Authorized Prescribers List

What Happens When You Report Charges , to the College?

Setting the Record Straight on Infection Prevention and Control — The Facts About Steam Chemical Indicators



College of **Dental Hygienists** of Ontario

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

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

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

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Publications Mail Agreement No. 40026784. Return undeliverable Canadian addresses to: College of Dental Hygienists of Ontario, 69 Bloor Street East, Suite 300, Toronto, ON M4W 1A9





President's Message

Heather Blondin RDH, BSc

The following is an excerpt from the President's opening remarks at the fourth CDHO Council meeting of 2017.

n Ontario, the *Regulated Health Professions Act, 1991* (RHPA) requires all health regulatory colleges to develop and to maintain a quality assurance program to ensure the provision of optimal quality care to the public and to promote continuing quality improvement among its members. The role of the CDHO is to assure the public that dental hygiene care is safe, ethical, effective and of high quality.

Dental hygienists are competent professionals whose goals include maintaining and improving their level of competence based on accepted standards of practice. Through ongoing self-evaluation, dental hygienists monitor their own compliance with standards and determine goals for maintaining their competence.

...we too as the Governing Council must embark on selfevaluation. This will be a crucial element to the ongoing improvement of our capacity to govern.

The CDHO governing Council has a responsibility to govern well, and as dental hygienists have a responsibility for self-monitoring, we too as the Governing Council must embark on self-evaluation. This will be a crucial element to the ongoing improvement of our capacity to govern.

In September, Council conducted a review of its Ends policies; Ends statements in policy governance describe the intended results of an organizational effort. Ends have three elements: (1) a benefit, (2) who experiences that benefit (the beneficiaries), and (3) the worth or relative priority of that benefit. The real power of Ends lies in their function as a delegation tool from Council to our Registrar. We use Ends to describe the results that must be accomplished (for whom, at what worth), and monitor accomplishment of a reasonable interpretation of those Ends through our Registrar's monitoring reports. The strategic plan to achieve those Ends lies with our Registrar and the staff of the College.

... continued on page 5



I believe that expanding the scope of practice for dental hygienists to include prescribing, dispensing and selling designated drugs, as limited as they are, is a positive step for oral health care in Ontario.



Registrar's Message

Lisa Taylor RDH, BA, MEd, MCOD

n September 29, 2017 the regulation to permit dental hygienists to prescribe, dispense and sell fluoride and chlorhexidine was passed by government. This means that dental hygiene clients who would benefit from these drug therapies as part of a home regime will not have to see a dentist for a prescription. This saves time and cost for the client and considers clients who may not have access to or wish to visit a dentist.

I do not have to convince my readers who are dental hygienists that this increased scope benefits the public of Ontario. You know the benefits these drugs have on the oral health of your clients and you know challenges you have had getting prescriptions for your clients. This is especially true if you provide services outside a dentist-owned practice.

...the majority of oral health services are not publicly funded and do not significantly factor into the budgets. — Review of Oral Health Services in Ontario, 2014

Convincing government that this and other expansion of scope is in the public interest is not as easy. Especially when there are self-interest groups set to argue against scope increase; and especially when the public who are said to benefit, are silent on the issue and oral health services are predominantly privately funded. In other words, there is no presumption that regulators know what is in the best interest of the public unless there is hard evidence to show that it addresses a publically identified need or that an alternative delivery of services can save government spending. Please note that a publically identified need is different than a professionally identified need.

...the last few years have seen a strengthening of Ontario's resolve to undertake health system reform to ensure population needs are met within a sustainable health system. Oral health services have not figured prominently in this agenda or the health policy discussions it has created; this is expected, because the majority of oral health services are not publicly funded and do not significantly factor into the budgets. — Review of Oral Health Services in Ontario, 2014

I know that many of you reading this may be thinking that prescribing was a long time coming and are sensitive to the lesser scope of practice dental hygienists have in Ontario. Dental hygienists who have practised in other provinces, and this is becoming an increasingly mobile profession, have injected local anesthetic, delivered nitrous oxide, initiated radiographs and prescribed a more robust list of drugs safely in those provinces. However, once registered in Ontario, are restricted to the Ontario scope of practice. The scope of practice disparities between the provinces was noted in the Review of Oral Health Services in Ontario commissioned by the College in 2014 and is a much discussed topic at the Federation of Dental Hygiene Regulators of Canada (FDHRC) meetings. With national trade agreements promoting the mobility of professions between provinces, it would seem to make sense that scopes be aligned for the professions especially when curriculums and entry-topractice examinations are based on national competencies. While promoting this may be better driven by the profession, I believe the profession has the support of dental hygiene regulators across Canada, who when approached by their respective provincial governments, will not place barriers on activities that do not put the public at risk. But this is for the future. Today, I will celebrate, happy that your clients who would benefit from a home regime of fluoride and/or chlorhexidine can receive that prescription or product from you. I believe that expanding the scope of practice for dental hygienists to include prescribing, dispensing and selling designated drugs, as limited as they are, is a positive step for oral health care in Ontario.

President's Message...continued

Also, as part of Council's commitment to self-monitoring, postmeeting evaluations are conducted to determine how well we have lived up to our 'governance style' commitments during our Council meetings.

As we continue to move forward with the implementation of policy governance, we will also continue to regularly monitor our compliance with all Council policies (our standards). It is important that all Council members participate in Council's selfmonitoring. It is not a task that should be delegated to one person or one committee.

September's Council meeting agenda included the first in a schedule for monitoring of Council's own performance. Prior to that meeting, Council members were asked questions based on written criteria from within policy; an evaluation that focuses on our own governance performance.

Another agenda item for that meeting of Council was the appointment of an Ownership Linkage committee. Council views our 'owners' as the people on whose behalf we determine what benefits the CDHO should produce, who those benefits are for and how much they are worth – as a Governing Council we view our 'owners' to be the public of Ontario. This committee will assist the Council in fulfilling its responsibilities regarding connection with the owners (the public of Ontario), which will be important to the determination of our Ends policies.

Over the past two years, the CDHO governing Council has been committed to the development of policy and the principles of policy governance. We believe we exist as Council to serve as the informed voice and agent of the public in Ontario, to be accountable to the public that the CDHO is successful as a regulatory college, to speak with one voice and to use Ends policies to describe what success looks like (what is the direction of the College in terms of benefits for our owners, the public of Ontario?).

As the Governing Council of the CDHO, we are entrusted with the stewardship of resources on behalf of someone else (the public of Ontario). We have a moral obligation to use those resources in the most effective way while demonstrating our accountability for the College as a whole.

Council self-monitoring is a way to assure ourselves as Council members and our ownership, the public of Ontario, that we take our accountability seriously. Similar to the work of dental hygienists as they describe the results they want for each year of their professional portfolios and monitor their individual progress towards meeting their goals.

Our legislative framework in the RHPA is meant to protect the public, so let us all remember that self-monitoring and continued quality improvement is a crucial step in serving the public interest. CDHO

CDHO | Council Highlights September 15, 2017

public meeting of Council was held on September 15, 2017 at the Intercontinental Hotel Yorkville. Heather Blondin, College President, chaired the meeting and a number of guests were in attendance. The following contains highlights from that meeting.

The Decisions and Reasons for the discipline hearing, *CDHO* v. *Melissa Kapralos*, held on June 20, 2017 has been published on the CDHO website. You can read the summary of the decision on page 36.

The **Inquiries, Complaints and Reports Committee (ICRC)** reported that since the June Council meeting, it has received 5 complaints and 8 Registrar Reports. In the period June to September, the ICRC was working to complete 48 cases. Of those, 26 remained in progress at the time of the Council meeting and 22 were closed.

The **Quality Assurance Committee (QA)** reported that of the 1453 registrants who were assessed as part of the 2017 Quality Assurance Program, 97% had successfully completed their assessment.

The **Registration Committee** reported the following statistics since the June report to Council: 291 applications were received; 263 new applicants were registered to practise; 1 registrant was suspended for failure to have adequate liability insurance; 15 registrants resigned and 67 registrants were authorized to self-initiate.

The Registrar announced the September launch of a **social media campaign** that included four (two English and two French) short videos that speak to what you can expect from your dental hygienist and how the College regulates the profession to protect the public.

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



Drugs in Dental Hygiene Practice

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

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

The Future Is Here!

- Designated Drugs Regulation
- Prescribing rights for dental hygienists
- Prepare for the qualifying exam NOW

Drugs in Dental Hygiene Practice: A Refresher Course

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

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www.cdho.org/my-cdho/continuing-education/drug-course

Setting the Record Straight on Infection Prevention and Control

The Facts About Steam Chemical Indicators by Giulia Galloro RDH, BSc(DH)

n order to protect the public, the College has a code of ethics, L regulations and standards of practice that ensures all dental hygiene clients receive the care they deserve. These standards of practice apply equally to all registrants, regardless of their practice setting. The CDHO expects all registrants to follow the most current standards and guidelines on infection prevention and control from the Public Health Agency of Canada, the Canadian Standards Association (CSA) and the Provincial Infectious Disease Advisory Committee (PIDAC). Every dental hygienist should have written policies in place that follow the most current evidence-based research on Infection Prevention and Control. Anyone involved in the infection prevention and control procedures, should be properly trained on how to use the reprocessing equipment in the office and be informed of the manufacturer's instructions on how to clean, disinfect and sterilize all equipment, instruments and medical devices used in their practice.

Every day, practice advisors at the College receive calls from dental hygienists and the public asking for clarification on what sterilization practices should be followed and how they should be monitored. This article will address one of the most common inquiries that the College receives pertaining to sterilization monitoring. All sterilization processes must be monitored using physical, biological and chemical parameters. One of the most common inquiries that the College receives pertaining to sterilization monitoring is on the use of **steam chemical indicators**. For sterilization monitoring, the CDHO always recommends that you follow the manufacturer's instructions for the type of sterilizer you are using.

The CDHO expects all registrants to follow the most current standards and guidelines on infection prevention and control from the Public Health Agency of Canada (PHAC), the Canadian Standards Association (CSA) and the Provincial Infectious Disease Advisory Committee (PIDAC).

What the Dental Hygienist Needs to Know About Chemical Indicators

A Chemical Indicator (also referred to as a CI) is a monitoring system that responds to a change in one or more predefined variables, based on a chemical or physical change resulting from exposure to a process. There is no hierarchal significance in the classes of indicators (see Table 1 on page 10). The choice of indicators should be based on the parameters being measured, as each class has its own unique characteristics and intended use. For example, Class IV is not superior to Class I; they simply measure different variables. Chemical indicators (internal and external) use sensitive chemicals to assess physical conditions such as time, temperature and presence of steam. Chemical indicators must be used on the inside and outside of **each** package to show that it has undergone a sterilization cycle. The colour change alone, indicating a passed test is not enough to prove that sterilization has been achieved. The person responsible for sterilization must check the physical, biological and chemical parameters to ensure the sterility of items has been achieved.

Chemical Indicators do not indicate that a device is sterile and should not replace the use of biological indicators.

External chemical indicators are intended to indicate that the unit has been directly exposed to steam for a minimum amount of time and is used to distinguish between processed and unprocessed items. Each plastic/ paper pouch or wrapped cassette must have an externally visible Class I indicator. Class I indicators respond to one or more critical process variables. One example of a Class I chemical indicator is indicator tape that is applied to the outside of a package and primarily used to secure wrapped cassettes of instruments. Once the plastic/paper pouch or wrapped cassette are removed from the sterilizer, the external chemical

indicator should have changed colour indicating the items were exposed to steam and processed.

