MILESTONES

A Publication of the College of Dental Hygienists of Ontario / March 2015

The SMILE Portal — Your New Online Quality Assurance Companion

The New CDHO Drug Guideline

Record Keeping: What Is a Dental Hygienist Required to Record?



College of **Dental Hygienists** of Ontario

Protecting your health and your smile

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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RDH = Registered Dental Hygienist
RRDH = Reg. Restorative Dental Hygienist

For more information on Council and Council Meeting Dates, please go to www.cdho.org.

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PRESIDENT'S MESSAGE

Jennifer Turner, RDH

On February 6, 2015 I was honoured to be elected as President of the CDHO. I want to thank the Council for its confidence in me to fulfill this role. I would also like to thank Mike Connor, our past President, for his stewardship the past three years.

For my first President's message I would like to address the hard work of the CDHO Council as we continue to unite in a common commitment to work on implementing Policy Governance and crafting a new Strategic Plan. This is a positive step forward for CDHO. My fellow Council members are fully aware that there is plenty of work to do over the next year and we accept the challenge. Council will remain true to its purpose.

The CDHO Council has recently been conducting focus groups in Ontario with registrants. So far, we have been in Windsor, Sudbury, Ottawa and Oakville. Council feels this outreach idea has been an excellent source of communication for all those who have attended. We strongly encourage you to participate in this outreach activity should we be in a city near you in 2015. Further communication will become available once the Council has made a decision on extending this matter.

As a Professional Member of Council, I am often asked what is the purpose of the CDHO? Most dental hygienists associate CDHO with paying their registration fee or discussing the QA Program. To clarify the matter, CDHO's mission is to regulate the practice of dental hygiene in the interest of the overall health and safety of the public of Ontario.

Let's keep moving forward so the public of Ontario benefits from good oral health care.
CDHO

Jennifer Turner
President



REGISTRAR'S MESSAGE

Brad Sinclair

On February 6, 2015 CDHO Council took a bold step forward. They received the very first monitoring report from the Registrar. Your first response might well be something like, 'That's bold?' or 'So what?' or 'What's a monitoring report?'. Any of those responses would be perfectly understandable unless you were well acquainted with Policy Governance. As the name suggests, Policy Governance is a model of governance that features two critical elements: i) ends statements and ii) governing policies.

i) Ends Statements – Council set broad directions for the College through a series of outcomes or ends statements. Rather than prescribing what the College should be doing at an operational level on a day-to-day basis, Council sets a high level goal or end and charges the Registrar to work with College staff to achieve that end.

ii) Governing Policies – While Council does not engage in the day-to-day operational details of the College, it most certainly does prescribe very clear boundaries outside of which the Registrar and College staff may not stray.

Policy Governance is hardly new and in other circles it is known as the Carver model — pioneered and documented by John and Miriam Carver. Some Ontario regulatory colleges have already been using it to great success but this is uncharted territory for CDHO, hence my opening remark about a bold step forward. In 2014, CDHO came to the end of its five-year strategic planning cycle and Council clearly saw the need to regenerate the cycle and began planning. Shortly after the initial planning phase, Council recognized that a review of strategic planning is best accompanied by a parallel review of governance and that quickly led the College to Policy Governance.

Alright but you still might be asking, 'So what?' or 'What's a monitoring report?'. Let me answer the second question first. A monitoring report is a formal check that the Council uses to ensure that the Registrar is operating the College in an appropriate and accountable fashion. The first such monitoring report to be presented to Council was a report on Financial Condition of the College. In the years ahead, the number of reports and the sophistication of the reports that Council will receive will increase accordingly.

Now let me answer the first question, 'So what?'. I've briefly explained Policy Governance and offered a brief example of how it works via a monitoring report but you might well ask what it is supposed to mean on a day-to-day level with Ontario's registered

dental hygienists. In my opinion, this is the critical piece for the registrants. One of Council's most critical roles under Policy Governance is linking with the registrants. While it is very early days for this responsibility, Council has already embraced the role through a series of four focus groups. They were scheduled in November and December of 2014 and in January 2015. Council sponsored these sessions and went to meet with registrants in Windsor on November 19, 2014, in Sudbury and Thunder Bay (via video-conferencing technology) on December 16, 2014, in Ottawa on January 8, 2015 and most recently in Oakville on January 21, 2015. In these sessions, Council was able to present in a face-to-face format, for the first time, three bold ends statements. There will most certainly be more Council sessions with registrants in different locations but someone had to go first and these four/five sites were selected randomly.

Council members were there to outline the ends statements and to provide clarity, but for the most part, it was an opportunity for registrants to provide invaluable information to Council.

The focus groups gave Council an opportunity to test the ends statements with registrants and listen carefully to their response. The emphasis was clearly on Council's listening role in the session — in other words, there was no wrong response from a registrant. Registrants were encouraged and enabled to speak in a safe environment. I attended each of the sessions — with the exception of Sudbury but in that case I was with the registrants in Thunder Bay and we were virtually in Sudbury through the magic of technology. The value of these sessions was astonishing. In almost every case it took a few minutes for registrants to warm up to the concept, but once they realized that Council really was there to listen to them and to hear their responses, the dialogue literally soared. The responses were recorded as much as possible and they will be essential to Council as they go forward in their strategic planning.

I understand that this is the first time that CDHO has engaged in this kind of outreach with registrants. The College has executed many *Setting the Record Straight* sessions and they have been very helpful, but for the most part, the information flow was one way, i.e. from the College to the registrants. With the focus group outreach, the information flow was much more on the side of the registrants. Council members were there to outline the ends statements and to provide clarity, but for the most part, it was an opportunity for registrants to provide invaluable information to Council. As I noted above, this was the first such outreach session, but based on the experience to date, it will definitely not be the last.

To the registered dental hygienists who have participated in the focus groups so far, I offer my sincere gratitude. These were evening sessions and you all took time out of your personal lives to attend. It is a marvellous testament of your commitment to the profession. As I have noted, there will be more sessions and if/when you get the call to participate in an outreach session, I am hopeful that you will respond positively. As I've already noted above, your input and insight is invaluable to Council. CDHO

CDHO Council Highlights

Mr. Mike Connor, President of Council, called the meeting to order in Toronto at 9:00 a.m. He dealt briefly with a consent agenda, i.e. introductions, declarations of conflict of interest, announcements and approval of the agenda before calling upon the Registrar to assume the Chair for the purposes of electing an Executive Committee. Then he stepped down from the Chair for the last time as President of Council.

The Registrar assumed the Chair accordingly and conducted elections for Executive Committee. The results were as follows:

- Ms. Jennifer Turner, Professional Member of Council was elected President;
- Ms. Catherine Ranson, Academic Member of Council was elected Vice-President;
- Ms. Michele Carrick, Professional Member was elected Member of Executive Committee;
- Mr. Tote Quizan, Public Member of Council was elected Member of Executive Committee; and
- Mr. Samuel Laldin, Public Member of Council was elected Member of Executive Committee.



Executive Committee (front, left to right): **Catherine Ranson** – Vice-President, Academic Member; **Samuel Laldin** – Public Member; **Jennifer Turner** – Professional Member, President; **Michele Carrick** – Professional Member; **Tote Quizan** – Public Member; (back) **Brad Sinclair** – Registrar.

February 6, 2015

In her first address as President of Council, Ms. Turner spoke to the term of office of her predecessor Mike Connor. She thanked him officially for his dedicated service to the College. She noted further that Mike had served as President for three consecutive years and had steered the College through some challenging and interesting times. During his tenure the College recruited a new Registrar, commissioned a review of oral health services in Ontario and embarked on a new strategic planning and governance journey that will lead CDHO to a new form of governance. Throughout the past three years Council recognized Mike's commitment to the best interests of CDHO. On behalf of Council and on behalf of the people of Ontario, whose privilege it is for Council to serve, Ms. Turner thanked Mike for his time and dedication. Council further acknowledged Mike Connor's contribution with a standing ovation.

As the first order of business, Council commenced with a presentation on new draft Bylaws, i.e. Bylaw 5.0. This part of the meeting was facilitated by an outside chair, Mr. Hanno Weinberger. Mr. Weinberger invited Ms. Turner, Chair of the Bylaw Committee to present the draft Bylaw. Council worked diligently through a lengthy presentation and suggested a number of adjustments to the draft. At the end of the discussion, Council voted to send the draft back to the Bylaw Committee for final revisions with a plan to bring the document to Council in May. Assuming that Council approves the next iteration of the draft document, the draft will go out to registrants and to stakeholders for consultation.

Council approved the draft regulation regarding Spousal Treatment. Accordingly, the sixty-day circulation process for that regulation began the week of February 17, 2015. Assuming minimal adjustment to the regulation following the consultation period, the regulation will be submitted to government for processing shortly after.

Council directed the Registrar to conduct a broad review of the implications of the Spousal Treatment regulation on the College's Conflict of Interest regulation. That process will result in a report to Council in May 2015.

The Registrar brought the College's first Monitoring Report to Council. The report was on the College's Financial Condition and represents a milestone for the College in the implementation of Policy Governance.

Council approved two new policies necessary for the implementation of Policy Governance. The two policies in question were a) Corporate Identity and Public Image, and b) Governance Philosophy/Approach.

Following the receipt of a series of Committee Reports for information, Council approved an adjustment to the schedule of meetings. Effective immediately CDHO Council will meet four times per year.

2015 Council Meeting Dates

Friday, May 29, 2015
Friday, September 25, 2015
Friday, December 4, 2015

CDHO

The Knowledge Network

Find the clinical information you need at:
www.cdho.org/Knowledge+Network.asp

View our Fact Sheets!

- *Celiac Disease* • *Chicken Pox* • *Conjunctivitis*
- *Crohn's Disease* • *Head Lice* • *Impetigo*
- *Influenza* • *Lupus* • *Measles* • *Mononucleosis*
- *MRSA (Methicillin Resistant Staphylococcus Aureus Carriage/Infection)* • *Mumps*
- *Osteoarthritis* • *Osteoporosis*
- *Rheumatoid Arthritis*
- *Rubella (German Measles)*
- *Shingles (Herpes Zoster)*
- *Strep Throat (Group A Strep)*
- *Tuberculosis (TB)*
- *Ulcerative Colitis*



New Members of Council



Julius Nathoo (Public member) holds a Bachelor of Arts degree from the University of London, England, a Master of Arts degree from the University of Western Ontario, and a Barrister-at-Law degree from the Council of Legal Education, London, England. Mr. Nathoo was a teacher with the London District Catholic School Board before being appointed Chair of a federal appellate tribunal, a position which he held for nine years. He was also the first President of the Transitional Council of the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario.



Yvonne Winkle (Public member) is an Engagement Administrator with the Canadian Cancer Society. She is also a former Administrative Assistant with Executive Office Operations, Ontario Real Estate Association and a former Executive Administrator with Presidential & Corporate Affairs, Inter-Varsity Fellowship of Canada. She holds a Bachelor of Science degree in Public Administration and Political Science from the University of the West Indies-Mona.



Roma Czech, RDH (Professional member) graduated from Durham College in Oshawa, Ontario with a Diploma in Dental Hygiene. She eventually found her way to the Georgian Bay area after working in Toronto and Oshawa in private practice. Time was also spent in Cobourg in a very busy Ortho office. The past 24 years were spent with one dentist in Midland, providing individual periodontal and preventive care for many families. Wanting to continue personalized hygiene care, Ms. Czech decided to develop her own practice and to pursue other aspects of dental hygiene. This included Humanitarian Missions in the Dominican Republic and in Northern Ontario.



Marlene Heics, RDH (Professional member) brings her vast clinical experience across a broad spectrum of age groups and specialties, including periodontics, orthodontics and general practice with a special interest in the older adult and diabetes, recognizing the importance of oral health to systemic health. She has volunteered professionally throughout her career and has also served on the Ontario Dental Hygienists' Association Board of Directors, as well as the Canadian Dental Hygienists Association, and was the founding President of the Ontario Dental Hygiene Orthodontic Study Club.



Janet Munn, RRDH (Academic member) is the Clinic Coordinator for Algonquin College dental programs where she provides theory and clinical instruction to Dental Hygiene and Dental Assisting students. She also supervises dental hygiene students in providing care to street youth at The Youth Services Bureau in downtown Ottawa. Janet is a Restorative Dental Hygienist with eighteen years' experience in the dental field. She spent a year and a half working in New Zealand gaining a unique perspective of dental hygiene in another country and led several dental hygiene missions to Nicaragua, bringing badly needed dental care to the poorest neighbourhoods. Janet recently completed her Bachelor of Dental Hygiene from Dalhousie University, with a focus on education and research. While working on her degree, she joined The Atlantic Health Promotion Research project: Oral care in Continuing Care Settings: Collaborating to improve policies and practices, where she used her dental hygiene expertise to help develop oral health educational tools for care providers in three long-term care facilities and an adult day hospital in Nova Scotia. CDHO

Blood Pressure Protocol



The CDHO encourages dental hygienists to take and record a blood pressure reading as part of each client's baseline assessment. If the client's blood pressure is within the normal range, it may not be necessary to take that client's blood pressure at every appointment. However, in the interest of being proactive, it is recommended that blood pressure be reconfirmed and recorded. It is well known that hypertension can be asymptomatic, and is described as the silent killer for that reason.

Taking blood pressure is required for clients whose medical history indicates a need (i.e. clients with diagnosed hypertension, cardiovascular disease, diabetes, chronic kidney disease, and this list is not exhaustive). Having a baseline blood pressure reading for every client proves beneficial in the event of a medical emergency since the dental hygienist will have quantitative values to compare. Blood Pressure guidelines and tables can be found in the CDHO Hypertension Advisory and Factsheet, accessed through the CDHO Knowledge Network. CDHO

The PSR Debate

Periodontal Screening and Recording (PSR) is a method of screening clients to decide if a more comprehensive assessment is necessary. It was designed as a tool to help determine those clients who should be screened for periodontal disease rather than a screening tool for periodontal disease.

It was not intended to replace a full-mouth periodontal evaluation. It does not measure epithelial attachment, therefore it has very limited use in a dental hygiene practice. The very nature of dental hygiene care and treatment is based on a comprehensive full-mouth periodontal evaluation and charting.

