


Joint Replacement — Should I Premedicate?

Recent Changes to the *Regulated Health Professions Act, 1991*

What To Do When Your Sterilization Quality Assurance Monitoring Fails?

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



President's Message

Catherine Ranson RDH, BHA, MET

Summer is here and is a beautiful season in Ontario. Hopefully, you will have the opportunity to visit some of Ontario's magical destinations this summer. Some beautiful places that come to mind, such as Spencer Smith Park in Burlington, Killarney Provincial Park, Manitoulin Island, Bonnieheath Lavender Farm, Niagara Falls Botanical Gardens, Kawartha Lakes Conservation Area, Hendrie Park in Hamilton, Stone Ruins in Beaverton, Inglis Falls in Owen Sound and Gatineau Park in Ottawa are all worth visiting.

The second Council meeting of the year was held recently on June 1, 2018. The College of Dental Hygienists of Ontario (CDHO) Council is proposing some changes to the CDHO bylaws. The details of these changes can be found on the CDHO website for public and registrant review. Council continues to strategize and develop the *Ownership Linkage Plan* and will be implementing a pilot survey during the summer months as the first phase of the plan.

Council meetings are open to the public, where anyone is permitted to attend to observe how Council debates and makes decisions.

The College of Dental Hygienists of Ontario regulates the profession of dental hygiene in the best interest of the public to ensure Ontarians are receiving safe and high quality oral health services. The College's governing Council includes dental hygienists throughout Ontario who have been elected by their peers, and public members that have been appointed to Council by the provincial government. The Council's role is to make decisions in the interest of the public and policy decisions to regulate the profession of dental hygiene. Council decisions are guided by legislation, Council bylaws and governance policies. Council meetings are open to the public, where anyone is permitted to attend to observe how Council debates and makes decisions. Council members have a fiduciary responsibility to follow the legislation, bylaws, governance policies and the Council Code of Conduct at all times. The CDHO operates under the Policy Governance Model providing strategic leadership, obligation of accountability, self-monitoring and rigorously evaluates the accomplishments of the organization. The Council continues to recognize that self-regulation is a privilege and is committed to uphold the College mandate of regulating the dental hygiene profession with public interest in the forefront.

Cont'd on p. 5...



Registrar's Message

Lisa Taylor RDH, BA, MEd, MCOB

The other day I was asked by a recently registered dental hygienist what she should do to become a Council member. I explained that she would need to be elected in the district she works in and suggested she go to the College website to see when her district election was coming up. I explained a bit about what Council members do on Council. To that, she asked if I thought she was smart enough. I was amused by the question and without hesitation answered in the affirmative.

Later on I thought about her question. Surely to be a dental hygienist you would have already proven you are smart. But is that all it takes to be a Council member? My first response to that is no. There are so many qualities more important than that. The first is a willingness to put self and professional interest aside and make decisions that put public interests first. With this comes the maturity to recognize the bias that you come to the table with and make every effort to acknowledge it and overcome the temptation to let it lead you. Sometimes it means you will leave a discussion because you find yourself in a conflict of interest. This requires you to be honest with yourself and have regard for the perception of others even when you believe you can put feelings aside.

Thus to act with integrity, Council members also must have a strong moral compass and the moral courage to follow it.

Another key quality is that as a Council member, you must act with integrity. Acting with integrity means understanding, accepting, and choosing to live in accordance with one's principles, which will include honesty, fairness, and decency. A person of integrity will consistently demonstrate good character by being free of corruption and hypocrisy. Council members demonstrate integrity when they act virtuously regardless of circumstances or consequences.

Thus to act with integrity, Council members also must have a strong moral compass and the moral courage to follow it. Indeed, integrity is the critical connection between ethics and moral action. It is doing the right thing not only when no one is looking but when everyone else seems to be doing the wrong thing.

Passion for the client's right to safe, ethical dental hygiene care is also one of the top qualities of a good Council member. It is important as a Council member to believe in what you are doing and know who you are doing it for. It is that passion that will ensure

you are fully engaged when working as a Council or committee member. Why would you take up a seat on Council if you did not believe that dental hygiene clients have a right to safe ethical and effective dental hygiene care? Or that dental hygienists need to be competent to provide that care?

Respect is probably next. Being respectful means exhibiting care, concern, or consideration for the needs or feelings of others. As a Council member, this will be important in two ways. You must always give respect and you will always act in ways that earn respect of others. Even when Council members find themselves on different sides of an issue, discussions are productive when respect and respectful behaviour is honoured. A respectful Council is one where you will find more engaged and productive members.

Another quality is thoughtfulness. Council members must have the ability to really consider the issue at hand and weigh its ramifications for the public and the College. The best Council members ask questions that cause themselves and others to think through your/their own responses as well. If a Council member can't stop to think about why she or he is in favour or against an initiative, then it is likely that she or he is allowing personal past experiences or the influence of another to automatically have a vote, regardless of where those experiences or influencers have led.

Finally, Council members must be able to envision the future and think beyond today. So many decisions affect both today

and tomorrow. It is short sighted to think that today's issues do not have a ripple effect on the future. Considering only today's issue jeopardizes the future. A good Council member will ask questions that consider the long term cause and effect of issues at hand.

So, if I could go back to the conversation I had with the dental hygienist who worried she was not smart enough, I would have said so much more about the qualities required of good Council members. I would have encouraged her to self-reflect on her ability to put public interest first, to recognize her own biases, to act with integrity, to have passion for clients' rights, to behave in respectful ways and to practise thoughtfulness. I would have asked her if she can see beyond the issue at hand to the bigger picture. Hopefully, she and others like her are reading this today and I hope they are encouraged to run for a position on Council. You do not need to know all the issues of today or be fluent in regulation. We will help you with all those things. What is really important is that you have the qualities that make for a good Council member. We will teach you the rest. For those of you in districts 4, 7 and 8, take the summer to think about this. There will be district elections in November and I'd love to see you on Council.

Enjoy the summer! **CDHO**

President's Message...continued from p. 3

The CDHO's overall public Ends Policies are that all Ontarians have access to safe, high quality oral health services; has timely access to fair, transparent and impartial regulatory processes; and engages in health system and public policy influence.

Elections for professional members in specific districts will take place in the fall of 2018. A call for nominations will be posted by the Registrar, along with a deadline date followed by an election date. I encourage you to run for election in your area.

Our next Council meeting is on Friday, September 21, 2018 in Toronto, and I encourage you to attend. Please see the CDHO website for details.

Enjoy the summer season.

Catherine Ranson, RDH, BHA, MET
President **CDHO**

2018 Council Meeting Dates

Friday, September 21, 2018
Friday, December 7, 2018

Location: Vantage Venues
<http://vantagevenues.com/>

Seating is limited.

Please contact the Office of the Registrar via email at lkikuchi-gearey@cdho.org or by telephone at 416-961-6234, ext. 223 by Friday, September 14, 2018 to advise of attendance.



CDHO | Council Highlights

June 1, 2018

At the **June 1, 2018** Council meeting, Council approved the **Policy on Fragrance-Free Meeting Spaces** in an effort to create a fragrance-free environment so that those with chemical sensitivities will not be hindered access to the College or College activities.