Internal chemical indicators respond to a change in one or more pre-defined process variables with a chemical or physical change. An internal chemical indicator must be placed in each plastic/paper pouch or wrapped cassette undergoing sterilization. Placement of the chemical indicator strip should be in an area judged to be least accessible to steam penetration. Placing an internal chemical indicator in each load is not sufficient. Rather, at minimum an internal Class IV chemical indicator strip must be used, and placed inside each package.

Class IV chemical indicator strips are multi-variable indicators and react to two or more critical variables in the sterilization cycle as specified by the manufacturer. When using Class IV chemical indicator strips, it is recommended that instrument loads are not used until the results of the BI spore test are known and have passed for that day. This may require between 12 and 24 hours of quarantined instruments after processing the BI, depending on the spore test being used. Internal Class IV chemical indicators are to be checked at the point of use, prior to using the instruments. Results must be recorded in a sterilization log book.

In the event that external or internal chemical indicators indicate inadequate processing, items in the package must not be used until after investigation, the problem is corrected and the package is successfully reprocessed.

What if it Is Not Possible to Quarantine Your Instruments?

If it is not possible to quarantine instruments until the biological indicator result is known, then the use of an internal **Class V chemical integrator indicator** strip or Class VI emulating indicator must be placed inside every plastic/ paper pouch or wrapped cassette you wish to release. A Class V integrator strip reacts to time, temperature and steam and closely resembles the performance of the BI in saturated steam. Class VI emulating indicator strips react to time, temperature and steam for a specified cycle. A passed Class V or VI chemical indicator result and the physical parameters (time, temperature, pressure) being met, may be used to justify the immediate routine use of those instruments. Internal chemical indicators are to be checked at the point of use, prior to using the instruments. These results should be recorded in a sterilization log book.

Class I external chemical indicators and Class IV internal chemical indicators, are the mandatory requirements for sterilization. If instruments cannot be quarantined until the biological indicator results are available, then at minimum an internal Class V or VI chemical indicator strip **must** be used.

...cont'd on next page



Why Use a Daily Biological Spore Test in Addition to Chemical Indicators?

Chemical indicators do not indicate that a device is sterile and should not replace biological indicators. The biological spore test is still the gold standard and the most accepted means for monitoring sterilization. The biological indicator test consisting of bacterial spores demonstrates the actual killing of an organism against a control test containing viable bacteria. A sterilizer should be tested (challenged) using a biological indicator each day the sterilizer is used as well as tested for each type of cycle (i.e. wrapped and plastic) that is used that day. These results must be recorded in the log book. In the event of a failed biological spore test, you would need to recall the instruments that were used on each client and determine the cycle, load and sterilizer affected.

A written protocol must be established to recall all improperly reprocessed devices and instruments. All items being reprocessed should be recorded and tracked in the event of a failed biological spore test.

Class	Description	Common Uses
Class I: Process Indicators	Used to differentiate processed from non-processed items	Responds to one or more critical process variables Usually applied to the outside of packages E.g. Peel back pouches usually have a chemical indicator manufactured on the paper side of the package and chemical indicator tape is also available
Class II: Specific Test Indicator	Indicator is used in specific tests or procedures to evaluate sterilizer performance Its purpose is to evaluate proper air removal from the sterilizer	To be used with dynamic air removal (pre-vacuum) sterilizer and should be performed each day the sterilizer is used E.g. Bowie-Dick Test
Class III: Single Variable Indicator	Reacts to a single critical process variable (i.e. temperature or time)	Exposure control monitoring in a specific location Rarely used in dental settings
Class IV: Multi-Variable Indicator	Indicator reacts to two or more critical variable in the sterilization cycle The manufacturer specifies the conditions under which the parameters are met	May be used for process control E.g. Indicator strips are manufactured inside on the paper side of the peel back pouches
Class V: Integrating Indicator	Responds to all critical variables in the sterilization process (i.e. time, temperature, presence of steam)	Used as an internal CI process control Responds to all critical variables in the same way that a BI responds May be used as an additional monitoring tool to release loads that do not contain implants E.g. Indicator strips
Class VI: Emulating Indicator	Indicator reacts to all critical variables (time, temperature and presence of steam) for a specified sterilization cycle (i.e. 10 min, 18 min, 40 min)	Used as an internal CI process control A different Class VI emulating indicator is required for each sterilization cycle time and temperature used May be used as an additional monitoring tool to release loads that do not contain implants

Table 1: Classes of Chemical Indicators

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Provincial Infectious Diseases Advisory Committee. Best practices for cleaning, disinfection and sterilization of medical equipment/devices. 3rd ed. Toronto, ON: Queen's Printer for Ontario; May 2013.

The CDHO's Role in Infection Prevention and Control

The CDHO took part in a working group with Public Health Ontario and the RCDSO, and collaborated on new checklists for reprocessing of dental/medical equipment and devices and the core elements of infection prevention and control in dental/dental hygiene practice settings. These checklists may be used by registrants to ensure they are keeping the public safe and complying with public health standards. We will notify you as soon as they are released.

Also, CDHO is going back on the road to set the record straight on infection prevention and control. The College recognizes that dental hygienists in Ontario are often challenged by the diversity and number of rules and expectations that apply to the practice of dental hygiene. Infection control and prevention, including the reprocessing of instruments, is just another aspect of dental hygiene practice that is in place to keep your clients safe. Watch out for more details to come.

In the meantime, if you have any questions/concerns relating to infection prevention and control, call the CDHO and speak with a practice advisor at 416-961-6234 (outside Toronto: 1-800-268-2346) or email Advice@cdho.org.

Take the **Drugs in Dental Hygiene Practice Examination** for **Free until September 30, 2018**

- Complete the self-study course and guide
- Log in to the Self-Service Portal (registrant's login)
- Click on the link to the Drugs in Dental Hygiene Practice Examination (DDHPE)
- Ensure you have set aside 2 hours to complete the examination
 - Have your study guide and drug references with you

Success = authorization to prescribe/dispense/sell designated drugs = name included on prescribers list

What It Means to Be Authorized to Self-Initiate

Your Questions Answered



Since September 2007 dental hygienists have been granted authorization to self-initiate the controlled act of scaling and root planing. In Ontario, dental hygienists must get authorization to perform any controlled acts that they have within their scope of practice. Controlled acts are specified in the *Regulated Health Professions Act, 1991* (RHPA) as acts which may only be performed by authorized regulated health professionals because they are actions that are considered to be potentially harmful if performed by unqualified persons.

The *Dental Hygiene Act, 1991* (DHA) lists scaling teeth and root planing, including curetting surrounding tissue as part of a dental hygienist's scope of practice. Authorization to perform scaling teeth and root planing, including curetting surrounding tissue can be obtained in two ways:

- 1. by a member of the Royal College of Dental Surgeons of Ontario (RCDSO) through the use of an 'order'; or
- 2. by the College of Dental Hygienists of Ontario (CDHO) through authorization for self-initiation.

Authorization Through the Use of an 'Order'

For those who have not achieved authorization to self-initiate, the authorization, known as an 'order', must come from a member of the RCDSO. A dental hygienist can obtain the 'order' in one of two ways:

- 1. by way of a client-specific order; or
- 2. by way of a standing order or standing protocol.

A client-specific order is when a dentist gives authorization for a specific client before a dental hygienist can proceed with the controlled act of scaling teeth and root planing, including curetting surrounding tissue. The client-specific order must be recorded in the client's chart every time the client presents to the office and should be signed/initialed by the dentist.

A standing order (also known as a standing protocol) is a written protocol where the dentist outlines certain conditions that must be met prior to proceeding with scaling teeth and root planing, including curetting surrounding tissue. This standing order, which must be signed by both the dentist and dental hygienist, gives authorization to the dental hygienist to proceed with the controlled act, provided there are no contraindications to treatment. If there are potential contraindications to treatment, the dental hygienist is required to obtain a client-specific order from a member of the RCDSO unless the standing order allows the dental hygienist to receive medical clearance from a member of the College of Physicians and Surgeons of Ontario (CPSO) or a nurse practitioner who is a member of the College of Nurses of Ontario (CNO). The dental hygienist must reference the standing order in the client record every time the controlled act of scaling teeth and root planing, including curetting surrounding tissue, is performed. The length of time for which a standing order is valid is at the dentist's discretion or until either the dental hygienist or dentist who signed it is no longer associated with the specific practice location for which it was used. The dental hygienist should keep a copy of any standing order she or he signed. While a standing order may form part of a dental hygienist's employment contract, it is important to note that an employment contract is not considered a standing order.

Authorizaton for Self-Initiation

Authorization for self-initiation allows dental hygienists to perform the controlled act of scaling teeth and root planing, including curetting surrounding tissue on their own initiative (if there are no contraindications as prescribed in the CDHO Contraindications regulation). If a dental hygienist has been authorized by the CDHO for self-initiation, she or he is the source of authority to provide the controlled act of scaling teeth and root planing, including curetting surrounding tissue and therefore does not need to reference an order for this act in the client record. Currently, there are approximately 45% of Ontario dental hygienists who are authorized for self-initiation.

The College often receives calls from dental hygienists, dentists and members of the public inquiring about procedures that can be performed by a dental hygienist who is authorized to selfinitiate. Some examples of these questions are:

1. Now that I am authorized to self-initiate can I diagnose periodontal disease?

Authorization to self-initiate the controlled act of scaling and root planing does not permit dental hygienists to communicate a diagnosis of periodontal disease. Communicating a diagnosis identifying a disease or disorder as the cause of symptoms is a controlled act that is not within a dental hygienist's scope of practice. However, this does not prevent a dental hygienist from identifying the signs and symptoms of periodontitis and/or gingivitis and communicating the results of his/her assessment findings.

2. Now that I am authorized to self-initiate, can I take radiographs without a prescription from a dentist?

Authorization to self-initiate the controlled act of scaling and root planing does not change the requirement for a dental hygienist to obtain a client-specific prescription from a dentist

Authorized to self-initiate Autorisé(e) à la pratique autonome Autorisé DENTARESTE in order to take radiographs. This also means that dental hygienists may not take radiographs on a standing order or protocol at any time as this is contradictory to the HARP Act. A dental hygienist is deemed by the HARP Act as a practitioner qualified to operate an x-ray machine. Dental hygienists do not require supervision to take radiographs, however, the HARP Act does require that a client-specific prescription be obtained by an appropriate prescriber such as a dentist for every radiograph that is taken.

3. As a self-initiating dental hygienist, can I perform orthodontic procedures?

The DHA permits dental hygienists to be involved in performing orthodontic procedures. In order to perform an orthodontic procedure, a client-specific order from a member of the RCDSO is required. Authorization to self-initiate the controlled act of scaling and root planing does not change the requirement for a dental hygienist to obtain a client-specific order by a dentist in order to perform any orthodontic procedures. The CDHO considers the dentist's orthodontic treatment plan as evidence of the client-specific order when dealing with orthodontic procedures. Standing orders for orthodontic procedures are not acceptable as they do not satisfy the authorization required in the regulation.

4. I have authorization to self-initiate so does that mean I can perform restorative procedures?

Dental hygienists who hold a specialty certificate of registration are authorized to place restorations of a permanent nature. However, to do so, they must obtain appropriate authorization by a member of the RCDSO. The authorization must be in the form of a client-specific order. Similar to documentation required to perform orthodontic procedures, the CDHO considers the dentist's restorative treatment plan as evidence of the clientspecific order. Standing orders for restorative procedures are not acceptable as they do not satisfy the authorization required in the DHA. Authorization to self-initiate the controlled act of scaling and root planing is not a specialty certificate and

does not change the requirement for a dental hygienist who holds a specialty certificate to obtain a client-specific order by a dentist to perform any restorative procedures.

