

MILESTONES

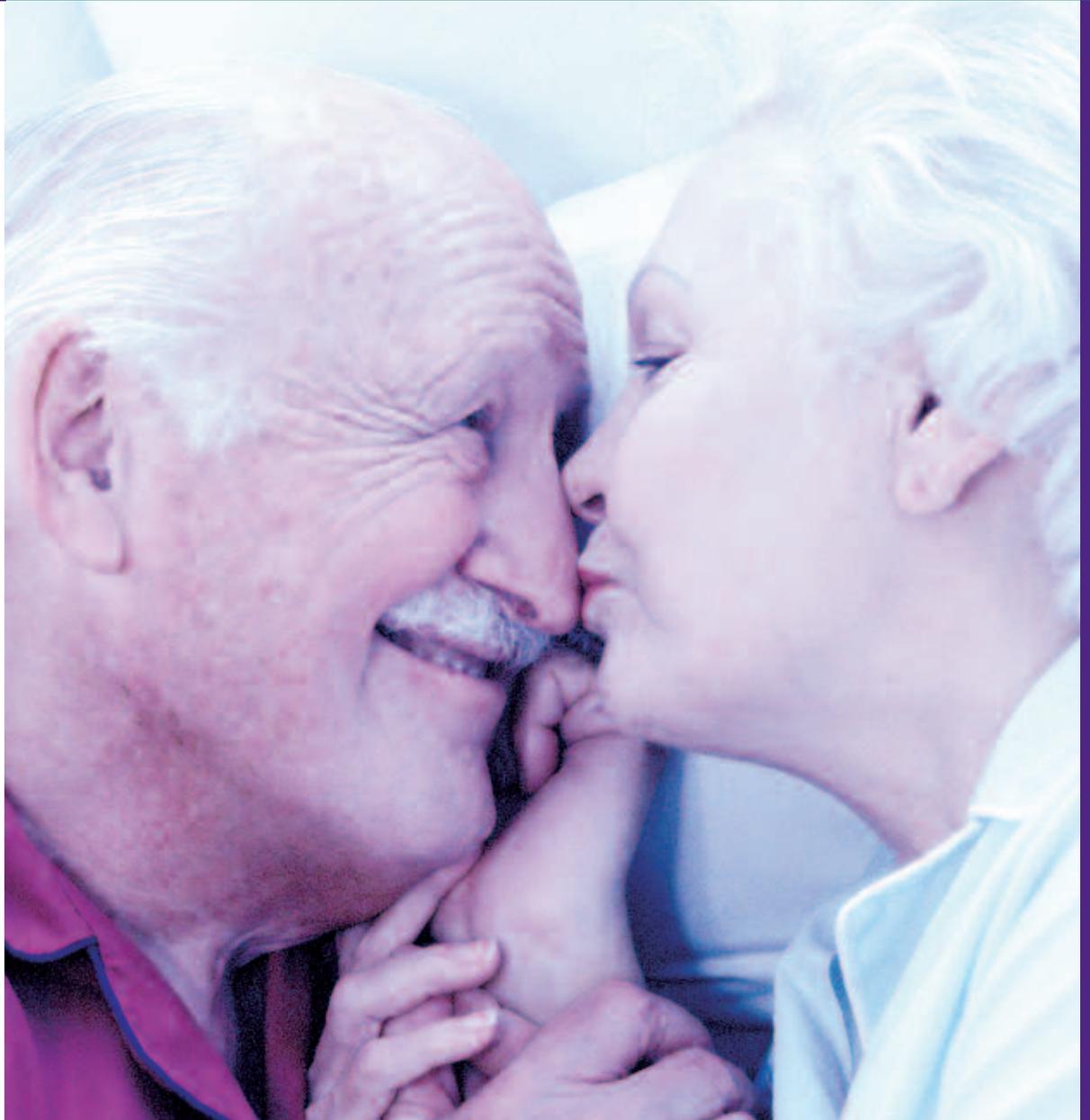
Resource for Dental Hygienists in Ontario

www.cdho.org

SEPTEMBER 2005

College of Dental
Hygienists of Ontario

•
L'Ordre des hygiénistes
dentaires de l'Ontario



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CLIENTS WITH CARDIAC PACEMAKERS

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Return undeliverable Canadian addresses to THE COLLEGE OF DENTAL HYGIENISTS OF ONTARIO, 69 Bloor St. East, Suite 300, Toronto, ON M4W 1A9, e-mail; admin@cdho.org



MISSION

STATEMENT

LA MISSION

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

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

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VALUES STATEMENT ÉNONCÉ DES VALEURS

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

L'Ordre des hygiénistes dentaires de l'Ontario valorise l'intégrité, la confiance, la responsabilisation, la prépondérance et la poursuite de l'excellence.

VISION STATEMENT ÉNONCÉ DE VISION

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.

