

**Sterilization and the Importance of
Sterilizer Monitoring**

**Canadian Performance Exam in
Dental Hygiene**

**Social Media Etiquette — Social Media and
the Dental Hygienist**



IN THIS ISSUE



MILESTONES

President's Message.....	3
Registrar's Message	4
CDHO Council Highlights — June 16, 2017	6
New Contacts at the CDHO	7
Sterilization and the Importance of Sterilizer Monitoring	8
Could This Happen to You? (<i>reprinted from July 2013 Milestones</i>).....	10
Social Media Etiquette — Social Media and the Dental Hygienist	12
Business Arrangements.....	15
2017 Insurance Audit	17
Canadian Performance Exam in Dental Hygiene	18
Quality Assurance Matters	20
Fran Richardson Leadership Development Award.....	21
Learning Goals: How to Write Them, Achieve Them and Report on Them	22
Reporting Fraudulent Billing	26
Changing Your Registration Status	27
Amendments to CDHO Bylaw No. 5.....	28
Reports — What Must Be Reported About Me?	30
Recent Discipline Decisions.....	32
Updates to the Public Register	33
It's Always a Good Time to Brush Up on Infection Control Practices!	36

CONTACT US

Address and Telephone

69 Bloor Street East, Suite 300, Toronto, Ontario M4W 1A9
t: 416-961-6234 • tf: 1 800-268-2346 • f: 416-961-6028 • admin@cdho.org

Regular Hours of Operation

Monday to Friday • 8:30 a.m. to 4:30 p.m.

Summer Hours: July 4th to Sept. 1st

Monday to Friday • 8:00 a.m. to 4:00 p.m.

Senior Management

Registrar/Chief Executive Officer: Lisa Taylor • ltaylor@cdho.org
Director, Professional Practice/Deputy Registrar: Jane Keir • jkeir@cdho.org
Director, Professional Conduct: Andrea Lowes • alowes@cdho.org
Director, Corporate Services: Suzanne Fox • sfox@cdho.org

CDHO COUNCIL

Professional Members

District 1

Caroline Lotz

District 2

Roma Czech
Marlene Heics

District 3

Jillian Eles

District 4

Evie Jesin
Pauline Leroux

District 5

Terri Strawn

District 6

Kathleen Feres Patry

District 7

Heather Blondin

District 8

Gail Marion

Academic Members

Catherine Ranson

Public Members

Michael "Mike" Connor
Fernand Hamelin
Vinay Jain
Beatrix Kau-Lui
Helen Lightstone
Julius Nathoo
Anne Venton
Saeed Walji
Yvonne Winkle

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



President's Message

Heather Blondin RDH, BSc

This is a year of celebration. People across our country are preparing for Canada's celebration of its 150th anniversary of Canadian Confederation and the defining moments in history that have helped shape Canada as we know it today.

Twenty-six years ago the proclamation of Ontario's *Regulated Health Professions Act* was a defining moment in the history of many health professions, including the profession of dental hygiene. When dental hygiene was granted self-regulation 23 years ago, the profession entered into a social contract with the citizens of Ontario, another defining moment.

Setting the requirements to be registered as a dental hygienist and establishing practice standards for safe, ethical care for all Ontarians is the College's mandate.

Self-regulation meant dental hygienists, individually and as a profession, would put self interest aside and instead would act in the best interest of the public in achieving optimal oral health for all.

Setting the requirements to be registered as a dental hygienist and establishing practice standards for safe, ethical care for all Ontarians is the College's mandate. The CDHO continues to work diligently to ensure the public can maintain its trust in the profession of dental hygiene.

Council realizes we also occupy a position of trust and confidence and as such, are committed to our legal duty to act in the best interest of the College and to adhere to the CDHO's legislative mandate.

Through the implementation of policy governance, a defining moment for the CDHO, the governing Council determines the strategic direction of the College and ensures its implementation through ongoing assessments of achievement by the CDHO as an organization.

We all have a responsibility to maintain the public trust in self-regulation.

...continued on page 5



Registrar's Message

Lisa Taylor RDH, BA, MEd, MCOB

Much of the College's work in the last six months has been focused on the anticipated passing of Bill 87. As many of you know by Bill 87, *Protecting Patients Act, 2017* has now been enacted and while we are still waiting its proclamation for some of the provisions to come into force, many of its provisions are already in force. The changes that have been made to the RHPA as a result of Bill 87 have significant impact on the regulatory functions of the colleges and most of these have costs associated with them.

Fortunately for this College, we were proactive in amending our bylaws in 2016 to support the anticipated requirements for the collection of additional registrant information required for the register. We also made a large IT investment to change our electronic registration forms to facilitate the collection and reporting of information about concurrent registration in professional bodies outside Ontario and for reporting criminal charges. IT costs were also incurred to expand the public register so that new information required under the new legislation could be accommodated. Things such as oral cautions, SCERPs, and the date and status of referrals to discipline are now reported on the public register.

This amendment is important because it enables the earlier protection of the public in urgent cases, especially when a potentially complex investigation needs to be done.

While we find ourselves ahead of some of the other colleges in that we are already in compliance with these requirements, our work has only begun in so many other ways. We will need to develop positions, policies and processes for some provisions in the Act.

For example, the ICRC can now make an order for an interim suspension of a certificate of registration prior to a referral to discipline or to the Fitness to Practise Committee. This amendment is important because it enables the earlier protection of the public in urgent cases, especially when a potentially complex investigation needs to be done. This is a significant power and one that must be used judiciously. As a result, the College will now work to develop an internal process and criteria for identifying candidates for whom an interim order is necessary for public protection.

The cooling off period before a sexual relationship with a former patient can be contemplated has now been defined as one (1) year with a provision that some colleges

may place additional time requirements on its members. The College will need to determine if the one-year cooling off period is enough or whether it wishes to develop a regulation requiring a longer cooling off period. Up to this point, the College has had no defined time period. Once this legislation is proclaimed, an extensive communication plan will need to alert dental hygienists to the one-year requirement.

The Act also gives significant power to the Minister. The Minister can make regulations specifying how colleges are to investigate and prosecute sexual misconduct cases (e.g., requiring the use of investigators with particular credentials). In addition, the Minister can make regulations providing for further “functions and duties” for colleges (e.g., requiring colleges to provide legal counsel paid for by the College for individuals alleging sexual abuse; or requiring colleges to conduct research on sexual abuse by their members).

The Minister will also have the power to make regulations controlling all aspects of the structure of the statutory committees. The regulations can establish their composition, panel quorum,

eligibility requirements and grounds for disqualification. For example, the Minister could require a majority of public members (or even all public members) on committees or panels. The Minister could also require that a panel dealing with sexual abuse includes someone from an approved pool of people with awareness of, or training in, sexual abuse issues.

As you can see some of the provisions are not absolute. While the Minister has been given these powers, we do not know what the will of the Minister will be. We do know that the Ministry has hired Ms. Deanna Williams to provide expertise and advice to the Minister on these matters and others. Ms. Williams will be seeking input from the RHPA colleges and the CDHO looks forward to being part of these conversations.

I anticipate the next six months at the College will be quite busy with conversations, positions statements, policy and process development and ministry consultation. Above all, we are committed to public interest first and foremost and we will keep our registrants, stakeholders and the general public apprised of our activities and our decisions. **CDHO**

President's Message...continued

Self-regulation was a defining moment in the profession of dental hygiene in Ontario, a privilege that dental hygienists respect and take pride in.

To this, I am proud of our regulatory College and the people who continue to help this organization in its efforts to serve the public interest, including, the over 13,500 dental hygienists registered with the College of Dental Hygienists of Ontario.

This September, Council will engage in a review of its strategic ends and focus for the future.

A defining moment in the CDHO's future will most readily be the implementation of Bill 87, the *Protecting Patients Act, 2017*. The College will be charged with the important task of implementing amendments to the *Regulated Health Professions Act* that will give the Minister additional powers over colleges to revise the sexual abuse provisions, address transparency and other miscellaneous changes.

I know that the Council and the College will continue to work together to implement this significant legislative update.

As we commemorate Canada's 150 years and look to our future, Council and the CDHO will continue to envision a future where all citizens in Ontario can receive quality preventive oral health care and where all dental hygienists can remain proud of their profession, their registration with the College and their trusted relationship with the public of Ontario.

If ever there was reason to celebrate, this is the year! **CDHO**

Council Meeting Dates for 2018

Friday, January 19, 2018
(Election of the Executive Committee)
Friday, March 9, 2018
Friday, June 1, 2018
Friday, September 21, 2018
Friday, December 7, 2018

Location: To be determined at a later date



CDHO | Council Highlights

June 16, 2017

In accordance with Bylaw No. 5, Blair MacKenzie of the firm Hilborn, LLP conducted a financial audit on behalf of Council for the 2016 fiscal year ending December 31, 2016. Council reviewed the auditor's report and the audited financial statements at the June 16th meeting and voted to accept both documents. The report and the statement will be published in the 2016 Annual Report.


Council voted to adopt the National Clinical Examination in Dental Hygiene (NCEDH), developed in a joint project by Ontario, Alberta and British Columbia, to replace the current CDHO clinical competency evaluation. The College currently administers a clinical competency examination for applicants from non-accredited dental hygiene programs at least once a year. The next examination will be held in November.

In an effort to decrease paper consumption and to improve meeting efficiency, Council voted to supply Council members with laptop computers starting January 2018.

The **Quality Assurance Committee** reported that for the 2017 Assessment year: 95% of those selected have met the assessment guidelines, 3% are still in the assessment process and 2% are participating in directed learning/remediation.

The **Registration Committee** reported that in the time period March 10, 2017 to May 26, 2017, 89 new applicants were registered to practise, 18 registrants resigned and 1 registrant was suspended for failure to meet a condition of registration (insurance). In addition, 52 registrants were authorized to self-initiate.

The **Inquiries, Complaints and Reports Committee (ICRC)** reported that since the March Council meeting, it has received 2 complaints, 7 Registrar Reports and 5 Quality Assurance Committee referrals. In total, the ICRC is currently investigating 37 matters including 9 formal complaints and 21 Registrar Report investigations.

The **Discipline Committee** reported that a Panel of the Committee found Ms. Georgie Vincent guilty of professional misconduct on April 6, 2017. The summary of Ms. Vincent's hearing is included in this issue. The full text copy of the Decisions and Reasons can be found on the College website. 

2017 Council Meeting Dates

Friday, September 15, 2017

Friday, December 8, 2017

Location: InterContinental Toronto Yorkville
<http://www.toronto.intercontinental.com/>



New Contacts at the CDHO

Andrea Lowes BA (Hons) LLB – Director, Professional Practice



Andrea is the Director, Professional Practice. She obtained her undergraduate degree in Political Science from Western University and her Bachelor of Laws from the University of Ottawa. Andrea practised insurance litigation in both a boutique and a large Bay Street firm from 2004 to 2008. In 2008, she became the Manager, Investigations & Resolutions at a regulatory college. Andrea honed her investigation and discipline skills at the Office of the Ombudsman of Ontario and in private practice at a firm focusing on workplace behaviour. She has extensive experience interviewing, writing, and in alternative dispute resolution.


Giulia Galloro RDH, BSc(DH) – Practice Advisor



Giulia joined the College in February 2016 as Practice Advisor and also oversees the Patient Relations Committee. Prior to joining the CDHO, Giulia has practised in clinical dental hygiene in Toronto and Brampton for over fifteen years and has worked as a clinical instructor for over nine years at an accredited dental hygiene program in Toronto. Giulia completed her diplomas in dental assisting and dental hygiene from George Brown College. She completed a Bachelor of Science in Dental Hygiene from the University of British Columbia and has been a registrant of the College since 2001. Giulia is enthusiastic about joining the CDHO team in her role as Practice Advisor. She is excited to acquire new knowledge to share with the public and registrants alike. Giulia welcomes your questions for practice advice and can be reached at the College at extension 226 or email advice@cdho.org.