5. Now that I am authorized to self-initiate, can I treat my spouse?

All registered dental hygienists, whether authorized to selfinitiate or not CANNOT TREAT THEIR SPOUSES. According to the RHPA it is considered to be SEXUAL ABUSE.

6. With my authorization to self-initiate, can I prescribe CHX?

Now that the drug regulation has passed, a dental hygienist can prescribe, sell and dispense drugs after they have successfully passed the CDHO Drugs in Dental Hygiene Practice Examination. Authorization to self-initiate the controlled act of scaling and root planing does not change this requirement.

All dental hygienists who have not received authorization from the College to self-initiate are required to:

- work under an order from a member of the RCDSO;
- have a hard, accessible copy of all standing orders;
- have documentation to support specific orders; and
- record a reference to the order in each client entry when performing the controlled act of scaling teeth and root planing, including curetting surrounding tissue.

In order to self-initiate the Controlled Act of scaling teeth and root planing, including curetting surrounding tissue, dental hygienists must apply for, and receive, authorization from the CDHO to do so. Requests for information on the requirements for the Application for Authorization to Self-Initiate process can be directed to the Registration department at registration@cdho.org. CDHO

CDHO Peer Mentorship Program

Since the inception of the Peer Mentorship Program, there have been many incredible stories of success. We hear from both mentors and mentees who have grown personally and professionally from the experience. Mentors and mentees speak positively about their weekly discussions, continuing education events they've attended together and networking opportunities at local society meetings. In addition, mentees have reported that mentors have visited them in practice and even worked alongside them in volunteer clinics. The commitment to this program from both the mentors and the mentees is the main reason this program has become so successful. The College gratefully acknowledges the dedication of its mentors.

Introducing the newest graduates of our Peer Mentor Training Program.

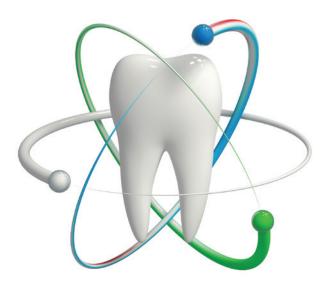


Back Row/Left to Right: Kristen Donovan, Kim Veeneman, Laurie Davis, Sara Schizkoske, Rosemary Falconi, Brooke Thompson, Amy Gibson, Fiona Mattrasingh and Chris Lattimore. Front Row/Left to Right: Kathleen Jacob, Marcie Rutledge, Jeannine Foisy and Sharan Lall.

For more information, contact Roula Anastasopoulos at RAnastasopoulos@cdho.org. CDHO

Drugs in Dental Hygiene Practice

A Refresher Course



Course Description

The self-study course provides an update in key aspects of recommending, prescribing, dispensing, selling and using drugs in the context of dental hygiene practice. The importance of resourcing appropriate drug reference materials and applying the information to support safe, effective client care will be emphasized.

Course Format

- Course Outline (pdf)
- Self-paced study
- Learning activities using text and/or Internet, and/or other health professionals
- Self-Build Study Guide (pdf)

Prerequisite Learning

The College's entry-to-practice requirements include an evaluation of the applicant's dental hygiene curriculum, and all dental hygiene programs must include an acceptable pharmacology component. As such, all Registered Dental Hygienists have the prerequisite knowledge to be successful in the DDHPE but some may require a refresher that includes new changes to legislation, principles of prescribing, dispensing and selling, and groups of pharmaceuticals used to treat general and oral health problems.

For dental hygienists who wish to upgrade their pharmacology knowledge beyond the refresher course prior to taking the DDHPE and/or self-study component, dental hygiene pharmacology courses are available through OntarioLearn.com.

Distance Learning

The refresher course and DDHPE can be completed entirely on-line. The self-study course and the self-build study guide are downloadable files that can be saved and also printed. The examination is administered online and can be completed from any computer.

Required Resources

Important Information

The Drug Regulation passed on September 29, 2017. Dental hygienists wishing to include prescribing, dispensing or selling drugs in their practice must successfully complete the **Drugs in Dental Hygiene Practice Examination (DDHPE)**. The Drugs in Dental Hygiene Practice: A Refresher Course was designed to aid Ontario dental hygienists in preparing to write the DDHPE.

About the Examination

2018 Renewals

by Terri-Lynn Macartney BA (Hons)

Renewals for 2018 will be available online beginning on November 15th. Your renewal is due on or before January 1, 2018. To access the online renewal, log in to your Self-Service account using your six-digit registration ID number and your password. Once logged in, you will see the link to renew available in your menu under the Registration heading. If you do not renew on time, a \$100 late penalty fee will apply effective January 2nd.

Resigning from the College

If you do not intend to renew for 2018, you need to resign your certificate of registration by January 1, 2018. Failing to renew is not the same as resigning from the College, so be sure to complete your resignation in your Self-Service account by clicking on the Resign link available under the Registration heading in your menu.

Suspension for Non-Payment

Failure to either renew or resign will result in the suspension of your certificate of registration. A suspension for non-payment is displayed permanently in your registration history on the Public Register and published in *Milestones*. You are not permitted to practise dental hygiene in Ontario while your certificate is suspended. There is a \$500 penalty fee for reinstating a suspended certificate of registration, in addition to paying any outstanding registration fees.

Professional Liability Insurance

If you will be renewing with a general or specialty certificate, you need to ensure that you have suitable insurance for 2018 **prior to renewing**. It is a condition of registration for those holding a general or specialty certificate of registration that you have insurance that meets the Bylaws of the College, even if you are not yet practising. When you complete your renewal, you will be asked whether you have this insurance. Indicating that you have insurance when you have not yet obtained it would be providing false information to the College, which is considered professional misconduct.

If you are not sure whether your insurance meets the requirements of the College, please review CDHO Bylaw No. 5, Article 7.3, and speak with your insurance provider.

2018 Insurance Audit

In 2018, CDHO will proceed with the annual insurance audit. This audit helps protect the public by ensuring that all registered dental hygienists have suitable insurance that complies with the Bylaws of the College. Once again, 5% of registrants holding a general or specialty certificate will be randomly selected for participation in the audit. Because the audit is entirely random, you could be selected again even if you participated last year. Unless you have indicated that you prefer correspondence by mail, notice of selection for the insurance audit will be sent by email. If you haven't already done so, add <u>insurance@cdho.org</u> to your list of safe senders and then watch your inbox for the selection notice in the spring!

Prevention of Sexual Abuse of Clients

by Giulia Galloro RDH, BSc(DH)

The College has a policy of zero tolerance for sexual abuse of clients.



SEXUAL ABUSE

he College of Dental Hygienists of Ontario regulates the practice of dental hygiene in the interest of the overall health and safety of the public of Ontario. The public can and should expect a certain level of trust and professionalism from their dental hygienist. Under the Regulated Health Professions Act, 1991 (RHPA), the College is mandated to develop a sexual abuse prevention program which is overseen by the College's Patient Relations Committee. The primary focus of this program is to develop and implement measures for preventing and dealing with sexual abuse of clients. With the passing of Bill 87, several legislative changes have been made and are now or soon to be in force. This information is intended to assist dental hygienists in treating their clients responsibly, consistent with the RHPA, and in a manner that reflects the profession's commitment to respecting the personal dignity of every individual who is entrusted to their care.

A major theme of the Regulated Health Professions Act is the eradication of sexual abuse of clients by registered health practitioners.

Sexual Abuse Defined

Any sexual behaviour in the presence of a client, including making a coarse or sexually disrespectful comment, whether consensual or not, constitutes sexual abuse. Under the RHPA, sexual abuse of clients by a health care practitioner is defined as:

- sexual intercourse with a client
- touching of a sexual nature including touching of a client's genitals, anus, breasts or buttocks
- genital to genital, genital to anal, oral to genital, or oral to anal contact
- masturbation of the member by, or in the presence of, the client
- masturbation of the client by the registrant
- encouragement of the client by the registrant to masturbate in the presence of the registrant
- Making comments of a sexual nature* to a client or in the presence of a client

These acts are subject to a mandatory revocation of registration for five years.

* "sexual nature" does not include touching, behaviour, or remarks of a clinical nature appropriate to the service provided.

Treatment of Spouses Is Not Allowed

The status of the **proposed** spousal exception regulation is unchanged. *Dental hygienists cannot treat their spouses*. The treatment of spouses is considered sexual abuse and constitutes professional misconduct. Neither a pre-existing spousal relationship nor a consenting spouse/partner alters the definition of sexual abuse contained in the RHPA.

If it is alleged that you treat or have treated your spouse, you may be investigated. The case may be referred to the Discipline Committee of the College. If the Discipline Committee finds that you treated your spouse, the mandatory penalty is revocation of the dental hygienist's certificate of registration for a minimum of five years. Your colleagues are obligated to report to the CDHO that you have done so, and would be subject to a fine if it is found that they did not report.

The mandatory penalty for a finding of sexual abuse, even where the client is one's spouse, is revocation of the dental hygienist's Certificate of Registration for a minimum of five years.

Dating a Client Is Not Allowed

If you are considering dating a client, you must first terminate the professional relationship and clearly document this termination in the client's chart. Arrangements should be made for another dental hygienist to take over the client's treatment. At present, the College has not defined the time period which would indicate the end of the professional relationship. The recommendation was to wait an "acceptable time" before beginning to date the client. Once the new RHPA provisions are in force however, a one year cooling off period is advised and will be considered the minimum amount of time required before contemplating dating a client.

If you terminate a dental hygienist/client relationship in order to date a client, it would be wise to never treat that client again, even in the event that your intimate relationship with that former client does not flourish or ceases.

If an Intimate Relationship With a Client Is Consensual, Is This Still Considered Sexual Abuse?

Yes, due to the power imbalance that exists between a registered dental hygienist and their clients. A registered dental hygienist is privy to a client's personal information which makes their client vulnerable and creates a power imbalance between a registrant and their client. This position of power is further enhanced by working in a client's personal space (professional intimacy) along with a dental hygienist's knowledge and expertise.

It is up to the dental hygienist as the regulated health professional to set appropriate boundaries with their clients and ensure that the lines of the dental hygienist-client relationship do not become blurred. There is no reasonable defense even if the client initiates the intimate/personal contact.

If a dental hygienist is aware of a health care professional that is treating a client and is involved in a sexual relationship with that client (even if consensual) then according to the RHPA, the dental hygienist is obligated to submit a mandatory report to the appropriate regulatory college.

A sexual relationship with a client cannot be consensual in a professional context because of the existence of the power imbalance.

Mandatory Reporting of Sexual Abuse by a Regulated Health Professional

Under the RHPA, regulated health care professionals in Ontario, including registered dental hygienists, are subject to what are called Mandatory Reporting Requirements. A mandatory report is notification that must be sent to the CDHO about a registered dental hygienist. It is professional misconduct to fail to make a mandatory report.

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

A report of sexual abuse under the *Regulated Health Professions Act* must be made within 30 days unless there are reasonable grounds to believe that additional abuse may occur, in which case the report must be made immediately.

Failing to report sexual abuse of clients is an offence under the RHPA. The penalties for failing to report sexual abuse of clients have increased. The maximum fine for a first offence for failing to make a mandatory report relating to sexual abuse has doubled to \$50,000. For corporations it has been quadrupled to \$200,000.

Under the RHPA, sexual abuse of clients is an act of professional misconduct and requires a mandatory reporting of sexual abuse by health professionals.

Therapy and Counselling for Persons Alleging Sexual Abuse by a Registrant

The Patient Relations Committee is responsible for administering funds for therapy and these are made available to any client who alleges sexual abuse by a dental hygienist. This means clients will no longer have to wait for a verdict in order to seek out help and therefore may access the help they need sooner.

