identified with deficiencies; no responses from registrants; registrant resignations; suspensions; registration change from general to specialty status.

Continuing Quality Improvement Review 2005

According to the Quality Assurance Regulation, each year when they renew their Certificate of Registration renewal application each year. Please note that it is professional misconduct to either give the college false information regarding the maintenance of a professional portfolio, or to not respond to a request by the College to submit a professional portfolio.

Assistance with the Quality Assurance Program

If you require assistance with the Quality Assurance Program, you may visit the CDHO web-site, www.cdho.org, and select Quality Assurance Program from the menu. Up to date portfolio information, instructions, and sample forms are available for reading and/or downloading from this site. You are reminded to use current forms when submitting your professional portfolio.

Compliance is Mandatory

The Regulated Health Professions Act, 1991 (RHPA) requires that all 21 health regulatory colleges have a mandatory quality assurance program and that “every member participate in a program designed to evaluate the knowledge, skill and judgement of the member,” if requested to do so by their College. The CDHO collects proof of each registrant’s compliance on the Certificate of Registration Renewal application each year. Please note that it is professional misconduct to either give the college false information.

Standards of Practice. Those registrants who failed to assure the College will then be referred by the Registrar to the Quality Assurance Committee. The Quality Assurance Committee may appoint an assessor who may request the submission of a professional portfolio under the Continuing Quality Improvement (CQI) Review. This year, the Registrar referred 15 registrants to the Quality Assurance Committee.
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The Registration Committee reported that a Panel had reviewed three applications from graduates of non-accredited courses of study outside North America and approved an application from a graduate of a non-accredited dental hygiene restorative program to be registered with a specialty certificate of registration. A proposed amendment to Regulation 537/99 that under the Mutual Recognition Agreement, the grandparenting provision that would include those applicants who were registered on or before January 1, 2004 was presented to Council for third reading. The proposed regulation was approved by Council and forwarded to the Ministry of Health and Long-Term Care.

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Continuing Quality Improvement Review 2005
According to the Quality Assurance Regulation, each year when they renew registration, registrants must assure the College that they are maintaining a professional portfolio and participating in continuing quality improvement activities sufficient to practise in a manner consistent with the CDHO Standards of Practice. These registrants who failed to assure the College will then be referred by the Registrar to the Quality Assurance Committee. The Quality Assurance Committee may appoint an assessor who may request the submission of a professional portfolio under the Continuing Quality Improvement (CQI) Review. This year, the Registrar referred 15 registrants to the Quality Assurance Committee.

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COUNCIL’S CORNER
PRACTICALLY SPEAKING
QUAlITY ASSURANCE
RESIGNED 2005

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

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

2005 College of Dental Hygienists of Ontario.

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Milestones is published periodically by the College of Dental Hygienists of Ontario, 69 Bloor Street East, Suite 300, Toronto, Ontario M4W 1A9

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REMINDER

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 T.O. M4W 1A9

PLEASE INCLUDE YOUR REGISTRATION NUMBER ON ALL CORRESPONDENCE.

Copies of the Environment Canada document, “Dental Wastes Best Management Practices Guide for the Dental Community” are available through the College. Quantities are limited. Please contact Lisa Taylor at (416) 961-6234 or qualityassurance@cdho.org.

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A reminder that elections will be held in November for Districts No. 2, 3 and 7.

(Dates to be determined).

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