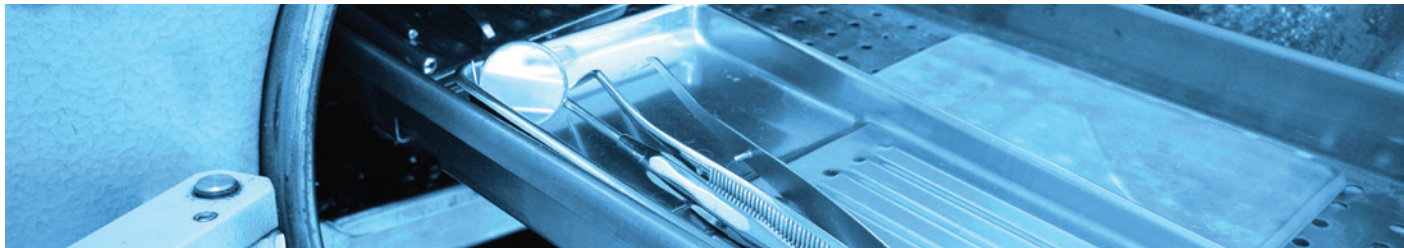
Roula Anastasopoulos RDH, BEd – Manager, Programs and Exams



Roula obtained her diploma in dental hygiene from Niagara College in 2001 and has over 16 years of clinical practice experience. She continued her education and obtained her Degree in Adult Education from Brock University (BEd Adult) while working as an educator and clinical director at an accredited dental hygiene program. Roula has been involved with the College of Dental Hygienists of Ontario for many years in a number of roles: Quality Assurance Assessor, CDHO representative on the Accreditation Team for the Commission on Dental Accreditation of Canada, and as a non-Council member on the Registration Committee. She joined the Professional Practice Team at the College in June 2016 and was appointed Manager of Programs and Examinations in June 2017. Roula will manage the Peer Mentorship Program and the entry-to-practice examinations and is available for practice advice. 

Sterilization and the Importance of Sterilizer Monitoring

by Jane Keir RDH, BSc, BEd



The regulatory colleges for healthcare practitioners in Ontario are responsible to ensure that the clients of their registrants/members receive safe, effective care, including ensuring that appropriate and acceptable infection control protocols are followed.

The College of Dental Hygienists of Ontario Standards of Practice state that “Dental hygienists have an obligation to their clients to establish and maintain practice environments that have organizational structures, policies and resources in place that are consistent with legal, professional and ethical responsibilities that promote safety, respect and support for all persons within the practice setting.” One of the most critical ways that dental hygienists meet this practice standard is through ensuring that their infection control protocols and practices are performed, based on current scientifically accepted infection control guidelines.

In a survey commissioned by the CDHO and conducted by Ipsos Reid, the public was surveyed to assess their awareness of, and attitudes towards dental hygienists. One component of the survey included the assessment of public perception related to sterilization and sterilizer monitoring. The survey results are considered accurate to within +/- 3.5 points 19 times out of 20. The key findings of the survey related to sterilization and sterilizer monitoring included the following:

- There is unanimous support for the idea that it is important to sterilize dental instruments and a nearly unanimous belief that the instruments used in the dental practices they frequent are being sterilized correctly.
- When an explanation was provided about the purpose of spore testing, Ontarians placed a high degree of importance on spore testing and on it being performed correctly and at the required frequency.

- Ontarians are very confident that the dental office they frequent is using spore testing to validate the proper sterilization of dental equipment.
- Given the choice, Ontarians are much less likely to frequent a dental office that does not conduct spore testing.
- Ontarians believe that the dentist is responsible for ensuring that spore testing is being done correctly but agree that if the dentist is not carrying out this responsibility, then it is the responsibility of the dental hygienist to do so.

Through the Quality Assurance Program, dental hygienists are required to record the infection control practices and procedures used in their daily practice as part of the Typical Day in their quality assurance records. The quality assurance assessors use criteria based on current infection control guidelines in their assessment of the professional portfolios. Failure to provide evidence that these guidelines are followed is a contributing factor leading to an on-site audit of a dental hygienist’s practice environment.

From 2012–2016 in the Quality Assurance Program, 64 on-site visits have occurred. Of these, 60 dental hygienists have successfully demonstrated to the assessor that they were using acceptable infection control techniques, including providing evidence of spore testing with acceptable results and at the required frequency. Of the 4 remaining dental hygienists, 3 demonstrated compliance with accepted infection control protocols at or before their second visit, and 1 registrant has a follow-up visit scheduled. These statistics provide overwhelming evidence that demonstrates that dental hygienists in the province are dedicated to meeting the expectations of their clients in regards to infection control procedures and sterilization/sterilizer monitoring.

How Are Sterilizers Properly Monitored in Practice?

The effectiveness and proper performance of a sterilizer must be confirmed through a combination of three types of monitoring: physical or mechanical, chemical and biological. Use of one type of indicator does NOT replace the need to use the other two types.

1. Physical or mechanical indicators

Physical indicators include all devices used to assess cycle time, temperature and pressure. These include examining the sterilizers printout, if available, and by observation of the gauges or displays on the sterilizer. Although correct readings do not provide proof of sterilization, they can be used as an indication that a sterilizer may be malfunctioning. Each cycle should be observed to ensure that numbers in the manufacturer-recommended target ranges are being achieved.

2. Chemical indicators

Chemical indicators are those that use chemicals sensitive to heat to assess changes that have occurred during the sterilization cycle. These respond to changes in variables such as temperature, presence of steam or processing time. Examples of chemical monitors include autoclave tapes and sterilizer bags with indicators that change colour when a parameter is reached. Chemical strips are designed to be placed inside sterilization bags and may also be used for verification of sterilizing conditions. These indicators also serve a second purpose in allowing operators to verify if a package has been exposed to the sterilization process. Like physical or mechanical monitoring, these indicators do not indicate that a package is sterile but rather only that the measured parameter has been reached. A failed chemical test may be an early indication that a problem may exist.

3. Biological indicators (BI or spore testing)

Biological indicators use highly resistant and living microorganisms (spores) impregnated on strips or contained in vials to monitor the sterilization process and, according to all current evidence-based infection control guidelines, their use is the most accepted method of ensuring sterilization has occurred.

For quality control purposes, these systems work by using two identical strips or vials from the same lot. The “test” strip or vial is processed within a normal sterilization load. The second strip or vial is used as a “control” and is not subjected to the sterilization process. When the two are incubated and cultured to determine if the spores have survived, those from the “test” strip or vial should be completely inactivated and not grow (negative result) while those from the “control” should survive and grow (positive result). Ontario’s Provincial Infectious Diseases

Advisory Committee (PIDAC) infection prevention and control guidelines require that **spore testing be conducted on a daily basis**. Procedures should be developed to follow if any “test” strips or vials show a positive result, as this is an indication that sterilization has failed. Where mechanical monitoring has indicated proper sterilizer function, a second spore test should be performed to rule out operator error. The sterilizer should be temporarily taken out of service until the results of the second test are obtained. If the physical and chemical monitors indicate that the sterilizer is functioning properly and the repeat test is negative, the sterilizer can be put back into service. A second positive result indicates the need for service and the sterilizer should not be used until it has been inspected and repaired. Prior to putting it back into service, three spore tests should be performed to confirm sterilization is occurring.

There are currently many different in-office and commercial mail-out biological monitoring systems available for use. In-office monitoring may be more cost-effective with no delay between testing and the receipt of results but are technique-sensitive and require careful handling to achieve accuracy. Commercial mail services are convenient, require no equipment commitment and the companies confirm the results but they can be more costly and there is a delay in receiving results due to mail delivery schedules. Each office should assess their needs to determine which system will work best for them taking into consideration the need for daily monitoring.

With all types of monitoring, it is crucial that manufacturers’ instructions be followed for proper use and storage. Indicators that are beyond the expiry date must be replaced and only used for the sterilizer type for which they are recommended.

The CDHO record keeping regulation requires that equipment servicing records must be kept for all instruments or equipment used for examining, treating or rendering services to clients including that used to sterilize equipment or instruments. Results of the monitoring, repair and preventive maintenance measures related to sterilizers must be maintained including a log of the biological monitoring results.

Given the choice, Ontarians are much less likely to frequent a dental office that does not conduct spore testing.

Interested in reading more about sterilization monitoring? Go to the Public Health Ontario website at publichealthontario.ca and search for PIDAC. **CDHO**

Could This Happen to You?

The following article is being reprinted from the July 2013 issue of Milestones. The message in this article is worth repeating, given the recent closure of a Burlington dental practice due to infection control concerns. An investigation by the Halton Region Health Department has identified that clients who received dental services at a dental clinic in Burlington may have been exposed to improperly cleaned instruments used for procedures. As a precaution, the Halton Region Health Department recommended that clients of this dental clinic contact their physician (or go to a walk-in clinic if they do not have a physician) to discuss testing for hepatitis B, hepatitis C and human immunodeficiency virus (HIV).

Could you imagine sending a letter out to all your clients advising them that they may have been exposed to an infectious disease in your office? In a recent news release, the public learned of an Oklahoma dentist who treated clients under unsafe and unsanitary conditions. The clinic was found not to have a written infection control protocol, and more shockingly, had not been appropriately cleaning dental equipment. Investigators found rusty instruments, potentially contaminated drug vials and improper use of a sterilizer. As a result, the Health Department sent letters to approximately 7,000 of the clinic's patients informing them of a possible infection risk and recommending that they be tested.



While full details of the Oklahoma investigation may never be made public, as of May 9, 2013, the Tulsa Health Department reported that their ongoing investigation has so far identified 70 individuals who have tested positive for hepatitis C and 4 individuals who have tested positive for hepatitis B. Positive results for HIV infection have also been reported for 3 individuals.

This news was as appalling to dental hygienists as it was to the public for whom we provide dental hygiene care.

The executive director of the Oklahoma Board of Dentistry reported that the agency does onsite inspections only if the agency receives a complaint against a particular dentist. This is particularly surprising when you learn that the Oklahoma Department of Health's consumer protection division conducts restaurant inspections on a regular basis and lists the results on their website. If "imminent health hazards" exist, the establishment must cease operating until cleared. Does this mean it is safer to visit a restaurant in Oklahoma than a dental office?

In the practices of Ontario dental hygienists, inspections regularly occur as part of the CDHO Quality Assurance Program. Dental hygienists are required to record their infection prevention measures as part of their professional portfolio and questionable practices are followed up with an onsite visit. The cumulative results of CDHO portfolio and practice reviews provide overwhelming evidence that dental hygienists in the province are dedicated to meeting the expectations of their clients in regards to infection control procedures and sterilization/sterilizer monitoring.

The College's promise to dental hygiene clients states that the public can expect to receive quality preventive oral hygiene care from registered dental hygienists in the province. This includes following a scientifically accepted, evidence-based infection control policy as required by the College's published Standards of Practice. The CDHO has prepared a "Questions to Ask Your Dental Hygienist About Infection Control" fact sheet to help inform your clients of acceptable practices. Being open and transparent about your infection control practices and addressing any questions from your clients will reassure them that you care about their safety and that your office protocols are designed to prevent the spread of infection.



Five Questions to Ask Your Dental Hygienist About Infection Control

1 How do you sterilize your instruments after use?

Current infection control guidelines recommend that instruments that penetrate or contact oral tissue be sterilized using equipment called an autoclave that uses steam and pressure to kill all infectious material. Some may also use sterilizers that use chemicals or dry heat. This process must always be performed before instruments are used on another person. Most dental instruments including handpieces (or dental drills) are designed to withstand repeated sterilization.

2 How do you know that your sterilizer works properly?

Most practices use several methods to tell if their sterilizer is working. The first is by watching the gauges and readouts for proper temperature and pressure. The second is by using a colour-change indicator on their instrument wrapping or packaging. Instruments should be sealed in bags or cassettes with an indicator that changes colour after exposure to high heat, high pressure or other accepted sterilizing conditions. These indicators also tell the office staff that a package has been sterilized. Storing instruments in pouches or wraps ensures that the instruments remain free of any bacteria or germs until use. Your dental hygienist should be opening a new package just for you and will be able to show you these indicators on their packaging. The third test is using a vial or envelope that contains living spores, which are then put in a regular sterilizer cycle. This test provides the best guarantee that a sterilizer is working. It can be performed right in the office, but may also be sent out to be checked. Ask to see the records showing that the spore test or biological monitoring has passed. Current guidelines require that a sterilizer that fails a biological monitoring test not be used until it has been shown to be working correctly.