Important Points to Remember

- If you are considering dating a client, you must wait a minimum of one year from when the professional relationship ends.
- It's NEVER ok to have an intimate relationship with your client, that is why your spouse, common law partner, boyfriend or girlfriend CANNOT and should not be a client.
- If you know of a dental hygienist who is treating their spouse, common law partner, boyfriend or girlfriend, then under the RHPA you have a mandatory obligation to report this to the College.
- If you have reasonable grounds based on information received while practising your profession, of another regulated health professional who has sexually abused a client, then you have an ethical, legal and mandatory obligation to file a report with the appropriate regulatory body.
- Don't rely on your colleagues to determine what's allowed or not. If you are unsure or have questions, call the CDHO and speak with a practice advisor at <u>Advice@cdho.org</u> or 416-961-6234 (outside Toronto: 1-800-268-2346). CDHO

Do I Need To Be Registered?

by Terri-Lynn Macartney BA (Hons) and Robert Farinaccia RDH, BSc

Do I Need to Be Registered to...

- ✓ Train Another Dental Hygienist at Work?
- ✓ Work as a Treatment Coordinator in a Dental Office?
- ✓ Teach Theory Courses in a Dental Hygiene Program?
- ✓ Work as a Claim's Adjuster for an Insurance Company?
- ✓ Take Radiographs?
- ✓ Work in an Administrative Role?
- ✓ Provide Dental Hygiene Volunteer Services?
- ✓ Work as a Sales Rep for a Dental Company?

With renewals due online by January 1st, we are often asked around this time of the year whether a particular type of work is considered practising dental hygiene for the purposes of requiring a general or specialty certificate of registration. Whether in the context of renewing as inactive or resigning from the College, the answer is the same: If you will be working in any capacity as a dental hygienist, you must be registered with a general or specialty certificate.

Practising dental hygiene is not limited to working clinically. Non-traditional roles such as working as a claims adjuster with an insurance company or working in administration may be considered practising dental hygiene, depending on the specific circumstances of the job. Often you are asked to use your professional judgment in determining whether you are practising or not.

To judge whether your work would be considered practising dental hygiene, ask yourself the following questions:

- Does the job posting specify that you need to be a dental hygienist in order to apply for the job?
- Does the job description indicate that the person in the role must be a dental hygienist?
- Does the job description indicate that you will be providing dental hygiene consultations, advice, or expertise?
- Are you using your education and training as a dental hygienist to perform the role?

If you answered **"Yes"** to any of the above questions, then you are practising dental hygiene and you need to hold a **general** or **specialty** certificate of registration.

If you decide to renew as **inactive** this coming year, remember that means that you **cannot practise** dental hygiene in this province. You are still permitted to refer to yourself as a dental hygienist, but you cannot work as a dental hygienist in Ontario in any capacity. If you resign from the College, then you can no longer practise dental hygiene or refer to yourself as a dental hygienist since this is a protected title. **CDHO**



DID YOU KNOW?

If you hold a general or specialty certificate of registration, you need to have valid insurance — even if you are not practising! Valid insurance is a condition of the general/specialty certificate of registration, not related to your employment status.



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 either "4" or "9") requesting submission of their QA records for assessment due January 31, 2017.

Of the 1447 records requested (as of October 13, 2017):	Path Not Yet Selected	Path 1 (Learning Portfolio + Practice Profile)	Path 2 (NDHCB QA Written Assessment + Practice Profile)	Path 3 (NDHCB QA Written Assessment + On-site Practice Review)	Deferred to Another Assessment Period	Resigned	Totals
Met the Assessment Guidelines	N/A	654	245	0	1	248	1148
Met the Assessment Guidelines with an Additional Submission	N/A	260	23	0	N/A	N/A	283
On-site Practice Review Conducted	N/A	1	2	4	N/A	N/A	7
Still in Assessment Phase	1	2	1	2	N/A	N/A	6
In Remediation	N/A	6	2	2	N/A	N/A	10

As of October 30, 2017

2018 Mandatory Self-Assessment

The 2018 Self-Assessment Tool will be available in the SMILE Portal in mid-November and is mandatory to complete for every dental hygienist registered in Ontario, regardless of their registration status or employment situation (i.e., active, inactive, working in dental hygiene, not working in dental hygiene or living outside of the province). It must be completed before **January 31, 2018**.

The 2018 Self-Assessment can be accessed in the SMILE Portal by selecting "2018" in the "Select Year To View" drop-down menu on the dashboard. You will be asked to verify your employment status and practice address. Once this step is completed, your 2018 Self-Assessment will become available as Step 2. In the table that appears in this Step, click on the blue hyperlink <u>#1:General</u> to open up your Self-Assessment. Educators are required to complete an additional Self-Assessment that will appear as <u>#2:Educator</u>.

The general Self-Assessment contains 109 questions and the additional Self-Assessment for Educators contains 32 questions. The Self-Assessment should take approximately 15–20 minutes to complete. Once ALL of the questions are answered, you must select the **"I'm all done"** option on the bottom of the page for it to be considered complete. Your dashboard in the SMILE portal will reflect completion of your Self-Assessment.

As per the Quality Assurance Committee's decision, those registrants who fail to complete their 2018 Self-Assessment by the January 31st deadline can expect notification from the College that they will be asked to participate in the 2019 Quality Assurance Peer and Practice Assessment period (regardless of the last digit of their registration number).

Are you submitting your Quality Assurance records in 2018?

For registrants who were selected to submit in January of 2018 (i.e., your registration number ends in either "3" or "8" and you received notice from the College) you are required to submit your Quality Assurance records via the SMILE Portal by **January 31, 2018**. The SMILE Portal will allow you to submit beginning January 1, 2018. You will be asked to read and check off a declaration before you are able to submit your records for assessment. **This year, you will receive email confirmation** (by Skilsure) when the College has received your Quality Assurance records. Your dashboard in the SMILE Portal will also reflect the submission of your records.

Who will be assessing my Quality Assurance records?

The College Assessors are practising dental hygienists and reflect the diversity of the registrant base, electoral districts and practice environments. Quality Assurance Assessors will:

- Review your Quality Assurance records using CDHO assessment guidelines
- Conduct telephone interviews (if required) during the assessment process
- Coordinate and carry out scheduled On-site Practice Reviews with assigned registrants
- Ensure that the assessments are completed within the specified timelines
- Complete an assessment report describing key observations and findings.

Why would an Assessor contact me?

Do not assume that an Assessor contacting you indicates that there are deficiencies in your Practice. If an Assessor has questions or requires further clarification regarding what you reported in your Practice Profile, he or she will call or email you to first set up an appointment time to speak with you. The Assessor will never ask you questions about your Practice Profile on their initial contact with you. Scheduling a time to speak will give you the opportunity to have your Practice Profile available for your conversation with the Assessor. If after a telephone interview the Assessor's questions are still unanswered, the Assessor will not be able to complete their report until an on-site is conducted. An Assessor will not contact you if there are deficiencies in your Learning Portfolio. You will be notified of this when your assessment report is mailed to you. Assessors will provide comments at the bottom of the report that will help you to understand what is missing or what additional information is needed in order to complete your assessment. If you have deficiencies in your Learning Portfolio, you will be given an opportunity to make a submission to the Quality Assurance Committee for their consideration. Examples of a submission may be:

- evidence that the deficiency has been corrected
- an explanation to the circumstances surrounding the noted deficiency
- clarification or additional explanation of the Assessor's finding
- a learning plan directed at correction of the deficiency.

The Quality Assurance Committee will review the Assessor's report and your submission and will decide on an appropriate course of action.

When can I expect the results of my assessment?

The College will mail out all assessment results by April 30, 2018.

2019 Selection

The Quality Assurance Committee will draw two numbers from the remaining numbers 0, 1, 2, or 6 (i.e., these numbers were not chosen in 2015, 2016 or 2017). If your registration ID ends in either of the two numbers that are drawn, and you meet the criteria (i.e., you did not submit in 2015, 2016, 2017 or were part of the 2018 Peer Assessment) you will be notified in January of your requirement to submit your Quality Assurance records for the 2019 Peer and Practice Assessment (due January 31, 2019). More information regarding the 2019 selection will be communicated in the College's e-brief in January 2019. As well, the dashboard of your SMILE Portal will indicate **QA Records Due: Jan. 31, 2019**, if you have been selected.

Please do not call the College to ask if you have been selected to submit your Quality Assurance records for 2019 until after the selection notices have been sent out (February 1, 2019). CDHO



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Authorized Prescribers List

Current to October 25, 2017

The following dental hygienists have been authorized to prescribe, dispense and sell designated drugs under the Designated Drugs Regulation.

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Abbruscato, Anna Marie Abdy, Arzoo Abrahimzada, Gullali Acker, Amanda Lindsey Acosta, Donna Marie Adams, Natalie Sophie Affeldt, Colena Nicole Ahmad, Fawad Akbari, Nilofar Alexopoulos, Anna Maria Alidina, Fahrin All-Said. Mina Almeida, Fernanda Maria Alves, Sara Amein, Kanar Ammonn, Sandra Lynn E Anand, Joraj Kaur Anastasopoulos, Roula Anderson, Lori Andrews, Wendy Lynn Angilletta, Stefano Arcand, Brigitte Armstrong, Jennifer Arnold, Lindsey Elaine Arnold, Jessica Arora, Ramneet Ashby, Alica Ashley, Sara Ashmore, Nicole Askes, Jillian Asmati, Susan Aube-Walter, Danielle Ann Audet-Albert, Louise Marie-T Aujla, Pavan

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Baak, Michele Badhan, Gurvinder Kaur Badhwar, Manvi Badurina, Ashley Bagley, Arden Lynn Bahadir, Perihan Bahmani. Nasim Bailey, Bronwen Baker, Caroline Rita Balasuntharam, Sayanthika Balatsos, Anastasia Bannister, Sara Ann Beth Bapna, Michelle Barber, Kirsten Barcic, Shannon Barclay, Valerie Mae Barker, Claire Barriffe, Raymond Arthur

Barros Pencarinha, Diana Barssom, Mona Basta, Angela Batalion, Stacey Anne Battiston. Ida Maria Beauchamp, Sophie Bedard, Chelsea Tiffany Beeson, Sandra J Begin, Michele P Behroozneia, Babak Belanger, Joanne Madeleine Belanger, Caroline Louise Bell, Kelly Bell, Megan Bellon-Roxas, Rachel Benavon. Orlee Benbow, Paula Benedet Khaki, Laura Maria Bennett, Sara Benson, Darlene Margaret Bernst, Kelly Mary Ann Betsis, Diana Bettencourt, Jennia Bevilacqua. Erin Michelle Biebersdorf, Nicole Renee Biesma, April Mary-Anne Birch, Victoria Ann Birks, NataLee Birtles, Nicola Anne Bissett. Keri-Lvn Black, Susan Lynn Blakely, Kate Blanchard, Melanie Marie Blinkhorn, Deborah Ann Blue. Natasha Blundon, Arlene Marie Boardman, Kelly Bocknek, Reah Sharon Bodendistel, Janet Boem, Juliana Fave Boissonneault. StÈphanie Boisvert, Amanda Mae Bol, Leslie Ann Bolduc, Stefanie Lynne Bollozos, Caridad Bommarito, Maria Antonella Boni. Sabrina Boniface, Benjamin Boodoo-Cutbush, Kushma Tara Booroff, Julia Christine Borabo, Rosana Borrie, Jackie Borthwick, Karyn Leigh Boseovski, Nalani Vanessa Bostock, Tara-Lee Boudreau, Josee Deborah