An amendment to **s. 3.4 (3) of Bylaw 5** that defines the number of seats allocated to each district was proposed and approved for circulation to stakeholders for feedback. Feedback will be brought to the September Council meeting for consideration.

S. 16.4 of Bylaw No. 5 that outlines **exam fees** was subject to a proposed amendment which will be circulated among registrants of the College and other stakeholders for comment and brought back to Council for final review and/or approval.

The firm of **Hilborn, LLP**, was reappointed as auditors of the College of Dental Hygienists of Ontario for the fiscal year of 2018.

The **Annual and Comprehensive Assessment of the External Auditor** by the Executive Committee tool was approved to be tested over the coming months by the Executive Committee.

The **Executive Committee** reported that Mr. Vinay Jain and Ms. Roma Czech were approved to attend the IPGA conference in Savannah, Georgia June 21–23, 2018.

The **Inquiries, Complaints and Reports Committee (ICRC)** reported that since the March 9, 2018 meeting, it has received 8 complaints and began

7 Registrar Report investigations. In total, the ICRC is currently investigating 72 matters including 9 formal complaints, and 63 Registrar Report investigations.

The **Quality Assurance Committee** reported sending out ‘Welcome to the Profession’ letters to a total of 355 registrants who registered between August 23, 2017 and April 30, 2018 as an effort to promote quality practice and to increase awareness of the CDHO resources available.

The **Registration Committee** reported that of the 103 new applications for registration received since the last report to Council, one application required detailed review by the Registrar. Following review of information submitted by the Applicant, a general certificate of registration was granted. As of May 18, 2018 the Registration Committee reported that 158 new applicants were registered to practise, 9 previous registrants of the College were re-registered, 5 registrants were reinstated (from suspended), 12 registrants resigned, and 76 were authorized to self-initiate.

The agenda books and minutes of past Council meetings can be found on the CDHO website. Registrants are encouraged to read and be informed.

There was a special meeting of Council on June 1, 2018 called under articles 3.8(5) and 4.4 of Bylaw No. 5 to consider whether there had been a breach of duties by Council member R. Czech. The Council voted that Ms. R. Czech did not violate Council’s code of conduct nor breach her duties. **CDHO**

Three Positions on Council Open January 2019

Seeking Candidates

District 4	Central: The regional municipalities of York and Metropolitan Toronto
District 7	Northeastern: The territorial districts of Algoma, Cochrane, Manitoulin, Muskoka, Nipissing, Parry Sound, Sudbury and Timiskaming
District 8	Northwestern: The territorial districts of Rainy River, Thunder Bay and Kenora

As a **Council member**, you will exemplify excellence and integrity by governing with an emphasis on outward vision, a commitment to obtaining input from dental hygiene clients, the encouragement of diversity in viewpoints, a strategic leadership, a clear distinction of Council and staff roles, a commitment to collective decisions, and a **proactive future focus**.

Members of Council **make decisions that are in the public interest** and further the College's mandate of regulating the practice of dental hygiene.

By standing for election, you have the opportunity to join a committed group of dental hygienists and government-appointed public members who work together to safeguard the public interest and to **uphold the standard of care** that dental hygienists provide to their clients.

Dental hygienists who serve as professional members of Council are elected from the district that they work in. It is important to note that while the dental hygienists in a district elect the Council member, that member is not a representative of dental hygienists in that district. This is an important distinction and one you must consider before considering a Council position. A Council member's task is to look after the interests of the Ontario public, and to **always favour public interest over self-interest or professional interest**.

If this resonates with you and you are a registered dental hygienist in good standing with the College, who works in district 4, 7 or 8, and can **attend a minimum of eight meetings a year in Toronto**, we are interested in having you join us.

The call for **nominations will go out Monday, September 21, 2018**. You require five nominators from your district to sign your application. You have plenty of time to seek the support of dental hygienists in your district. The **election will take place November 21, 2018**.

Professional Council members are paid a per diem of \$300. Travel expenses to attend meetings are also covered.

Term: January 2019–January 2021.

Please visit our website at **www.cdho.org** to learn more. 



Sterilization Efficacy —

1 Improper Cleaning of Instruments

Cleaning involves the removal of debris and organic material from an instrument prior to sterilization. This type of debris may shield microorganisms from being properly destroyed and ultimately hinders an item from being effectively sterilized.

2 Improper Packaging Materials or Packaging Technique

The type of packaging you choose needs to be compatible with both the items to be sterilized and the chosen method of sterilization. Items need to be packaged according to the manufacturer's instructions for use for both the packaging and items being sterilized. Packaging material must be able to withstand the temperature of your sterilization method. Some common errors include:

- placing a folded peel pouch inside another peel pouch;
- using excessive wrap which may affect steam penetration;
- failure to disassemble instruments; or
- failure to leave hinged instrument in the open position during cleaning and sterilization.



3 Choosing the Incorrect Monitoring Tests for Your Method of Sterilization

Another common error is choosing the incorrect chemical indicators or incorrect biological indicator process challenge device for the method of sterilization used. Once you have chosen the correct monitoring tests for your sterilization process (e.g. *G. stearothermophilus* spores for steam sterilization), plans should be in place in the event of any monitoring failures.

4 Choosing the Incorrect Cycle for Load Contents

Choosing the correct parameters (time, temperature and pressure) for each load is very important. This information can be found in the manufacturer's instructions for the instruments being processed and the type of packaging being used. Inadequate temperature being reached or insufficient time at the recommended temperature could result in incomplete sterilization. Alternatively, temperatures over and above what is recommended by the manufacturer's instructions for the items being sterilized, may adversely affect the integrity and functionality of instruments. Inadequate temperatures may also result from human errors if, for example, the sterilizer door is opened prior to cycle completion. Some sterilizers will have specific cycles for instruments containing lumens, such as a cycle designated for hand pieces.

The **8** Most Common Reasons for Failure

by Giulia Galloro RDH, BSc(DH)

5 Improper Loading of the Sterilizer

Read the manufacturer's instructions for use for both the sterilizer and packaging you are using. Overloading the sterilizer, placing packages too close together, or incorrect orientation inside the autoclave may prevent adequate air removal and steam penetration around and through the load. If using racks, instrument pouches should be placed on edge and all facing the same direction. Failure to follow proper loading instructions for the method of sterilization may result in incomplete sterilization.



6 Wet Bags from a Completed Cycle

Wet bags can be a result of inadequate drying of instruments prior to wrapping/packaging, overfilling packages, overloading the sterilizer or removing instruments prior to completing the dry cycle. Bags that have come out wet from the sterilizer are not considered sterile and need to be reprocessed.

7 Proper Maintenance of Sterilization Equipment

This includes running appropriate qualifying tests prior to the initial use of a sterilizer in addition to requalifying tests after the sterilizer has had a failure or was sent for repairs. Other issues with maintenance may involve clogged drain lines, clogged steam lines, pressure gauges calibration, worn out door gaskets and seals, and/or malfunctioning valves. If this is the situation, you should check the owner's manual to troubleshoot the problem or send the sterilizer for repairs by a certified technician.