3 Do you change your gloves for every client?

New gloves should be used for all clients. You should see your dental hygienist taking them out of the glove dispenser, not from an unsterilized countertop. Your dental hygienist will take a new pair of gloves if she/he leaves the room or if anything other than sterile instruments or your mouth is touched.

4 How do you clean the room before I arrive?

Between patients, your dental hygienist should disinfect all the surfaces they are likely to touch during treatment. You may also find that some surfaces such as light handles, tubing or control switches are covered with a plastic barrier. These barriers should be removed and discarded between clients. Both of these methods help to eliminate the possibility of transferring germs from a contaminated surface to you. You may find that your dental hygienist uses a combination of disinfecting and barriers to ensure that surfaces in the treatment room are not contaminated.

5 What if I see you do something that I'm not sure about?

If you are unclear on, or uncomfortable with, any of the precautions your dental hygienist takes to protect you, speak up. If necessary, ask to see the office's sterilizing area. The overwhelming majority of dental hygienists work very hard to ensure that you are protected against cross-contamination during treatment and will be happy to show you what they do to ensure that you are receiving safe care. Feel free to ask questions and communicate any concerns. **CDHO**

Social Media Etiquette

Social Media and the Dental Hygienist

by Giulia Galloro RDH, BSc(DH)



Ontario is one of the most connected provinces in Canada with over 67% of the population using various social media platforms.¹

Change is inevitable and with that, so is adaptability. Social media has changed the way we interact, do business and communicate with one another. Adapting to the use of these new tools has become a necessity. Social media allows us to connect with one another like never before. Within seconds we can communicate with family and friends around the world. Communities with similar interests are formed and information and opinions can be shared instantaneously. Businesses use social media to advertise their services and customers can post reviews for all to see.

The three most commonly used social media networks in Canada are Facebook 71%, YouTube 49% and Twitter 27%.²

While there are many advantages to social media use, some of these conveniences come at an unanticipated cost. The gratification of venting online is short lived by the inability to retract what was said in the heat of the moment. What is posted online is instantaneous and often permanent. As a health care professional, our private lives are no longer private. Our audience is vast and there is no way of knowing who has access to our information and what it can be used for.

While there are many conveniences of social media, there are also precautions to consider when using social media as a health care professional.

Who Is Your Audience?

Your interactions on social media must be tasteful and reflect the high standards of the profession and the College. Think about the comments you are posting and ask yourself, “Would I feel comfortable if my clients and/or employer viewed this posting?” If the answer is no, then it would be wise not to post it. If what you post on a public forum is not delivered in a professional manner, then how will you be perceived by the public?

How Does Information Travel?

It would be wise to use the maximum privacy settings available on social media sites to ensure what you share on a private forum does not become public. That being said, you cannot always control what your friends or friends of friends are sharing about you. Because of this, nothing is really private and what you share

on social media networks is often permanent in nature. You may want to Google your name from time to time and see what is posted about yourself. Many employers will search your name prior to hiring you. Prospective clients may Google you before deciding to use your services. Be aware of what your social media footprint looks like.

What Perception Are You Creating?

Something as innocent as “liking” something or someone on Facebook or Twitter could be considered an endorsement of sorts. For example, if you “like” a comment made by Donald Trump (a political figure) on Twitter, one could assume that you support all of his values, beliefs and opinions. Will your audience assume that you share any or all comments made by Donald Trump? Will they assume that you are endorsing his philosophies and points of view? If this individual’s beliefs and values are negative in nature, this could reflect poorly on you.

Is This a Conflict of Interest?

Case Scenario: As an educator, Grace, a student in one of your classes, has asked you to add her to your LinkedIn Network. You graciously agree as you feel you can advise her professionally. Grace has received a perfect score on your recent histology exam. One of the other students catches wind of this and questions if she was at an advantage seeing that you and Grace have been communicating on LinkedIn. Could this be considered a *conflict of interest*?

According to the CDHO’s conflict of interest regulation:

A member is in a conflict of interest if the member’s professional or ethical duty to a client, including a duty to exercise professional judgment in the client’s interest

- (a) conflicts, appears to conflict or potentially conflicts with the member’s personal or financial interest; or
- (b) is influenced or appears to be influenced by the furthering of another person’s personal or financial interest. O. Reg. 31/13, s. 1.

How does this relationship affect your professional judgment? Do your students perceive that Grace is receiving preferential treatment? Do your colleagues perceive that you are furthering Grace’s personal interest? Your ethical decision making can come into question.

...continued on page 14



Has the Client's Privacy and/or Confidentiality Been Breached?

You own an independent dental hygiene practice in a small town and you are stumped over a rare clinical finding found intra-orally on one of your clients. So you take to social media and begin blogging on an independent dental hygiene online community. You are careful not to mention the client's name. The client has given you consent to take intra oral photos of his lesions and you decide since you had his consent to take the pictures, you can post these photos to your online community to obtain feedback from your colleagues. A member of the online community identifies the client as her cousin as he lives in your same home town, has the same ring visible on his finger used to retract his cheek in the photo and has mentioned these lesions to her. She is appalled that his private information has been posted on this website and contacts him to inquire if he had given consent to have his information shared in this manner. Has this client's privacy been breached? Did the dental hygienist obtain the appropriate consent to post the client's photos. Obtaining consent to take intra oral photos does not imply expressed consent to share them on a private website even if the client's identity is concealed. As a health care professional, you must ensure that you do not reveal any identifying details in your correspondence with others whom are not involved in the client's circle of care.

Have Any Professional Boundaries Been Crossed?

The dental hygienist is responsible for maintaining professional boundaries and determining the goals in a professional relationship. For example, adding a client as a 'friend' on Facebook can blur the boundaries of the client-dental hygienist relationship. Even if the client initiates a friendship by sending a friend request via Facebook or any other social media medium, it is the responsibility of the dental hygienist as a professional to maintain proper boundaries. Dental hygienists are strongly urged to err on the side of caution when adding or accepting patients as 'friends' on Facebook. Will the client expect special treatment? Will they expect a discount on dental hygiene services? The

dental hygienist being in a position of authority is responsible for using his/her professional judgment to determine when a relationship with a client becomes unacceptable.

When Is a Dental Hygienist Not a Dental Hygienist?

There are certain expectations and privileges that come with the title RDH. As a registrant, you have a responsibility to uphold the standards of practice and professionalism of a dental hygienist. Comments you make about your work or your clients may reflect badly on you and the profession. Your actions even while off duty may damage your reputation and harm the profession. For example, you go out after work with some colleagues and decide to take a cab home because you drank too much. When the cab driver drops you off, you stumble to the front steps of your apartment building and lose your temper on a homeless man asking for change. The stress of your day in combination with your alcohol consumption causes you to scream profanities at the homeless man and threaten to hurt him if he doesn't leave you alone. Your colleague video tapes this interaction and posts it on Facebook and tags you on it. This video goes viral and is out there for everyone and anyone to see. *Would this behaviour be considered disgraceful, dishonourable or unprofessional? Is this conduct unbecoming of a dental hygienist?*

Self-control and self-management are an important part of a dental hygienist's role. Dental hygienists have an ethical obligation to do no harm and are expected to demonstrate empathy and to respond to situations in a calm manner. Overreacting reflects poorly on the profession. Clients want to know that the oral health care they are receiving from dental hygienists is from a qualified registrant who will provide competent and safe care. How you represent yourself on social media and in public even while off duty can affect how you are perceived by others. A professional is never off duty in the eyes of the public.

The dental hygienist is accountable to the College and to the public. Carefully consider the benefits and risks of social media use and reflect on how your actions can affect yourself and others. While social media can create positive opportunities for the dental hygienist, it is important for registrants to use their professional judgment, take appropriate precautions and use social networking sites responsibly. **CDHO**

-
- 1 http://www.ufcw.ca/index.php?option=com_content&view=article&id=31389:by-the-numbers-social-media-in-canada&catid=9820&Itemid=6&lang=en
 - 2 <http://canadiansinternet.com/2016-canadian-social-media-use-online-brand-interaction-statistics/>

Business Arrangements

There was a time when the vast majority of registrants practised dental hygiene as employees of dentists. Now, dental hygienists practise through a number of different business arrangements. The College does not regulate the business arrangements of dental hygienists. However, there may be situations, depending on the nature of the business or a dental hygienist's involvement in a business, which would be concerning to the College. For example, the College could take issue with a dental hygienist performing illegal activities through a business. The purpose of this article is to discuss some areas that dental hygienists should consider when entering into an employment arrangement or establishing a business.

Dental hygienists who, by definition, practise the profession of “dental hygiene”, are not required to practise through a “health profession corporation” although they are free to do so. Dental hygienists can also be employed by incorporated entities that are not professional corporations. Registrants should know that the professional corporation rules and the College's rules and regulations do not prevent dental hygienists from owning shares in a regular business corporation where some shareholders are not members of the College. Any corporation can administer a practice, however, these corporations cannot perform the controlled acts that dental hygienists are authorized to perform. This means that certain conditions must be met in order to avoid this situation. Only a health profession corporation or an individual dental hygienist can practise or bill for dental hygiene services. If dental hygienists are employed by a regular business corporation, they must bill the client or insurance company directly for their services. Further, the client invoices should indicate that the dental hygienist, not the regular business corporation, is billing the clients (or their insurance company). (The Summer 2011 edition of *Milestones* contains helpful information on billing).

It is important that dental hygienists understand that no matter what their business or employment arrangement is, there are certain professional obligations with which all dental hygienists must comply. These obligations cannot be avoided just because the dental hygienist is not “in charge” of the practice. This means that dental hygienists must not enter into a business or employment arrangement that would place any barriers to a dental hygienist meeting his or her legal and professional obligations. It would be impossible in this article to set out all the potential barriers that could be put in place but some common ones include:

- requiring a dental hygienist to see a certain number of clients in a day,
- restricting how much time a dental hygienist is permitted to spend with any one client,



...continued on page 16

- preventing access to the necessary tools, equipment or products needed in order to provide adequate and safe client care, and
- impeding the ability of a dental hygienist to keep client records in accordance with the regulations.

Additionally, the General Regulation under the *Dental Hygiene Act*, sets out dental hygienists' obligations with respect to conflict of interest. When considering a business model, dental hygienists need to ensure that they will not be placed in a conflict of interest. There are several areas in which a business relationship could create conditions that would place a dental hygienist in a conflict of interest. One area in particular is subsection 14.2(g) of the General Regulation which states:

...a member is in a conflict of interest when the member, directly or indirectly,

- (g) engages, with respect to the practice of the profession, in any form of revenue, fee or income sharing with any person except,
 - (i) with another member,
 - (ii) with a member of another College to which the Health Professions Procedural Code applies, or
 - (iii) in accordance with a written agreement that states that the member retains responsibility for and control over all aspects of his or her professional practice, including, but not limited to, record keeping and billing;

As can be seen from the above, if the business arrangement includes shareholders, owners or other entities who are not dental hygienists, registrants should ensure that an adequate written agreement is in place to address potential and actual conflicts of interest and to ensure that they retain control over all aspects of their professional practice.

An additional consideration is the rules and regulations around advertising for dental hygienists. Often, employers or business corporations create marketing campaigns on behalf of a practice. As a result, dental hygienists who do not own or control the practice will have little or no control over the advertising. Nonetheless, registrants are expected to ensure that advertisements respecting their dental hygiene services comply with the

College's regulations. We recommend that registrants review Part II of the General Regulation, and the College's Advertising Guidelines that were published in January 2014, to ensure that all advertising is in compliance. Registrants can forward a copy of any advertisement to the College's practice advisors for review. The College does not "approve" advertisements, but the practice advisors can inform a dental hygienist of any potential areas of concern.

It is important that dental hygienists understand that when they are employed by regular business corporations, the dental hygienist is the health information custodian for the purposes of the *Personal Health Information Protection Act* (PHIPA). There are several legal obligations that go along with being a health information custodian. The College has produced a number of guidance documents on this topic that can be accessed on the website. It is strongly recommended that a dental hygienist who practises in affiliation with a non-custodian, have a written agreement with that non-custodian stating that the dental hygienist is the health information custodian and must control the maintenance, custody and access to the dental hygiene client records.