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Bourgon, Marie-France Bourre, Terra Leanne Box, Kirsten Ann Boychuk, Inna Boyes, Melanie Cora Braber, Nicole Brennan, Cassandra Brooks-Wallace, Sharon Lee Brouwer, Tabitha Brown, Allison Lois Brown, Alison Brucki, Dorota Maria Bruneau-Benvenuto, Aude Brunsting, Lauren Meredith Bryson, Dianne Louise Buckmire, Wendy Ann Buczolits, Cheryl Grace Buczynski, Jessica Marie Mae Bugden, Carol Burke, Carrie Anne Burke, Stephanie Burns, Jennifer Burtniak, Natalie Bushby, Ruth Lynn Busque, Claudine Bustos, Frederlyn F Byrnes, Catherine Lea	008861 007058 010069 016826 003200 017036 014095 005427 016359 005383 013765 009829 017049 015963 004335 009624 003304 009225 008046 005635 014659 010725 015909 003134 007977 010679 004505
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Cabugao, Mary Jean Cacioppo, Rosanne Marie Camara, Sandra Cameron, Cinzia Campbell, Connie Ann Campbell, Cheryl Kathryn Campbell, Christine Anne Campbell, Leighton Campbell, Leighton Campbell, Kristy Patricia Campbell, Kristy Patricia Campbell, Lori Lynne Campbell, Natalie Campbell, Natalie Campbell-Mione, Nancy Lee Campos, Maria Emilia Canape, Jovie Ann Cane, Catherine Ann Cane, Catherine Ann Canestraro, Stefanie Ann Canfield, Kerry Joel Caparas, Kathleen Capule, Ryan Carcich, Elizabeth P Carlomusto, Lisa Carlson, Christina Rae Carroll, Yvonne Marjory Carter, Joy Carter, Joy Carter, Stephanie A Carver, Diana Lynn	017512 008431 013059 008997 002804 00491 005934 011702 014082 014171 014455 015499 004554 016227 018908 005935 009575 010019 014294 017324 005253 012783 012783 012783 012559 008222 004359

002780 Cashman, Katharine Paula Casier, Kimberly Jean 004282 Castano, Michelle Catherine 007416 Castro, Melani 016575 Catherwood, Laura 015924 Catterson, Chelsea 011956 Cave, Jashona Sharese Alana 017529 Cesarini, Miriam 005472 Chambers, Trudy-Ann 016699 Champsi, Jasmin 002918 Chan, Josephine Wan Sheung 012565 016276 Chandi, Punam Chandler, Lisa Rose Michelle 010483 Chang, Anthea 015470 Channa, Manminder 005674 Charbonneau, Samantha 015785 017381 Cheema, Asha Chiaramonte, Helen Therese 006436 016566 Chiew, Karen Childs, Ann Helen 003853 Chin. Christine A.M. 011990 007100 Chornous, Leigh-Ann Chow, Ashley 016671 Chrysler, Susan 005323 009671 Chung, Lynn Church, Jessica 016048 Churchill, Heather 003071 Ciccone, Lucia 006988 Ciltea, Delia Cristina 008541 Cino, Maria 004215 Cipolla, Julie Anne 011863 Clarke, Carol Vera 003145 Clement, Michelle Louise 003803 Cleroux, Jane 018863 Cleveland, Jessica-Claire 018130 Clubine, Angela Anne Helen 012109 Cochrane, Kelly 012237 Cockburn, Leona Islay 000785 Coderre, Nadine RenÈe 007941 Coe, Sandra Lea 003801 Cohen, Melanie Frances 001754 Cohen, Carolyn Sachiko 013260 Colborne, Theresa E 011590 Cole, Erin 017703 Coleman, Carole Marie 002324 Collins, Sharon Ann 007544 Commission, Mallory Joni Kasia 012778 011092 Coniam, Karen Conley, Jodie 009560 Consiglio, Jiulio 006142 Consoli, Milena 009286 Conway, Melanie Dawn 006049 Cook, Sarah 013211 Copic, Milica 017961 Copp, Joan Teresa 004144 Corning-Hamilton, Deborah Anne 002762 Cortes. Michelle Lorena 010614 Corvaro, Elaine Susan 006888 Cote, Robert Joseph 003718 Couch, Anna Maria 003248 Coutu, Valerie 017564 Couture. Isabelle 010274 Cowley, Ashley Catherine 012407 Coyne, Bernadette Mary 002748 Cramer Schein, Jennifer 014259 Cringle, Katie 017201 Critchlow. Anita 004024 Croft, Ashley 013160 Croll-Pavelic, Sondra Marie 004053 Cruz, Luzminda Cundari, Mary Patricia Cureton, Kim Currie, Amber Blair Currie, Mallory D Daher. Marianne Dahl-Kirwin, Sherri Ann Dalalahmadkashahri, Mitra Dalton, Linda Ann Daly, Perla Dang, Jacquie Danielak, Christine Karen Daniels, Debbie Susan Danylchuk, Betty-June Darsono, Benson daSilva-Horvat, Anabel Davis, Janice Pearl Davis, Laurie Lynne Dawidow, Julia Dawson, Mary Anne De Angelis-Eaton, Romina de Boer. Toby De Ciantis, Jennifer De Vos, Briana Leigh DeBruyn, Katherine E Deckers, Alison DeCorte, Clayton Arthur Deguire, Stefanie DeHoog, Patricia Joyce DeJonge, Margaret Dela Cruz, Veronica Den Harder, Jena Deng, Hui Dent, Susanne Gemini Dent, Sabrina DeRose, Lynda Wanda DeRose, Giovanna Derue, Tabbitha Marie DesChamps, Alyssa Leigh DesChene, Rhiannon Desforges, MÈlanie Desmarais, Lisa Devcich, Michelle Dhillon, Sukhdeep Dhir, Indu Di, Jie Hang Di Bartolomeo, Maria Di Massa, Natalie Di Paolo, Diana Lynne Dicks, Grace Marion Diemert, Rebecca Rowena Diotte, Roxanne Dirken, Peggy Ann Disera, Cathy Anne Ditta, Kristen Lindsay Dixon. Alvcia Dawn Dixon, Kimberley Do, Phuong Sophia Dobes, Barbara Joan Dobrich, Mimi Dobrowsky, Katrinna Nadine Docherty-Smith, Kimberly Ann Doci, Tijana Dolan, Mary Dolan, Cheryl Anne Dolan, Christina Dolasinski, Iwona Donaldson, Laura-Lee

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Donnan, Sandra Jane Donovan, Kristen Sarah Dorado, Jerlyn Douglas, Shannon Anne Dowhos, Vicki Downing-Lagace, Monika Draper, Kelli Lynette Draper Swit, Julie Ann Drost, Gini D'Souza, Prema Susan Dubec, Jazmyne Krystle Dufour, Krista Dunlop, Elizabeth Anne Dunn, Ann Dunnett, Angela Dunnett, Glenda DuQuesnay, Jeanine Marie Duquette, Michelle Dwyer, Virginia Lee Dyack, Andrea Marie Dykeman, Lisa Anne	009738 009568 010401 017208 006388 018009 012016 002026 014080 010670 016626 015833 005653 008434 005503 005909 010833 010351 003942 013183 003103
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E Eccles, Eryl Eckert, Shelby Egher, Tania Eilat, Miriam El Naggar, Eman Eles, Jillian Elie, Marilyn Elliott, Pamela Dawn Elliott, Pamela Dawn Elliott, Meredith Ellis, Fiona Embree, Christine Margaret Esmaeili, Mehrnaz Esmail, Rishma Ezzeddine, Mariam	009625 015815 010893 017349 018003 010970 001634 003805 015616 001688 010494 016735 005603 017196
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Facchin, Kailyn Fan, Yuen Yee Fang, Yi Farella, Jacqueline Farinaccia, Robert Fast, Leah Feasey, Melissa Louise Fehr, Amanda Annistyn Kate Fenner, Debbie Fernandes, Custodia Barros Fernandez-Trinidad, Maricel Figueiredo, Kamila Filipovic, Joanne Filson, Caroline Maria Fiotakis, Dimitra Fisher, Kelsey Fitzgerald, Gabrielle Katie Fleming, Jennifer Fletcher, Jennifer Fletcher, Jennifer Flood, Mackenzie Flower, Valerie Flower, Valerie Flower, Valerie Flynn, Jayne Focsa, Liliana Daniela Fois, Cathrine Foisy, Jeannine J M Fontaine, Catherine Nicole Forbes, Lisa Forgues, Tracy Lynn Francisty, Sonia	015422 009379 018126 015885 009251 016051 010376 017956 002788 005620 013138 018527 011448 003691 005393 016125 002978 008260 008426 004977 018085 009166 013276 011101 007311 004751 018490 006360 006289 008890

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Croteau, Therese Elaine

Fraser, Barbara Anne
Fraser, Kristi
Frech, Jamie L
Frise, Mardi Lynn
Frolov, Oleksandr
Frolova, Olena
Fuhr Presswood, Leah Erika
Fulford, Margaret Ann
Fulham, Sarah

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Kameran, Mevan Kang, Gurjyot Kaur Katzman-Little, Jodie Kaur, Jasvir Kaus, M Diane Keenan, Corinne Frances Ann Keill, Robin Keir, Jane Ellen Kelly, Karen R Kelly, Caitlin Kelly, Caitlin Kelly, Caitlin Kelly, Brittney Nicole Kennedy, Tracey Lynn Kerek, Amber Kerenyi, Krisztina Kerr, Lori L Kertesz, Janice Louise Khalid, Ambreen Khan, Mohammed Asim Kherani, Sikin Kidd, Kimberly Killins, Georgina Kim, Sarah Kim, Ahruem Kimmel, Ella King, Karen Denise King, Erica Beth King-Robbins, Donna Colleen	015921 010449 005316 010130 001194 017509 013359 003191 007513 013717 016487 007163 015145 005539 004479 005534 014905 005319 008850 015021 008993 016685 017187 016244 002710 009858 006294

Kinsman, Molly Kirupakaran, Kiru Kisel, Kimberly Phyllis Klimov, Svitlana Klippenstein, Alannah J Klok, Stephanie Klys, Jenn Kochakpour, Nazafarin Kohli, Kashish Konecny, Jocelyn Ann Kopka, Anna Kosikowski, Martha Koutsoulianos, Tory Kovacevic, Lora Kowall. Nadine Ann Kozak, Joanna Monika Kratochvil, Janette Hana Kristalyn, Leeza Kristensen, Heather Mary Kuanysheva, Gainizhan Janna Kulchar, Kourtney Kulendran, Vijaya Kurpejovic, Tea Kuzmowich, Jennifer Lynne

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Mabey, Tracy Lynne 005880 Macchione, Elise 014254 MacDonald, Natalie S L 007939 MacDonald, Lisa Ellen 011857 MacDougall, Mark Allen 017028 Mackie-Taylor, Catrina S 002551 Mackinlay, Stephanie 014674 MacLeod, Catherine Monica 009454 MacNamara, Megan Elizabeth 016770 MacNeil. Andra 011920 MacVane-Moore, Ruth C 003323 Maduro, Dominique 015797 Mainville, Krista Brianne 010622 Majid-Agha, Caroline-Nadia 017867 Major, Kelsey 015545 Makarec, Darka 003223 Makowensky, Andrea 016883 Malarz, Michele C 005932 Malcomson, Paula Dale 006327 Mamucod, Mico 019003 Mananguil, Maurice Florencio 018730 Maniate, Susan 014436 Mannarino, Carmela Marisa 003355 Manno, Sofia Alessandra 016622 Marcella, Kathleen Tanja 007746 Marinich. Karen Cozette 002044 Marinzel, Wendy Lynne 003839 Marioukhina, Natalia 009429 Marrelli, Lydia Diana 006804 Marriott. Veronica 004855 Marshall, Merle Joanne 003184 Marshall, Meghan Kara Gunter 008255 Marson, Nicole Carly 016945 Martin, Melanie Sharon 004996 Martin. Debbie 006219 Martins, Lisa 015611 Martins Cardadeiro, Lisa 016322 Martuccio, Antonietta Maria 009174