All dental hygiene clients should have a baseline periodontal evaluation. Documentation should include probing depths (six measurements per tooth), bleeding on probing, recession, furcations, mucogingival involvement, mobility, and radiographs where required.

PSR should never be used for clients with an established history of periodontal disease. These are high-risk clients who should always be screened for periodontal disease. CDHO

Record Keeping: What Is a Dental Hygienist Required to Record?

By Robert Farinaccia, RDH, BSc

Thorough and proper documentation in client records is not only an obligation but is also a registrant's best defense should a complaint be filed with the College. In healthcare, it is widely accepted that if it has not been recorded, then it has not been done.

A proper client record allows continuity of care to occur between healthcare providers (both intra- and inter-professional), and provides transparency to the clients who are being treated. Clients have a right to know and understand what is written in their health records and are entitled to a copy of their records if requested.

Every day the practice advisors at the College receive calls from dental hygienists and dentists asking for clarification on what should be recorded in a client record when a dental hygienist treats a client. This article will address some of the most common inquiries that the College receives pertaining to record keeping.

General Record Keeping Principles

The CDHO requires that all registrants' record keeping be transparent. As such, here are some general principles to consider when documenting in client records.

- The language chosen for your documentation should be in either English or French as these are the official languages of Ontario.
- Client records that are handwritten should be clear, legible, in permanent ink and should have the ability to be clearly reproduced by photocopy. Blue or black ink produces the best image when photocopied. Other coloured ink may also be acceptable (e.g. green or red), however, this may necessitate making colour reproductions as the photocopy may not show up clearly in black or white. Electronic formats for documentation are also acceptable.
- Using abbreviations (as many do to save time and space) is acceptable provided that a legend is available in the client record that denotes what each abbreviation signifies (e.g. VIC – verbal informed consent, MHU – medical history update).
- There must be a written policy for the collection and maintenance of client information that is shared with clients. This policy can be stored either in a client's chart or posted in a visible spot in the office.

Retention Requirements

Every financial and client health record must be retained for at least 10 years following,

a) the last intervention with the client or the date of the last entry in the client health record, whichever is longer; or
b) the day the client became or would have become 18 years old, if the client was younger than 18 at the time of the last intervention.

This applies to all aspects of the client record (including radiographs, referrals, reports, and any health clearances). Study and diagnostic models are considered part of the client record and must be retained for the same amount of time as specified above. There is no specified amount of time to retain working models (i.e. models made for whitening trays, mouth guards). It is at the discretion of the practitioner as to how long these particular models should be retained.

The ***Personal Health Information Protection Act, 2004 (PHIPA)*** requires that all personal health information about a client be kept confidential.The starting point for considering the duty of confidentiality is that all information provided by the client is confidential. This includes non-medical information such as addresses and telephone numbers and social information provided during informal conversations with the client during treatment (e.g. a client may reveal information during a visit about an impending divorce). Even the fact that the person is your client is confidential information. PHIPA attempts to provide a comprehensive set of rules about maintaining privacy of personal health information. http://www.cdho.org/reference/english/phipaguide04.pdf

Daily appointment records that contain the name of each client who the dental hygienist examines, treats, or for whom the dental hygienist renders any service must be kept for a period of 10 years.

Client Health Record



The record keeping regulation requires that an appropriate health history be taken at the initial visit. As well, the health history must be reviewed and changes recorded at subsequent visits. It is not necessary to have a client sign a health history update, but a notation that it was reviewed and changes, if any, should be recorded. Best practice is to obtain any medical clearance required in writing and include it in the client's chart. In cases where the clearance is obtained over the telephone, the dental hygienist should document the substance, time and date of the conversation. Details of any and all consent obtained from the client must be documented (e.g. obtained verbal informed consent). There is no requirement to obtain the client's signature for consent.

Good record keeping strives to answer the following questions:

What did you do? (treatment performed)
Why did you do it? (dental hygiene diagnosis)
When did you do it? (date)
How did you do it? (by what authority)
Who did it? (performed the treatment)

Assessment Findings

An assessment must be done prior to any dental hygiene intervention. When treating a new client, it is imperative that the dental hygienist has full baseline assessment data in order to properly design a treatment plan that takes the client's best interests into account. The baseline data required is dependent on the procedure being done. For example, the baseline data required for a new client who is in for whitening may not be as detailed as for a client who is in for dental hygiene care.

...continued on next page

If a new client presents for dental hygiene care, then the full baseline assessment would include intra/extra oral assessment findings, notation that an oral cancer screening was done, completion of a dentogram, full periodontal data (including pocket depths – six measurements per tooth, recession, furcation involvement, mobilities, etc.) and an oral hygiene evaluation. All these elements are required before a treatment plan can be made. It is important to note that in many cases, all this required data may already have been collected by the dentist as part of his or her assessment of the client. If this is the case, the dental hygienist may proceed if she or he is satisfied with the currency of the data. Dental hygienists must be able to support their choice of treatment plan interventions. Dental hygiene interventions and treatment plans must always be based on current assessment data. If radiographs are taken, written evidence of the radiographic prescription must be recorded in the client's record, either by the prescriber or the dental hygienist.

Dental Hygiene Diagnosis

Using the data collected, a dental hygiene diagnosis must be formulated and recorded. The dental hygiene diagnosis should consist of a statement or series of statements that tie together all of the assessment findings and will justify the proposed treatment. Simply put, it describes the client's oral health condition. For example:

- Generalized moderate plaque; generalized moderate chronic gingivitis with moderate generalized bleeding; generalized heavy stain due to smoking; generalized sensitivity due to gingival recession.

Treatment Planning

A sequence of the client-centered goals and planned dental hygiene interventions should be documented as well.

The registrant is responsible for ensuring that the dental hygiene treatment is discussed with the client. Acceptance should be noted in the client record.

At each appointment, client's consent for treatment must be established and documented prior to proceeding. Verbal consent (if informed) is sufficient. A record of any refusal of treatment or procedure must also be noted in the client record.

Example: Client-Centered Goals

1) Client would like to reduce sensitivity due to gingival recession.
2) Client would like to reduce plaque score by 75 per cent by next appointment.
3) Client would like to reduce gingival bleeding by 50 per cent by next appointment.
4) Client would like to quit smoking.

Example: Treatment Plan (client agrees)

- Oral hygiene instruction/demo with electric toothbrush, demo flossing with floss holder.
- Discuss use of antibacterial mouth rinse and recommend a desensitizing toothpaste.
- Discuss smoking cessation and provide client with resources to smoking cessation program.
- Debride/scale entire dentition to completion by ultrasonic and manual instrumentation.
- Selective polish if any stain remaining.
- Apply Fluoride (2% NaF) Tray Technique for 4 minutes to help reduce sensitivity.
- 6-month re-care appointment.

Progress Notes

All treatment activities including the time spent on the procedure, must be documented in accordance with the CDHO Records Regulation. Dental hygienists are required to record the amount of time spent providing dental hygiene services that are billed by unit of time (i.e. scaling and root planing, polishing, desensitizing, and/or oral hygiene instruction). This can be accomplished by writing the time in minutes. Recording only as units may be confusing, particularly when the office books in 10-minute units but uses procedure codes that are always based on 15-minute units. Financial records must correlate with the actual time and procedure documented in the client's chart and appointment record.

The record should also include post-appointment instructions, recommendations for pain management, and instructions for home care.

For each chart entry, the identity of the person who applied the treatment as registered on the College's Public Register, must be recorded. If electronic records are used, it is acceptable to have a user ID that is associated with the dental hygienist's name. For example, DH1 may represent Jane Doe RDH in the office record. When client records are transferred to other health professionals or copied for client use, the name of the dental hygienist who provided the service must be included.

According to the regulation, the source of authority to perform any controlled act must be documented in the client record. For example:

- Those who have not been authorized to self-initiate must specify who provided the "order" to proceed with scaling and root planing, including curetting surrounding tissue.
- Those receiving a prescription for radiographs must specify who provided the prescription.
- Those receiving a delegation for local anesthetic must specify who provided the delegation.

Also important to record are the particulars of every referral of the client by the dental hygienist to any other person.

There is no mystery or mystic about what should be included in client records. Transparency and shared care aimed at optimal health outcomes depends on health professionals to use best record keeping practices. Dental hygienists are wise to be familiar with and take guidance from the CDHO Records Regulation. The full text of the regulation can be found on the CDHO website under the tab Professional Practice/ Legislation and Bylaws. Another good document which I often refer registrants to for further clarification of the College's expectations on record keeping, is the Quality Assurance Practice Assessment Tool. This tool is used by Quality Assurance Assessors when they are performing an onsite practice review. It contains a chart audit component which is a valuable resource for any practising dental hygienist. The tool can be found on the CDHO website under the tab Quality Assurance/QA English/QA Resources.

Dental hygienists who have any questions regarding record keeping obligations are encouraged to call one of the practice advisors at the College. Remember "if it has not been recorded, then it has not been done". CDHO

Example: Identifying Yourself

J.D. (Poor)
Jane Doe (Better)
Jane Doe R.D.H. (Best)

Did you know?

A client has the right to access their health record. This applies to the entire chart, including consultation reports and any documents provided by other practitioners. When asked, you must provide a copy of the chart (within a reasonable amount of time), for free or at cost, and you must also provide a legend for any abbreviations used in the record.

QA Quality Assurance Matters

By Jane Keir, RDH, BSc, BEd

NEW

Introducing the System for Managing Individual Learning (SMILE Portal) — Your New Online Quality Assurance Companion

The CDHO is excited to announce that the **SMILE Portal** is now available for you to maintain your Quality Assurance records.

The SMILE Portal is designed to be a one-stop site that will allow you to easily record, manage and monitor your own personal Quality Assurance records. It will also allow you to submit your information directly to the College for peer assessment when you are requested to do so. The System was designed and is maintained by Skilsure, a division of Claymore Inc. Skilsure is a third-party provider who will store your records on a site separate from the College. The information contained in your records remains under your full control and is not accessible by the College until you have authorized its submission. Complete instructions for using the SMILE Portal are built into the website.

Getting Started With "SMILE"



To get started, go to the CDHO website at www.cdho.org and log in by using the **Registrant Login** button.

You can then click on the **Access Your Quality Assurance Records** button which will take you to Skilsure's site. At this time, you are leaving the CDHO site.

On your first visit, you will see the Skilsure User Agreement page. Briefly, this page tells you that all your personal information is confidential and will not be available to the CDHO without your authorization. Skilsure will only provide the College with overall data that shows group responses. It also tells you that your information will be retained in their system for ten years and that any records older than this will be destroyed. Please read this page carefully and check the box at the bottom of the page to agree, accept its content/intent and continue.

Once you have completed the declaration, you will be brought to the main page of the SMILE Portal which will look like the figure below. You can easily navigate the site using the dashboard that will be found on the left side of the page on your computer or laptop and at the bottom of the page on other mobile devices. To get the maximum benefit from the system, it is best to complete the steps in order as described below.

Step-by-Step Instructions for Maintaining your Quality Assurance Records



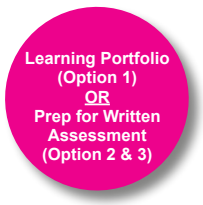
Step 1: On your first visit to the SMILE Portal, you will be asked to verify your employment Status and Practice Address(es). The information automatically entered into the SMILE Portal is what the College currently has on file as your contact information, including both your home and practice addresses. It is critical that the address and contact information you have provided to the College is accurate in order to take full advantage of this system. **You are required to notify the CDHO of changes in personal data (e.g. name, address, etc.) within fourteen days of the change. You can change your address when you log in using the Registrant Login as shown above. Please do not move forward and enter your information into the SMILE Portal if this information is not accurate as you may not be given the correct tools to proceed.**



Step 2: The cornerstone of the SMILE Portal is the **Self-Assessment Tool**. In order to make full use of the capabilities of the SMILE Portal, you will be required to complete the self-assessment on an annual basis. Your responses to the questions will NEVER be submitted to the College; however, Skilsure will notify the College that you have completed this step on an annual basis. The self-assessment will help you to think critically about your practice and about what learning you have determined needs to take place.



Step 3: The SMILE Portal will automatically generate learning goals for you based on your self-assessment. You may choose to use these goals or you may decide to write one or more of your own goals. If you determine that you prefer to write your own goals, you should ensure that they are concrete enough to guide behaviour change and growth that will make a positive impact on your dental hygiene practice. Goals should be specific, measurable, attainable, relevant to your practice and trackable. A well written goal contains an **action** word (verb) that will later help you determine whether or not you have achieved your goal. Every year you will be required to reflect on your practice, complete the Self-Assessment Tool and establish new goals. Each goal should be completed in one year. A large goal that would span more than one year to complete should be divided into yearly achievable milestones.



Step 4: This section of the SMILE Portal will help you to report on your learning goals as well as on your non-goal related learning. Suggested goals generated from your self-assessment will automatically display in your "**Goal-Related Learning**". You can choose to use these goals, modify them or delete them from your list by using the action buttons found directly below the list of goals. It is important to note that once you have deleted goals, they will not be able to be recovered. This step will vary depending on which option you choose to demonstrate your competence. **Full details about the requirements under each option can be found in the *Requirements of the Quality Assurance Program and Guidelines for Continuing Competency* document which can be found on the CDHO website.**

- If you wish to follow Option 1, the *Learning Portfolio* should be completed. This section of the SMILE Portal will help you to report on your learning goals as well as on your non-goal related learning.

When you wish to enter information about completed activities related to your goals, you simply have to select the goal and proceed to click on "**Add a New Activity"** to add details for each activity you have completed related to that goal. You may select more than one type of activity for a learning goal. Keep in mind that there is no minimum or maximum number of activities that can be used to accomplish a goal. It is up to you to decide which activities best match your learning needs, style, and budget. Remember that at least 80 per cent of your learning activities must be directly related to your learning goals and practice. The number of hours you enter will be automatically added to your total hours and will show on your progress meter in the Dashboard.

When you report on the information and skills gained while completing a goal, it is important that you identify the knowledge, skills and/or judgment that you have acquired from the selected learning activities associated with this learning goal. Summarize what you have learned from the combined activities you listed.