Although we have highlighted certain legal requirements in this article, there are several others that could be relevant to any business relationship. Before establishing a business model or entering into an employment arrangement, registrants may want to retain a lawyer who possesses specialized knowledge in regulated health professions. The bottom line is that dental hygienists must maintain control over their professional practice and cannot be prevented from meeting their obligations as a result of any given business model. **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

Giulia Galloro, RDH, BSc(DH)

ext. 226 • advice@cdho.org

2017 Insurance Audit

by Terri-Lynn Macartney

On February 24th of this year, five percent of active registrants were selected to participate in an insurance audit. The purpose of the annual insurance audit is to protect the public of Ontario by ensuring that our registrants meet the conditions of registration by having liability insurance that complies with the College's Bylaws. In order to comply with the audit, selected registrants were asked to submit a copy of their insurance policy.

The majority of registrants submitted a copy of their policy within the first few days of the audit. By the final deadline of April 3rd, we had ninety-nine percent of all submissions and we were able to determine that most registrants currently have suitable insurance that meets the College's Bylaws.

Although most registrants met the requirements for insurance, we did see a few issues raised during the audit, including inadequate insurance coverage, lapsed insurance coverage, and a failure to respond.

Inadequate Coverage

Three registrants had insurance that did not meet all of the requirements set out in the Bylaws. If you are not sure whether your current policy meets the requirements, please refer to Article 7.3 of CDHO Bylaw No. 5 or contact your insurance provider directly.

Lapsed Coverage

Eleven registrants submitted an insurance policy that began on a date sometime after January 1, 2017, meaning that they were not covered by their insurance for some period of time this year. Unless you renewed as inactive, you must have valid insurance in order to hold a general or specialty certificate of registration, even if you are not currently practising. For this reason, you should always purchase your insurance for the following year prior to completing your annual renewal online.

Failure to Respond

Six registrants did not submit a copy of their policy by the deadline. It is considered professional misconduct to fail to respond to a request from the College and so these registrants were referred to the Inquiries, Complaints and Reports Committee for investigation. Moreover, without a response, we had to conclude that any registrant who had failed to respond by the deadline did not have insurance, therefore, the certificate of registration of one registrant was suspended for failure to meet a condition of registration.

CDHO will continue with the insurance audit on an annual basis. In order to ensure that you receive notice when you are selected to submit your insurance, you should review your contact information in the Self-Service Portal and add the email address insurance@cdho.org to the list of safe senders in your email account. Not receiving notice is not a valid reason for not participating in the audit, since it is always the registrant's responsibility to ensure that they are receiving and promptly reviewing any communications from the College.

Please note, because selection for the audit is done entirely at random, **you could be selected to participate in the insurance audit several years in a row**. The good news is that it is very easy to comply – when you are selected, simply email a copy of your policy to insurance@cdho.org! **CDHO**

Canadian Performance Exam in Dental Hygiene

by Roula Anastasopoulos RDH, BEd



The registration regulations in Ontario require graduates of non-accredited dental hygiene programs and internationally educated dental hygienists to successfully complete a Clinical Competency Evaluation administered by the College of Dental Hygienists of Ontario. Recently, the CDHO Clinical Competency Exam underwent an extensive evaluation and critical review resulting in the development of a new performance-based national clinical examination. The Canadian Performance Exam in Dental Hygiene (CPEDH) was developed while ensuring adherence to best practices and has received endorsement from the Federation of Dental Hygiene Regulators of Canada (FDHRC). In keeping with their commitment to administering a valid, reliable, fair and legally defensible examination to assess entry-to-practice competency, the College of Dental Hygienists of Ontario voted to adopt the CPEDH on June 16, 2017.

The CPEDH will improve the assessment and recognition process by ensuring that those applicants who are required to complete a clinical exam in order to become registered, will receive the same style of exam and be tested on the same nationally accepted competencies, regardless of the jurisdiction in which they take the exam. Development of improved processes and common tools to assess internationally trained applicants and those from non-accredited programs will support and enhance collaboration of dental hygiene regulators across Canada and improve fairness, transparency and consistency for all exam candidates. The implementation of the standardized national clinical examination also supports the intent of the interprovincial trade agreements.

The College of Dental Hygienists of Ontario has a legislated, ethical, professional and social responsibility to ensure those entering the profession are competent and able to provide safe clinical care, whether educated within or outside of Canada. They also have a responsibility to ensure the assessment process used to make these decisions is comprehensive, fair and accurate. With the guidance of qualified psychometricians, the new examination has gone through rigorous testing to ensure that validity, reliability and fairness standards have been met.

Validity is defined as the degree to which a test measures what it is supposed to measure. A test cannot be valid if it does not produce scores that are consistent and relatively free from error.

Reliability is the extent to which an assessment tool produces results that are considered stable, consistent, dependable, and free from error.

Fairness is defined as a lack of bias, equitable treatment in the testing process, equality in outcomes of testing or opportunity to learn. A fair and standardized testing process gives each candidate an equal opportunity to demonstrate competence by providing them with clearly defined criteria against which their performance will be judged.

Performance-based assessments are designed to evaluate clinical competence of candidates and are quickly becoming the evaluation method of choice.

Benefits

- Assesses the candidates' ability to integrate knowledge with clinical skills.
- Assesses the candidates' ability to communicate and respond to various client behaviours.
- Highly ensures objectivity and validity.
- Ensures that the evaluation incorporates national competencies and practice standards.
- Can evaluate a wide range of knowledge and skills at one time.
- Can evaluate the candidates' professional behaviour and interaction with clients.

The new exam is a two-part performance-based assessment, which will assess the competency of an entry-to-practice dental hygienist's knowledge and/or skills in both a simulated-based setting and in an authentic clinical context delivered over two days. The examination will evaluate a broad range of clinical skills and issues such as a candidate's ability to 1) obtain and interpret data; 2) critically apply problem solving skills; 3) communicate and manage a variety of client behaviour(s).

Parts 1 and 2 are constructed from ten competency-focused clinical scenarios and/or stations. For each station, candidates will encounter a realistic dental hygiene situation in which they are required to perform one or several tasks. The ten stations feature different client types that present the most important and/or frequent client care situations as judged by a panel of Canadian dental hygiene experts.

1

Part 1 is delivered on day 1 and consists of seven simulation-based stations that mimic clinical situations using standardized client and/or manikins. Minimal clinical interventions are performed on the standardized clients, or on manikins or other simulated dental equipment. Each station will involve a new client interaction and/or problem requiring the candidate to demonstrate a new set of competencies. Each station includes a standardized client or a manikin, and a standardized set of equipment or materials as warranted by the case. Successful completion of Part 1 requires a minimum level of performance.

2

Part 2 is delivered on day 2 and consists of three stations, each of which requires the candidate to perform some dental hygiene intervention on a live client with a specific and known therapeutic requirement. In order to protect the safety of the clients, Part 1 always precedes Part 2, and each candidate must demonstrate a minimum level of competence in Part 1 to be permitted to participate in Part 2. The client clinical stations are similar to the simulation-based stations except they take place with actual clients and include specific intra-oral assessment and clinical therapy. Overall competence and successful completion of this performance-based assessment requires a sufficient level of performance on both parts combined.

1

Part 1 uses seven simulation-based stations with standardized clients.



1-01



1-02



1-03



1-04



1-05



1-06



1-07

2

Part 2 uses three clinical stations with actual clients.



2-01



2-02



2-03

With Council's recent approval, the CDHO has adopted the Canadian Performance Exam in Dental Hygiene (CPEDH) and will begin the implementation of this new exam on November 4th and 5th. Moving forward, entry-to-practice competency of candidates who are graduates of non-accredited dental hygiene programs and internationally educated dental hygienists will now be assessed using the CPEDH. **CDHO**



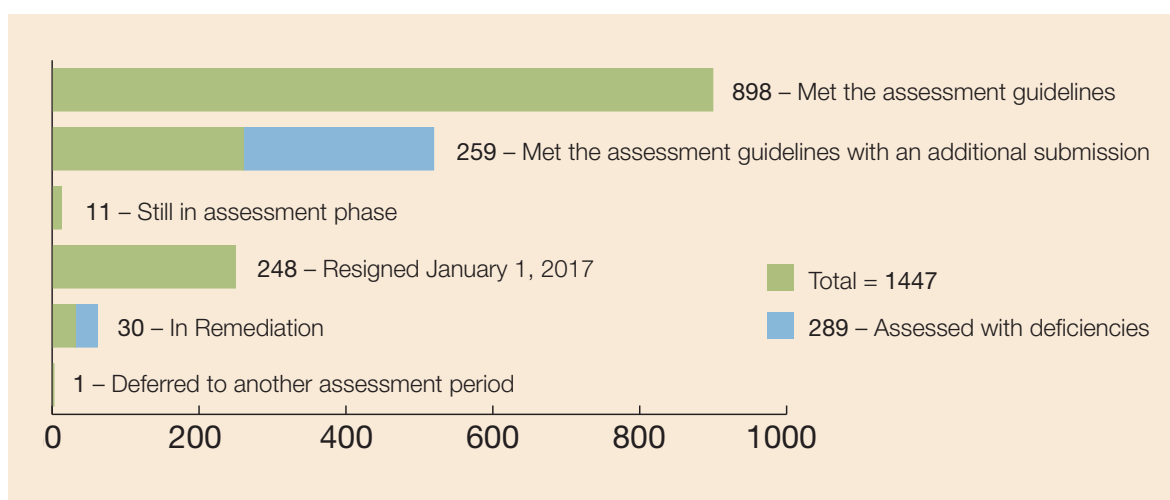
Quality Assurance Matters

by Robert Farinaccia RDH, BSc

Update on 2017 Quality Assurance (QA) Assessments

In January of 2016, notice was sent to 1447 registered dental hygienists in the province (whose registration number ended in a “4” or “9”) requesting submission of their QA records for assessment due January 31, 2017.

Of the 1447 records requested (as of June 27, 2017):



Of the QA records that did not meet the guidelines on the first assessment, there were a number of common deficiencies that should be easily corrected in future submissions. The most common deficiencies included:

- Not providing enough information in the Report on Learning

To demonstrate that learning has occurred, that changes were made to practice and the resulting benefits clients received, each goal requires a Report on Learning (point form is acceptable) that addresses the following:

- ✓ What did you learn while completing the goal?
- ✓ Did you make changes to your practice because of your learning? Please explain.
- ✓ How did/will your learning make things better for your clients and/or practice? Please explain.

In many cases the Report on Learning was too vague and did not communicate what was learned. The article in this issue of *Milestones* titled *Learning Goals: How to Write Them, Achieve Them and Report on Them*, will provide some guidance on this.

- Missing information

Self-learning requires a bibliography of learning materials. For courses and presentations, the title of the course/presentation, name of presenter(s), their credentials and sponsor (if applicable) must be included. Keep proof, such as certificates of attendance, biographies of presenters and receipts, for all CQI activities. For readings, the title of the journal, the title of the article, author and page numbers are required. All this information is important as assessors need to be able to verify the activity listed.

Many registrants will claim time for activities beyond the time that the activity has posted. For example, a webinar may list two hours as the time to complete it on its website. Often a registrant may claim additional time beyond the two hours (because he/she did additional readings associated with the webinar but failed to record these readings or failed to provide appropriate bibliographies for the readings completed as part of the webinar). When an assessor attempts to verify the activity by looking it up online, the details show that the webinar was only two hours in length and there is no indication as to where the additional two hours came from. In a situation like this, the hours cannot be credited until an explanation is provided as to where the additional time came from. To avoid this, any time spent completing additional activities beyond the set amount the activity has listed, must have the details provided (i.e., appropriate bibliography) to justify why the extra time is being claimed.

- Missing, expired or unacceptable forms of CPR certification

Maintaining current certification in CPR is a Standard of Practice for all practising registrants. Dental hygienists involved in

clinical practice **must** hold current training in cardiopulmonary resuscitation (CPR) at the basic support level, including one-rescuer and two-rescuer CPR for adults, children, and infants; the relief of foreign body airway obstructions; the use of an automatic external defibrillator (AED); and the use of ambubags. Typically, Level “C” or Health Care Provider “HCP” CPR certification or recertification by the Heart and Stroke Foundation of Canada, the Canadian Red Cross or an entity with equivalent requirements are acceptable. Level “A” or Level “B” CPR does not meet the College’s above specifications.