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Musaraj, Ornela	016887
Myles, Jennifer	016310
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Nguyen, Sang	014478
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Nichols, Anne Christine	012273
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Nickleson, Karol	008930
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Nickleson, Karol
Ninan, Vinita Mary
Nitsopoulos, Mitzy Maria
Nnaobi, Uche
Nordstrom, Ashlee Dawn
Novack, Bonnie Cheryl
Nurmohamed, Fatma

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O'Leary, Jill	012270
Oliveira, Kourtney	017077
Olm, Cher Maria	008866
Omer, Maryam	018657
Ong, Bernice	018351
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Orense, Allison	015929
Orfao, Elisa	016916
Orlovic, Ivana	012043
O'Rourke, Angela M	008033
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O'Ryan, Angela Dawn S	007875
Ostashkova, Oxana	007643
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Paczkowski, Meggie	012638
Padam, Mandeep	014679
Paiement, Renee	007168
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Papacosmas, Tina 009428 Papineau, Jodi Lynn 005527 Papini, Amanda 014929 Paraiso, Claire Marie 018413 Pare, Megan 018292 Parikh, Nipa 015387 Park, Amy 017681 Parsley, Patrice Natasha 016894 Partheniou, Stella 010325 Pasivirta, Diane Lynn 009967 Passafiume, Holly Nadine 005751 Passaro, Piera Sabrina 010256 Patel, Henal 014446 Patenaude, Sandra E 002009 005547 Patenaude, Judith Patterson, Kelly Lee 009703 Patterson, Julie 017797 Paugh, Tracy 016631 Paul, Catherine Lynn 002638 Peak. Kathrvn Ellen 003338 Pedota, Paola 012487 Peels, Olivia C. 016850 Pellegrino, Tina Assunta 007267 Pepin, Stephanie Linda 008248 Peroune, Dawn Allison 002959 Perreault, Michelle Carmen 001993 Perry, Virginia Yvonne 004180 Persaud, Annitra 009010 Persaud, Surujnie Kamalwattie 012579 PÈrusse, Annie 008013 Peters, Lindsay 011182 Peterson, Jackie 010356 Petrina, Gabrijela 018431 Phillips, Lindsey 014775 Pianosi, Rhonda Lee Ann 007884 Pichler, Shawna 013282 Plankova, Larina 009617 Plante. Elaine 007842 Poirier, Sylvie Denise 002746 Poirier, Danielle L 004877 Poleto, Anna Rita 004885 Pong, Kelly Anne 005229 Porter, Katrina Diane 011533 Porter, Elizabeth 015651 Posen, Chana Frumah 008382 Powers, Kayla Marie 017441 016569 Prabhakaran, Sujatha Prasad, Vikashni Lata 016561 Preece-Keith, Carolvn 003358 Prentice, Serena 006213 Preston, Brenda Ann 004724 Princ-Reid, Nivea Lynn 003359 Proud, April 009087 Prykhodko, Liliana 010291 Pullen, Ann Marie 005764 Pyefinch, Sarah 013037 Q Qian, Congyan 016442 Queen, Tanya-Lee 003488

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Raeburn-Brown, Sundae	004628
Rahaman-Khan, Aneesa	015844
Rahmati, Tahmineh	018482
Rai, Sandhya	008665
Rainbird, Rachel	018057
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Rajoub, Moutih 017686 Rama, Albana 015972 Ramsammy, Dhandai 008721 Rankin, Rebecca 018213 Raposo, Tammy 015761 Rashid. Azmina 004953 Rashid, Lalarukh 016927 Raykova, Romina 016618 Regimbal, Stephanie 016912 Renaud, Carmelle Jeanne 002509 Renbaum, Krystyna 017748 Resplandor, Dorothy Ann 014942 Restrepo Correa, Beatriz Amparo 010400 Reza Khanloo, Fariba 018387 Rezaei, Hengameh 018569 Ricafort, Mary Jane 011496 Rice, Tracy Lyn 007469 Richer, Josee Chantal 004671 Rideout, Paula Marie 004370 Riggs, Jenna 014104 Rivett, Chantelle 017040 Roberts, Karen Mae 001513 Roberts, Lori Aichele 004327 Robertson, Kathryn Gayle 001724 Robertson, Heather Lynn 008365 Robichaud, Vicky Marie Nicole 011575 Robidoux, Rebecca Fay Lynn 003195 Robins, Dianne Elizabeth 002170 Robinson, Lori Ann 004595 Robinson, Sharon Joy 008615 Robinson, Amanda 015137 Robinson, Rachel Louise 017455 Rock. Rachel 011853 Rodrigue, Janique Danielle 017426 Rodriguez, Gillian Ross 007150 Rodriguez Lugo, Ayme 018304 Rodriguez-Cortes, Jacquelin 014911 Roesler, Stephanie 016674 Rogers, Tiffany Ann 011701 Rohani, Fariba 016557 Roman, Mary Ann 001799 Rondinone, Maria 003838 Roome, Jacqueline 010305 Ross. Mistv 009229 Rosu-Romeo, Dianne 004527 Rotband, Leonardo 016886 Rousseau, Meagan Meysha 009650 Rovet, Andrea Faith 002829 Rowland-Rush. Jennifer 006353 Rubezin, Revital 010567 Rzeszotko, Sarah Elizabeth 015418

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Saramak-Paradis, Joanne	003468
Sarkis, Marilyn Mae	003114
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Saulnier, Natasha Paulina	013241
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Scharf, Kimberly	013035
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Schmoll, Andrea M 007639 Schultz, Diane Hope 002659 Scott, Lindsay Donna 015011 Sech, Jessica 014009 Seewald, Sarah 012297 Seguin, Jessica Marie 012356 Sellitto, Joanne M 003991 Seltzer-Soberano, Laura Michelle 004251 Seperovic, Vahdeta 014283 009844 Seyler, Lindsay Rose Shah. Minakshi 004893 Shah, Niketa 013834 Shah, Sweetu 016559 Shah, Bhavin Padmakant 017476 Shantz, Catherine Mary 001847 Sharifi. Tabasum 016122 Sharma, Kavita 013217 Sheridan, Andrea Gerda 010525 Shettigar, Sharmila Dinesh 012898 Shouldice, Janelle 010818 Shugg, Patricia Judy 001608 Silva, Paula Roxanne 005164 Silva, Ashley 018572 Simpson, Deborah Ann 004727 Sims, Jill Alexandra 007768 Sisler. Samantha 017532 Sivananthan, Shyamala 009563 Smaggus, Jane-Ann Marjorie 009408 Smiley, Raymonda 005278 Smith, Jeanette 006738 Smith, Claire 008205 Smith, Erin Michele 009599 Smith, Juanita Ashley 009620 Smith, Rebecca Celeste 013798 Soeiro, Rebecca Marie Funk 015150 Somlo, Stephanie 018799 Sopovski, Emilija 011676 Sorger-Bonomo, Katherine M 002035 Soroka, Karen 004226 Sousa, Jennifer 011892 Soussan, Ashley 016579 Southorn, Robin Elizabeth 001748 Spanidis, Michelle 015683 Spano, Anne-Marie 017499 Sparavalo, Lepa 012434 Spartalis, Penny 007305 005340 Spencer, Karen Dawn St-Amour, Vanessa 015845 Stanley, Nicole Christine Beatrice 016986 Stecjuk, Charlane E 001266 Steele, Adriana 016109 Stephens, Suzanne C 006693 Stephenson, Joanne 002241 Stephenson, Corry-Lin 009228 Stewart-Sabapathy, Susanne E 007486 Stickland, Tanya Jeanne 007218 Stockwell, Summer 017386 Stokes, Melanie Sinika 016646 Strachan, Tamatha Ann 008388 Strader, Jennifer 010478 Strawn, Terri Diane 008804 Suchodolska, Agata 008978 Suitor, Shelley 014006 Sullivan, Trina 013111 Sung-Li, Susan Soo 009564 Sutcliffe, Eileen Anne 006128 Sutherland, Jocelynn 013480 Sweeney, Laura 011691 Sweet, RenÈe 012856 Sykes, Margaret Mary 002344

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Public Health Reporting and Infection Prevention and Control

by Andrea Lowes BA (Hons) LLB

n recent months, the CDHO has received an increased number of reports from Public Health Units (PHUs) across Ontario. Some PHUs have begun reporting to the CDHO when they inspect a dental office or dental hygiene clinic. In some cases the PHUs have shut down the offices or clinics due to significant or crucial lapses in infection control and prevention.

There are more than 40 PHUs in the province and each of these units is tasked with a number of functions, including the inspections referenced above. We note that not all of the PHUs have provided the CDHO with reports about their inspections or have provided access to reports, but at the CDHO, we expect that as more PHUs increase their focus on infection prevention and control, we will receive even greater numbers of reports.

If you are the subject of a PHU inspection and deficiencies are found, it is likely that the PHU will advise the CDHO that they have attended and provide the CHDO with the results of their inspection. In addition, the CDHO may also learn of the results of the inspection through other avenues, such as reporting from other health regulatory colleges, a complaint or report from the public or a regulated health professional, or in the course of the day-to-day work of the CDHO.

The CDHO has implemented processes and procedures to ensure that it thoroughly and fairly reviews these reports, and that in doing so, the ultimate purpose of the CDHO, the protection of the public, is upheld and fulfilled.

As such, the Registrar (or a delegate thereof) will review each and every report. In reviewing each report, it will be determined if any registrants have been named specifically, and if any other registrants practise at the clinic or office. It is important to note that even though a registrant may not be present at the time of the inspection, this does not mean that that registrant or any other registrant employed there is therefore not responsible for the infection prevention and control at the clinic or office noted in the report. If the report indicates concerns of a nature that the Registrar feels present an immediate risk to the public, the Registrar may use the authorization provided under the *Regulated Health Professions Act, 1991* to suspend the registrant's registration until the Registrar is satisfied that there no longer remains a threat to the public.

It is to be noted that in the event of any and all reports by a PHU, registrants will be asked to make submissions to the CDHO regarding the report(s). After receipt and review of the registrant submissions, the Registrar will make a decision regarding how to proceed.

There are a number of outcomes that may result from the review of the submissions. In some cases, the Registrar may determine that there is no reason to proceed further at the CDHO level regarding the report. The reasons for this are numerous, and include, but are not limited to, the infractions have been remedied and/or the registrant has been remediated and there is little or no risk to the public. However, if the submissions from the registrant do not address all of the concerns or if the Registrar is of the opinion or belief that there are outstanding concerns or remediation is required, the Registrar will request that the registrant enter into an undertaking with the CDHO to complete the CDHO's infection prevention and control education program and/or any other remediation that in the opinion of the Registrar is required.

If the registrant declines to sign the undertaking or does not fulfill the undertaking and/or the remediation requirements, the registrant will likely be referred to the Inquiries, Complaints and Reports Committee via a Registrar's Report for investigation.

It would be helpful for all registrants to review the updated infection prevention and control guidelines. See page 8 in this issue of *Milestones* for additional information regarding the guidelines.

If you have any questions about infection prevention and control, please do not hesitate to contact a Practice Advisor at the CDHO.

There's Been A Privacy Breach -Who Do I Tell?

Dental hygienists in Ontario need to be aware of new reporting obligations under the *Personal Health Information Protection Act, 2004* (PHIPA). Important changes took effect on October 1, 2017.

What is a privacy breach?