Similarly, when you report on changes to your practice because of your learning and how your learning made or will make things better for your clients and/or practice, take the opportunity to reflect on your goal. Did this goal and the learning activities that supported it fill the gaps you identified in your self-assessment of your practice? Has your dental hygiene practice improved because you achieved this goal? Explain why this may or may not be the case. The implementation of this acquired knowledge and skills in your dental hygiene practice is an important step in improving your dental hygiene practice and client services/programs. Continuing education

will be most beneficial if the acquired learning can be applied. Use specific examples of how your new knowledge is being applied to your practice. If you have not yet had the opportunity to incorporate your new learning in your practice, indicate how you intend to do so in the future.

The remaining 20 per cent of CQI activities may come from activities that are related to dental hygiene but do not necessarily relate to your learning goals. For example, attending conferences and dental hygiene society meetings can be listed in the section "***Additional Learning Activities unrelated to your goals***". When you click on the "Add a New Activity" in this section, a box will open where you can enter the details of your additional learning including the type of learning, the number of hours taken to complete the learning and the date of the learning. As above with the goal-related learning, the number of hours you enter will be automatically added to your total hours and will show on your progress meter in the Dashboard.

Upon completion of your *Learning Portfolio*, the red ✖ on the Dashboard will change to a green ✔ indicating that this step is complete.

- If you wish to follow Option 2 or 3, plans should be made to **prepare for the NDHCB written assessment.** Full details about the development of the items in the written assessment can be accessed at www.ndhcb.ca.

You will not be required to choose an option until after you have been selected to participate. At that time, the SMILE Portal will ask you to choose an option. Upon choosing Option 2 or 3, you will be prompted to notify the NDHCB that you wish to complete their QA Assessment Tool. They will be in touch with you by email to provide you access to the tool.

The QA assessment is a 75-question, open-book quiz designed to ensure that successful candidates have sufficient knowledge of dental hygiene theory and practice including behavioural, biomedical and oral health sciences. The ability to apply such knowledge consistent with the provincial standards and scope of practice is tested using the problem-solving context of case-based questions presented in a multiple choice format.

Case-based examinations use specific scenarios that resemble, or typically are, real-world examples that a dental hygienist would encounter in practice. It requires you to analyze data in order to reach a conclusion. In your effort to find solutions and reach decisions, you will sort out factual data, apply analytic tools, reflect on your relevant experiences and draw conclusions. You will be permitted up to two and one half hours to complete the assessment which you can complete online and at any time from your date of selection to the January 31st deadline. Please note that you will have a maximum of three (3) attempts to successfully complete the assessment. If you are unable to successfully complete the assessment after three attempts, you will be referred to the Quality Assurance Committee for a decision regarding further assessment or remediation activities. Upon successful completion of the assessment, you will be provided with a certificate of completion which you can then upload into the SMILE Portal for submission to the College.

It is suggested that dental hygienists who plan to choose to write this assessment continue to maintain a *Learning Portfolio as described above*, including goals and activities designed to remain abreast of current developments, practices and theories in dental hygiene. As new information becomes available, it is incorporated into the NDHCB written assessment. All dental hygienists have full access to the goal-setting capabilities of the SMILE Portal regardless of which option they choose.



Step 5: This section of the SMILE Portal will allow you to demonstrate your skills and judgment in your practice(s).

- If you wish to follow Option 1 or 2, the *Practice Profile(s)* corresponding to your current practices should be completed. If you provide direct client care, your Profile will contain checkboxes and short answer questions which will allow you to provide a description of which conditions apply to your dental hygiene pratice(s). If you work in more than one practice environment of a similar type, you will be asked to prepare the *Practice Profile* for each practice of that type. At the end of the profile, you will be given the opportunity to note any differences between your practices of the same type. If you work in different types of practices, you will need to prepare a profile for each practice. If you work in regular temporary placements in different practice environments, the concept of the *Practice Profile* still applies and you will complete the profile describing your "typical" temping position in a practice.

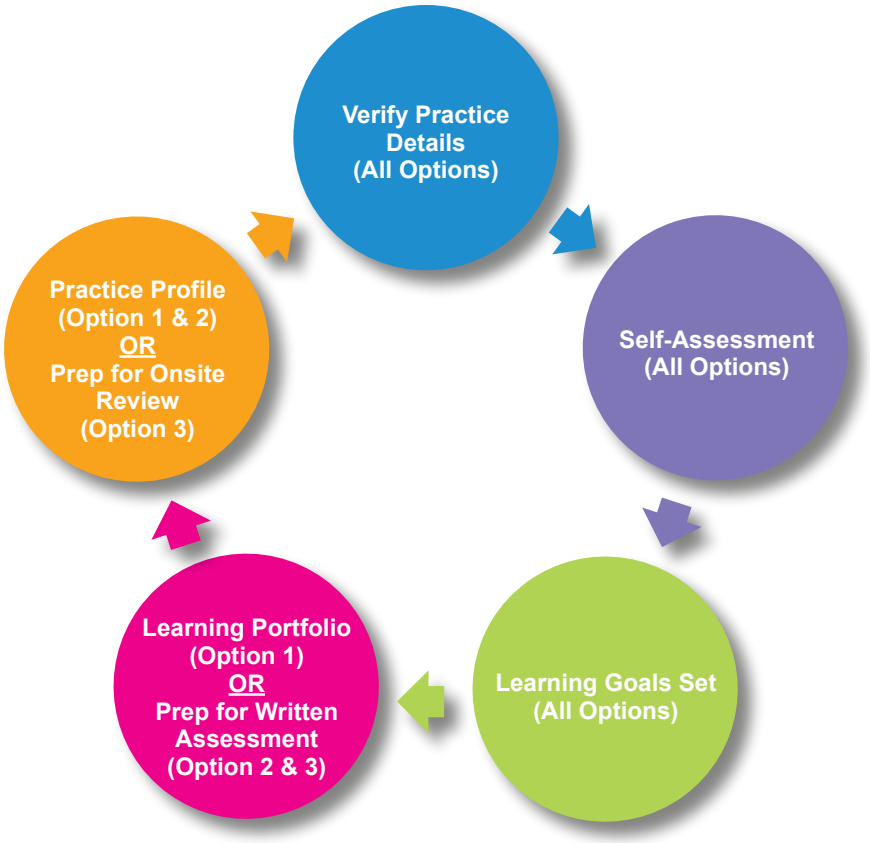
If you do not provide direct clinical care as the major focus of your practice, you will have to be a bit creative to provide descriptions of your workplaces. You will be asked to provide a written description of your practice or workplace description where you will have an open text box to enter your information. You will also have the ability to upload any documentation that will help to describe your practice(s).

Upon full completion of your *Practice Profile(s),* the red ✖ on the Dashboard will change to a green ✔ indicating that this step is complete.

- If you wish to follow Option 3, plans should be made to prepare for your onsite review. Full details about the onsite review can be viewed in the QA Practice Assessment Tool which can be found in the *Requirements of the Quality Assurance Program and Guidelines for Continuing Competency* document. You will be prompted to notify the CDHO that you wish to complete the onsite review. An assessor will contact you to make the arrangements and will submit a full report of the review to the College. Upon completion of the assessment, a report of the assessor's findings will be sent to you for review, at which time you may provide a submission detailing additional information or clarification of the assessor's findings which will be sent together with the report to the Quality Assurance Committee for their review.

Following the Cycle to Demonstrate Competence

These steps fit together to form an annual cycle that you will manage online and will continue to follow throughout your dental hygiene career. The SMILE Portal will help to keep you on track and be prepared to make your submissions when you are required to submit your information for assessment. In all cases, you will not be required to submit any information to the College until you have received your notice of selection to participate in the program. This notice will provide you with the due dates and the SMILE Portal will contain all of the information that you need in order to make your submission(s).



When Selected to Submit Your Quality Assurance Records

Under all options, you do not need to make any submissions to the CDHO until after you have been selected to participate and have received notice indicating that your submissions will be expected on January 31st of the following year. You can also check online at any time to see if you have been selected to participate in the upcoming year. All assessments due in the following year will be posted by January 31st of the previous year. Remember that **all items** will be due by January 31st of the following year when you will be required to submit your information. You will have one full year to complete the objectives and should therefore plan accordingly. For example, if you are considering choosing Option 2 or 3, you will need to ensure that your certificate of completion for the NDHCB written assessment is submitted on or before the due date of January 31st. Since you can take up to three attempts to successfully complete the assessment, it would likely not be wise to take your first attempt on January 30th.

If you are selected to participate and do not choose an option or submit your records by January 31st as requested, you will automatically be placed under Option 3 and be required to complete the written NDHCB assessment and onsite practice review.

Prior to submission, you will be required to read a declaration about the contents of your records. Please note that making false or misleading statements in your Quality Assurance records is considered professional misconduct and could be subject to disciplinary actions. Please consult the *CDHO's Professional Misconduct Regulations* for more details. CDHO

Recommending, Prescribing, Dispensing, Selling and Using Drugs in Practice

Introduction

Drugs (prescription and non-prescription) are a consideration in dental hygiene treatment planning and can play an important role in helping clients achieve optimal oral health. Dental hygienists must be familiar with the pharmacology of drugs they recommend, prescribe and use in practice and must also be familiar with how each drug may interact with the client's current medications or medical condition. Throughout this document the word drug refers to both prescription and non-prescription drugs.

Scope of Practice

Dental hygienists use drugs in practice to treat and prevent a number of oral conditions. The authority to buy and use drugs for therapeutic purpose while delivering client care comes from the *Drug and Pharmacies Regulation Act*, R.S.O. 1990, c. H.4 Section 118(3).

> (3) Nothing in this Act prevents any person from selling, to a member of the College of Chiropodists of Ontario, the College of Dental Hygienists of Ontario, the College of Midwives of Ontario or the College of Optometrists of Ontario, a drug that the member may use in the course of engaging in the practice of his or her profession. 2009, c. 26, s. 8 (3).

Within scope, dental hygienists use the following drugs (this list is not exhaustive):

- Tetracyclines
  - minocycline hydrochloride (subgingival)
  - doxycycline hyclate (subgingival)
- Miscellaneous Antibacterials
  - chlorhexidine gluconate (oral rinse)
  - chlorhexidine acetate (topical)
- Anticariogenics
  - sodium fluoride (topical)
  - stannous fluoride (topical)
- Anaesthetics
  - benzocaine (topical)
  - butyl aminobenzoate (topical)
  - tetracaine hydrochloride (topical)
  - lidocaine (topical, spray)
  - prilocaine (topical)
  - dyclonine hydrochloride (topical spray)
  - benzydamine (oral rinse)

On (date drug regulation passed) dental hygiene practice expanded to include the prescribing, dispensing and selling of chlorhexidine and fluoride to their clients. This permits dental hygienists and their clients to make full use of the therapeutic benefit of fluorides and chlorhexidine following an in-office intervention.

Use of Guidelines

This document contains principles and guidelines and is intended as a reference tool to help dental hygienists make informed decisions and follow proper protocols around the practice of recommending, prescribing, dispensing, selling and using drugs in dental hygiene practice. All dental hygienists, regardless of practice setting or employment arrangement, are expected to use their knowledge, skill and judgment to ensure that their clients receive safe, effective, and individualized treatment recommendations when incorporating drugs as part of a treatment plan.

The guiding principles below were created by an interprofessional working group of regulatory colleges that included the CDHO, and represent a code of professionalism amongst healthcare professionals and their clients.

Guiding Principles[i]

- Professional relationships based on trust and respect, exist between clients and health professionals.
- Clients are partners in their care.
- Health professionals are accountable for practising within their scopes of practice and in accordance with their knowledge, skill, and judgment.

- Health professionals obtain consent prior to providing care.
- Health professionals maintain client confidentiality and privacy in the provision of care.
- Health professionals are responsible for their own continuing professional development and for inter-professional development.
- Health professionals understand and respect each other's role and expertise and work together in the best interests of the client.
- Health professionals communicate with other health providers where appropriate, communication being central to good client care.

Dental hygienists play an integral role in a client's circle of care and need to be active in promoting inter-professional practice, aimed towards best treatment outcomes for their clients.

Scheduling of Drugs in Ontario

A drug schedule is a method of classification that places drugs in certain categories according to various characteristics. Ontario adopts the National Drug Scheduling System model developed by the National Association of Pharmacy Regulatory Authorities (NAPRA) as the provincial model ("scheduling by reference"). The schedules below describe the three schedules or four categories of drugs that Ontario uses.

Schedule 1 Drugs: These drugs require a prescription. In Ontario, chlorhexidine gluconate is the only schedule 1 drug that dental hygienists are able to prescribe, dispense or sell. However, dental hygienists may buy and use other schedule 1 drugs while providing therapeutic services to clients. For example, minocycline hydrochloride (Arestin), and doxycycline hyclate gel (Atridox) are schedule 1 drugs typically used by dental hygienists in conjunction with scaling and root planing to treat chronic periodontitis.

Schedule 2 Drugs: These drugs do not require a prescription. However, they do require professional intervention with an appropriately qualified healthcare professional. These items must be sold from an area where the public cannot access



them and there is no opportunity for client self-selection. An example of a schedule 2 drug that is purchased in dental hygiene practice is nitroglycerin (typically found in the medical emergency kit).

Schedule 3 Drugs: These drugs are suitable for client self-selection, but may pose risks for certain groups of people and should be sold where an appropriately qualified healthcare professional is available to provide advice when required. For example, fluorides used for the prevention of dental caries, contain 1 mg or less of the fluoride ion per dosage unit and therefore do not require a prescription, but clients can only buy them from pharmacies.

Unscheduled Drugs: These drugs can be sold without professional intervention. The labelling of these drugs is considered to be sufficient enough to ensure that the client will make a safe and effective choice and will use the drug according to its directions. These drugs are not included in schedules 1, 2 or 3 and may be sold from any retail outlet. Examples of unscheduled drugs recommended by dental hygienists are acetaminophen, ibuprofen, and aspirin.

Professional Responsibilities

Professional Accountability

Regardless of practice setting or employment arrangement, dental hygienists are expected to use their knowledge, skill and judgment to determine which treatment, product, drug, referral or combination of, is in the client's best interest.

- Only recommend, prescribe, dispense, sell and/or use drugs appropriate for dental hygiene purposes.
- Recognize signs of substance abuse in clients and precautions needed to ensure that any treatment is appropriate to the client's oral condition and specific situation.
- Maintain clear, legible and transparent records in all aspects of the process of care including details about recommending, prescribing, dispensing, selling and/or using drugs.
- Ensure client privacy and confidentiality is maintained at all times.