All CPR certification or recertification courses must include a hands-on component. Online CPR courses are not acceptable.

Registrants who are not familiar with the College’s Continuing Competency Guidelines will find the document titled *Requirements of the Quality Assurance Program and Guidelines for Continuing Competency*, to be very helpful in guiding Continuing Quality Improvement activities, recording learning outcomes and completing their quality assurance records. **CDHO**

Fran Richardson Leadership Development Award

Applications are now open for the *Fran Richardson Leadership Development Award*. The award was established in 2012 to honour past Registrar Fran Richardson, and her many years of service and dedication to the College. The Award seeks to promote the outstanding achievements of those innovative and dedicated dental hygienists, who display strong leadership values, a continued commitment to the public interest, and the ability to engage people and effect positive sustainable change. Recipients of this award are driven, ambitious and passionate about the dental hygiene profession, and seek through education, community involvement and other activities to enhance their leadership skills and the quality of dental hygiene care provided to Ontarians.

- The *Fran Richardson Leadership Development Award* comes with a financial grant of \$5,000
- Applications will be accepted until 1:00 p.m. EST Monday, September 25, 2017
- **Guidelines, Applications and Nomination Forms** can be found on the CDHO webpage under the tab ‘My CDHO/Continuing Education/Fran Richardson Leadership Development Award’

Applications must be submitted in accordance with the guidelines and criteria prescribed by the College. Original nomination forms and all supporting documentation must be completed in full, by the application due date.

For more information regarding the Award, eligibility criteria, and/or submission procedures, please contact the **Office of the Registrar** at 416-961-6234, ext. 223 or via email at registrar@cdho.org. **CDHO**



Learning Goals: How to Write Them, Achieve Them and Report on Them

by Robert Farinaccia BSc, RDH

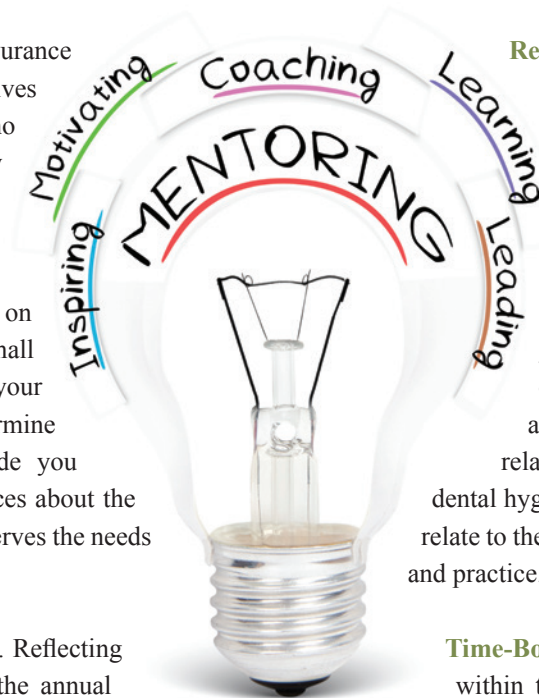
The staff in the Quality Assurance Program sometimes receives requests from registrants who choose to complete their quality assurance requirements through Path 1 and are looking for assistance in writing and choosing goals, finding suitable activities and in reporting on their goals. Dividing the task in small steps will help you to look at your practice environment in order to determine your learning needs and to provide you with some direction in making choices about the professional development that best serves the needs of your clients.

First, determine your learning needs. Reflecting upon your practice by completing the annual Self-Assessment will help you to identify areas of your practice that would benefit from additional learning. Based on your responses to the Self-Assessment, suggested learning goals will be generated for your consideration. You are welcome to use these goals, edit them to meet your specific needs, or delete them all together. If you are thinking about editing them or writing your own goals, consider following the **SMART** model. Your goals should be: **S**pecific, **M**easurable, **A**chievable, **R**elevant and **T**ime-Bound.

Specific – Specific means detailed and focused. Your goal should be written in simple terms and clearly define what you are going to do. Everyone reading it should know exactly what is to be achieved and accomplished. The goal should answer the question: What do you hope to achieve/learn?

Measurable – How will you measure whether or not the goal has been reached? Goals should be measured by outcomes, not activities.

Achievable – Do you have, or can you access the necessary resources to accomplish the goal?



Relevant – Is the goal pertinent to your area of practice? Is it related to an area of practice that interests you? To ensure that the goal you choose is appropriate to help you meet your quality assurance requirements, you should always consult with the document titled *Requirements of the Quality Assurance Program and Guidelines for Continuing Competency*, before you commit to it. Goals for dental hygienists who are not in clinical practice should be directly related to their specific practice and/or to general dental hygiene knowledge. Goals for educators should relate to their area of teaching and/or educational theory and practice.

Time-Bound – Each goal should be set and completed within the calendar year. A large goal that would span more than one year to complete should be divided into yearly achievable milestones. While researching for one of your goals, you may find that there are specific areas within that goal that you wish to further investigate. You can always make a similar but **more refined** goal for the following year if desired.

Below are two examples of poorly written goals that assessors come across in quality assurance records, and are not specific enough or do not answer what learning is planned or what is to be achieved.

- ✗ **To attend a dental hygiene conference.**
- ✗ **Keeping up to date by reading *Milestones* magazines.**

While attending courses/lectures at a dental hygiene conference and reading *Milestones* are definitely valuable and appropriate activities, using these activities as the basis for a goal statement is not appropriate because they are not outcomes that can be measured. Instead, to make certain that your goals are acceptable, ensure they are specific and use terms like *learn about*, *review*, *research* or *investigate*, etc., to start off your goal.

Below are some examples of well-written goals that describe what you plan to learn and follow the **SMART** model.

- ✓ **Reviewing my knowledge of the contents of the medical emergency kit and how/when to use them to ensure I am prepared to respond in an emergency situation.**
- ✓ **Investigate current, scientifically accepted infection control guidelines and make modifications to ensure I am meeting the guidelines.**
- ✓ **Learn about the requirements of the CDHO's Quality Assurance Program and how to maintain and improve my competency.**
- ✓ **Research and develop an understanding of intra- and inter-professional collaboration as they relate to client care, dental hygiene practice and health promotion.**

All of the examples above demonstrate goals that are specific and address what it is you are trying to accomplish.

After you have determined your goal, the next step is to gather your resources and determine which activities will help you to achieve your goal. There are many factors that must be considered when choosing activities. While some dental hygienists prefer group-learning activities such as seminars and conferences, others have personal commitments that make attending these activities difficult and would prefer to learn on their own. Another factor to consider is the cost involved in completing the activities. The QA Program allows you the flexibility to choose activities that work best for your own unique situation. Learning can take many forms and there is no minimum or maximum number of activities that need to be completed in order to meet your goals. Some goals will require accessing multiple sources and completing several activities while others may require only one source. Again, the document titled *Requirements of the Quality Assurance Program and Guidelines for Continuing Competency*, on the College's website can help guide you in

choosing your activities. As always, the quality assurance staff is available to assist you if you are unsure whether a resource is acceptable. Keep in mind that there is no minimum or maximum number of goals that need to be set for a single year.

After you have taken activities to meet your goal and feel that you can effectively address the intended purpose of the goal, you need to complete your Report on Learning. You will need to determine if you have met your goal and what (if any) changes should be made to your dental hygiene practice. Ask yourself "Has learning taken place?", "Was this learning sufficiently high quality?", "Did this learning activity improve my knowledge and skills?" It is acceptable to complete this in point form.

How Much Information Is Required?

Assessors are particularly interested in hearing specifics about what you have learned and the changes that you have made to your practice, that were based on your learning and that have improved the treatment you provide to your clients. Often, what is reported in the Report on Learning is too vague and it is difficult to assess what and if any learning occurred and how it was applied. Providing specific details about what you learned, changes to practice and benefits to clients, allows for a more wholesome Report on Learning and decreases the chances of your Learning Portfolio requiring more information before it can be properly assessed. Your Report on Learning should be reflective of the time you spent completing your goal. A Report on Learning that contains two points of information for a goal that took 40 hours to complete would not be acceptable. On the other hand it is not expected that you write 40 points of information for a goal that took 40 hours. Assessors are more interested in specific details and quality of the information in the Report on Learning as opposed to the quantity of information.

Column 1 (Poorly Written Statements) of the tables below, show examples of common statements that assessors see in the Reports on Learning that are too vague, while column 2 of the tables below (Better Written Statements) show examples of the statement re-written so that it is acceptable.

Poorly Written Learning Statement	Better Learning Statement
Learned about proper hand hygiene.	Alcohol-based hand rubs are as effective or more effective than hand washing alone when hands are not visibly soiled.
Learned about biological monitoring.	According to PIDAC, daily spore testing is required.
Learned about obtaining consent.	Consent to treatment must be given voluntarily and it must be informed and recorded.

Poorly Written Changes to Practice Statement	Better Changes to Practice Statement
We have implemented important infection control changes.	We now spore test daily as opposed to weekly. We now use barrier tape for areas that are difficult to wipe down.
We now meet recommendations in terms of Health and Safety.	We have created a binder with MSDS sheets and have a trained individual to perform monthly inspections as we were previously negligent with this.
We have changed the way we record things in our progress notes to save time.	We now use standardized abbreviations in our progress notes to save time and have a legend available in the office.

Poorly Written Benefits to Clients Statement	Better Benefits to Clients Statement
My clients will benefit because I am now more knowledgeable on infection control.	Our infection control practices now follow or exceed PIDAC guidelines and our clients are protected from cross-contamination due to our diligence in adhering to our written office infection control policy.
Clients of the practice are now able to make informed decisions.	By providing the client with the risks and benefits of treatment and the opportunity to ask questions, the client is able to give truly informed consent.
My learning has made me a better hygienist.	My learning has made me a better hygienist because....

As you can see from the examples above, the acceptable statements in column 2 provide an assessor with a good indication of what was learned, benefits to clients and changes to practice. While the statements are not lengthy, they provide specific quality information to demonstrate what you got out of the goal. Below you will find a sample goal that has been written up. Please use this sample as a guide as to what is expected when completing your Report on Learning.

Sample Goal Write Up:

I plan to improve my practice by: Reviewing my knowledge of the contents of the medical emergency kit and how/when to use them to ensure I am prepared to respond in an emergency situation.

Activity #1

Type of Learning Activity: Self-Study

Activity Details: Textbook – Medical Emergencies in the Dental Office (Seventh Edition) by Dr. Stanley F. Malamed. Chapter 2 – Prevention (pages 15–61).

Date: April 2, 2017

Hours: 2.25

Activity #3

Type of Learning Activity: Continuing Education

Activity Details: Workshop – Medical Emergencies in the Dental Office and How to Deal With Them by Dr. Kay Nine, DDS. Toronto, Ontario.

Date: May 13, 2017

Hours: 5

Activity #2

Type of Learning Activity: Self-Study

Activity Details: Textbook – Medical Emergencies in the Dental Office (Seventh Edition) by Dr. Stanley F. Malamed. Chapter 3 – Preparation (pages 63–104).

Date: April 9, 2017

Hours: 3

Activity #4

Type of Learning Activity: Professional Journals/Articles

Activity Details: *Milestones* – July 2008. Administering Drugs During a Medical Emergency (page 20).

Date: May 14, 2017

Hours: 0.25

Activity #5

Type of Learning Activity: Continuing Education

Activity Details: Online Course—Management of Pediatric Medical Emergencies in the Dental Office by Dr. Steven Schwartz, DDS. (www.dentalcare.com/en-us/professional-education/ce-courses/ce391)

Date: June 2, 2017

Hours: 2

Activity #6

Type of Learning Activity: Interaction with Peers

Activity Details: Spent 2 hours with Jane Doe, (Toronto Paramedic) where I was trained on how and when to administer all the essential items in the medical emergency kit.