A privacy breach is when someone's personal health information is used or disclosed without authority or when their information is lost or stolen. Looking at a client's health records without authority – known as "snooping" – is considered to be a privacy breach.

Who needs to be notified?

The Client

If a client's personal health information is stolen, lost, or used or disclosed without authority, the health information custodian (the person with custody and control of the records) needs to notify the client at the first reasonable opportunity. The health information custodian also has to tell the client that he or she can make a complaint about the breach to the Information and Privacy Commissioner of Ontario.

The Health Information Custodian

If you are an agent of a health information custodian (for example, if you are a dental hygienist who works for a group practice, or for another dental hygienist or dentist) you need to tell the responsible custodian about the breach at the first reasonable opportunity.

The Information and Privacy Commissioner

Effective October 1, 2017, health information custodians have to report the following types of privacy breaches to the Information and Privacy Commissioner directly:

1. Use or disclosure without authority: The health information custodian has reasonable grounds to believe that personal health information in the custodian's custody or control was

used or disclosed without authority by a person who knew or ought to have known that they were using or disclosing the information without authority.

- 2. *Stolen information*: The health information custodian has reasonable grounds to believe that personal health information in the custodian's custody or control was stolen.
- 3. *Further use or disclosure without authority*: The health information custodian has reasonable grounds to believe that, after an initial loss or unauthorized use or disclosure of personal health information in the custodian's custody or control, the personal health information was or will be further used or disclosed without authority.
- 4. *Pattern of similar breaches*: The loss or unauthorized use or disclosure of personal health information is part of a pattern of similar losses or unauthorized uses or disclosures of personal health information in the custody or control of the health information custodian.
- 5. *Disciplinary action taken against a member of a regulatory College:* The health information custodian is required to give notice to a College of an event described in section 17.1 of PHIPA that relates to a loss or unauthorized use or disclosure of personal health information (discussed below).
- 6. *Disciplinary action taken against others*: The health information custodian would be required to give notice to a College, if an agent of the health information custodian were a member of the College, of an event described in section 17.1 of PHIPA that relates to a loss or unauthorized use or disclosure of personal health information.
- 7. *Significant breaches*: The health information custodian determines that the loss or unauthorized use or disclosure of personal health information is significant after considering all relevant circumstances, including the following:
 - i. Whether the personal health information that was lost or used or disclosed without authority is sensitive.
 - ii. Whether the loss or unauthorized use or disclosure involved a large volume of personal health information.

- iii. Whether the loss or unauthorized use or disclosure involved many individuals' personal health information.
- iv. Whether more than one health information custodian or agent was responsible for the loss or unauthorized use or disclosure of the personal health information.

Regulatory Colleges

Health information custodians are also required to report certain actions taken in response to privacy breaches to the appropriate regulatory College.

This means that if a health information custodian takes any disciplinary action against a member of a College under the *Regulated Health Professions Act, 1991* or a member of the Ontario College of Social Workers and Social Service Workers because of that member's unauthorized collection, use, disclosure, retention or disposal of personal health information, the custodian must report that fact to the member's regulatory College. This includes situations where a custodian suspends or terminates a member's employment or revokes or restricts a member's privileges or business affiliation. It also includes situations where the member resigns in the face of such action.

This notice must be given within 30 days of the disciplinary action or resignation occurring and it must be in writing. As noted above, if a report is made to a College in one of these circumstances, then a report must also be made to the Information and Privacy Commissioner. This notice requirement under PHIPA overlaps with the mandatory reporting provisions of the *Regulated Health Professions Act*, *1991*, which require employers to report when a member has been terminated or had their privileges or partnership revoked or restricted for reasons of professional misconduct, incompetence or incapacity.

Annual Report to the Information and Privacy Commissioner

Starting in **January 2018**, health information custodians will have to start tracking information about privacy breaches that occur in their organizations. Health information custodians will have to provide an annual report to the Information and Privacy Commissioner about any privacy breaches starting in **March 2019**.

Conclusion

It is important for all dental hygienists to understand their obligations under PHIPA, including when they need to report privacy breaches and to whom those reports need to be made.

More information can be obtained from the Information and Privacy Commissioner's website:

https://www.ipc.on.ca/health/report-a-privacy-breach/

The full text of the new Regulation under PHIPA is available on e-Laws: https://www.ontario.ca/laws/regulation/040329

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)

Roula Anastasopoulos RDH, BEd ext. 253 • advice@cdho.org



The Drugs in Dental Hygiene Practice Examination (DDHPE)

Frequently Asked Questions

What happens if the computer goes down or I have technical difficulties during the exam?

The examination is hosted and delivered by a company outside the College that has years of experience with electronic examinations. Our contract with them includes handling technical delivery of the examination. Any technical difficulties you have should be addressed with Skilsure.

I moved from Alberta and was able to prescribe there. Do I still need to take the examination?

Yes. All Ontario registrants must complete the DDHPE prior to prescribing, dispensing or selling drugs in Ontario.

How much time does the self-study course take to complete?

The time it takes to complete the self-study course can vary from person to person depending on the currency of your pharmacology knowledge. The estimated average time to complete the course and self-build study guide is 25 hours. These hours can be used in your learning portfolio to demonstrate compliance with your continuous competency requirement.

Can I use the time spent on the course for my portfolio?

Time spent on the course can be reported in your learning portfolio.

What drugs can I prescribe after the Designated Drugs Regulation is passed and I pass the examination?

Chlorhexidine is the only prescription drug listed in the Designated Drugs Regulation. Fluorides do not require a prescription.

I have always used chlorhexidine irrigation after scaling on some clients and have been able to purchase it from the drug supply company. What has changed?

Your ability to purchase and use drugs in practice has not changed. Previously you were not able to prescribe or send home with your clients chlorhexidine for home use. Now that the Designated Drugs Regulation has passed, dental hygienists who have successfully passed the DDHPE may prescribe, dispense and sell chlorhexidine. CDHO

What Happens When You Report Charges to the College?

S ince the amendment to Bylaw No. 5 that came into effect on March 24, 2017, all registrants are required to report any charges, conditions, or findings to the College within 14 days of the occurrence. This includes conduct both inside and outside the practice of dental hygiene. The *Policy on Posting Criminal Charges, Findings and Bail Conditions on the Public Register* further clarifies what information the College may need when a registrant reports an offence and how that information is used to make a decision to either post the charge on the Public Register or open an investigation into the registrant's conduct, or both.

Please refer to the article, *Amendments to Bylaw No. 5*, in *Milestones 2017* | *Issue 2*, for more detailed information about charges, conditions, and findings.

Information We Need

In order to determine what action to take, the Registrar needs to know what happened, when it happened, how and why. This information is taken both from your personal account of the event, as well as from any supporting documentation you are asked to submit.

When you report an offence, you will be required to submit a written personal statement of explanation. In your statement, you should consider not only the facts of the event, such as the date, time, etc., but also the reasons why it happened and what you have done about it since. Your understanding of the offence and personal reflection are taken into account when the Registrar is considering what action to take.

You will also need to submit any supporting documentation related to the offence, which may include a copy of the Notice of Conviction or the Notice of Discharge, copies of any orders or conditions you have been subject to, and any documentation that proves that you are in compliance with the terms of your sentencing. Depending on the circumstances, we may also request additional documentation such as a current police record check, reference letters, verification of circumstances, hearing transcripts, etc. In most cases, you can obtain the required documentation directly from the courthouse where your case was seen or your legal representative can help you to obtain it.

Registrar's Responsibility

Under the Bylaw, the Registrar has the responsibility to post to the Public Register any charges, conditions, or findings of guilt that the Registrar believes is relevant to a registrant's suitability to practise. The College posts this information on the Public Register because it assists the public in making an informed choice when choosing a health care professional and, while most of this information is already publicly available through the courts, it may otherwise be difficult to find.

The Registrar may also report to the Investigations, Complaints and Reports Committee (ICRC) that there are reasonable and probable grounds to commence an investigation into the conduct of the registrant. Professional Misconduct is defined in both the Regulated Health Professions Act, 1991 (RHPA) and the Professional Misconduct Regulation to the Dental Hygiene Act, 1991 (DHA). In the context of reporting charges, conditions, or findings of guilt, Professional Misconduct includes being found guilty of an offence that is relevant to the member's suitability to practise (s. 51(1)(a) of the RHPA); being found by another regulator to have committed an act of professional misconduct that would, in the opinion of a discipline panel of the College, be an act of professional misconduct (s. 51(1)(b) of the RHPA); conduct that is disgraceful, dishonourable or unprofessional; and conduct that is unbecoming of a dental hygienist (sections 15.52 and 53 of the Professional Misconduct Regulation to the DHA).

Investigation

If the ICRC agrees that an investigation is warranted, an investigation report would be prepared and the registrant would have an opportunity to provide submissions. When the ICRC considers the investigation adequate, it will look at the following issues:

by Terri-Lynn Macartney BA (Hons) and Eva Rosenstock BA

- 1. Whether the nature of the conduct is serious enough (i.e., there is a high risk of public harm) to warrant a discipline hearing in all of the circumstances;
- 2. If the conduct does warrant a discipline hearing, whether the information in support of the allegations is of a sufficient quantity and quality to require a hearing; and
- 3. If the allegations of misconduct are not referred to a hearing, whether some other action by the ICRC is appropriate. This could include attending before the Committee for a caution or the completion of remediation courses such as an individualized ethics course, for example. Outcomes such as this and referrals to the Discipline Committee would also be reported on the Public Register.

Considerations

When making a determination as to whether the offence or the conduct are relevant to a registrant's suitability to practise, the Registrar will consider factors such as the extent of the conduct, the specific circumstances of the matter, the motivation for the conduct, and the degree of dishonesty or breach of trust. For bail conditions or other conditions on release, the Registrar will look at whether the conditions apply to the dental hygienist's practice. For matters that have been concluded, the penalty that was imposed by the court is also considered.

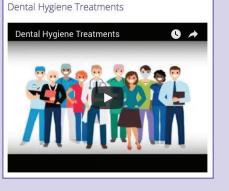
The Registrar will also assess the registrant's conduct since the offence. How cooperative the registrant has been in disclosing the conduct is important, whether they have been forthcoming, and whether they admit to or deny the conduct in question. The Registrar will look for evidence as to whether the conduct was in character or out of character, whether rehabilitation has occurred, and the likelihood the conduct will reoccur. If applicable, a treating health care provider's report may be requested to address the potential impact on the registrant's ability to practise and whether there are ongoing concerns that might be likely to lead to a repetition of the conduct. Similarly, if circumstances warrant it, we may request evidence directly from other sources such as an employer, regulatory body, educator, or parole officer.

Next Steps

If you have any charges, conditions, or findings to report to the College, please send an email to <u>registration@cdho.org</u> for more information. Depending on the circumstances, we will let you know what documentation we require and how to submit it. Once all documentation has been received, it can take a few weeks for the Registrar to review the matter and reach a decision. You would then be notified of the decision in writing and advised of any further steps. **CDHO**

Take a look at CDHO's latest social media campaign video clips on our **YouTube** channel or on our website under **For the Public / Media / Video Library**.







Recent Discipline Decision

The College recently held one discipline hearing.

Ms. Melissa Kapralos

In or about November 2015, March 2016 and August 2016, Ms. Melissa Kapralos, who had been a registrant of the College of Dental Hygienists of Ontario since 2008, treated a client with whom she was engaged in a sexual relationship.

On June 20, 2017, the Discipline Committee of the College found that Ms. Kapralos had committed acts of misconduct, in that she treated the client while engaged in a sexual relationship with that client.

The Discipline Committee delivered a reprimand to Ms. Kapralos and directed the Registrar to revoke Ms. Kapralos' certificate of registration immediately. After a period of five (5) years, Ms. Kapralos may apply to the College to reinstate her certificate of registration.