8 Lack of Training for Sterilization Procedures

Anyone involved in processing of reusable medical equipment and devices needs to have device-specific training for any equipment being used and adequate training for the volume and type of instruments to be sterilized. They need to be knowledgeable and trained in how to read sterilization monitoring systems, and to be accountable for logging all necessary monitoring parameters after each load. Lack of knowledge or failure to follow appropriate policies and procedures in any one of the reprocessing steps may result in sterilization failure. **CDHO**

JOINT REPLACEMENT – Should I Premedicate?

by Roula Anastasopoulos RDH, BEd

The College has received many calls by dental hygienists seeking advice on whether antibiotic prophylaxis is required prior to invasive dental hygiene procedures for clients who have had a total joint replacement. The question whether to premedicate or not has been a controversial topic for healthcare practitioners and their clients for several years. In an attempt to help practitioners make an informed decision, the Canadian Dental Association (CDA), the Canadian Orthopaedic Association (COA) and the Association of Medical Microbiology and Infectious Disease (AMMI) collaborated to develop the most recent consensus statement.

After reviewing the most current available research regarding antibiotic prophylaxis, this consensus statement supports that there is evidence to suggest that premedication is not routinely required for clients with total joint replacement. This also supports the clinical practice guideline released in January 2015 by the American Academy of Orthopaedic Surgeons (AAOS) and the American Dental Association (ADA) published in the *Journal of the American Dental Association*. The guideline concluded that evidence failed to demonstrate an association between dental procedures and prosthetic joint infection or any effectiveness for antibiotic prophylaxis. This information in conjunction with the potential harm from antibiotic use, led to the conclusion that, in general, using antibiotics before dental procedures is not recommended to prevent prosthetic joint infection (with the caveat that the dental practitioner and client should consider possible clinical circumstances that may suggest the presence of a significant medical risk in providing dental care without antibiotic prophylaxis).



Consensus Statement:

Patients with Total Joint Replacements having Dental Procedures

Preamble

The origin of prosthetic joint infections has been a controversial topic for dentists, physicians and patients. Confusion surrounds the risk of dental procedure-related bacteremia and the subsequent risk of patients with orthopaedic devices developing prosthetic joint infection following such bacteremia.

The Canadian Orthopaedic Association (COA), the Canadian Dental Association (CDA) and the Association of Medical Microbiology and Infectious Disease (AMMI) Canada have reviewed the current best available evidence on the effectiveness of dental antibiotic prophylaxis in the reduction of orthopaedic prosthetic joint infections, in the context of the issue of emerging antimicrobial resistance and the critical role of all health care providers to steward appropriate use of antimicrobial drugs.

These professional bodies conclude that:

1. Most transient bacteremia of oral origin occurs outside of dental procedures.
2. The significant majority of prosthetic joint infections are not due to organisms found in the mouth.
3. Few prosthetic joint infections have an observable and clearly defined relationship with dental procedures.
4. There is no reliable evidence that antibiotic prophylaxis prior to dental procedures prevents prosthetic joint infections.

Recommendations

As a result of this work, the COA, CDA, and AMMI Canada provide the following guidance concerning the management of dental patients with orthopaedic devices:

1. Patients should not be exposed to the adverse effects of antibiotics when there is no evidence that such prophylaxis is of any benefit.
2. Routine antibiotic prophylaxis is not indicated for dental patients with total joint replacements, nor for patients with orthopaedic pins, plates and screws.
3. Patients should be in optimal oral health prior to having total joint replacement and should maintain good oral hygiene and oral health following surgery. Orofacial infections in all patients, including those with total joint prostheses, should be treated to eliminate the source of infection and prevent its spread.

COA Board of Directors
Approved: June 2016

CDA Board of Directors
Approved: June 2016

AMMI Board of Directors
Approved: July 2016



This information was created by the Canadian Orthopaedic Association (COA), the Canadian Dental Association (CDA) and the Association of Medical Microbiology and Infectious Disease (AMMI). It should not be used as a replacement for professional dental or medical advice. If you have questions about this position statement, please contact the Canadian Orthopaedic Association.

It is important to note that the consensus statement should not be used as a replacement for professional dental or medical advice.

Given the recommendations stated in the consensus statement, the most current position of the College is that each dental hygienist must use his/her professional judgment to decide if it is safe to proceed with scaling and root planing for a client who has had a joint replacement. The need for antibiotic prophylaxis for the prevention of hematogenous joint infection should be considered on an individual basis in conjunction with the healthcare provider most familiar with the client's specific condition. Treatment decisions should be made in light of all circumstances presented by the client. Treatments and procedures applicable to the individual client rely on mutual communication between client, physician, dentist, and other healthcare practitioners. The College entrusts dental hygienists to use their professional judgment to determine who they feel is in the best position to advise whether prophylactic antibiotics are required for their clients with total joint replacements. In order to make a truly

informed decision, the dental hygienist must be confident that the healthcare professional they choose to consult with:

- fully understands what is involved with the procedure in question (e.g. scaling and root planing including curetting surrounding tissue);
- has an understanding of the current literature and evidence-based recommendations around the topic; and
- is familiar with the client's specific health condition and history of complications associated with their joint replacement.

Ultimately, the dental hygienist must act in the best interest of the client and be comfortable providing rationale for their decision like in any dental hygiene procedure.

Not only are dental hygienists responsible for the decisions they make, but they are also responsible for the consequences associated with those decisions. **CDHO**

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

Setting the Record Straight 2018

Infection Prevention and Control (IPAC) Edition

Feedback

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In response to the rising concerns about infection control following the high-profile closures of offices in Ontario, the CDHO has been travelling the province to provide dental hygienists with up-to-date information regarding proper IPAC practices. The presentations have been well attended. The CDHO would like to thank those attending for taking the time to provide us with feedback in the post-presentation survey.

"Been practicing since 1990 and have heard many speakers over the years. I did all the IPAC modules and infection control webinars. Very pleased overall. Confirmed what my college expects from me."

.....

The feedback submitted by attendees has been particularly useful for "tweaking" the upcoming presentations in areas where registrants have noted questions or concerns.

"Samples and explanations of the different types of class sterilizing indicators. It can get confusing, class 1, class 2, class 5 etc. Which ones are which?"

.....

"From my perspective, I'm not sure anything needs to be changed. Infection control was a major part of my learning goals for 2017, so this was a good review of my learning and the lecture did clarify a few things I was still unsure about (e.g. the use of gowns, PCD's etc.). I though[sic] Giulia spoke well, was well-organized and delivered the material really well, to the point but thorough enough to ensure understanding. I'm glad I went!"

.....

Setting the Record Straight – IPAC Edition has proved to be popular, with 1787 dental hygienists and dental hygiene students participating in the live interactive presentation in seven cities across the province. Another four presentations will be taking place in the fall according to the schedule on opposite page. In addition to the presentations, a live interactive webinar was broadcast on June 13, 2018. For those unable to attend in person or view the webinar live, a copy of the webinar is available for on-demand viewing at cdho.org in My CDHO / Guidelines / Infection Prevention and Control (IPAC).

"Great job by the speaker and CDHO representative. I think the information was incredibly important and timely. This is a "must attend" and I'd recommend for all RDH's in Ontario."