Date: June 18, 2017

Hours: 2

Total Hours Completed: 14.5

What have I learned while completing this goal?
Point form is acceptable. (Required)

- As per the RHPA, in a medical emergency I can perform any controlled act (including administering a substance by injection or inhalation).
- The basic required items in a medical emergency kit are: Epinephrine (epi-pen), Diphenhydramine (injectable), Salbutamol (inhaler), Nitro-Glycerine (sublingual tablets or sublingual spray), ASA Tablets (chewable), Fruit Juice or Glucose, and a Portable Oxygen Unit.
- Adult and child dosages of Epinephrine required.
- Oxygen is indicated for most medical emergencies. A flow rate of 10 L or more per minute is recommended.
- The following medications place people at an elevated risk for a medical emergency: anti-anginals, anti-hypertensives, diabetic medications, corticosteroids, Coumadin and oxygen.
- Syncope is the most common medical emergency.
- ASA is contraindicated for stroke.

Did you make changes to your practice because of your learning? How did/will your learning make things better for your clients and/or practice?
Please explain. Point form is acceptable. (Required)

- I am now familiar with how and when to administer each of the items in the medical emergency kit.
- We now take a baseline blood pressure on all clients so that in the event of an emergency we have values to compare – this helps us in determining appropriate response.
- We have created emergency baggies with medications and instructions so we can respond quickly.
- Even though we monitor expiry dates of the medications in our kit, the company that supplies our medications also keeps track as a backup.
- I have taken the above steps to ensure that any client who experiences a medical emergency while in my care will be attended to immediately and appropriately. **CDHO**

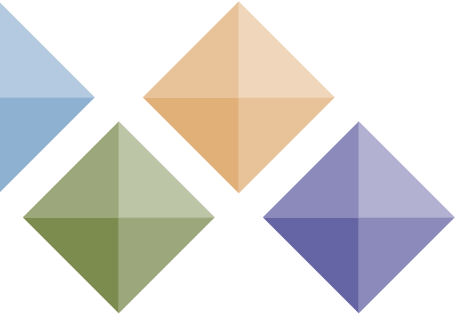


Notice of Upcoming Elections

There will be elections held in November 2017 for terms beginning in January 2018 for the following:

- ✓ **District 2 Central Western (North)**
The counties of Wellington, Simcoe, Dufferin and the regional municipalities of Halton and Peel.
- ✓ **District 3 Central Western (South)**
The county of Brant and the regional municipalities of Haldimand-Norfolk, Hamilton-Wentworth, Niagara and Waterloo.
- ✓ **Academic**

The College encourages the registrants of these districts and Faculty members to get involved in the upcoming elections. By participating, either as a candidate or through voting, you are demonstrating your commitment to self-regulation and the protection of the public. More information on College elections at www.cdho.org



Reporting Fraudulent Billing

by Andrea Lowes BA (Hons) LLB

Each year, the College receives a number of complaints and inquiries from registrants, clients and insurance providers about alleged fraudulent billing.

In some of the cases, a registrant is asked by a client or employer to engage in, or assist with fraudulent billing by including false information on the patient record or on the receipt issued after treatment.

Inaccurate Billing Codes

An employer or other clinic staff might ask a registrant to submit a bill with billing codes which do not reflect the treatment provided by the registrant. In many of these instances, it is understood that the client does not have insurance to cover the treatment provided, but has insurance that will cover other treatment. As such, in order to guarantee payment, the employer or clinic will submit a bill to the insurance provider for the treatment with billing codes for which there is insurance coverage. While a dental hygienist is not responsible for interpreting or recording Ontario Dental Association codes, if a dental hygienist knows or ought to know that a client is being charged for treatment that was not rendered, he or she, can be held partly responsible.

Inaccurate Patient Information

Clients and/or clinic staff have asked registrants to accept insurance cards or forms in the name of a client's family member in order to allow the client to access insurance coverage for the treatment provided. This is fraud.

Blank Insurance Claim Forms

It is an inappropriate policy or practice at a clinic to request that clients sign multiple insurance forms in advance, in order to facilitate ease of future billing or claims. These pre-signed forms may then be used to submit claims for treatment performed in the future for the patient, but might be used to submit claims in the client's name for treatment provided to a different client. This is fraudulent.

What You Need to Do to Protect Yourself

In order to prevent fraud, you should ensure that you maintain a financial record for each client, which includes the treatment or procedure, the fee charged or received and where available, the record of any receipt issued¹.

In order to protect yourself from being involved in, or accused of fraud, ensure that the receipt that is issued includes the following accurate information:

- your name as it appears on the register;
- your designation (RDH);
- your registration number;
- date of treatment;
- the telephone number address of the clinic and your address if the addresses are different;
- invoice number;
- exact details of treatment; and
- type of payment.

It would also be prudent to regularly audit your client files to ensure the treatment you provided is accurately being billed.

If you sign or issue a receipt that you know or ought to know is not accurate – is false or misleading, it may be considered professional misconduct under the *Dental Hygiene Act*².

Reporting Obligations of Registrants

As regulated health professionals, registrants have an ethical obligation to report fraud where they suspect or know that it is occurring. If you witness or have information regarding fraud or other potential crime, you can:

- report that information to the local police or provincial Crime Stoppers organization;
- make an anonymous call to the Insurance Bureau of Canada at 1-877-422-8477;
- submit an anonymous online tip form at the Insurance Bureau of Canada website at www.ibc.ca;
- contact the tip line at the insurance company or companies affected; and/or
- if the person who is committing fraud is a regulated health professional, the report should be made to the appropriate regulatory body.

Contact the CDHO

If you have concerns about fraudulent billing and would like additional information, please do not hesitate to contact a practice advisor at the CDHO. **CDHO**

¹ S. 12(1) and s.12(2) of the *Dental Hygiene Act, 1991*

² S.30 signing or issuing, in the member's professional capacity, a document that the member knows or ought to know contains a false or misleading statement and s.31 submitting an account or charge for services that the member knows or ought to know is false or misleading.

Changing Your Registration Status

by Terri-Lynn Macartney

Are you currently inactive or considering renewing as inactive in the future? Here's what you need to know about returning to practise and changing your registration status back from inactive.

An inactive certificate of registration is intended for registrants who are not practising dental hygiene in this province, either because they are on leave from the profession or they are temporarily practising outside of Ontario. Taking out an inactive certificate of registration differs from resigning from the College because, as inactive, you would not be required to fully reapply for registration before returning to practise. However, there is an application process for changing your status back to general (or specialty), which takes time, requires validation of certain details, and comes with a fee.

The application process is started in your Self-Service Portal, where you can click on the "Change Status" link available in your menu under the Registration heading. The online process will ask you questions such as whether you have been practising dental hygiene outside of Ontario or if you have not practised dental hygiene at all in the last three years. You will also be required to enter your insurance policy information and respond to some declaration question about your conduct.

After entering your information online, you will need to print the application form before signing it and returning it to our office, along with the required supporting documentation. Supporting documentation may include some or all of the following, depending on your circumstances:

- A copy of your insurance policy – required for all applications;
- A Certificate of Professional Conduct from any jurisdiction in which you have either been practising dental hygiene

outside of Ontario, or practising in any other regulated profession;

- Proof of completion of a CDHO-approved refresher course, if you have not practised dental hygiene in a recognized jurisdiction within the previous three years;
- Other documentation as requested during the application process.

Once the application and all required supporting documentation is received at the College, it takes 10 business days to process the application, which is calculated from the first business day after your application is received and not including weekends or holidays. If any documentation is missing or incomplete, the timeline will be delayed.

If the application is approved, you will receive an email asking you to pay the fee in your Self-Service Portal. The fee is the difference between the inactive fee you already paid for the year and the full cost of the general or specialty certificate that you are requesting. Your change of status is considered complete only after the payment has been processed and you have received a confirmation email.

If you are inactive and you are planning to return to practise, you should plan ahead to ensure that you meet the requirements for changing your status and allow enough time to complete and process the application. Please keep in mind that CDHO does not have a "rush" policy or process for any applications.

As a reminder, only registrants holding a general or specialty certificate of registration are permitted to practise dental hygiene in Ontario. **CDHO**



DID YOU KNOW?

Supervision is not a requirement for dental hygienists under the legislation. However, to perform any orthodontic procedure requires obtaining a client-specific order that describes the procedure to be delivered.



Amendments to CDHO Bylaw No. 5

by Terri-Lynn Macartney and Eva Rosenstock

CDHO Bylaw No. 5 was amended by Council on March 24, 2017. Amendments include: changes to the information you are required to provide to the College; clarification of the requirement to notify the College of any changes to your information; new self-reporting requirements with respect to charges, conditions, and findings; and changes to the information the College may publish on the Public Register.

Providing Information to the College

Article 14.2 of the Bylaw outlines the information you are required to provide to the College. The main change to note here is that Subsection (b) now requires you to provide us with an email address and that the email address should be one to which only you have access.

This means that a work email address would not be suitable for the purpose of corresponding with the College, since employers are able to access your work email. You can still have a work email address on file listed alongside your practice address so that it can be displayed on the Public Register and clients can use it to contact you. However, you would need to also provide the College with a “home” email address and this is the one we would use for any relevant correspondence.

This change to the email address requirement also means that you should not use an email address that you share with a family member. If you do not currently have your own email address, your internet provider may offer an email service as part of your package, or you could sign up for a free email service available on the Internet, such as Gmail, iCloud Mail, or Outlook Mail.

The requirement to provide a personal email address does not mean that you cannot still set your preference to have mail sent to your home. CDHO will always endeavour to send correspondence to you by your preferred method, whether it is mail or email. However, there are times where this preference cannot be accommodated – for example, the monthly E-Brief can only be sent by email and some items such as the QA Audit results can only be sent by mail. For this reason, CDHO expects that you will monitor both the email address and the mailing address that you provide to the College.

To update your email address or correspondence preferences, you can sign into your Self-Service account and click the *Address Information* link available in your menu.

Notification of Changes of Information

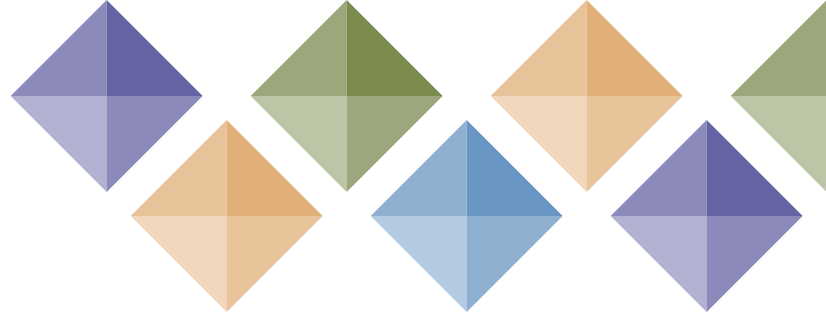
Article 14.3 requires that registrants update the College of any updates to their information within 14 days of the effective date of the change. This includes reporting changes to your name and contact information, reporting updates to your insurance information and information related to registrations you may have with other regulatory bodies, as well as reporting any charges, conditions, or findings to the College.

Name and Contact Information

Subsections (a) through (c) require that you notify the College of any changes to your name, your home address, telephone number, and email address, as well as your employment/practice address and telephone number. If you have more than one practice address, you should enter all of the addresses, with the place you work most often being the primary address. If available, the practise fax number and email address should be added as well. You can make the required changes to your contact information in your Self-Service account.

Insurance Coverage and Other Registrations

If you hold a general or specialty certificate of registration, you are required to have valid insurance that meets the Bylaws. Your insurance information is asked for on your application to the College as well as on your renewal each year. However, you are also required to inform the College if your insurance information changes at any other time. For example, if you lost your coverage, if you canceled your policy, or if your insurance company changed your insurance coverage in such a way that it would no longer meet the requirements set out in the Bylaws. You can notify the College of changes to your insurance information throughout the year by sending an email to registration@cdho.org.



You are also required to notify the College if you have any other licences or registrations with any other regulators, in any profession, either within Canada or elsewhere in the world. Note that this only applies to regulated professions and would not include membership in an association like CDHA or ODHA. In addition to the registration information, you are required to report to the College any details about any proceedings related to misconduct, incompetence, or incapacity with another regulator, whether the proceedings are completed or ongoing. Throughout the year, if you have information or changes to report related to your registration with another regulator, you can email this information to registration@cdho.org.