Collaboration and Communication

It is a standard of practice that dental hygienists develop and maintain professional relationships with colleagues, other health professionals, employers, and the CDHO to ensure optimal client care, safety, mutual respect and trust. Dental hygienists are expected to ensure client-centered care by establishing and maintaining positive, professional relationships with clients, families and significant others that are focused on client needs and based on respect, empathy and trust.

- Be active partners in a client's circle of care along with other healthcare professionals when determining the best course of treatment.
- Collaborate and consult with appropriate healthcare professionals to ensure that any drugs recommended are suitable and safe to use.
- Ensure that effective communication techniques are used and clients are able to fully understand and appreciate the how, why, when and potential risks of drugs recommended, prescribed, dispensed, sold and used.
- Obtain and document informed consent.

Definitions

Adverse drug reaction: Also known as (ADR), Health Canada defines an adverse drug reaction as a noxious and unintended response to a drug which occurs at doses normally used or tested for the diagnosis, treatment or prevention of a disease or the modification of an organic function. All suspected adverse drug reactions must be reported to Health Canada (e.g. unexpected reactions regardless of their severity and reactions to recently marketed drugs regardless of severity).

Compounding: Compounding is defined as the act of combining two or more elements (of which at least one is a drug or pharmacologically active component) to create a distinct pharmaceutical product. The act of compounding is linked to administering the compounded drug or dispensing the compounded drug. If the health professional is dispensing the compounded drug, principles under dispensing also apply. Compounding does not include mixing, reconstituting, or any other manipulation that is performed in accordance with the directions for use on an approved drug's labelling material.

Critical incident: An event causing a substantial risk of serious health or safety consequences.

Drug: *Canada's Food and Drugs Act* defines drug as any substance or mixture of substances manufactured, sold or represented for use in:

a. the diagnosis, treatment, mitigation or prevention of a disease, disorder or abnormal physical state, or its symptoms, in human beings or animals;
b. restoring, correcting or modifying organic functions in human beings or animals; or
c. disinfection in premises in which food is manufactured, prepared or kept.

Drugs can be prescription or non-prescription.

Drug allergy: An allergic reaction induced by hypersensitivity to a drug.

Drug discrepancy: An event that does not include actual administration or use of a drug by the client, but rather an error in the process that has been "caught" and "corrected" before the drug has been administered to the client. This is also known as a near miss or close call.

Drug incident: An event that involves the ingestion or improper use of a drug or its dosage by the client.

Drug product monograph: A document that contains valuable information including the amounts of ingredients in a drug or class of drugs, the directions for the drug's use, the conditions in which it may be used, contraindications for its use, specific safeguards for stability and storage, toxicology, and treatment in case of accidental exposure.

Drug profile: A drug profile is client specific and includes a comprehensive list of drugs (prescription and non-prescription) that a client is or was taking since his/her last health history update. Adverse drug reactions, client compliance and the dental hygienist's interpretation of how the drugs are affecting the client's overall health and oral health also form part of the drug profile.

Informed consent: The client has been presented with the necessary information about the nature, expected benefits, material risks and effects of a proposed treatment, alternative courses of action and the likely consequences of not having the treatment. In order for consent to be considered informed, the dental hygienist must use his/her professional judgment to determine if the client is capable of appreciating the information presented.

Inter-professional practice: Two or more professions working as a team, with a common purpose, commitment and mutual respect in order to improve client outcomes within healthcare.

Material Safety Data Sheet (MSDS): A Material Safety Data Sheet (MSDS) is a document that contains information on the potential hazards (health, fire, reactivity and environmental) and how to work safely with the chemical product. It also contains information on the use, storage, handling and emergency procedures all related to the hazards of the material.

Medication error: Health Canada defines a medication error as a mistake with medication, or a problem that could cause a mistake with medication. Medication errors are generally preventable and include errors like receiving the wrong medication or dose, or using the wrong route of administration. This is also known as a drug incident.

Non-prescription drugs: Non-prescription drugs include any drugs listed in Schedules 2 or 3 or drugs that are categorized as unscheduled by the National Association of Pharmacy Regulatory Authorities (NAPRA).

Off-label: Prescribing approved drugs for use other than their intended approved indication.

Prescription drugs: Drugs listed in schedule 1 of the National Association of Pharmacy Regulatory Authorities (NAPRA).

Reconstituting: The process of adding a diluent to a dry ingredient to make it a liquid. Some drugs need to be stored in a powdered form because they may rapidly lose their power once they are mixed into a solution.

Side effect: A predictable, dose-related response or consequence that occurs within therapeutic dose range and is undesirable.

Stability: The ability of a pharmaceutical dosage form to maintain the physical, chemical, therapeutic and microbial properties during the time of storage and usage by a client.

Jurisprudence

The authority to prescribe, dispense and/or sell anticariogenics and antimicrobials is found in the CDHO Designated Drugs Regulation of the *Dental Hygiene Act*, *1991*. The regulation describes the conditions that must be met in conjunction with prescribing, dispensing and/or selling drugs.

- Successfully complete the CDHO Drugs in Dental Hygiene Practice Examination (DDHPE).
- Do not delegate prescribing to another person.
- Do not recommend, prescribe, dispense, sell and/or use a drug that results, directly or indirectly, in a personal or financial benefit.
- Only recommend, prescribe, dispense, sell, and/or use a drug that is in compliance with all applicable federal and provincial laws and is approved for use in Canada.
- Do not recommend, prescribe, dispense, sell and/or use drugs for off-label use.
- Do not prescribe drugs for personal use.
- Only prescribe, dispense, and/or sell drugs to family members if they are clients of record and they are required to help treat an oral condition.

Continuing Competency

As a standard of practice, dental hygienists acknowledge that continual inquiry and learning is paramount to professional practice and client-centered care. During their professional career, dental hygienists maintain continuous competency by participating in the Quality Assurance Program that continually verifies the individual dental hygienist's ability to perform and apply knowledge, skills, judgment and attitudes that contribute to the safety and quality of client outcomes and the evidence base for dental hygiene practice.

- Ensure and enhance competency by researching current knowledge related to drugs and drug therapies used in dental hygiene practice.
- Ensure that any drug therapy recommended is based on evidence-informed research.
- Ensure that all drug reference materials are current and up to date.

Recommending, Prescribing and Using

Prescribing is a privilege available to dental hygienists who have demonstrated the appropriate skill, knowledge and judgment by successfully passing the Drugs in Dental Hygiene Practice Examination (DDHPE). This section describes the principles that dental hygienists must use when issuing a prescription to ensure that a client is given a safe and effective drug regimen. The following are expectations before prescribing, when prescribing and after prescribing.

Recommending and using drugs must follow the same principles as prescribing even though issuing a prescription is not a requirement for a schedule 2, 3 and unscheduled drug.

Before Prescribing

- Ensure that prescriptions are only issued for individuals with whom you have a dental hygienist-client relationship.
- Only prescribe drugs for the purposes of treating a client's oral condition.
- Review the health history including the drugs the client is currently taking.
- Consideration must be given to the most appropriate drug in treating the current condition to achieve optimum oral health.
- Consideration must be given to potential interactions between current medications and the drug that is being prescribed.

When Prescribing

- Written, verbal and faxed.
  - Use a handwritten or typed prescription on a formal prescription template to reduce the chance of misinterpretation associated with verbal or faxed transmissions.
  - Verbal prescriptions should be used in urgent situations only.
  - Faxing should be used with caution:
    - some pharmacies may not accept;
    - transmissions may be subject to random marks (fax noise) leading to misinterpretations;
    - a follow-up may be needed for clarification or verification purposes;
    - a prescription must only be faxed to a single pharmacy.
- Prescriptions must be understandable, legible, and contain the following information:
  - the name and address of the person for whom the drug is prescribed;
  - the name, strength (where applicable) and quantity of the drug that is prescribed;
  - the directions for use;
  - the member's name, address, telephone number, title and registration number issued by the College;
  - the member's signature;
  - the date on which the drug is prescribed; and
  - the number of refills, if applicable.

The sample prescription below is intended as a guide only. Prescription templates and methods of writing appropriate prescriptions may vary and the principles contained in the guidelines above will ensure that the appropriate information to have the prescription processed efficiently is present.

- Prescribing is limited to chlorhexidine and its salts.
- Fluoride (topical and systemic delivery) used for caries prevention does not require a prescription because it contains less than 1 mg of fluoride ion per dosage unit and falls under schedule 3 of the National Drug Scheduling System.
- Drugs purchased from a pharmacy for use in a dental hygiene practice should have a clear notation on a prescription that it is "FOR IN OFFICE USE".
- An accurate copy of the information recorded on the client's prescription must be recorded in the client's health record. Photocopies and carbon copies are acceptable and convenient.

After Prescribing

- Educate clients about why the drug was prescribed, how the drug works, how and when to take it including missed doses, and any possible side effects.
- Ensure that client's right to choose a pharmacy is respected and take any steps necessary to help accommodate this.
- Respond in a timely matter when contacted by a healthcare provider for purposes of verifying a prescription or questions about the drug prescribed.
- Ensure that an on-going evaluation of the client's response to the prescribed drug(s) allows for a timely refill, modification or discontinuation of the prescription as required.

Required: The member's name, address, telephone number, title and registration number issued by the College.

Helpful hint: Thinking of faxing a prescription? Contact the pharmacy to ask about any additional information they require to verify the validity of the prescription.

Mary Jones R.D.H.
CDHO Reg. #999999
ABC Dental Hygiene Clinic
23 Sickle Street
Toronto, ON A1A 1A1
416-123-4567

Date: January 1, 2015

Name: Ms. Paula Sommers
Gender: Female
Address: 5 Main Street, Toronto, Ontario M3L 3G5
Date of Birth: March 23, 1962
Telephone: 647-963-3920

℞

CHLORHEXIDINE GLUCONATE 0.12 % Oral Rinse

Disp: 475 mL (1 bottle)

Sig: Rinse with 20 mL twice daily for 30 seconds for gingivitis. Do not swallow. Do not eat or drink for 2 to 3 hours after use. Use until all medication is gone.

Refills: 0

Prescriber's Signature: *Mary Jones R.D.H.*

Required: The name and address of the person for whom the drug is prescribed.

Symbol Rx indicates take thou.

Name of the prescribed drug (always use the proper name), followed by strength (e.g. mg) and dosage form (e.g. liquid) if appropriate. If the dental hygienist wants the client to have a specific brand, it should be included as well.

Disp: (Dispense). Quantity of drug to be dispensed.

Sig.: (Signatura). Complete directions for use including route of administration and frequency if applicable. It is also advisable to include the indication for use. "As directed" is not considered an acceptable direction for use.

Required: The date on which the drug is prescribed. Full date is expected.

Suggested: Date of birth and gender as this will aid a pharmacist in confirming a client's identity.

Required: The name, strength (where applicable) and quantity of the drug that is prescribed.

Required: The directions for use.

Required: The number of refills (if applicable).

Required: The member's signature.

- Report any adverse reactions regardless of severity to Health Canada – MedEffect Canada (This information can be found on the Relevant Links and Telephone Numbers section of this document.)

Dispensing

The process of dispensing involves both technical and cognitive components. It involves interpretation, evaluation, and implementation of a prescription or non-prescription drug order including the preparation and delivery of a drug to a client, or a client's agent, in an appropriately labelled container for administration to, or use by, a client.[ii]

The technical component of dispensing includes tasks such as receiving and reading the prescription, checking the expiry date, appropriately labelling the product, physically inspecting the product and appropriate record keeping.

The cognitive component of dispensing includes assessing the therapeutic appropriateness of the prescription, counselling the client on the drug and its use as it relates to their condition, and providing follow-up when required.[iii]

Dental hygienists who are going to dispense drugs to their clients must ensure that they are doing so in accordance with the following principles. Similar to prescribing, only dental hygienists who have demonstrated they have the appropriate skill, knowledge and judgment by successfully passing the CDHO Drugs in Dental Hygiene Practice Examination are authorized to dispense drugs.

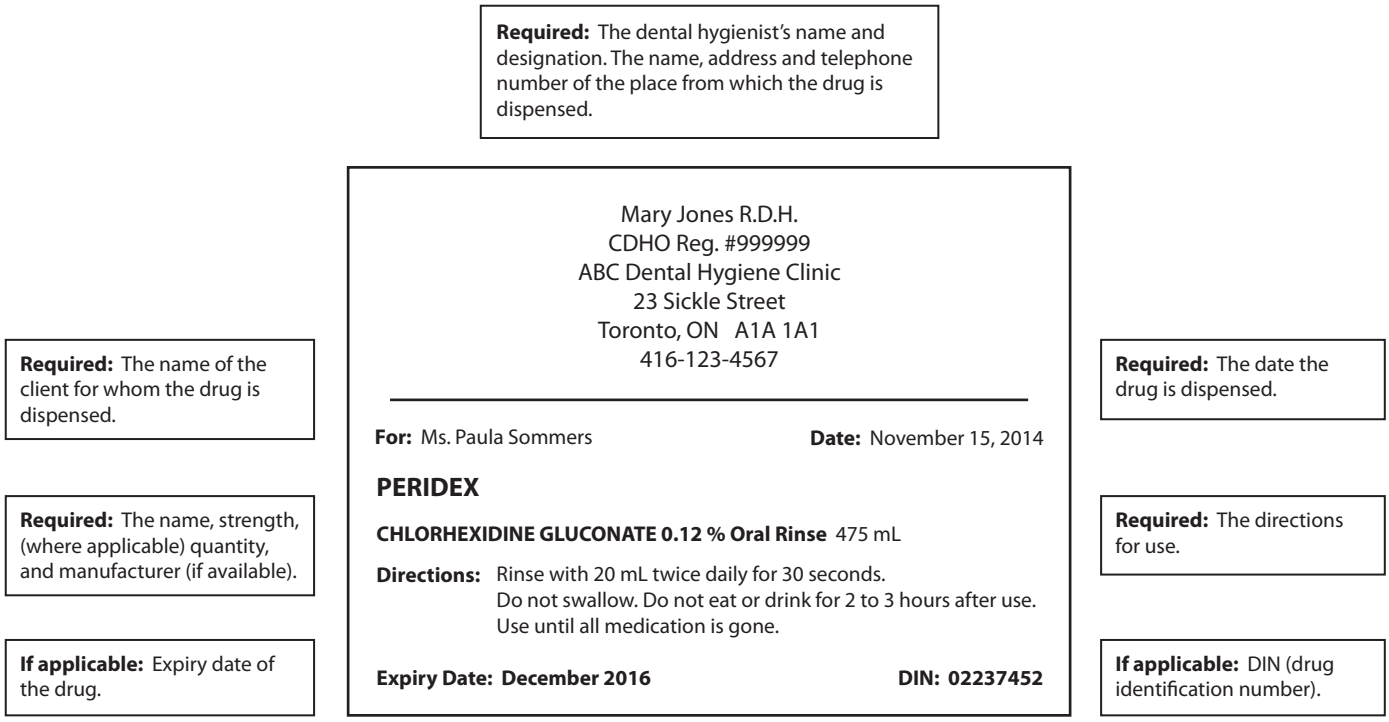
Expectations for Dispensing

- Drugs can only be dispensed for individuals with whom the dental hygienist has a dental hygienist-client relationship.
- Drugs can only be dispensed for the purposes of treating a client's oral condition.
- Drugs can only be dispensed with a valid prescription from:
  - the dental hygienist dispensing; or
  - another regulated health professional who the dental hygienist works with in a collaborative relationship (e.g. dentist).
- Consideration must be given to potential interactions between current medications and the drug that is being dispensed.
- Drugs being dispensed are not expired and will not expire before the date on which the client is expected to take the last of the drug.
- A reasonable quantity of the drug is dispensed keeping with the therapeutic intent of the drug.
- The container in which the drug will be dispensed must be marked with:
  - a DIN (drug identification number) where applicable;
  - the dental hygienist's name and designation (e.g. RDH);
  - the name, address and telephone number of the place from which the drug is dispensed (e.g. clinic address and telephone number);
  - the name, strength, where applicable, and, if available, its manufacturer;
  - the quantity of the drug dispensed;
  - the date the drug is dispensed;
  - the expiry date of the drug, if applicable;
  - the name of the client for whom the drug is dispensed;
  - the directions for use.