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Setting the Record Straight 2018

Infection Prevention and Control (IPAC) Edition



Upcoming Presentations

Sudbury ■ **Saturday, September 15, 2018** ■ **10:00 a.m. to 12:00 p.m.**

Cambrian College, Room 2226, 1400 Barrydowne Road, Sudbury, ON P3A 3V8

London ■ **Tuesday, October 23, 2018** ■ **7:00 p.m. to 9:00 p.m.**

Four Points by Sheraton, Bristol Ballroom A/B, 1150 Wellington Road South, London, ON N6E 1M3

Windsor ■ **Wednesday, October 24, 2018** ■ **7:00 p.m. to 9:00 p.m.**

Fogolar Furlan, Friuli Hall, 1800 North Service Road, Windsor, ON N8W 1Y3

Toronto ■ **Saturday, November 10, 2018** ■ **10:00 a.m. to 12:00 p.m.**

Bloor Hot Docs Cinema, 506 Bloor Street West, Toronto, ON M5S 1Y3

To register, send an email to savemeaseat@cdho.org with the city where you'd like to attend the presentation as the subject line, and provide your **name** and **registration number** in the email.

NOTE: The deadline to register is 4:30 p.m. the day **before** the presentation you want to attend.



College of **Dental Hygienists** of Ontario
L'Ordre des **hygiénistes dentaires** de l'Ontario
Protecting your health and your smile / Nous protégeons votre santé et votre sourire



LAUNCH OF THE **FEDERATION OF DENTAL HYGIENE REGULATORS OF CANADA (FDHRC)** **WEBSITE**



The Federation of Dental Hygiene Regulators of Canada (FDHRC) is a federation of organizations which have a statutory responsibility to regulate the profession of dental hygiene within their respective provinces.

Its mission is to provide national leadership in Dental Hygiene regulation for the protection of the public.

The group works together to:

- provide national leadership on issues concerning the protection of the public interest with respect to the profession of dental hygiene;
- provide a forum for networking and information exchange among Canadian dental hygiene regulatory authorities;
- develop quality benchmarks for dental hygiene accreditation standards and processes;
- ensure that valid, reliable examination mechanisms for assessing dental hygiene competencies are available to Canadian dental hygiene regulatory authorities;
- promote and monitor labour mobility and workforce planning for dental hygiene.

The website offers information and resources for registering to practise in Canada.

www.fdhrc.ca

Looking for Educators Interested in Providing Remediation Courses

The College is looking for educators interested in providing courses for remediation/refresher purposes. The objective of a remedial/refresher course is to correct or improve deficient skills in a specific subject area to help practising dental hygienists to meet the College's standards of practice.

The College refers individual dental hygienists in need of additional education to facilitators, institutions, or agencies who offer remedial, and/or refresher courses. To facilitate the referrals, the College keeps a list of approved courses and may refer registrants to those facilitators/institutions/agencies when a need for remedial learning by a practising dental hygienist is identified.

It must therefore be demonstrated that the course includes verifiable knowledge and/or clinical skills learning outcomes equivalent to the relevant CDHO standards of practice.

To be eligible for inclusion on the referral list, course designers must submit a course outline that meets the approval criteria. In accordance with the Policy on the Approval of Remedial/Refresher Courses, course approvals are valid for one year unless significant changes are made to the course outline or there is a

change in the course facilitator. In such case, a new submission for approval will be necessary.

In addition to complete refresher courses for re-entry into practice, the most common areas of specific remedial studies are:

- Dental Hygiene Process of Care
- Record Keeping
- Infection Control
- Radiography
- Evidenced-Based Practice
- Instrumentation and Clinical Skills
- Instrument Sharpening

Please note that CDHO approval is only required for remedial/refresher courses that are prescribed by the Registration, Inquiries, Complaints and Reports, and Quality Assurance Committees. If you provide courses that are not designed for this purpose, CDHO approval is not required and will not be considered.

If you are interested in submitting a course for remediation/refresher purposes, please contact **Jane Keir**, for the course submission policy, application, and checklist.

For more information, please contact:

Jane Keir, Director, Professional Practice / Deputy Registrar at
416-961-6234 ext. 235
toll-free: 1-800-268-2346
or by e-mail: jkeir@cdho.org

2018 INSURANCE AUDIT

by Terri-Lynn Macartney BA (Hons)

On March 12th of this year, five percent of active registrants were selected to participate in the insurance audit for 2018. The purpose of the annual insurance audit is to protect the public of Ontario by ensuring that our registrants meet the conditions of registration by having liability insurance that complies with the College's bylaws.

In order to comply with the audit, selected registrants were asked to submit a copy of their insurance policy. The majority of registrants submitted a copy of their policy within the first few days of the audit. By the final deadline of April 22nd, all but two submissions had been received and we were able to determine, once again, that most registrants currently have suitable insurance that meets the College's bylaws.

Although most registrants met the requirements for insurance, some of the same issues that came up during the insurance audit last year were present, including inadequate insurance coverage, lapsed insurance coverage, and failure to respond.

Inadequate Coverage

Four registrants had insurance that did not meet all of the requirements set out in the bylaws. If you are not sure whether your current insurance policy covers everything, please refer to Article 7.3 of CDHO Bylaw No. 5 or contact your insurance provider directly. All registrants should be aware that CDSPI Insurance does not meet the requirements of CDHO Bylaw No. 5.


Lapsed Coverage

Eight registrants submitted an insurance policy that began on a date sometime after January 1, 2018 which indicates that they were not covered by their insurance for some period of time this year. If you renew with a general or specialty certificate of registration, you must have valid insurance even if you are not practising. In fact, the online renewal process asks registrants if they have insurance for the upcoming registration year. If a registrant responds "yes" to this question on the renewal, but do not already have an insurance policy in place for the following year, they are providing false information to the College on their renewal, which is considered professional misconduct. For this reason, you should always purchase your insurance for the upcoming registration year **prior** to completing your annual renewal online so that you can answer the renewal questions truthfully and accurately.

Failure to Respond

Two registrants did not submit a copy of their insurance policy by the deadline. It is considered professional misconduct to fail to respond to a request from the College within the timeline specified by the request. Moreover, we would have to conclude that any registrant who had failed to respond by the deadline did not have the required insurance. Accordingly, the registrants who did not respond were sent a notice of the College's intention to suspend their certificate of registration for failure to meet a condition of registration. We have since received proof of insurance from both registrants.

CDHO will continue with the insurance audit in 2019 and beyond. In order to ensure that you receive notice when you are selected to submit your insurance, you should review your contact information in your Self-Service account and add the email address insurance@cdho.org to the list of safe senders in your email account. Not receiving notice is not a valid reason for not participating in the audit since it is always the registrant's responsibility to ensure that they are receiving and promptly reviewing any communications from the College.

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

WARNING

CDSPI Insurance does NOT meet CDHO requirements

If you currently have liability insurance through CDSPI, you are **not** sufficiently covered. CDSPI insurance does not meet the requirements set out in Article 7.3 of CDHO Bylaw No. 5 because it does not include sufficient run-off coverage (paragraph d) or a sexual abuse therapy and counselling fund endorsement (paragraph f).

You must take steps to obtain suitable insurance now or contact the College for more information.