Reporting Charges, Conditions, and Findings

You should already be aware that you are required to report any charges, conditions, or findings during the annual renewal process, as these questions are asked on the renewal Declaration. Effective March 24, 2017, you are now required to report this information throughout the year, within 14 days of the charge, condition, or finding being made.

Charges can mean any offence made under any Act, including something as minor as a traffic ticket. You are required to notify the College of any charge, even if the charge is later withdrawn, stayed, or dismissed, or if you intend to fight the charge or plead not guilty in court.

Conditions include terms, orders, directions, or agreements between yourself and a court. Conditions may be related to your custody or release, such as a Probation Order or Bail Conditions, or it could be a voluntary order you entered into, such as a Peace Bond.

Findings are a decision made by a court in respect of a federal, provincial, or other offence. You must notify the College of any findings, even if you were found not guilty or you received a conditional or absolute discharge.

If you have any charges, conditions, or findings to report to the College, please send an email to registration@cdho.org for more information.

Information on the Public Register

Article 15.6 defines what information is published by the College on the public register. Changes have been made to what is reported on the Complaints and Investigations tab. If a registrant has details published on this tab, a notation will be made in red on his or her General Information page so that the public knows to refer to these additional tabs for more information.

The Public Register contains information about all registrants of the College. It can be accessed on the CDHO website by clicking on *Find a Registered Dental Hygienist*.

Complaints and Investigations History

Currently, the following outcomes of formal investigations¹ reviewed by the Inquiries, Complaints and Reports Committee (ICRC) are posted to the public register:

- Requirement to attend before the ICRC in person for a caution (caution-in-person) and a summary of the caution as well as the date it is delivered;
- Requirement to complete a specified continuing education and remediation program (SCERP) and summary of the SCERP directed as well as the date it is completed;
- The obtaining of an acknowledgment and undertaking from the registrant during a formal investigation and the terms of the undertaking as well as the date of successful completion of the terms.

The above outcomes will now appear on the public register indefinitely. **CDHO**

¹ Formal investigations are those for which a complaint is investigated or the Registrar has appointed an investigator under section 75(1)(a) or (b) of Schedule 2 of the *Regulated Health Professions Act, 1991*.



Reports – What Must Be Reported About Me?

by Eva Rosenstock

Schedule 2 of the *Regulated Health Professions Act, 1991* (the *Code*)

All registered dental hygienists and other regulated health care professionals in Ontario are subject to what are called **Mandatory Reporting Requirements**. A Mandatory Report is a notification that must be sent to the CDHO about a registered dental hygienist.

The actions triggering the filing of a report and the requirements of the filing are found at sections 85.1 to 85.5 of the *Code* and include the reporting of sexual abuse¹, professional misconduct², incompetence (i.e., not having the required knowledge, skills and judgment) or incapacity³.

Sexual Abuse

Any registrant of the CDHO or another health care college who has reasonable grounds to suspect sexual abuse by a registered dental hygienist **must** report it to the CDHO. The identity of the client, however, should not be disclosed unless you have the written consent of the client to do so.

Employer/Dissolution of Partnership or Association

Your employer must report (1) sexual abuse and (2) termination, suspension or restriction on practice for professional misconduct, incompetency or incapacity. An employer also must report an employee who resigns or voluntarily restricts their practice for any of the reasons listed above.

A mandatory report is also required if your partnership, professional corporation or association dissolves due to professional misconduct, incompetency or incapacity. For example, a report would be required if you choose to stop practising with a fellow dental hygienist because you have reasonable grounds to believe he or she is incompetent, has committed an act of professional misconduct or is incapacitated.

Examples of When a Mandatory Report Under the *Code* Might Be Made

Scenario: I was recently dismissed from work because I was not a “good fit” with the other employees.

If the matter strictly relates to personality issues, it probably does not have to be reported to the CDHO since it does not speak to your conduct, competency or capacity. However, “not a good fit” is a general term and it may have to be reported depending on the specific circumstances.

Scenario: I recently treated someone that I am in a relationship with. The dentist and other hygienists in the office advised me that this was not allowed and I stopped treating him.

This would have to be reported as it could meet the definition of sexual abuse and all health care professionals (not just employers) must report sexual abuse by a registrant of their College or any College.

Scenario: I had three glasses of wine at lunch and when I returned to the office alcohol was smelled on my breath. I was questioned and admitted that I was having trouble at home and

-
- 1 Sexual abuse is defined at section 1(3) of the *Code* and means: “(a) sexual intercourse or other forms of physical sexual relations between the member [registrant] and the patient [client], (b) touching, of a sexual nature, of the patient [client] by the member [registrant], or (c) behaviour or remarks of a sexual nature by the member [registrant] towards the patient [client]...”.
 - 2 See section 51(1) of the *Code* and Part V, Professional Misconduct, of General Regulation 218/94 to the *Dental Hygiene Act, 1991*. At proclamation of the latest amendments to the RHPA, 1991 professional misconduct will also include practising without professional liability insurance.
 - 3 Incapacitated is defined at section 1(1) of the *Code* and means “...that the member [registrant] is suffering from a physical or mental condition or disorder that makes it desirable in the interest of the public that the member’s [registrant’s] certificate of registration be subject to terms, conditions or limitations, or that the member [registrant] no longer be permitted to practise;”.

realized I may have a drinking problem. I was asked to take a leave of absence until I could provide a letter from my doctor saying I did not have a substance abuse problem.

This would have to be reported because it speaks to the capacity of the practitioner.



Scenario: I have been told many times that my scaling is incomplete and that I often leave subgingival calculus behind. I have attended several courses, but the dentist for whom I work is still not happy with my skills and fired me.

This would have to be reported to the College as it speaks to the competency of the practitioner.

Scenario: I was recently hired to work 20 hours per week in a busy practice due to the client load. The other hygienists on staff already work 40 hours per week and could not increase their hours. Of late, however, the number of clients has declined and I am no longer required and I was let go.

If you were let go only because there were no clients for you to treat, this would not have to be reported.

Scenario: The medication I take for a health disorder causes me to shake. I have asked for new medication that should not cause shaking, but it will take a number of weeks to work. I have therefore taken a month's leave of absence from work. My boss and colleagues have been really supportive and encouraging and I know once I find the right medication, there will be no problem when I return to practice.

This would have to be reported to the CDHO even though you have recognized your incapacity and you have voluntarily suspended your practice due to your incapacity.

Reports from Public Health Units

Other reports may also be made about dental hygienists by other agencies. For example, if the clinic where you work is reported

to Public Health for a possible infection control breach, the respective public health department may contact the CDHO to report the infraction. This may lead to an investigation of the dental hygienists who practise at the clinic. Remember, you can never ignore your professional obligations even if your employer says it is okay.

What Happens When a Report Is Made?

A Mandatory Report or report from another agency is treated like all other matters that come to the attention of the College. Preliminary inquiries may be made and follow-up in the form of a formal investigation may be required. As with all investigations, the registrant is given the opportunity to answer to all allegations.

Will the Report Appear on the Public Register?

The filing of a report is not posted to the public register. The following outcomes directed as a result of a formal investigation into your competency or conduct will be posted to the public register:

1. Requirement to attend before the ICRC in person for a caution (caution-in-person) and a summary of the caution as well as the date it is delivered;
2. Requirement to complete a specified continuing education and remediation program (SCERP) and summary of the SCERP directed as well as the date it is completed;
3. The obtaining of an acknowledgment and undertaking from the registrant during a formal investigation and the terms of the undertaking as well as the date of successful completion of the terms.
4. Referrals of specified allegations to the Discipline Committee and any findings made by the Discipline Committee.

If there is a suspension from practice during an investigation, the fact of the suspension would also be recorded.

If the matter is referred to the Fitness to Practise Committee and there is a finding of incapacity, then the fact that the registrant has been found to be incapacitated would be posted to the public register, but the details of the incapacity would not be posted.

Conclusion

If you have any questions about your obligation to make a mandatory report, please seek practice advice. If you are the subject of a mandatory report you will be contacted by the Complaints and Investigation team. **CDHO**

Recent Discipline Decisions



The College recently held one discipline hearing.

Ms. Georgie Vincent

Ms. Georgie Vincent, who had been a registrant of the College of Dental Hygienists of Ontario (the College) since October 2012, was required to submit her Quality Assurance records to the Quality Assurance Committee, but failed to do so. Ms. Vincent was referred to the Inquiries, Complaints and Reports Committee (ICRC) which referred her to the Discipline Committee.

On April 6, 2017, the Discipline Committee found that Ms. Vincent had engaged in professional misconduct by (1) failing to co-operate with the Quality Assurance Committee, (2) failing to reply appropriately and responsively within the time specified by the request, (3) failing to comply with a direction of a College committee, and (4) engaging in conduct that would reasonably be regarded by members of the profession as disgraceful, dishonourable or unprofessional. The Discipline panel directed that Ms. Vincent appear before the panel immediately following the hearing to be reprimanded, with the fact of the reprimand and a summary of the reprimand on the public register of the College.

The Discipline panel also directed that (1) Ms. Vincent's certificate of registration be suspended for a period of six (6) weeks commencing on the date that Ms. Vincent's certificate of registration with the College is reinstated following the payment of any outstanding fees; and (2) that terms, conditions or limitations be imposed on Ms. Vincent's certificate of registration. The terms, conditions or limitations include that Ms. Vincent must notify the Registrar in writing at least 30 days before she intends to return to practise as a dental hygienist in Ontario (which may be temporary, occasional, part-time or full-time) following the suspension, and at her own expense, prior to her return to practise as a dental hygienist, successfully complete the College's online Jurisprudence Education Module and a Quality Assurance Records Course pre-approved by the Registrar.

Ms. Vincent was ordered to pay \$2,100 in costs to the College. For more information, please read the full decision of the Discipline Committee regarding Ms. Vincent.



DID YOU KNOW?

To see information about decisions made by the Discipline Committee, visit the College's website under the tab **For the Public/Publications/ Discipline Decisions**.