The sample label on the following page is intended as a guide only. Label templates and methods of printing appropriate labels may vary and the principles listed above will ensure that dental hygienists provide the appropriate information required on the label.

- A copy of the information above must be recorded in the client's health record.



- Some drugs that are dispensed already come prepackaged and contain some of the information required on the list above. In cases like this, it is not necessary to duplicate the information (e.g. expiry date or DIN) on the label.

When dispensing any drug, a second competent person should review the label to ensure that all information is accurate to help reduce potential drug errors or incidents.

Selling

The Canada *Food and Drugs Act* defines sell as "offer for sale, expose for sale, have in possession for sale and distribute, whether or not the distribution is made for consideration". The act of selling can be linked to dispensing a drug. If the health professional dispenses a drug in conjunction with selling, principles of dispensing also apply.

Selling a drug should be reserved for special circumstances. For example, instances when a pharmacy cannot be accessed by the client or the pharmacy has run out of the specific drug.

When Selling a Drug

- Only the actual cost of the drug can be charged. Selling drugs for profit (direct or indirect) is not permitted.
- Include in the client's health record:
  - Name of drug sold to client.
  - The price charged.
  - Confirmation of the dental hygienist-client relationship.
  - Notation that drug was sold for therapeutic purposes only.

Dental hygienists should not advertise themselves as someone who is authorized to sell drugs unless it is clearly stated that drugs can only be sold to a person with whom the dental hygienist has a dental hygienist-client relationship.

Storage and Disposal

When deciding whether to offer the service of dispensing and selling drugs to your client, it is important to remember that appropriate storage and disposal principles need to be followed. The dangers of storing and disposing drugs improperly can vary from drug instability, abuse or overdose (depending on the drug) to having a negative environmental impact.

Storage

When storing drugs, consider stability, security, and safety.

- Always reference drug product monographs and MSD sheets.

Stability

- Store medications in their original container.
- Avoid leaving medications in heat and sunlight for a prolonged period of time.

- Avoid bathrooms, sterilization areas and compressor rooms because heat and humidity can damage medications.
- Know which medications need to be refrigerated or kept at room temperature.
- Make sure medications kept in the refrigerator do not freeze.
- Discard outdated or expired medications.

Security

- Store all medications in the same secured location, preferably out of sight.
- Ensure that drugs labelled with client personal information are stored in a private area where the public does not have access.

Safety

- Ensure that all expired or unusable medications are marked "For Disposal" and stored in a separate area until they can be properly disposed.
- Ensure the Ontario Poison Control contact number is in an easily accessible location (e.g. posted by all phones in the office). This information can be found on the Relevant Links and Telephone Numbers section of this document.
- Retain toxicology information for stored drugs including protocols for overdose, accidental exposure and adverse effects.
- Ensure all office staff is aware of location of stored drugs and protocols for overdose, accidental exposure and adverse effects.
- Ensure medical emergency kit and oxygen supply is easily accessible and location is known to all office workers.

A drug product monograph contains valuable information including specific safeguards for stability and storage, toxicology, and treatment in case of accidental exposure.

Disposal

Most drugs have an expiry date that usually indicates the timeframe that the drug will be fully effective/active and safe to use. Any drug that has expired and/or is no longer needed should be disposed of appropriately in accordance with local, provincial, and federal legislation.

- Check all drug labels to see if there are specific disposal instructions.
- Drugs should never be flushed down the toilet or poured down the sink unless specifically stated on the drug's label.
- Ensure that all expired or unusable drugs are marked and stored in a separate area until they can be safely disposed.
- Before disposing of a drug's container, ensure that all client information (if applicable) on the label has been removed or scratched off and is no longer visible.

There are programs for safe disposal of drugs in Ontario. Private companies or even certain pharmacies may take back old, expired and unused drugs and dispose of them in an environmentally safe manner. Contact your local pharmacy to determine if this is a service they offer.

Relevant Links and Important Telephone Numbers

- **Health Canada's Drugs and Health Products**
  http://hc-sc.gc.ca/dhp-mps/index-eng.php

This site provides up-to-date information on current developments and issues pertaining to prescription and non-prescription drugs as well as natural health products in Canada.

- **Health Canada's Drug Product Database (DPD)**
  http://hc-sc.gc.ca/dhp-mps/prodpharma/databasdon/index-eng.php

The DPD contains product specific information on drugs approved for use in Canada. The database is managed by Health Canada and includes human pharmaceutical and biological drugs, veterinary drugs and disinfectant products. It contains approximately 15,000 products which companies have notified Health Canada as being marketed. Information regarding if a drug has been discontinued can be found here. A product's Drug Identification Number (DIN) can also be found here.

- **Health Canada's Licensed Natural Health Products Database (LNHPD)**
  http://hc-sc.gc.ca/dhp-mps/prodnatur/applications/licen-prod/lnhpd-bdpsnh-eng.php

The LNHPD contains information about natural health products that have been issued a product license by Health Canada. Products with a license have been assessed by Health Canada and found to be safe, effective and of high quality under their recommended conditions of use. Licensed natural health products can be recognized by looking for the eight-digit Natural Product Number (NPN) or Homeopathic Medicine Number (DIN-HM) on the label.

- **Health Canada's Notice of Compliance Database (NOC)**
  http://hc-sc.gc.ca/dhp-mps/prodpharma/notices-avis/noc-acc/index-eng.php

A Notice of Compliance (NOC) is issued to a manufacturer following the satisfactory review of a submission for a new drug, and signifies compliance with the Food and Drug

Regulations. This database provides information about when a company was granted approval to market a drug in Canada. The database contains NOC information on human drugs from January 1, 1994 to date.

- **MedEffect Canada**
  http://hc-sc.gc.ca/dhp-mps/medeff/index-eng.php

This Health Canada database provides complete listings of advisories, warnings and recalls about drugs and health products. This website also provides access to the Canada Vigilance Adverse Reaction Online Database which is Health Canada's post-market surveillance program that collects and assesses reports of suspected adverse reactions to health products marketed in Canada. Information for reporting an adverse reaction is located on the Canada Vigilance Adverse Reaction Online Database.

- **Motherisk**
  www.motherisk.org
  1-877-439-2744
  416-813-6780

Provides information about the safety or risk of drugs, chemicals and disease during pregnancy and lactation.

- **Ontario Poison Centre**
  www.ontariopoisoncentre.com
  1-800-268-9017
  416-813-5900

The primary role of the Poison Centre is to provide telephone information and advice about potential or real exposures to poisonous substances. Call if you suspect a poisoning and the person is breathing and conscious, otherwise call 911.

- **National Association of Pharmacy Regulatory Authorities (NAPRA)**
  http://napra.ca/pages/home/default.aspx

NAPRA national leadership in pharmacy regulatory practices that enhance client care and public protection. NAPRA is responsible for the scheduling of drugs in Canada.

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National Association of Pharmacy Regulatory Authorities (NAPRA)

Ontario College of Pharmacists (2011). *Dispensing Components Included in the Usual and Customary Fee*.

[i] *The Common Principles of Shared Controlled Acts in Ontario* Ad Hoc Inter-professional Working Group, October 2010

[ii, iii] Ontario College of Pharmacists (OCP)
http://www.ocpinfo.com/regulations-standards/policies-guidelines/usual-customary/ CDHO

RDH Expertise for RDHs

CDHO practice advisors provide confidential consultations to dental hygienists who seek assistance with issues that directly or indirectly affect the delivery of safe, competent, ethical dental hygiene care.

To reach a CDHO practice advisor by phone or e-mail:

416-961-6234 or **1-800-268-2346**

Robert Farinaccia, RDH ■ ext. 237 ■ rfarinaccia@cdho.org

Cathy Goldberg, RDH ■ ext. 238 ■ cgoldberg@cdho.org

DISCIPLINE DECISIONS

Summary and Reasons



Ms. Karen Allen – 005883

Practice address: 46 Alona Ave, Cambridge, ON N3C 3T4

ALLEGATIONS OF PROFESSIONAL MISCONDUCT

– Failed to reply appropriately to the College (paragraph 43).
– Failed to comply with an order of a Committee of the College (paragraph 45).
– Contravened by act or omission the *Dental Hygiene Act, 1991* or a regulation thereunder (paragraph 47).
– Disgraceful, dishonourable or unprofessional conduct (paragraph 52).
– Conduct unbecoming a dental hygienist (paragraph 53).
– Failed to cooperate with the Quality Assurance Committee (51(1) (b.0.1) of the Code).

BRIEF SYNOPSIS OF FACTS

– On January 19, 2012, the Quality Assurance Committee ("QAC") directed Ms. Allen to submit her professional portfolio for 2012, as well as portions of her 2010 and 2011 portfolios, namely Forms 6 and 7 (learning goals and activities). Ms. Allen was asked to submit this material between January 1 and 31, 2013.
– On January 30, 2013, Ms. Allen was granted an exemption from the requirement to submit her 2010 learning goals and activities. Ms. Allen was also granted an extension of the deadline to submit her 2011 learning goals and activities and her 2012 portfolio, until March 29, 2013. Ms. Allen did not meet the March 29, 2013 deadline.
– On May 22, 2013, the QAC referred Ms. Allen to the Inquiries, Complaints and Reports Committee ("ICRC").
– On June 14, 2013, a College representative wrote to Ms. Allen, requesting an explanation to the ICRC regarding her failure to comply with the QAC's direction, and asked her to respond by July 5, 2013. Ms. Allen did not respond by that deadline.
– On July 11, 2013, a College representative spoke with Ms. Allen by telephone and Ms. Allen claimed not to have received the College's June 14, 2013 letter. The letter was sent to Ms. Allen again, by email, on July 11, 2013, giving her until July 19, 2013 to make submissions. Ms. Allen did not make any submissions by that deadline.
– On July 31, 2013, a College representative telephoned Ms. Allen again and left a message asking her to call back. Ms. Allen did not return the call.
– On August 6, 2013, a College representative sent an email to Ms. Allen asking Ms. Allen to contact her. Ms Allen did not respond to that email.
– On September 16, 2013, a College representative advised Ms. Allen that an investigator had been appointed to investigate her conduct. On September 26, 2013, the investigator asked Ms. Allen to cooperate with an interview, asking Ms. Allen to respond with her availability by October 2, 2013.
– On October 1, 2013, Ms. Allen responded to the investigator stating that she had been away and that her sister had died that day. Ms. Allen stated that she would contact the investigator when things had "settled".
– The investigator made repeated requests by emails dated October 4, October 23, and November 6, 2013, that Ms. Allen contact her as soon as possible. Ms. Allen did not respond to these emails.
– The results of the investigation were sent to Ms. Allen on November 25, 2013, and she was given until December 27, 2013 to make submissions to the ICRC. Ms. Allen did not make submissions by that deadline or at any time thereafter. On January 2, 2014, Ms. Allen was again encouraged to make submissions to the ICRC and was given until January 16, 2014 to do so. Ms. Allen did not make submissions by that deadline or at any time thereafter.

– On January 27, 2014, Ms. Allen was asked to make submissions, or to advise that she would not be making submissions, by February 10, 2014. She did not respond by that deadline or any time thereafter.
– On February 27, 2014, the ICRC referred the allegations against Ms. Allen to the Discipline Committee.

DECISION

1. Finding

– The Panel accepted as true the facts above and found Ms. Allen guilty of professional misconduct pursuant to paragraphs 45, 47, 52 and 53 of Section 15 of Ontario Regulation 218/92, as amended, under the *Dental Hygiene Act, 1991;* and paragraph 51(1) (b.0.1) of the Code.

2. Penalty

– Immediate revocation of Ms. Allen's certificate of registration.

3. Costs

– Costs in the amount of $10,000 to the College by December 27, 2014.