2017

CDHO ACHIEVEMENTS at a glance

Protecting the Public

12,493

REGISTERED
DENTAL HYGIENISTS



DISCIPLINE

TWO discipline cases concluded in 2017

Both resulted in regulatory action

REGISTRATION

616 new registrants

6121 registrants are authorized for self-initiation

650 registrants hold a specialty certificate

1298 are authorized prescribers

QUALITY ASSURANCE

1453 selected in the QA program

98.3% met the program assessment guidelines

EIGHT on-site practice assessments performed

PROGRAMS

800 completed the Jurisprudence Education Module + Exam

370 passed the Drug Module + Exam

37 Mentorship programs completed

127 total number of mentors

13 new mentors in 2017

COMPLAINTS & REPORTS

130 matters reviewed

63 resolved

57% resulted in regulatory action

ONE matter appealed to HPARB — in progress

Connecting with the Public

270 000+
Website visits

810 000+
page views

FOUR
ACTIVE
SOCIAL MEDIA
CHANNELS

3260 total followers across all platforms

Gained **355** Facebook followers

8602 interactions on Facebook posts (clicks, likes, shares, comments) and over **137,000** impressions

BE PART OF THE CDHO COMMUNITY!

Follow us online:



@cdhoohdo



@cdho_ohdo



*Search for College of Dental Hygienists of Ontario



TWO new social media video campaigns for public safety

Quality Assurance Matters

by Robert Farinaccia RDH, BSc

Update on 2018 Quality Assurance (QA) Assessments

In 2017, notice was sent to 1605 registered dental hygienists in the province requesting submission of their QA records for assessment due January 31, 2018.

- **1533** were selected because their registration number ended in a “3” or “8” (Regular Selection)
- **72** were selected for not completing their annual self-assessment (Self-Assessment Selection)

Of the **1605 records** requested (as of June 9, 2018):

	Number of Registrants from Regular Selection	Number of Registrants from Self-Assessment Selection	Total
Met the assessment guidelines with initial submission	862	18	880
Assessed with deficiencies but met the assessment guidelines with an additional submission and/or remediation	240	9	249
Assessed with deficiencies and still participating in remediation	27	2	29
Still in assessment phase: On-site practice reviews	39	1	40
Still in assessment phase: QA test temporary suspension	201	7	208
Still in progress	25	8	33
Resigned	103	7	110
*Other: May include registrants who are currently suspended, revoked, referred to ICRC, currently under investigation, deferred to another assessment period or deceased.			*56
Total			1605

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

- **Not providing enough information in the Report on Learning**

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

Assessors are particularly interested in hearing **specifics** about what you have learned and the changes that you have made to your practice that were based on your learning and that have improved the treatment you provide to your clients. Often, what is reported in the Report on Learning is too vague, and it is difficult to assess what, if any, learning occurred and how it was applied. Providing specific details about what you learned, changes to practice, and benefits to clients decreases the chances of your Learning Portfolio requiring more information before it can be properly assessed. Your Report on Learning should be reflective of the time you spent completing your goal. Assessors are looking for quality of information in the Report on Learning as opposed to the quantity of information.



- **Missing information**

Self-learning requires a bibliography of learning materials. For courses and presentations, the title of the course/presentation, name of presenter(s), their credentials and sponsor (if applicable) must be included. Keep proof, such as certificates of attendance, biographies of presenters and receipts for all activities. For readings, the title of the journal, the title of the article, author and page numbers are required. All this information is important as assessors need to be able to verify the activity listed. This applies for *Additional Activities Unrelated to Your Goals* as well. It is not acceptable to list a journal with the notation that you read it cover to cover.

Many registrants will claim time for activities beyond the time that the activity has posted. For example, a webinar may list on its website that the time of completion is two hours. Often, a registrant may claim additional time beyond the two hours because he/she did additional readings associated with the webinar but failed to record these readings, or failed to provide appropriate bibliographies for the readings completed as part of the webinar.

Please note that 1 CE credit does not necessarily equate to 1 hour of time spent.

- **Missing, expired or unacceptable forms of CPR certification**

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

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

- **No emergency oxygen available on-site**

It is a standard of practice for dental hygienists to be able to ensure the provision of aid in medical emergency situations. Further, it is expected that they ensure that emergency medical equipment, supplies and drugs are current, stored according to manufacturers’ directions, and readily accessible for use in a medical emergency. Dental hygienists can administer drugs orally, by injection or by inhalation even though it is not within their scope of practice, in accordance with the *Regulated Health Professions Act, 1991*, in emergency situations only. Dental hygienists have a professional obligation to ensure the safety of clients in their care. This obligation is not dependent on the presence of another health professional within the facility in which the dental hygienist practises. In other words, if an employer does not have an emergency protocol, an up-to-date emergency kit or a source of oxygen, it is the responsibility of the dental hygienist to ensure that all are present or available for clients in her/his care.

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

RECENT CHANGES

TO THE *REGULATED HEALTH PROFESSIONS ACT, 1991*

by Andrea Lowes BA (Hons)

On May 1, 2018, a number of significant changes to the *Regulated Health Professions Act, 1991* (RHPA) came into force which affect

- proceedings regarding sexual abuse of a patient (client) by a registrant, and
- the information a registrant must provide regarding charges and convictions / findings of guilt.

Definition of Patient

The definition of a patient for the purposes of the sexual abuse provisions of the *Health Professions Procedural Code* (Code) under the *Regulated Health Professions Act, 1991* (RHPA) has been expanded to extend the person's status as a patient by one year after it would otherwise have ceased. This means that a professional relationship must be formally terminated at minimum, 1 year before a sexual relationship can start.

Furthermore, for the purposes of the sexual abuse provisions in the Code, a person is a patient if:

- they are a person who received health care services from the registrants and payment is charged or received,
- the registrant made an entry in the person's health record,
- they provided consent to a health care service recommended by the registrant, or
- the registrant prescribed a drug for the person.

It is clear that not all of these factors are needed in order for a Discipline panel to make a finding of sexual abuse and in fact, only one may be needed to make such a finding.

There continues to be no spousal exemption in effect for Registered Dental Hygienists.

Funding for Counselling and Therapy for Sexual Abuse

A person is now eligible for funding for counselling and therapy for sexual abuse as soon as the report or complaint is made that the person was sexually abused by the registrant. Prior to this change, the funding was only available once and if the registrant was referred to the Discipline Committee for a hearing.

The College is required to review the request for funding quickly, but payment of funds is not determinative that sexual abuse occurred and is not the sole ground on which the Discipline Committee shall make its decision. In fact, any information regarding funding will not be reviewed or considered by the Inquiries, Complaints and Reports Committee when it decides whether to refer the complaint or report to the Discipline Committee.

Charges and Convictions

Now, as of May 1, 2018, information that comes to the attention of the College about **any** open charges a registrant currently has will be posted on the public register. The College does not have discretion in this regard, nor do registrants have discretion whether or not to report their open charges. This information is in addition to the information about any guilty findings the registrant may have that was already subject to mandatory reporting.

Furthermore, a panel of the Discipline Committee of the College shall find under section 51(1) of the *Health Professions Procedural Code* that a member has committed an act of professional misconduct if the member has been found guilty of an offence that is relevant to the member's suitability to practise.