Updates to the Public Register

New Registrants

March 1 to July 11, 2017

Abellar, Melanie	018814	Dore, Valerie	018796	Khan, Khoullah	018736
Ahmadzai, Asarul	018827	Douglas, Genevieve	018797	Khokhar, Arooj	018834
Ahmed, Fatema	018726	Dudley, Emma	018693	Kil Davani, Nahal	018692
Alexopoulos, Deora	018848	Duran Feszak, Nancy	018782	Kim, Hi Ji	018690
Ali, Anum	018806	Dyson, Carlie	018803	Ko, Eun Jung	018748
Amir, Tanawish	018823	Fadrigo, Joricor	018688	Koornneef, Danielle	018733
Anderson, Darlene	018769	Fashina, Saidat	018767	Kosir, Gillian	018773
Angilletta, Simona	018683	Fiorini, Katrina	018731	Lamontagne, Alex	018833
Arcas, Chelzy	018840	Fitzgerald, Natalie	018674	Lee, Sarah	018809
Ashenden, Kristen	018656	Fletcher, Kayla	018662	Lee, Tina	018702
Atilano Ayala, Alina	018658	Forget, Amanda	018852	Lee, Victoria	018836
Baldwin, Nicola	018694	Galinski, Monika	018710	Leon Hernandez, Enoc	018825
Ballantyne, Heather	018663	Garcia, Shelby	018813	Lepore, Francesca	018832
Bassam, Sally	018788	Garofalo, Bianca	018830	Lesnykh, Dmitry	018815
Beausoleil, Hillary	018691	Ghai, Sheeba	018705	Li, Meng Wei	018712
Begin, Keanna	018849	Gill, Laura	018763	Lichty, Janneith	018732
Bell, Madison	018650	Gilpin, Faith	018684	Liu, Yan Ling	018698
Berba, Maria Angela Nichole	018724	Glorioso, Cindy	018751	Lowe, Angela	018678
Best, Janine	018842	Goleski, Megan	018787	Luo, Jing Wen	018660
Bingham, Taylor	018716	Gong, Xiangyang	018780	Mac, Linda	018776
Biswas, Linda	018786	Gong, Xiu Hong	018699	Mananquil, Maurice Florencio	018730
Bouck, Stevie	018766	Gonzalez, Adriana	018672	Marcellin, Channelle	018727
Bowes, Amber	018747	Goodwin, Lisa	018675	Marin, Julia	018778
Broome, Ashley	018790	Gould, Alexandra	018721	Martin, Laura	018711
Brough, Rachel	018669	Gravel, Sabrina	018686	Masci-Love, Mikayla	018798
Brouwer, Lydia	018649	Grech, Joelle	018789	Matheson, Cassie	018792
Brovar, Galyna-Evelina	018706	Green, John	018783	Maya Benavides, Johana	018851
Cabral, Michelle	018831	Gyamfi, Ladie	018847	Mayled, Casey	018772
Caruso, Matthew	018826	Hariharan, Shivapriya	018761	McCarron, Melissa	018841
Castro Salazar, Javier	018756	Harloff, Emilee	018804	McClocklin, Malissa	018743
Cervantes, Angie	018695	Harmazy Gomez, Caroline	018755	McDiarmid, Julia-Shea	018839
Chan, Krystal	018829	Harris, Katelyn	018728	McIntyre, Kelsey	018720
Chelchowski, Andrea	018821	Hartin, Emily	018665	Mendoza, Madonna Gift	018771
Chestnut, Nicole	018837	Heerema, Allison	018845	Milligan, Brittany	018661
Cheung, Lisa	018846	Hernen, Laura	018722	Milligan, Morgan	018737
China, Zainab	018811	Huang, Hong	018696	Mishak, Emily	018838
Chong, Stephanie	018735	Hughson, Taylor	018793	Moodie, Amy	018676
Cleto, Arlene	018791	Hung, Diana	018666	Morrison, Emmily	018715
Coish, Sara	018828	Hunter, Brooke	018717	Mowe, Rylee	018824
Conway, Abigail	018779	Hussaini, Azmeena	018781	Munsayac, Joanne	018745
Cote, Valerie	018740	Iezzi, Ashley	018652	Murcia Gasca, Laura	018768
Cramp, Carolyn	018749	Ismailzada, Nabila	018853	Murphy, Chrissy	018680
Crough, Kaila	018850	Janes, Victoria	018729	Myers, Lucas	018753
Del Rosario, Maria Diva	018765	Jaswal, Manisha	018835	Naibi, Khatera	018770
den Bok, Nadine	018703	Jermey, Theresa	018843	Nasim, Fozia	018777
Deol, Gagan	018762	Jiang, Wen Bin	018681	Neves, Rebecca	018810
Deol, Tina	018701	John, Sharon	018667	Nguyen, Vivian	018687
Doan, Britney	018820	Jones, Jessica	018819	Nietvelt, Shayna	018713
		Kaglik, Ailsa	018655	Nikolova, Maya	018679
		Kavouras, La-Arni	018757	Nuttall, Allie	018759
		Kekhman, Dana	018659	Oliveira, Jennifer	018774

Omer, Maryam	018657	Authorized for Self-Initiation	Lee-Jurewicz, Stephanie	018469	
Orechovska, Stefania	018697		Lemery, Ashley Julie	016558	
Ozturk, Evren	018754	March 1 to July 11, 2017	Lexovsky, Anne Maria	003316	
Paisley, Ginny	018817	Aboulouz, Hani Abdo Rabu	013098	Li, Hua	017394
Payne, Bree	018738	Anil, Saikrishna	018029	Longmire, Carla	008329
Perfetto, Justine	018795	Aparicio-Moreno, Bessy	005289	Mac, Linda	018776
Perl, Rebecca	018718	Armstrong, Krystle	010535	MacDonald, Sheila Anne	010829
Potter, Scotia	018816	Bakhshandeh, Mahsa	014025	Mancini, Kristen Nicole	016675
Power, Jessica	018775	Barssom, Mona Barssom Ta	017370	McFee, Shannon Crystal	007577
Pozzebon, Jenna	018822	Belcastro, Monica Elizabeth	016046	McGregor, Brookelyne Carol Leah	017539
Quintero Mendez, Jenny	018734	Bennett, Sharianne Michelle	011218	Moreno Rodriguez, Hiliana	016510
Randhawa, Indu	018677	Berger, Leah Christine	016639	Morriseau-Shields, Desiree Angeline	015329
Raso, Dominique	018685	Borges, Stephanie	012951	Mujkic, Medina	015756
Read, Abby	018648	Boucher, Darlene	006460	Mukaj, Odeta	016928
Reid, Alexandra	018741	Bowers, Laura Mary	015509	Neroda, Dunya	018106
Robertson, Katie	018760	Boyd, Jessica Eleanor	016475	Nguyen, Khuyen Thi Ngoc	017222
Rosso, Courtney	018794	Broome, Ashley	018790	Noguchi, Momoko	012373
Rutledge, Kimberley	018682	Brown, Marlene	001595	Park, Jiwon	015491
Rybicki, Jacob	018673	Campbell, Christine Anne	005934	Parrack, Jessica Lynn	015250
Scherbinsky, Victoria	018719	Chambers, Trudy-Ann Candace	016699	Pasarikovski, Susan	005875
Schwartz, Sara	018844	Charbonneau, Stéphanie	015325	Perron, Chantal Micheline	017059
Sekhon, Navdeep Kaur	018750	Cheung, Miranda Siu Lui	015204	Pischedda, Samantha Gray	014262
Selle, Jocelyn	018808	Choo, Lin-Chiet	011645	Pukeviciute, Dovile	016901
Selod, Hamza	018700	Ciamarra, Catherine Lisa	016516	Ramesha, Harishni	018233
Shin, Hoerang	018709	Czerniawski, Julie Anne	016871	Ranitsky, Julia	013099
Smith, Leah	018807	Davis, Cheryl Ann	007127	Rayo, Maria Natalia	014531
Somlo, Stephanie	018799	Davis, Randall Eileen	017114	Rebelo, Ashley	016728
Stalteri, Teresa	018801	de la Cruz, Christina	015363	Rotband, Leonardo	016886
Steinert, Joanne	018764	Diodati-Kuzak, Ashleigh Ryan	016238	Saidani, Marzouk	018216
Stevenson, Siobhan	018744	Dombrowschi, Chantal	018302	Saliba, Tania	013803
Strang, Jenna	018708	Dubuc, Lainie D	007242	Saludares, Mariecel Lazaro	012986
Stratieva, Ianitza	018723	Eshghi-Sanati, Kathy	015126	Salvador, Elisa	010197
Stroh, Nicole	018654	Everitt, Jessica Marie	017031	Seon, Kate Elizabeth	013085
Sultana, Josie	018739	Ferraro, Angie	003101	Shuker, Courtney Marie	017579
Tams, Mona	018802	Forte, Emily Brooke	011251	Smith, Karen Joan	004792
Tarbutt, Payton	018746	Fortier, Tammy Sandy	017676	Spagnuolo, Tina	009079
Tedford, Courtney	018714	Franco, Charlyn	017268	Stroh, Nicole	018654
Telefoglou, Leandra	018812	Fusarelli, Melissa Susan	012149	Szolopiak, Jacqueline	003321
Thumbasamy, Devi	018725	Garland, Adrienne Elissa	010672	Thi, Diana Lethien Trang	017487
Tien, Sandra	018668	George, Natalie	017620	Thomsen, Heather Jean	014586
Tippett, Joscelin	018664	Gratton, Valerie	017661	Tran, Duy Phuong Thi	015861
Tomasov, Nicole	018800	Gretzky, Nicole Elena	013016	Verhoeven, Alexsandra Sandra	008869
Townsend, Julie	018704	Harlock, Jessica Joanne Darlow	014946	Walker, Theresa Belle	002467
Trimble, Crystal	018707	Hassanali, Fazila	017477	Wentzel, Andrea Barbara	004267
Tucci, Bianca	018784	Hrkach, Kayla	016408	Wiebe, Tierney	015966
Vincze, Carlie	018805	Jackson, Kathleen W	004071	Woo, Chuljin	015936
Volpe, Candace	018752	Jahn, Nicole	017109	Woodiwiss, Katharine Leigh	017130
Whitney, Erin	018689	Jantzi, Christina Marie	014787	Zilney, Kaitlyn Shirley	017076
Whyte, Brittany	018785	Javier, Rowena Tsang	008133		
Williams, Calley	018651	Julian, Erica Lynn	017108	Reinstated	
Wilsdon, Elizabeth	018653	Karn, Shelley May	003861	March 1 to July 11, 2017	
Wilton, Amy	018742	Kasraian, Jaleh	017971		
Yoo, Jiwon	018670	Kassam, Shazmin Imtiaz	010724	Atkinson, Katrin	009394
Yost, Rachel	018758	Kirby, Andrea Paula	010540	Costa, Larissa	015440
Zhang, Fiona	018671	Kreimer, Marina	014981	De La Hamaide, Danielle	018455
		Lam, Annie Yuen Chee	016285	Domingo, Leane Marie	018117
		Laughland, Pascale C	008055	Dorani, Naziera	018019
		Le, Phu Thanh	006514	Patterson, Suzanne	006816
		Lee, Farrah Yuen Yuen	016840	Ritacco, Sammantha	016128

Sitnikova, Margarita
Somal, Harneet
Zweerman, Yvonne

014697
015034
007910

Ryan-Dejak, Brenda
Sinani, Idlir
Szesztopalow, Andrea Leanne
Traiforos Caswell, Faye
Zannella Latino, Elena

001173
013941
016278
005749
012980

Revoked With Cause

Effective June 21, 2017

Kapralos, Melissa Nicole 012288

Resignations

March 1 to July 11, 2017

Bhullar, Happy
Black, Sheneil Kirsty
Boudreau, Hilary
Chong, Evelyn
Fox, Jessica
Girard, Marie Christine
Green, Melissa-Lynn Elizabeth
Guo, Xiaoling
Hanselman, Jenna Jane
Hodge, Melissa
Holbrook, Jennifer Lynn
Joseph, Jenna Elaine
Mahmood, Sadia
Meer, Nazim
Novitsky, Kerri
Ouellette, Carolyn Lee
Perivolaris, Vicki
Pérusse, Annie
Pilla, Lauren Joanne
Rudolph, Laura Lynn
Rushton, Kelsey

017248
016972
018400
014360
016776
018308
012049
016772
017060
017022
007387
009820
016649
018129
006093
005076
016632
008013
008808
002817
009861

Suspended/Revoked

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.

Suspended for Failure to Meet a Condition of Registration (Professional Liability Insurance)

May 8 to May 14, 2017

Leane Marie, Domingo 018117

Deceased

As of March 23, 2017

Borthwick, Karyn Leigh 002999
Voges, Conny 005013
Volodarsky, Eduard 011909



DID YOU KNOW?

You are required to update your information with the CDHO within 14 days of any changes to email addresses, business and residence addresses and telephone numbers.

To do so, go to cdho.org and log in to your Self-Service Portal.

The CDHO Knowledge Network

Find the clinical information you need at:

www.cdho.org



Eight new Factsheets have been added to the CDHO Knowledge Network

- Angina
- Bullous Pemphigoid
- Cytomegalovirus Disease
- Lichen Planus
- Mucous Membrane Pemphigoid
- Overactive Bladder
- Pemphigus
- Scleroderma

It's Always a Good Time to Brush Up on **Infection Control** Practices!

Complete the Checklist!



Do you have infection prevention and control policies and procedures in place that comply with best practices including the Provincial Infectious Diseases Advisory Committee (PIDAC) ?



Do you keep a log book that documents daily operation of sterilizers including recording and initialing results for physical, chemical and biological parameters for each cycle?



Are you following the manufacturer's instructions for sterilizing instruments?



Are you conducting daily biological spore testing each day the sterilizer is being used?



Do you have records of routine maintenance and reprocessing equipment located on site?

The CDHO would like to encourage all dental hygienists who are involved in processing and reprocessing of dental instruments and/or infection control practices to visit the Public Health Ontario website for many useful resources on infection control and prevention.

<https://www.publichealthontario.ca/en/BrowseByTopic/IPAC/Pages/IPACLapses.aspx>

Take the free learning modules related to infection control and prevention from Public Health Ontario that can be used towards your quality assurance requirements.

<http://www.publichealthontario.ca/en/LearningAndDevelopment/OnlineLearning/InfectiousDiseases/Pages/default.aspx>