L'Ordre des hygiénistes dentaires de l'Ontario s'engage à une recherche fondée sur des faits pour établir des normes d'exercice optimales pour offrir aux résidents de l'Ontario des soins d'hygiène dentaire accessibles, sécuritaires et efficaces.

MISSION STATEMENT ÉNONCÉ DE MISSION

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.

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.

YOUR QUESTIONS ANSWERED



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 *RHPA Section 27(2) & 8* lists "Prescribing, dispensing, selling or compounding a drug as defined in subsection 117 (1) of the *Drug and Pharmacies Regulation Act*" as a controlled act. This controlled act 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: reference to the 'order', confirmation that there are no significant changes to the medical history, the client's consent to treatment, and confirmation that pre-medication has been taken as prescribed (medication name, dosage, prescribed by, time taken). It is also advisable to record how you know this information. e.g. Client says.

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.htm] agree with the American Heart Association (AHA) and the American Dental Association / American Association of Orthopaedic Surgeons ADA/AAOS. Accordingly, prophylactic antibiotics should be taken **one hour prior** to initiating scaling and root planing. 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.



Send your comments to:

- yourquestionsanswered@cdho.org
- or by mail to Your Questions Answered
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.



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 are at high risk for emergency situations and to determine whether special precautions are necessary.

BACKGROUND

Implanted 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.

Most clients who have implanted cardiac devices have been provided with a device identification card by their cardiologist. This card identifies the model number, manufacturer and medical contacts. This information will assist the dental hygienist in identifying any contraindications for proceeding with dental hygiene treatment.

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.



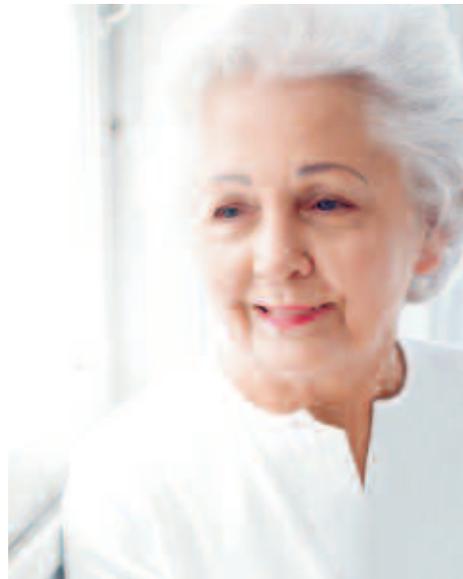
ENDOCARDITIS

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. A medical consultation 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.

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 / dental 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 hand pieces; composite curing lights; sonic scalers 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 Dentsply/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.



POWER TOOTHBRUSHES

There are no known or reported interactions from electric and most 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 1 inch between the toothbrush and the implanted device.

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

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

In the event of a suspected malfunction, turn off all suspected sources of interference and activate your 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.

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 contraindicated, a sonic 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 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.



COUNCIL'S CORNER

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*.

Council approved at third reading a proposed regulation regarding Funding for Therapy and Counselling which was forwarded to the Ministry of Health and Long-Term Care.

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.

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.

REGISTRANTS STATUS UPDATE

RESIGNED 2005

Name	Reg ID
Ayala Adler	008313
Brenda Gail Denluck	008645
*Arna Sherryl Feldman	000408
Sara Pantermoller	009493
Rhoda Merle Tenenbaum	000211

* resigned while under investigation

COUNCIL MEETING DATES

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

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.

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 her/himself 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.

For dental hygienists who have changed names, through marriage for example, it is important that you practise and identify yourself under the same name that appears in the public register. Failing to do so, results in a breach of O. Reg. 218/94 15(16) and is considered professional misconduct.

The CDHO's proposed amendments to Ontario Regulation 218/94, Part V will include wording and reference number changes that will not affect the intent of these regulations.

QUALITY ASSURANCE

2005 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/specialty to inactive status.

Continuing Quality Improvement Review 2005

According to the Quality Assurance Regulation, each year when they renew their certificate of registration, registrants holding a general or specialty certificate of registration 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. 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.

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 regarding the maintenance of a professional portfolio, or to not respond to a request by the College to submit a professional portfolio.

• 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.

Another Milestone!

On August 18, 2005 the CDHO
assigned certificate of registration
number 010,000. This means
that there have been 10,000
dental hygienists registered in
Ontario since #000001 was
issued on July 19, 1951.

ELECTIONS

A reminder that elections will be held
in November for Districts No. 2, 3 and 7.
(Dates to be determined).

NOTICE

The Ontario Dental Nurses and Assistants
Association name has been changed to the
Ontario Dental Assistants Association.
Their new look will be launched to coincide
with their Fall Journal and a revamped web-site
and media campaign in September.

OOPS!

In our May edition
of Milestones, Council
Meeting Highlights should
have read, Michelle Carrick,
President, ODHA.
The College regrets
the error.

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

Milestones is the official publication of the College of Dental Hygienists of Ontario.

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

2005 College of Dental Hygienists of Ontario.

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