4. Panel's Reasoning

– The penalty imposed appropriately addresses the principles of public protection, general deterrence and specific deterrence.
– Ms. Allen's noncompliance with the requirements of the QAC and her failure to co-operate with the ICRC demonstrated a clear disregard for the College's mandate to govern its members. As a result, the Panel found Ms. Allen to be ungovernable. Revocation is necessary in order to uphold the College's mandate to protect the public against ungovernable registrants.
– Compliance with the Quality Assurance Program and the regulatory requirements for dental hygienists is very important and directly linked to safe and effective client care, and is a fundamental obligation of the profession. The unprofessional behaviour of failing to respond to regulatory requirements and communications from the College is a serious breach of the fundamental duties of a dental hygienist and will not be tolerated.
– The Panel considered the following aggravating factors:
  i. Ms. Allen was provided with reasonable extensions for the submission of her portfolio and yet she failed to respond.
  ii. She failed to respond to numerous communications from the College over an extended period of two years.
  iii. She failed to respond to the Notice of Hearing.
  iv. She demonstrated disrespect for the legislative mandate of the College.
  v. She engaged in conduct that clearly indicated that she was ungovernable.

Ms. Roseanne Marie Cacioppo – 008431

Practice address: Dr. Norman Colameco,
345 Kingston Rd, Pickering, ON L1V 1A1

ALLEGATIONS OF PROFESSIONAL MISCONDUCT

– Failed to ensure that information provided to the College is accurate (paragraph 42).
– Failed to reply appropriately to the College (paragraph 43).
– Failure to comply with an order of a Committee of the College (paragraph 45).
– Contravening by act or omission the *Dental Hygiene Act, 1991* or a regulation thereunder (paragraph 47).
– Disgraceful, dishonourable or unprofessional conduct (paragraph 52).
– Conduct unbecoming a dental hygienist (paragraph 53).
– Failed to cooperate with the Quality Assurance Committee (51(1) (b.0.1) of the Code).

BRIEF SYNOPSIS OF FACTS

– On January 19, 2012, the Quality Assurance Committee ("QAC") of the College directed Ms. Cacioppo to submit her professional portfolio. The QAC provided Ms. Cacioppo until January 31, 2013 to do so. Ms. Cacioppo did not submit her professional portfolio.
– On February 13, 2013, the QAC wrote to Ms. Cacioppo reminding her of her obligation to submit her professional portfolio. The QAC provided Ms. Cacioppo until February 22, 2013 to do so. Ms. Cacioppo did not submit her professional portfolio.
– On March 5, 2013, the QAC referred Ms. Cacioppo to the Inquiries, Complaints and Reports Committee ("ICRC") for failing to comply with the QAC's direction.
– On March 25, 2013, the College wrote to Ms. Cacioppo requesting that she provide an explanation to the ICRC regarding her failure to comply with the QAC's direction, and asked her to respond by April 15, 2013.
– On March 26, 2013, Ms. Cacioppo contacted the College indicating that she had already submitted her portfolio, that she had not received the QAC's letter of February 13, 2013 and that she would re-submit her portfolio. Ms. Cacioppo did not do so, or respond to the College's subsequent correspondence or phone calls until on or about June 21, 2013.

– On or about July 5, 2013, Ms. Cacioppo advised the College that she would submit her professional portfolio "within a few days". She did not do so.

– A referral to the Discipline Committee with allegations of professional misconduct was made on November 5, 2013.

DECISION

1. Finding

– The panel accepted as true the facts set out in the Agreed Statement of Facts and found Ms. Cacioppo guilty of professional misconduct pursuant to paragraph 51(1) (b.0.1) of the Code; and the following paragraphs of Section 15 of Ontario Regulation 218/94, as amended to Ontario Regulation 36/12, under the *Dental Hygiene Act, 1991*: paragraph 43 (failing to reply appropriately to the College), paragraph 47 (contravening by act or omission the *Dental Hygiene Act, 1991* or a regulation thereunder); and paragraph 52 (disgraceful, dishonourable or unprofessional conduct).

2. Penalty

– Reprimand.

– Suspension of certificate for four weeks, to commence on the date of the Order.

– Successful completion of a Professional Problem-Based Ethics Course within six months after the suspension of her certificate of registration ends.

– Submission of her completed professional portfolio for the Peer Assessment, Professional Portfolio/Practice Review.

3. Costs

– Costs to the College in the amount of $2,500, due within 30 days of the date of the hearing.

4. Panel's Reasoning

– The penalty imposed appropriately addresses the principles of public protection, general deterrence and specific deterrence.

– Compliance with the Quality Assurance Program is very important and directly linked to safe and effective client care, and is a fundamental obligation of the profession.

– The Panel considered the following mitigating factors:

i. Ms. Cacioppo has no prior record of professional misconduct.

ii. Ms. Cacioppo acknowledged her misconduct by pleading guilty.

iii. Ms. Cacioppo was experiencing some medical difficulties which was offered as an explanation but not a justification for her conduct.

– The Panel considered the following aggravating factors:

i. Repeated failure to co-operate with the Quality Assurance Committee, after numerous opportunities to comply that extended over a two and a half year period.

ii. Ms. Cacioppo breached obligations to submit her professional portfolio in a timely way. This indicates a failure to comprehend the connection between continuing quality improvement activities and competent, safe, and effective client care.

iii. Ms. Cacioppo did not properly appreciate her duty to co-operate with the College, which has the obligation to ensure compliance with the requirements of the Quality Assurance Program.

– Dental hygienists like other health professionals, must abide by their obligations, even in trying times, if they wish to continue to practise.

Ms. Stephanie Cyr – 012369

Practice address: Westboro Family Dentistry,
147 Holland Ave, Ottawa, ON K1Y 0Y2

ALLEGATIONS OF PROFESSIONAL MISCONDUCT

– Benefitted from the practice of dental hygiene while suspended (paragraph 38).

– Contravened by act or omission the *Dental Hygiene Act, 1991* or a regulation thereunder (paragraph 47).

– Disgraceful, dishonourable or unprofessional conduct (paragraph 52).

– Conduct unbecoming a dental hygienist (paragraph 53).

BRIEF SYNOPSIS OF FACTS

– The Inquiries, Complaints and Reports Committee ("ICRC") referred Ms. Cyr to the Discipline Committee on November 20, 2014 to hold a hearing relating to the allegations listed above.

DECISION

– A hearing respecting allegations against Ms. Cyr was in the process of being scheduled. However, as Ms. Cyr signed an Undertaking agreeing to resign from the College and never to re-apply for registration as a dental hygienist in Ontario, a Panel of the Discipline Committee agreed to adjourn the disciplinary proceedings against her indefinitely.

Ms. Neia Van Arkel – 013174

Practice address: Pinewood Dental Care,
7107 Kalar Road, Niagara Falls, ON L2H 3J6

ALLEGATIONS OF PROFESSIONAL MISCONDUCT

– Engaged in the practice of the profession while her ability to do so was impaired by any substance (paragraph 10).
– Failed to reply appropriately to the College (paragraph 43).
– Failed to co-operate with an investigator (paragraph 50).
– Disgraceful, dishonourable or unprofessional conduct (paragraph 52).
– Conduct unbecoming a dental hygienist (paragraph 53).

BRIEF SYNOPSIS OF FACTS

– The Inquiries, Complaints and Reports Committee ("ICRC") referred Ms. Van Arkel to the Discipline Committee on March 13, 2014, to hold a hearing relating to the allegations listed above.

DECISION

– A hearing respecting allegations against Ms. Van Arkel was scheduled for January 26, 2015. However, as Ms. Van Arkel's certificate of registration had been revoked due to non-payment of fees, a Panel of the Discipline Committee agreed to adjourn the disciplinary proceedings against her indefinitely.

Mr. Dikran Derderian – 004794

Practice address: Dr. G. Merjanian, 3430 Finch Ave E, Suite 202, Toronto, ON M1W 2R5

ALLEGATIONS OF PROFESSIONAL MISCONDUCT

– Failed to reply appropriately to the College (paragraph 43).
– Failed to comply with an order of a Committee of the College (paragraph 45).
– Contravened by act or omission the *Dental Hygiene Act, 1991* or a regulation thereunder (paragraph 47).
– Failed to co-operate with an investigator of the College (paragraph 50).
– Disgraceful, dishonourable or unprofessional conduct (paragraph 52).
– Conduct unbecoming a dental hygienist (paragraph 53).
– Failed to cooperate with the Quality Assurance Committee (51(1) (b.0.1) of the Code).

BRIEF SYNOPSIS OF FACTS

– In 2011, Mr. Derderian was selected for the 2012 Peer Assessment. On December 6, 2011, he was granted an extension of the deadline, which granted him until February 29, 2012 to submit his 2009, 2010 and 2011 professional portfolio.
– On June 18, 2012, Mr. Derderian was notified that his portfolio did not meet the assessment guidelines. As a result, Mr. Derderian was required by the Quality Assurance Committee ("QAC") to successfully complete a Self-Initiation course, the College's Online Jurisprudence Module, and a Professional Portfolio Development Workshop, and to submit all certificates of completion by December 18, 2012. Mr. Derderian did not comply with the QAC's order.
– On March 6, 2013, the QAC provided Mr. Derderian with an extension until March 29, 2013 to comply. Mr. Derderian did not do so.
– On May 22, 2013, the QAC referred Mr. Derderian to the Inquiries, Complaints and Reports Committee ("ICRC").
– On June 14, 2013, Mr. Derderian was asked to provide an explanation to the ICRC regarding his failure to comply with the QAC's direction. Mr. Derderian did not respond to this letter.
– Numerous attempts during the month of August 2013 were made to contact Mr. Derderian, culminating in a conversation between him and the investigator on August 22, 2013, at which time a tentative agreement was made to conduct a telephone interview on September 27, 2013. Mr. Derderian did not participate in the interview.
– On October 2, 2013, Mr. Derderian contacted the College regarding the missed interview. Over the next few weeks the College attempted to reschedule the interview, but ultimately he never participated.
– Mr. Derderian was invited on November 13, 2013, December 20, 2013, and January 27, 2014, to make submissions to the ICRC about his alleged failure to comply with the QAC but did not do so.
– On March 28, 2014, the ICRC referred the allegations against Mr. Derderian to the Discipline Committee.

DECISION

1. Finding

– The Panel accepted as true the facts above and found Mr. Derderian guilty of professional misconduct pursuant to paragraphs 43, 45, 47, 50, 52 and 53 of Section 15 of Ontario Regulation 218/92, as amended, under the *Dental Hygiene Act, 1991;* and paragraph 51(1) (b.0.1) of the Code.

2. Penalty

– Immediate revocation of Mr. Derderian's certificate of registration.

3. Costs

– Costs in the amount of $10,000 to the College by December 27, 2014.

4. Panel's Reasoning

– The penalty imposed appropriately addresses the principles of public protection, general deterrence and specific deterrence.

– The Panel found Mr. Derderian to be ungovernable.

– Compliance with the Quality Assurance Program and orders of the Quality Assurance Committee is a fundamental obligation of the profession. It is a means by which the College carries out its mandate of public protection. The unprofessional behaviour of failing to comply with orders of the College or its Committee are a serious breach of the regulations governing dental hygiene and will not be tolerated.

– The Panel considered the following aggravating factors:

i. Mr. Derderian did not comply with the order of the QAC, an order that was issued two and a half years ago.

ii. Mr. Derderian was given six extensions over an extended period of time, but he still failed to comply.

iii. Mr. Derderian failed to co-operate with the College which made fourteen attempts to schedule an interview with him, through phone calls, emails and letters.

iv. Mr. Derderian has shown disrespect for the legislative mandate of the College to protect the public.

v. Mr. Derderian engaged in acts of professional misconduct which indicated that he was ungovernable.

– It is reasonable and fair that a member found guilty of professional misconduct pay a portion of the cost of a discipline hearing, which are otherwise borne by the profession as a whole. CDHO

QA System Contest Winner – System for Managing Individual Learning (SMILE Portal)

Thank you to everyone who participated in the search for a name for the new CDHO Quality Assurance Online Learning Management System. We received over 40 creative submissions from registrants and almost 1900 registrants entered votes for their favourite name.

Response	Count	
MOLARS (Managing Online Learning and Reporting System)	330	17.5%
MY QA	314	16.6%
Passport to Practice	276	14.6%
QA Manager	379	20.1%
SMILE (System for Managing Individual Learning	589	31.2%
Total:	1888	

Congratulations to Cathie Kuula who will receive a copy of the 2015 Darby/Walsh text *Dental Hygiene Theory and Practice* (4th edition). CDHO

Fran Richardson
Leadership Development Award

In June 2012, CDHO announced an award established in the name of past Registrar Fran Richardson to recognize her many years of service and dedication to the College. The Award is designed to honour outstanding and innovative dental hygienists who are passionate about the dental hygiene profession and who seek through education, community involvement and/or other activities to enhance their leadership abilities and to improve the quality of dental hygiene care provided to the people of Ontario. The *Fran Richardson Leadership Development Award* is tenable for a maximum of one year and consists of a keepsake award and a financial grant of $5,000.

CDHO is currently accepting applications from eligible registrants for the *Fran Richardson Leadership Development Award*. Applications must be submitted in accordance with the guidelines and the criteria prescribed by the College.

For more information regarding the Award, eligibility criteria and/or nomination procedures, please visit the College's website at www.cdho.org and click on the tab Professional Practice/Awards and Grants to access the complete guidelines and nomination package. Original nomination forms and all supporting documentation must be complete and returned to the College **no later than 1:00 p.m. EST Friday, May 1, 2015**. CDHO

COMING SOON...

A New Way to Connect With the College...
The 5-4-5 Survey



What???
Short survey containing 1 to 5 questions taking less than 5 minutes of your time

Why????
We want to know...

- Are we meeting your expectations?
- What you need from the College?
- What you do in practice?
- What programs and services do you use?

When?????
Look for the survey link in your monthly e-brief

Take 5 minutes (or less) to share your thoughts, shape our future, have your say.

Illustration: ©Aquir/Shutterstock.com

Seeking Your Feedback

Proposed Spousal Exception Regulation

Council is proposing a new regulation that would permit dental hygienists to treat pre-existing spouses. The proposed regulation and feedback request was posted on the College's website February 19, 2015 and registrants were notified by their preferred contact address. The consultation process will continue until April 23, 2015 at 4:30 p.m. EST. The outcome of this consultation will be presented and discussed by Council on Friday May 29, 2015. This meeting is open to the public.

Proposed Regulation for Spousal Exception

S.1.1 *The spousal exception in subsection 1 (5) of the Health Professions Procedural Code applies in respect to the College*

Rationale for Proposal

The purpose of this regulation would be to permit dental hygienists to treat pre-existing spouses. Historically, treating spouses was an established and accepted practice in the dental hygiene profession. The power imbalance and vulnerability that accompanies other health relationships (e.g. physician and patient, psychologist and client) is less pronounced in the dental hygienist and client relationship, at least where there is a well-established spousal relationship that pre-exists the professional relationship.