Ms. Kapralos was ordered to pay \$1000 in costs to the College. Ms. Kapralos must reimburse the College for any funding for therapy and counselling provided by the College to the client under s. 85.7 of the *Health Professions Procedural Code*. For more information, please go to www.cdho.org toread the full decision of the Discipline Committee regarding Ms. Kapralos. CDHO



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

July 12 to October 15, 2017

019006

018975

019037

018947

018861

018878

019062

019088

019031

019024

019087

018882

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Abraham, Shelby Adams, Karlie Agimal, Sandeep Ahmad. Igra Ahmad, Maira Ahola, Drue Ali, Rasheed Alig, Natasha Amanouail, Dani Amini, Rana Anjan, Sujata Aquino, Margarita Arch, Nicole Arendt, Antonia Audette, Nadine Austin, Katie Awada, Hiba Axelrad, Stephanie Babaei, Nikoo Baby Jacob, Jesson Banks, Leah Bastarache, Julie Beaudry, Chelsea Belisle, Katelyne Bellamy, Sherri Belley Blanchette, Emy Bennett, Victoria Bezaire, Nicole Bhandari, Mohit Bois, Veronique Boisclair-Lafontaine, Angélique Borhan Mojabi, Katayoun Boyd, Kelly Brooks, Laura Bubencikova, Kamila Buksa, Nick Cadieux, Karine Canape, Jovie Ann Canaris, Selena Chappus Sikich, Kendra Chung, Jiyoung Claeys, Hannah Clanachan, Gillian Cleroux, Jane Cohen, Melanie Cole, Abbie Coreas, Jennifer Cote. Jamie

Coulter, Madeline Covant, Michelle Craig, Breanna 018978 Da Ponte, Carina 018924 Dalal, Vivek 019015 Dancy, Krystal Darkaei-Nejad-Hendoe, Atoosa 018900 Deboer, Krista Dent, Stacy 019079 Déziel, Frédérique Kyla 019086 Dhillon, Puneet DiNardo, Danielle Ding, Yi Xiang Do Carmo, Debbie Evans, Dina Evens, Emily 018926 Faryal, Saleena Felix, Stephanie Fischer, Fran Fullerton, Kelly Furfaro, Sarah Galletta, Stephanie Gandhi, Nivea Garneau. Karissa 018920 George, Sarah 018885 Ghahari Kouchaksarei, Dena Ghorbani, Sonya Gito, Robyn Nicole 019046 Gomez, Jacqueline Good, Nicole Goodarzy, Roshanak 018983 Gray, Emma Gregoire, Celine Guenther, Maryn Guiho, Nicole Guilbault, Samantha Guillemette, Laurence Gunner, Rachel Ha, Aline Haghighi, Sara 018908 Hall. Melissa Handrysiak, Camile Haroon, Amany Hashimi, Tamana Hedderson, Ashley 019026 Heffernan, Hannah Hehar, Lavine Hergel, Tess 018866 Holder, Gillian 018974 Holyoke, Carolyn Huard, Kristen

019042	Hwang, Hee Joo	019017
019093	lqbal, Mahnoor	018967
019084	Irwin, Beau	018959
019065	Jairam, Yogeeta	019081
018899	Johnson, Lindsay	019001
018999	Kabir, Kashfi	018998
018903	Kapoor, Kapil	018905
018969	Kelada, Selvia	019060
019092	Khan, Saba	019029
019047	Kim, EunKyung	018972
019052	Kim, Jiyoung	018938
018939	Kim, Sarah	019078
018881	Krall, Stephanie	018961
018936	Kruhlytska, Mariya	018956
019082	Kuang, Erica	019040
018877	Kwong, Vicky	018904
018915	La Rosa, Fotula	018914
019012	Lachine, Alyssa	018963
018960	Lamoureux, Mireille	019074
018940	Langille, Amber	018918
018950	Langlois, Breanne	018892
018873	Lapalme, Kristine	019005
018982	Lavoie, Jessica	018886
018872	Le, Huy	018981
018934	Leclair, Courtney	018933
018869	LeMay, Alexandra	018880
018887	Lencewicz, Natasha	018976
018894	Lethbridge-Brazier, Karissa	018889
018862	Lewis, Alexandra	019068
018997	Lexier, Malka	019051
018897	Lisco, Deborah	018991
018944	Liu, Kathy	018979
018929	Lospe, Hennelle	018919
019057	Lourenco, Ashley	018973
018993	Lynn, Amanda	018907
018875	Mackenzie, Kaleigh	018867
018953	Magee, Lauren	019050
018986	•	018941
018980	Magnaye, Veronica Mamucod, Mico	018941
018916	Mantes, Emily Rose	019003
019058	Manuel, Andrea	018984
	Markovic, Rachel	018984
018955	,	019013
019018	Marquez Hernandez, Michelle	
019049	Martinescu, Olivia Mazzali, Sera	018860
019073	· · · · · · · · · · · · · · · · · · ·	019039
018912	McEvoy, Kimberley	019056
018957	McEwen, Lauren	019071
019014	McGlen, Jenny	019021
018910	McIlroy, Holly	019063
019067	McMeekin, Lauren	018930
019028	Merana, Ervin	019020

Michaud, Kelsey Milito, Francesca Millar Desjardins, Émilie Mody, Michelle Mohammad Ali, Nour Morgan, Hannah Munoz Caldas, Veronica Naguleswaran, Sweedi Nandu, Monique Nguyen, Brenda Nguyen, Jessica Nguyen, Kathy Phuong-Khanh Nguyen, Sally Nichols, Alyson Nikravan, Tannaz Niles, Carly Niles, Raeanne Nisa, Zaib Nnabuogor, Izzy Pano Jariis, Michelle Parr, Taylar Pasternak Szkudlarek, Sierra Pereira. Jessica Perl, Nicki Perras, Isabelle Perreault, Roxane Pierre, Endwouigine Pinto, Dana Potvin, Sarah Pungurai, Anna Puthenpurayil Elias, Santhosh Ramos Bogarin, Christa Ranu, Kamaldip Raval, Yogin Ren, Hai Shi Roberts, Ashley Roefs, Kelly Ross, Tenecia Sadhwani, Kunal Sager, Melissa Sahayarajah, Nancy Saira, Syeda Samra, Ramanjot San, Kalyan Saxena, Prachi Sebescu, Mihaela Seo, Yooree Serio, Melissa Sgotto, Cassandra Shand, Kristin Shaver, Marisa Shen, Kristen Shtepa, Rima Sibley, Victoria Siddiqi, Sonia Silvaggio, Alyssa Silvestre, Mary Jean Singh, Heena Sliva. Deanna

Smith, Samantha Spadafora, Jessica Spencer, Meagan Stepanov, Nadia Stern, Melody Stevens, Jordan Stewart, Hannah Stuckless, Sheena Tabi Tambong, Yvonne Talbot, Ali Talma. Amanda Tehaili, Nora Thibault Matern, Kira Thomas, Tony Tolentino, Marian Torti. Heather Toth, Julia Tran, Lynda Turner, Jayme Turton, Carolyn Visanji, Ziana Walker, Belinda Walton, Cassandra Weekes-Thornhill, Amelia Winter, McKenzie Wittersheim, Tatiana Wolf. Heather Wood, Tamarin Yue, Zi Xin Ziegler, Nicole Zreik, Rosa

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Authorized for Self-Initiation

July 12 to October 15, 2017

019032	Aubin, Nicole Chantal Marie	013557
018909	Barragan, Leydi Juliana	017086
018896	Buhl, Kathryn Payge	016923
019019	Cardenas, Maria Margarita	011057
019016	Cehic, Mirela	016715
018859	Constantino, Maria Cecilia	011100
018988	Cotterchio, Jessica Anne	016978
019070	Coutu, Cori Lee	004020
019085	Cruz, Cynthia Carvalho	017567
018952	Curlew, Caitlyn	014473
018870	Dacosta, Alexandra	018410
018856	Dobosz, Agnieszka	013354
018996	Early, Katelyn	018231
018893	Eldali, Majeda Bassima	017120
019002	Fontaine, Catherine	018490
018868	Franks, Lisa Marie	016533
018864	Fraser, Meaghan Elizabeth	015520
018895	Gorman, Angela Olive	014165
018923	Guevara Alfonso, Gina Astrid	017367
019008	Hall, Margot Frances	012735
019055	Harvey, Rosina Evalyn Diane	016987
018965	Hinkson, Emily	010876
018987	Holmes, Vicki Lee	003352
018911	Isabella, Thea Marie	011490

Jagodic, Shanel	018272
Kazbar, Hala	017316
Kohli, Roopali	016358
Kuglin, Cynthia	017528
Laforge-Sagle, Emilie Jeanne	014085
Lake, Becky Bernadette	015750
Lam, Doris	008169
Lemesurier, Jacqueline Paige	010729
Lin, Yong	016474
Lo, Florence Sze-Ming	011244
Lowry, Ashley	015080
Marples, Aimee Lynn	007438
Mbirimi, Estere	016825
McCambly, Diane Jean	001464
McEachern, Jennifer Grace	007095
Mehdizadeh, Jila	017338
Nadeau, Kim	005843
Neville, Kelly Mae	005630
Patel, Henal	014446
Persaud, Surujnie Kamalwattie	012579
Petta, Natalie Adriana	016819
Phillips-Frost, Claire	001994
Popiolek, Rebecca Ann Louise	015407
Pratt, Sara Elizabeth	009657
Rasetta, Michael	010599
Roet, Niresha	014957
Sassi, Sarah Marie	009908
Sedghidehnavi, Bahara	015038
Shah, Bhavin Padmakant	017476
Sidiropoulos, Haralambia	008926
St. John, Michele Susan	004506
Steel, Zoé Paris	017356
Swartzentruber, Patricia Marie	017446
Tenuta, Maria Victoria	016309
Todd, Gisele Lee	003142
Trizzino, Robin Lynne	005943
Urbanek, Jennifer Anne	007848
Valerino Castellanos, Ariagna	013516
Vaughan, Jessica	015891
Vega, Gisselle Elena	017083
Walt, Lisa Ann	015310
Wardlaw, Wendy Lee	010879
Weeks, Alisha	014459
Welsh-Wassef, Christine Margaret	013867
Woods, Emily	016606
Wraight, Irene Joyce	003473
Yang, Elaine Yee-Ling	015179
Yang, Jiseon	016573

Reinstated

July 12 to October 15, 2017	
Eisenschmid, Kirsten	013930
North, Robin	008824



Resignations

July 12 to October 15, 2017

Aldred, Carol	002158
Bocknek, Reah Sharon	002790
Boudreau, Kaitlyn	018150
Burke, Lisa Harper	006938
Careau, Geneviève Marie Rolande	016119
Gareau, Nicole Carole	006656
Hiltz, Cathy	003288
Kamosi, Nada Jafar	012678
Levesque, Daniel J	008233
McIlveen, Sandra Ann	001136
Miller, Nair	003623
Rosnak, Sharon Lynn	002211
Shettigar, Sharmila Dinesh	012898
Treleaven, Heather Joan	003014
Visser, Kelly Brenda	004073
Wrona, Amanda Caitlin	016634

Interim Suspension With Cause

August 19, 2017 to September 6, 2017 Maramag, Angelita 012995 Deceased

010830

August 8, 2017

Impala Pereira, Miriam

The CDHO Knowledge Network

Find the clinical information you need at: www.cdho.org

The following three new Factsheets have been added to the CDHO Knowledge Network



- Atrial Fibrillation
- Novel Oral Anticoagulants
- Stroke

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

the College's promise to dental hygiene clients

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

how we keep this promise

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