It is important to note that although a registrant may not have been found "guilty" through a trial, they may still be guilty of an offence. There are various process outcomes from charges that are findings of guilt, which include, but may not be limited to: convictions, discharges, conditional sentences or restitution orders.



WHAT SHOULD I DO?

If you are unsure as to whether you need to report your issue to the College, it is best to contact the College as soon as possible and provide any and all information you may have. Professional misconduct under the Dental Hygiene Act includes “failing to take reasonable steps to ensure that information provided by or on behalf of the member to the College is accurate.”

Mandatory revocation now applies to registrants who have been found guilty of any of the following offences under the *Criminal Code*:

- Sexual interference
- Invitation to sexual touching
- Sexual exploitation or sexual exploitation of a person with a disability
- Bestiality in the presence of or by a child
- Voyeurism
- Child pornography
- Parent or guardian procuring sexual activity
- Making sexually explicit material available to a child
- Luring a child
- Sexual assault
- Sexual assault with a weapon, threats to a third party or causing bodily harm
- Aggravated assault **CDHO**





Update on the QA Test

by Robert Farinaccia RDH, BSc

Registrants who wish to submit their Quality Assurance records via Path 2 or 3 will soon have access to complete the Quality Assurance Written Assessment (simply known as the QA Test). The goal is that the QA Test will be available in November 2018. However, the test will no longer be administered by the National Dental Hygiene Certification Board (NDHCB). The College found a new provider to administer the QA Test and registrants can take the QA Test directly in the SMILE Portal. There will no longer be a need to upload your test results into the SMILE Portal as they will automatically appear once the test is completed.

New Exam Format

The new QA Test will be a 100-question multiple-choice, open-book test. It is designed to ensure that registrants have sufficient knowledge of dental hygiene theory and practice by asking them to answer knowledge, application and critical thinking questions in each of the following ten-question categories:

- | | |
|---|---|
| ■ Community Health | ■ Health & Safety/WHMIS |
| ■ Special Needs / Medically Compromised | ■ Infection Control |
| ■ Pharmacology | ■ Process of Care |
| ■ Jurisprudence/Ethics/Record Keeping | ■ Radiography (Exposure and Interpretation) |
| ■ Emergency Protocols | ■ Professionalism/Communication |

Registrants will be permitted up to two hours to complete the QA Test which will need to be finalized online. The test will have new enhanced security features.

The QA Test will only be available to registrants for six months during any given year from September 1st to March 1st. Please note that a maximum of three (3) attempts to successfully complete the QA Test is permitted and the cost will be \$150/attempt. Every attempt will provide you with a “Performance Profile” of whether you met or fell below the standard in each of the ten-question categories. This information can be used to help you identify areas of relative strengths and weaknesses if you need to prepare for another attempt. The feedback should also be used to help you identify areas to explore when setting your future continuing education goals and planning your activities.

What Constitutes a Pass?

The passing score will be set through a systematic process by subject matter experts, and will represent the knowledge, skills and judgment expected from a minimally competent dental hygienist who is able to provide safe, competent, and ethical care. Registrants will not receive a score or percentage, but will receive an overall exam result (successful or unsuccessful). Additional feedback will include whether the standard was met or not in each of the ten-question categories.

A psychometrician is working with the College and the test provider to ensure the validity, reliability, and fairness of the QA Test. When more information is available, it will be shared via the College’s E-Brief.

How Do I Prepare for the QA Test?

Since taking the QA test replaces the need to submit a Learning Portfolio, it is expected that preparation to write the QA Test will take 75 hours over a three-year period. The questions will be based on knowledge, skills and judgment needed to practise dental hygiene. Therefore, any current dental hygiene textbook and CDHO document available on the website would be useful in helping prepare for the QA Test (e.g. Registrants' Handbook, CDHO Knowledge Network, College Guidelines, etc.)

Please note: The QA test may include questions about the administration of local anaesthetic. Although this topic may not have been taught in Ontario when many currently practising dental hygienists graduated, it is now included as part of the curriculum in Ontario dental hygiene schools, thus, questions regarding local anaesthetics may be encountered when completing the Quality Assurance assessment. **CDHO**

Fran Richardson Leadership Development Award

The *Fran Richardson Leadership Development Award* honours outstanding and innovative dental hygienists who are passionate about the dental hygiene profession and who seek through education, community involvement and/or other activities, to enhance their leadership abilities and to improve the quality of dental hygiene care provided to the people of Ontario.

CDHO defines leadership through the following criteria:

- A demonstration of exemplary values;
- The ability to engage people and effect positive and sustainable change; and
- A commitment to the public interest through dental hygiene.

Recipients of the Award must provide evidence of leadership potential in their academic, extracurricular, professional and community lives. Leadership is the act of providing direction, implementing plans and solutions to problems and priorities, and motivating others to do the same. Leaders provide a role model for other professionals and for the community.



Applications are now being accepted. <http://www.cdho.org/my-cdho/continuing-education/awards-and-grants>

- The *Fran Richardson Leadership Development Award* comes with a financial grant of \$5,000
- Applications will be accepted until 1:00 p.m. EST Monday, September 24, 2018
- **Guidelines, Applications and Nomination Forms** can be found on the CDHO webpage under the tab 'My CDHO/Continuing Education/Fran Richardson Leadership Development Award'

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

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

Peer Mentor of the Year 2017

The College congratulates
AMANDA ACKER

for being selected as the 2017 Peer Mentor of the Year.



Amanda Acker (left) and Anihougbè Hounkpè (right)

*"I especially learned to have confidence in myself, and be more thorough in my work.
I developed new skills and abandoned bad habits."*

"Despite her busy schedule, she has never failed to listen to me even outside our weekly meeting hours."

"...always did her best to clarify my incomprehension, as well as helped me find solutions in some cases"

"It is with greater enthusiasm and pride that I now practise my job as a dental hygienist."

The Peer Mentor of the Year award celebrates an experienced dental hygienist who volunteers her/his time to support the professional growth and development of another less experienced dental hygienist through the **CDHO Peer Mentorship Program**.

Amanda was nominated by her mentee, Anihougbè Hounkpè. In her nomination letter, Anihougbè credits Amanda's availability and great enthusiasm throughout the entire program that helped her to stay focused on her goal of becoming authorized to self-initiate and gain confidence as a professional.

Peer Mentors are the foundation of the College's Peer Mentorship Program where Amanda and Anihougbè's story is just one of many successful outcomes. The College appreciatively recognizes the contributions of each and every one of our Peer Mentors. **CDHO**

CALL FOR Quality Assurance Assessors

The College of Dental Hygienists of Ontario (CDHO) will require Quality Assurance (QA) Assessors to assist the College with QA records assessments and practice assessments within the QA Program. QA Assessors work under the direction of the Manager of Quality Assurance and reflect the diversity of the registrants, electoral districts and practice environments. Assessors will be required to sign a contracting services agreement.

Role of the Assessor

The Assessor will:

- Review registrants' QA records/practices using CDHO assessment guidelines;
- Conduct telephone interviews as required during the assessment process;
- Coordinate and carry out scheduled on-site practice reviews with assigned registrants;
- Ensure that the assessment of QA records and practice reviews are completed within the specified timelines; and
- Complete written reports describing key observations and findings.