This amendment deals with the narrow circumstance of where the dental hygienist and client have a pre-existing and well-established spousal relationship and where the personal relationship is kept entirely out of the office setting. While treating a spouse, the dental hygienist must follow all of the professional formalities and maintain the professional distance that the dental hygienist would for any other patient. Similarly, when the dental hygienist is out of the office (e.g. at home), the professional relationship must not be allowed to intrude on the personal relationship.

Note to the profession: Treating spouses will not be permitted until this proposed regulation has been enacted by the Ontario legislature. Currently, dental hygienists are not permitted to treat their spouses. CDHO

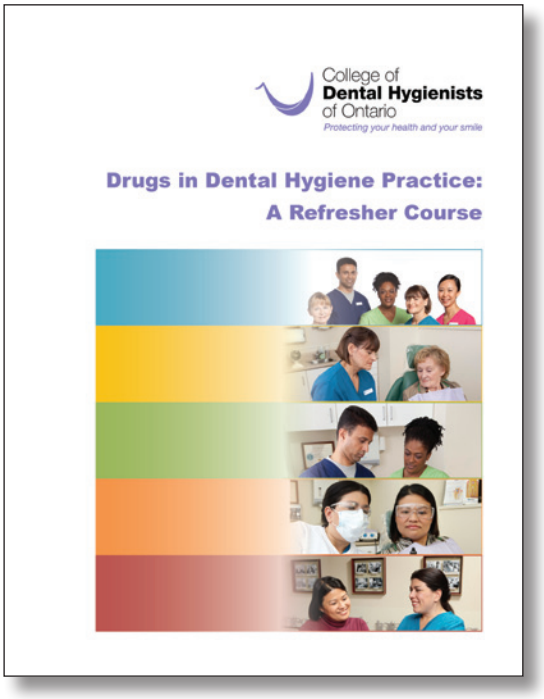
Plan for the Future!

- A change in legislation is coming
- Prescribing rights
- Prepare for the qualifying exam

Drugs in Dental Hygiene Practice: A Refresher Course

- Self-Study
- Online
- Free to registrants
- Use towards QA requirements
- Self-build study guide

Learn more by visiting www.cdho.org



Updates to the Public Register

New Registrants

December 1, 2014 to February 28, 2015

Amacifuen Vilchez, Katyam	017472
Belanger, Martine	017445
Bereas-Mohr, Chris	017414
Berhe, Yodit	017428
Brush, Christina Marie	017392
Castillo, Audrey	017420
Cheema, Asha	017381
Chodha, Monica	017453
Cino, Erica	017400
Cinquino, Laura	017413
Conners, Rachel Anne	017432
Coverdale, Amanda Kimberley	017444
Cucci, Antonia	017406
Cuyugan, Rachel	017404
Della Mora, Theresa	017430
Dobing, Jaclyn Yvonne	017439
Dods, Rachel	017473
Ewan Webb, Denzel	017401
Fisher, Krista	017460
Fortich, Chona	017393
Gabriele, Melissa	017459
Garcia, Carol Viviana	017451
Gaston, Jessica Ashley	017437
Gibson, Laura Patricia	017468
Goulet, Danielle	017411
Green, Jaclyn Mariko	017385
Grenier, Roxanne Geneviève	017391
Hall, Rebecca	017380
Hefley, Kristen Elizabeth Grace	017418
Hemington, Chantel	017462
Hill, Alexandra	017431
Hills, Maureen	017454
Hovey, Danielle	017410
Hudson, Brittany	017452
Huynh, Joey	017421
Inrig, Crystal	017467
Jackson, Karley Elizabeth	017390
Jacob, Tawnya Florence	017405
Jhingan, Swati	017396
Jowett, Jessica Lynne	017435
Kellar, Vanessa Yvonne	017409
Kendall, Vicky	017429
Kim, Lyudmila	017397
Kirollos, Jacqueline Manios	017450
Landry, Karine	017448
LeBlanc, Chantelle Marie	017463
Lee, Ellena	017388
Li, Hua	017394
Lopes, Brenda	017412
Lopez, Francine Megan	017399
Lorinczi, Tess Alanna	017402
Mahler, Mandy	017398
Martinez, Graciela	017424
McCreary, Julie Elizabeth	017465
McEwan, Kirsten Ashley	017384
Merritt, Brooke Patricia	017423
Miller, Teneka Lattoya	017417
Murgas, Milena Maria	017456
Nasir, Hadia	017395
Novak, Jesse Deanna	017382
Padda, Sonam	017383
Palermo, Rosemary	017458
Pedersen, Morgan	017389
Pham, Melissa	017438
Phillips, Lydia	017461
Phoung, Pheak Kanika	017387
Podmilschak, Nicole	017436
Powers, Kayla Marie	017441
Quaye, Pennie	017422
Redbourne, Brittany M.	017379
Richardson, Victoria Lynn	017471
Rinaldi, Jennifer	017407
Robinson, Rachel Louise	017455
Rodrigue, Janique Danielle	017426
Rosen, Jennifer	017416
Rosenberg, Meagan	017449
Rubboli, Kari Lynn	017415
Rugman, Jill	017447
Sewram, Deoranie Telesia	017403
Skelhorn St-Jean, Chrisy	017419
Smith, Kendra Elizabeth	017469
Smith, Kim	017433
Snell, Jennifer	017408
Stockwell, Summer	017386
Swartzentruber, Tricia	017446
Trudell, Kelsey Alexandra	017457
Van Tassell, Charlene Margaret Irene	017440
Weatherell, Breanna	017466
Wente, Melanie	017470
Wilker, Stephanie	017434
Wood, Karlyn	017443
Woropay, Nancy	017427
Wright, Mariah Raquel	017464
Yoo, Ae Hyon	017425
Zammit, Mya Christine	017442

Authorized for Self-Initiation

December 1, 2014 to February 28, 2015

Abbott, Larissa	007826
Adkin, Cheryl Elaine	006013
Aloia, Denise	011269
Aman, Richele Francis	014249
Badhan, Gurvinder Kaur	013689
Badhan, Vinity	013808
Bapna, Michelle	015800
Barnes, Allison M	012509
Beehoo, Allison	015505
Belanger, Kelly-Ann	016092
Brazeau, Natalie	015843
Brighton, Kimberley Ann	001900
Cakmak, Selvi	013005
Carson, Kirsty	015052
Cashubec, Caitlin	016757
Catherwood, Laura	015924
Champagne, Adele	015449
Chan, Jennifer	015716
Chohan, Jazz	015649
Cloutier, Jennifer Irene	011481
Craig, Angela Dawn	011986
Croll-Pavelic, Sondra Marie	004053
Cuerrier, Jennifer	010332
Cunha, Sylvia	010711
da Silva-Couto, Kortni	014192
D'Antonio, Ivana Grazia	013086
Darsono, Benson	016565
De Souza, Jennifer	015660
Donais, Jacalyn M	005595
Dvorski, Rachael	016898
Frolov, Oleksandr	016771
Frost, Natalie	011511
Grzebien, Jennifer Michelle	015178
Guillemette, Julie Joanne	006398
Hamilton, Lyndsey	015186
Hartwell, Sara Catherine	013842
Hawker, Brittany	015733
Jayne, Kelsey Brooke	009995
Kehoe, Rebecca	015216
Kerr, Roni Lynn	004737
Knaak, Megan	014864
Kovacs, Amanda Eleanor	014790
Kylie, Brittany	015362
Lawrie, Katherine Margaret	013200
Le, Lisa	016619
Li, Jingling	016921
Lumley, Lisa	015814
Mahoney, Angela	012900
Masroor, Marzia	015767
Mattrasingh, Fiona	015316
McDoom, Zareefa	003763
Michael, Dalia Nasr Ghatas	012890
Milosevski, Christina	015872
Muccini, Andrea	016281
Mumby, Leslie	014242
Nettleton, Cynthia Luanne	004243
Nikolakakos, Sophia	003098
Patarroyo Rubio, Cesar Augusto	010103
Pauze, Leyna	014029
Pellerino, Sonia Tai-Yo	010101
Prins, Jennifer Elizabeth	007712
Pritchard, Correne	014671
Pruden, Crystal	012061

Richardson, Andrea	014163
Rivas, Jackeline Margarita	011509
Rojas Barrios, Luz Angela	009592
Romanenko, Roman	014320
Rubboli, Kari Lynn	017415
Ryerse, Alison Diane	010849
Safi, Zohra	015737
Sandhu, Manjinder Minoo	010117
Seisun, Konrad	009330
Sowala, Anna	011775
Stafford, Vanessa Lynne	007115
Stuart, Kristen Louise	012641
Toth, Jessica	015826
Ungco, Jill	012440
Varghese, Reney	008823
Watson, Iona	013189
Wood, Kylie	015266
Xie, Hua	014489
Yeh, Susan	014938
Young, Sarah	007679
Zhang, Xue Meng Tina	016875
Ziegler Holloway, Kristen	014664

Reinstated

December 1, 2014 to February 28, 2015

Beacock, Natalie Grace Marie	016445
Fasken, Wendy Yvonne M	002908
Guay, Lucie	002387
Hillier, Caroline	008387
Igreda, Ledda	013568
Kshatriya, Premlata	008882
Langdon, Candice Julia Marie	008129
Mateo, Megan	016364
O'Donnell, Heather Anne	007377
Oshana, Rua	012817
Ponce, Celda	005668
Tatalias, Gina C	008295
Seon, Kate	013085

Please note:

The December 2014 *Milestones* incorrectly listed Kelly Tremblay, registration number 006837, as having "Resigned While Under Investigation". Ms. Tremblay did not resign and is not under investigation. The College apologizes for this error.

Suspended/Revoked/Resigned Registrants

In accordance with section 24 of the *Regulated Health Professions Act* (Code), the following registrants have been suspended or 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 or 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

December 1, 2014 to February 28, 2015

Abdullah, Hivee	012753
Adler, Rosalind	000282
Ahmed, Faizan	016150
Albert Balthazar, Cristina	011763
Argue, K Anne	001759
Arseneault, Jennifer Catherine	010890
Barnett, Audrey Katherine	000773
Barrett, Michael	015667
Beck, Anne Marie	001561
Bellemore, Nicole	015914
Beltran Reina, Nidia Constanza	014546
Bernier, Ann Mary	001583
Berube, Michele Blanche Marie	005800
Besaw, Christa	015825
Bonnell, Donna May	002067
Borges, Noushin	015301
Boucher, Diana	005753
Boulay-Robitaille, Annabelle	017038
Bourassa, Nathalie	015593
Bowser, Kathleen	001463
Boyd, Sandi	016006
Bradley-St.Onge, Dawn M	002039
Bradshaw, Laura Ashley	016345
Breton, Sara	015554
Brunt, Megan	017280
Bryant, Lynn Ruth	001430
Burwell, Diane Norma	001627
Cameron, Tracy Lise	006331
Campeau, Lynne Renee	007165
Cancelli, Cheryl	001003
Carlson, Alison	001318
Carlson, Suzanne E	006745
Carter, Nancy	000709
Cerasuolo, Sherri	003452
Chan, Anne	000772
Christie, Patricia Lynn	000720
Clare, Jayne Alice	002841
Clark, Heather Margaret	001356
Cohen, Kathy Joy	002346
Collett, Wendy	000648
Commisso, Mirella	008410
Cormier, Jessica Marie	016856
Courjaud, Selene Ann	007069
Crete, Brigitte	005551
D'Andrea, Frances E	002536
Davies, Susan Francis	003347
De Ciantis, Jennifer	012608
DeFoe, Michelle Lesley	005161
dela Cruz, Leizel	015345
Deline, Alexandria	016093
Dellandrea, Kristie Lynn	002425
Demers Murdoch, Carole Alice	003823
Djurdjevic, Geana	005930
Docherty-Smith, Kimberly Ann	004508
Dominguez Murillo, Maria	015355
Dorey, Linda Antonietta	004460
Drier, Brenda	002984
Dubreuil, Ainsley Marie	016525
Ducharme, Michelyne	004223
Duffy, Cheryl Ann	007344
Dus, Nina	003078
Dzigas, Jennifer Arlene	013541
Dzindo, Emir	015777
Eastmond, Kimberly	016247
Elligson, Brenda Anne	004041
Epple, Cindy Lois	001370
Esbaugh, Rachel	016233
Farrell, Christine	005262
Farrow, Sandra Jo	002706
Ferguson, Shona Elizabeth	008626
Ferguson, Susan Mary	000530
Ferguson-Findlay, Ashley	016347
Fields, Cindy Ann	004976
Fojtova, Eva	013029
Fournier, Karine	017149
Frahmand, Manija	015586
Gagliardi, Colleen Beatrice	001808
Gallant, Susan	006520
Geerlings, Patricia	016741
Geronimo, Joyce	015222
Girdlestone, Thomas Vernon	001515
Gisborne, Denise Marie-Louise	005424
Glaser, Jessica	016350
Gokhale, Vikram	015151
Gorgonio, Mary Elizabeth	001140
Graham, Dana	015652
Graine, Melanie Louise	013562
Grant, Deborah Marie	001175
Gregor, Shelley	002537
Grewal, Simar	016195
Grewal, Sukhdeep	015863
Grewal, Tanvir Kaur	014579
Gunderson, Coreen	016477
Gupta, Amit	015320
Hannah, Meegan Elaine	007318
Hannah, Susan Elizabeth	000685
Hardy, Jocelyne	005641
Healey, Glenda Marie	010435
Henley, Shauna Lee	017152
Henwood, Jennifer	015591
Hill, Hannah Fay	015162

Hill, Lisa Marjorie	004176
Holden, Nancy	000446
Holden, Tina Maria	006387
Hsueh, Arthur Wei	015950
Iafrate, Massimo M	001195
Innocente, Janice Katherine	003451
Isotalo, Peggy Eileen	005182
Jacka, Andrea Lynne	006621
Jaswal, Loveleen	015051
Jin, Ming (Minnie)	012497
Johnston, Wendy	002190
Kainula, Amanda Joy	015971
Keeping, Pamela Joy	003146
Keller, Sarah Ann	013202
Ketcheson, Deana	014863
Kim, Chantha	014268
Kim, Julia	010646
Kirker, Chelsea Marie	016798
Klarman, Judith Ann	002318
Klevinas, Kristen	013779
Klinghoffer, Sharon	001101
Knott, Brittney Victoria Jane	016758
Kouvelas, Angelica	012930
Kowalyshyn, Sandra Judith	004900
Krabbe, Sarah Ann	013238
Krisman, Lisa	009077
Krizan, Natasha	014183
Kultgen, Paula	016082
Labonte, Nathalie	015159
Labonté, Stéphanie	017232
Laderoute, Lucille	002302
Latour, Patricia Beth	000971
Lawton, Mary Patricia	007302
Laxton-Godberson, Catherine M	003055
Leal, Maria	012850
LeBlanc, Leeann	016270
Leduc, Amelie	014637
Lee, Hyojae	016768
Lee, Melinda	015189
Legault, Jessica	015650
Leon, Primerose	015661
Leonard, Vivian Kathleen	002497
Li, Dan	014089
Lichty, Tonya	015581
Lindsay, Moira Elizabeth	000383
Linklater, Lisanne	016511
Lodge, Karen	016889
Lucas, Jeffrey	015609
Lunn, Sarah	015817
MacGregor, Deborah	001312
MacMillan, Pamela Margaret	001030
Magnan, Peter J	005785
Mainville, Michelle Eliane	001047
Marshall, Anita	001268
Matheson, Susan Darlene	002156
May, Candace Lynn	016539
McAllister, Kelly Lynn	006910
McDade, Stevee	013901
McIntyre, Rosemarie Teresa	000728
McKenzie, Joanne	002704
McLean, Lucy	008009
McLeod, Shannon Lee	006446
McManus, Kristin	014862
McPhee, Meghan Celina	016513
Meng, Rong	014998
Meredith-Fournier, Elizabeth L	001406
Min, Christy	006554
Mondoux, Barbara	001965
Mulroy, Maureen Anne	002812
Murray, Ann Elizabeth	010150
Mussgnug, Amanda	016961
Naguib, Nadine	015307
Nelson, Cheryl-Beth	010490
Nessim, Sherif	015369
Newhouse, Pamela Faye	004904
Nicholson, Rebecca	015824
Novak, Joyce	002616
O'Reilley, Kimberly Isabelle	006941
Ounjian, Brenda Jean	001067
Oware, Sandra Adobea	017067
Ozak, Aphrodite	007143
Paat, Taylor	015138
Pahwa, Anisha	013296
Parayno, Rowena	016720
Parker, Kari	007493
Patel, Kajal	015751
Patel, Kajalben	015508
Patel, Smita	012805
Patel, Yasmin Fatima	010695
Patel, Zubair	016259
Patterson, Constance Elaine	005012
Pecnik, Julie Ann	000371
Persaud, Sonia	008909
Peterson, Pamela	003216
Pilotte, Laura	015643
Poirier, Michelle Marie	001548
Prevost, Julie Marie Karen	009902
Protomanni, Melissa	008913
Puma, Marina Gerarda	003118
Rathore, Meenu	016145
Redmond, Hayley	011091
Reid, Mary Colleen	000828
Reilly, Darlene F	001159
Renshaw, Diane Lynn	004177
Rice, Michelle	012554
Richardson, Frances Ruth	000538
Rife, Dianne Michele	004944
Robichaud, Carolyne	017176
Rojas, Margarita Rosa	014703
Romanson, Karen Eileen	001279
Rosenblatt, Adele	004591
Rui, Ruby	010311
Sadler, Julie Cathleen	001555
Sadler, Michelle M	001844
Samples, Carol-Lynn	001248
Sandhu, Neelam	015391
Scaffidi, Kitsa Kyriaki	002904
Seed, Izabella M	003606
Selvarajah, Thileeb	016038
Sgoupakos, Paulina	005155
Sherrill, Brandy	014247
Sidhu, Bhupinder Kaur	007634
Simmons, Karen Elizabeth	008712
Simpson, Kelsey	015693
Singer, Shari Lee	003330
Smyth, Susan Patricia	003011
Snowden, Alanna	016410
Sogrine, Daniel	015372
Sorgini, Brenda Elizabeth	002775
Stirling, Carolyn Marie	005066
Stock, Mary Lorraine	003425
Stormont-Dawes, Patricia Lee-Anne	008671
Sylvestre, Susan L	002759
Taller, Jodi Lynn	004202
Taradash, Anna-Lynne	000320
Taylor, Wendy Joan	007983
Telmosse, Janet Susan	000898
Thind, Mandeep	015732
Thomas, Ruth A	003873
Torreno, Marla	015343
Tschirhart, Marilyn	002111
Underwood, Karen Marjorie	001118
Vance, Melany	015352
Vannarath, Holly	013310
Vanthuyne, Chasity	014047
Vasiliu, Mihaela	015201
Vaughan, Michelle Marie	014978
Vosoughi, Sahar	016888
Vyas, Roocha	014201
Walden, Jill Catherine	001545
Walsh, Margaret Elaine	000673
Ward, Jennelle	016785
Webber, Rayna Jade	014519
Weeks, Christine Marie	004810
Wenn, Donna	002742
White, Janice Harriett	001296
Whittal, Claire Yvonne	001525
Wiles, Victoria Julia	015236
Wise, D Elizabeth	000428
Wise, Janice Penelope	003879
Yeung, Jean	000635
Youssouf, Raqia	016216
Zaritsky, Barbara Ann	000700
Zentil, Ivana	002062

Resigned While Under Investigation

December 1, 2014 to February 28, 2015

De Angelis, Danielle	014608
Holden, Tina Maria	006387
Rice, Michelle	012554

Resigned and Agreed Never to Re-Apply

December 1, 2014 to February 28, 2015

Cyr, Stephanie	012369

Suspended (Pending Authorization to Work From Citizenship & Immigration Canada)

Effective February 28, 2015

Santos, Arieanne	016434

Suspended for Non-Payment of Fees

Effective February 20, 2015

Abbott, Kenndra Deborah	016532
Al Rayes, Bushra	015584
Ansari, Shabana	013725
Anwar, Noor-Ul	013939
Assaad, May	014199
Aubin, Nicole Chantal Marie	013557
Azarmi, Anahita	013804
Barnett, Nicole Marie	012547
Benedek, Carmela	013337
Bent, Shannon Lee	016571
Berger, Melinda	015812
Bouchard, Marie-Michèle	016185
Bouchard, Mylene	015934
Brodar, Sandy	007131
Bull, Jackie	016116
Cakici, Ozlem Sevda	014314
Chaput, Jessica Michele	016256
Cho, Carol	016948
Clark, Kimberly	011276
Cook, Jaclyn	016063
Costache, Ana Maria	016142
Coursol, Marie-France	017101
Crawford, Carol Lynn	008330
Cunningham, Jacqueline	016165
DaSilva, Denise	015602
Deugo, Erin	014486
Donsky, Judith	000319
DuFour, Marie-Anne	010338
Eaton, Mallory Margaret	013440
Fleck, Dana Lynn	016383
George, Nancy Diane	011992
Gourde, Roxanne	017143
Green, Christina	009099
Green, Melissa-Lynn Elizabeth	012049
Gresham, Remy	015548
Hastie, Kimberley Ann	008049
Ho, Simon	012981
Hodson, Theresa	015695
Hussey, Heather Michelle	008214
Ismaeili, Katherin	012435
Jackson, Britney	017001
Jin, Peter	016114
Kamboj, Ananta	011832
Kohzadi, Keloudia	015298
La Brie, Lauren	016102
Laderoute, Terri-Lyn Jennifer	016985
Lafleur, Véronique	015416
Lalljee, Natalie	015209
Langdon, Candice Julia Marie	008129
Latchford, Donna Sharon M	001576
Lefebvre, Felicia	011501
Lemaire, Nathalie Anita	005273
Listro, Erin Maureen	002615
Liu, Hanlong	013971
Lock, Elyse Rose Marie	011768
Lodge, Karen	016889
Ludwig, Judith Michelle	001604
MacDonald, Sarah Anne	008716
MacDougall, Mary Catherine	002913
Mancuso, Debra Ann	002345
McGinty, Breanne	013302
Mekid, Said	016836
Mendonca, Inesia	011359
Morkin, Marilyn Anne	001292
Morshedi, Massoomeh	014588
Nguyen, Thi Xuan Mai	016542
Patel, Monali	015765
Patterson, Suzanne	006816
Pilon, Danelle	016596
Pirri, Natasha	016704
Plasaj, Christine Lynn	011316
Polkki, Cheryl Amber	016146
Popal, Fatemah	011747
Randhawa, Hartirath	012813
Randhawa, Kiranjit	014925
Rehel, Kayla	016822
Rockburn, Enja V.	016803
Rouleau, Nicole	007605
Roy, Rozin	014995
Rudowicz, Agatha	015110
Saint, Rachel Leigh	017355
Santi, Jennifer Rose	004361
Scott, Heather Ann	008319
Sehmi-Soni, Tinvinder	008411
Sheppard, Kimberly Mae	016849
Stringer, Jodi	003834
Tamayo Bustamante De, Cynthia	013712
Thon, Norah	014841
Trudel, Kim	014668
Tupper, Michelle Falon	017315
Vacca, Jennifer Nicole	009594
Villanueva, Judy Lynn	013247
Weeks, Alisha	014459
Wei, Mimi	014404
White, Linda Anne	001691
Whittal, Claire Yvonne	001525
Worthy, Allison Anne	003038
Zannella Latino, Elena	012980
Zhang, Lin	015705

2015 Revocations

Angelescu, Alexandra	016094
Antonacci, Allison Margery	013646
Bahadir, Perihan	015313
Baron, Candace	015381
Buttery, Patricia	015370
Caburao, Iris Nerissa	012675
Chowns, Christine	015712
Dawson, Victoria Susan	008840
Dhupar, Anita	003621
Diamantini, Marlene Melinda	005871
Dietrich, Robin	013476
Fairbairn, Melissa Susanne	011613
Gauthier, Chantal Nathalie	005485
Hockley, Lindsey Erin	013559
Jacob Farb, Judith	000305
Johnson, Margo	007537
Khwaja, Rehan	015955
Kwon, Jennifer (Hye Eun)	015018
Laferriere, Julie	011472
Lafrance, Esther	005236
Lakhssassi, Amal	011728
Law, Glenda Ada	002645
Levac, Camille	010674
Marleau, Josee Nicole	006989
McKerral, Renee Lynn	009917
McManus, Lynn Christine	005512
Mooney, Rachel Lynn	015258
Nevzorov, Serguei	012564
Niazi, Atia	011056
Nobilione, Roselynn	010199
Patel, Kajal	015219
Pelkmans, Fleur Marie	007454
Petryshyn, Rachelle	015389
Rashid, Mehwish Mohammed Abdul	011194
Rhoads, Jayne Kristine	007212
Roy, Kelly Lynn Marie	009639
Skelding, Amanda	016132
Steshenko, Olga	013801
Stutchbury, Kathleen Louise	003773
Swartz-Imai, Rose	003612
Szilagyi, Kornelia	011831
Vachon, Angie	016130
Van Arkel, Neia	013174
Wells, Marcia	004292

Deceased

As of February 17, 2014

Murphy, Donna Lea	003292

As of October 22, 2014

Lapenna, Heather E	003902

CDHO Research Grant

In accordance with Bylaw No. 4 s.17, the Council may from time to time authorize the making of grants to advance scientific knowledge or the education of persons wishing to practise the profession, to maintain or improve the standards of practice of the profession or to provide public information about, and encourage interest in, the past and present role of the profession in society. The College reserves the right not to award any grants.

Criteria for Grant Application

- All projects must be in concert with the College's Mission Statement.
- All project proposals must be accompanied by a statement of purpose, method of implementation, projected outcomes and method of evaluation.
- The total cost of the project must accompany the proposal along with a statement as to why the applicant is seeking a grant from the College.
- The value to registrants and to the public of Ontario must be clearly defined.
- Project timelines are to be included.
- The applicant shall specify the amount requested and the manner in which they would prefer monies to be dispersed (lump sum or installments).
- A condition of acceptance is that the College is to be acknowledged should results of the project be published.

Funding for Grants

The Council may use discretion in the grant amount awarded. This amount is dependent on the financial resources available at the time of the request. A nominal amount will be considered, on an annual basis, for inclusion in the College's budget.

Apply

Applications to be considered for a CDHO Research Grant should be made to:

The Registrar
The College of Dental Hygienists of Ontario
69 Bloor St E, Suite 300
Toronto, ON M4W 1A9

Reporting

- The grantee shall submit to the College a brief report of the work performed within sixty (60) days of the grant termination date.
- Any publication or abstract resulting from the work supported by a grant from the College should contain the following acknowledgement:

  "This work was supported by a grant from The College of Dental Hygienists of Ontario".
- One copy of any publication or abstract should be forwarded to the Registrar of the College of Dental Hygienists of Ontario.



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College of **Dental Hygienists** of Ontario
Protecting your health and your smile

College of **Dental Hygienists** of Ontario
L'Ordre des **hygiénistes dentaires** de l'Ontario

the College's promise
to dental hygiene clients



You can expect to receive quality preventive oral hygiene care from health professionals who are registered with the College of Dental Hygienists of Ontario (CDHO).

how we keep this promise

- ✓ All dental hygienists must be **registered** with the CDHO to practise in Ontario.
- ✓ Only persons currently registered with the CDHO may use the title "dental hygienist" or any variety of translation of "**dental hygienist**" including the initials RDH (Registered Dental Hygienist).
- ✓ Every dental hygienist in the province **must** meet the CDHO's entry-to-practice requirements.
- ✓ A list of currently registered dental hygienists is **available** to the public.
- ✓ The College provides Standards of Care and Practice Guidelines to guide dental hygienists and **inform** the public.
- ✓ The continuing competency of your dental hygienist is **monitored** and **supported** by the College throughout her/his professional career.
- ✓ Information about oral health and **access** to dental hygiene care is promoted to the public.
- ✓ A **fair** and **transparent** complaints process is available to help clients who feel they may not have received the care they had the right to expect.
- ✓ The College collaborates with the Ontario Government, other health Colleges and consumer groups to promote access to **safe** and **effective** oral health care.