Selection criteria

Potential Quality Assurance Assessors will:

- Be a member in good standing with the College;
- Not be a member of Council;
- Be authorized for Self-Initiation;
- Demonstrate ethical and professional practice;
- Demonstrate a commitment to their own professional development;
- Possess the skills, knowledge, judgment, and attitudes required for specific dental hygiene practice environments and related roles / area of responsibility;
- Be familiar with the *Regulated Health Professions Act* in general, the *Dental Hygiene Act*, and the CDHO Quality Assurance Program;
- Have a working knowledge of dental hygiene processes, the CDHO Standards of Practice and Code of Ethics;
- Have successfully completed the CDHO Jurisprudence Education Module and the CDHO Drugs in Dental Hygiene Practice course;
- Be current in Infection Prevention and Control (IPAC) protocols by having successfully completed the *Medical Device Reprocessing in Community Health Settings + Dental Settings* course offered by the CSA Group;

- Have good interpersonal/communication skills—oral and written;
- Have excellent computer skills and be proficient navigating the SMILE Portal;
- Be capable of objective observation and reporting;
- Have a degree of flexibility with their work schedule; and
- Be available for occasional travel.

Registrants interested in becoming Quality Assurance Assessors may apply by sending a letter of interest and current curriculum vitae by email to qualityassurance@cdho.org **no later than August 31, 2018**. Please mention 'Application – QA Assessor' in the subject line.

References and your Quality Assurance records are to be available on request. Only candidates who are selected for interviews will be contacted. **CDHO**



WHAT TO DO

When Your Sterilization Quality Assurance Monitoring Fails?

by Giulia Galloro RDH, BSc(DH)

Dental hygienists are required to establish, document and maintain policies and procedures for the reprocessing and/or recall of reprocessed medical devices that may not have been sterilized. This includes quality assurance monitoring of the reprocessing procedure using biological indicator (BI) and chemical indicator (CI) process challenge devices (PCDs), as well as physical parameters. Each of these tests plays a critical role in monitoring the sterilization process and need to be evaluated after each cycle. Results of sterilizer monitoring must be fully documented and signed by the person(s) responsible.

It is important to realize that each of these tests has its limitations. The physical parameters indicate that time, temperature and pressure have been reached inside the sterilizer for the required duration, however, they do not exactly indicate if the desired temperature has been reached inside the centre of each package. External chemical indicators identify a processed package from an unprocessed package. Internal chemical indicators measure a number of variables inside the package which highlights the importance of placing these indicators in the least likely area to be penetrated by steam in order to verify if the centre of the package has been penetrated. The BI PCD is indicative of the most challenging test that proves highly resistant bacterial spores have been destroyed in the location of the test.

The CDHO practice advisors are often asked, “If the BI PCD test pack is the gold standard, why are we not placing a BI spore test inside every package.” While this would truly be the only way we could know with certainty that no matter where your package is located in the sterilizer that viable microorganisms have been killed, it is not practical, and for this reason, CI are used inside all packages instead. All of these tools are used to alert you of any failures in your process.

Your CI PCD Failed and/or Physical Parameters Were Not Reached, Now What?

1. Inform the supervisor/owner of the practice.
 - The supervisor/owner will want to know the time and date of failure, sterilizer and load/cycle number in question, CI results, results of physical monitoring, BI results if available and any other information that may be useful in determining the problem.
2. The sterilizer should be taken out of service.
3. The cause of the failure should be investigated.
4. If the failure is confined to one load and can be immediately corrected, simply correct the problem and reprocess the load.
 - If a failed chemical indicator is found in one package, the contents of the package shall be reprocessed before use.
 - If a failed chemical indicator is found in multiple packages, the entire load should be reprocessed.
5. If the failure cannot be immediately corrected, recall and reprocess all items back to the last passed CI test.
6. If a major repair is done, requalify the sterilizer (see *yellow box near end of this article for instructions*).
7. Keep a log of all maintenance associated with any failed tests.

What To Do If Your Biological Indicator Process Challenge Device (BI PCD) Fails?

In the event a biological indicator process challenge device (BI PCD) yields positive results for bacterial growth (a failed test), the oral healthcare practitioner should follow the steps below to ensure the safety of your clients:

1. Inform the supervisor/owner of the practice.
 - The supervisor/owner will want to know the time and date of failure, sterilizer and load/cycle number in question, CI results, results of physical monitoring, BI results if available, and any other information that may be useful in determining the problem.
2. Investigate the problem.
 - Review cycle parameters (mechanical and chemical indicators) since the last negative biological indicator results to check for any operator errors such as overloading, failing to provide acceptable package separation, and using incorrect and/or excessive packaging material.
3. Temporarily quarantine all instruments back to previous negative BI test.
4. Retest the sterilizer with a second BI PCD test.
 - While waiting for the test results, the sterilizer should remain out of service.
5. If the repeat BI PCD test is negative for growth (successful test) and chemical and mechanical indicators indicate adequate processing, the sterilizer may be put back into service.
 - All items from the failed load should be resterilized.
6. If the repeat BI PCD test is positive for growth (failed test) and all sterilization procedures have been performed accurately, the sterilizer should remain out of service and be inspected and repaired. Prior to returning the sterilizer to service, it must be challenged with three biological indicator tests in three consecutive empty chamber cycles. All three tests must yield negative results.
 - Initiate recall protocol. All items from suspect loads dating back to the last negative BI should be recalled, to the extent possible, and reprocessed.

7. There must be a procedure for notification of the client in the event of a recall (e.g. positive biological indicator PCD).
8. Consult with your local public health unit for risk assessment and to determine if client notification is necessary.
9. Keep a recall log of all maintenance associated with a positive BI PCD test.

Recalling Instruments and Equipment

In the event that any one of the quality assurance indicators fails (physical parameters, biological indicator, external or internal chemical indicators), items in the package(s) must not be used until after investigation, the problem is corrected, and the package(s) are reprocessed.

A written protocol must be established to recall all inadequately sterilized devices and instruments. All items being reprocessed should be recorded and tracked in the event of any failed quality assurance indicators.

Recall Log

If the biological indicator is positive, loads are recalled back to the last successful BI, and the positive test is investigated. A Log should be kept of biological indicator results including all failed tests outlining the procedures for the recall of improperly reprocessed items. The recall log should include the following:

1. Circumstances (i.e. failed tests) that prompted a recall order
2. A list of medical devices, sterilizers, loads included in the recall
3. A list of supervisors, owners or public health units that were notified of the recall
4. A list of items that were ordered for recall but not collected (i.e. those that were already used on clients)
5. The corrective actions taken to resolve the issue and procedures implemented to prevent re-occurrence
6. The client notification procedures

Cont'd...

Qualifying and Requalifying Your Sterilizer

Sterilizers must be rigorously challenged on installation and rechallenged following disruptions to their normal activity. They should be installed according to the manufacturer's instructions by a qualified technician and must pass **three consecutive cycles** with the appropriate biological and chemical challenges placed in an **empty load**. Finally, the sterilizer should be **challenged** with at least **one full test load**, before the sterilizer can be put into routine service. A sterilizer should not be approved for use if any indicator(s) yield a failed test on any of the tests conducted for the purposes of **qualifying** or **requalifying** the sterilizer.

Sterilizers must be monitored with a test load and be fully **requalified** annually and under the following circumstances:

- i) The purchase and installation of a new sterilizer or loaner sterilizer
- ii) After construction or other environmental changes in the area
- iii) The relocation of a sterilizer
- iv) After the sterilizer is repaired or modified
- v) After unexplained sterility failures

As you can see, reprocessing is a sophisticated process and failure in any one of the reprocessing steps can put your clients at risk. It is important to be knowledgeable of the reprocessing policies and procedures in your office and understand how and when to implement your recall protocols in the event of failure in any one of those steps.

Do not use any reprocessed instrument if there are any doubts about the sterility of instruments. **CDHO**



Giulia Galloro, RDH, BSc(DH)
Practice Advisor

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.

You can reach our CDHO practice advisor by phone at **416-961-6234** or **1-800-268-2346, ext. 226** or by email at advice@cdho.org

Recent Discipline Decision



The college recently held one discipline hearing.

Mr. Alexandru Tanase

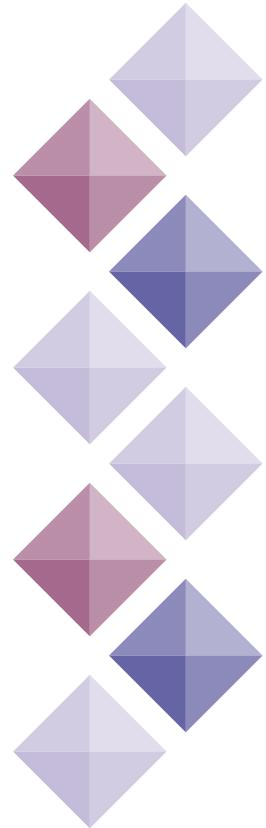
In or about April, June, September, December 2015 and March, June, August 2016, Mr. Alexandru Tanase, who had been a registrant of the College of Dental Hygienists of Ontario (the College) since October 2012, treated a client with whom he was engaged in a sexual relationship.

On April 23–24, 2018 the Discipline Committee of the College conducted a discipline hearing regarding this conduct. Mr. Tanase raised a Constitutional question in which he challenged the constitutionality of s.51 of the *Health Professions Procedural Code*, which requires revocation of a health professional's registration where the health professional is found to have sexually abused a patient.

The Panel found the provision above to be constitutional. The panel then found that Mr. Tanase had committed acts of misconduct, in that he treated the client while engaged in a sexual relationship with that client.

The Discipline Committee delivered a written reprimand to Mr. Tanase and directed the Registrar to revoke Mr. Tanase's certificate of registration immediately. After a period of five (5) years, Mr. Tanase may apply to the College to reinstate his certificate of registration.

For more information, please go to www.cdho.org to read the full decision of the Discipline Committee regarding Mr. Tanase. 



The CDHO Knowledge Network

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



63 Advisories, 93 Factsheets on conditions from the following groups:

- Addiction • Brain and Nervous System
- Cardiovascular System • Chemotherapy and Radiation Therapy
- Endocrine Disorders • Gastrointestinal System
- Genetic Disorders • Hemic and Lymphatic Diseases
- Immune System • Infectious Diseases • Mental Illness
- Musculoskeletal System • Nutritional and Metabolic Disorders
- Oral Conditions • Physiological Conditions
- Respiratory System • Urogenital System • Other

Updates to the Public Register

New Registrants

March 1, 2018 – June 15, 2018

Adams, Kendra	019395
Adhikari, Kamal	019383
Allison, Trinity	019297
Anwar, Sehrish	019391
Asghar, Naseem	019332
Aziz, Nadia	019385
Bareng-Aquino, Pinky	019315
Bayawon Domingo, Arianne	019384
Beyea, Alexandra	019364
Bhatia, Aditi	019371
Bhatti, Maninder	019358
Boettger, Natasha	019271
Brunner, Kaitlin	019377
Bundoc, Mischell	019363
Burns, Sabrina	019290
Camacho Zeballos, Danitza	019337
Carvalho, Veronica	019299
Colakovic, Tamara	019347
Commisso, Ester Vanessa	019272
Cortez, Czarina	019342
Cullen, Nora	019322
Da Silva, Kathrine	019307
Deodato, Kallysta	019321
Di Marco, Angela	019381
Downey, Shayna	019401
Duarte, Jessica	019355
Dumaplin, Laurimer	019327
Dunkley, Alys	019340
Evangelista, Kristine	019352
Fadel, Shareen	019275
Fairbairn, Courtney	019324
Fletcher, Serena	019313
Forgione, Tanisha	019369
Francoeur, Natasha	019353
Freeman, Tori	019273
Freeman, Jenean	019362
Gadway, Marlee	019304
Galindez, Bethany Joy	019293
Garcia, Myrel	019283
Garcia Diaz, Laura	019390
Gies, Ashley	019278
Goldhawk, Brittany	019298
Gomez De Pinedo, Ana	019308
Gray, Elizabeth	019296
Green, Emily	019393
Guthrie, Carley	019328
Gutierrez, Marlyn	019348
Hart, Caitlin	019317
Henry, Amanda	019314
Hirdes, Samantha	019370
Huang, Zhao	019311
Huard, Jaime	019374
Hylton, Brynna	019325
Ishani, Vadiel	019376
Jackson, Emily	019291
Jackson, Stefanie	019360
Jalbert, Janique	
Jobb, Riekie	
Kamali, Afsoon	
Karimi, Sharareh	
Kawai, Carleen	
Kennedy, Anna	
Kim, Hyemi	
Krappe, Kera	
Kun, Emese	
Kwentoh, Obiageli	
Lavery, Stefanie	
LeBoeuf, Concepcion	
Lee, Yeonsoo	
Lim, Rachel	
Luelo, Chelsea	
Ma, Connie	
MacLean, Alanna	
Makani, Tania	
Malik, Sumaira	
Mamrawala, Piyush	
Manolagos, Stephanie	
Marlow, Makayla	
Marsdin, Jenna	
Martins, Sharon	
McCann, Jessica	
Mercier, Kayla	
Mistry, Bina	
Mohammad, Rana	
Montejo Hernández, Guadalupe	
Moreau, Chantal	
Murat, Amanda	
Muthuccumar, Jeyawarthini	
Nadeem, Humaira	
Nemeth, Alexana	
Ngo, Andrew	
Nolasco Vasquez, Santhia	
Patel, Jimmyben	
Pearce, Samantha	
Pipe, Kristen	
Pipe, Marissa	
Power, Brittany	
Quiazon, Guia	
Raposo, Amanda	
Rathod, Aditi	
Rattanachanh, Tiffany	
Regis, Danielle	
Rekar, Hailey	
Remington, Chelsea	
Richards, Jessica	
Rivera Mesinas, Arely	
Roes, Ashley	
Roi, Kelsey	
Rosales, Maria	
Rowbottom, Stephanie	
Royan, Aryan	
Saraiya, Chirag	
Shahzadi, Iram	
Sharma Devkota, Isha	
Sicard, Julia	
Simmons, Danielle	

019331	Singh, Riponjot	019367
019295	Smith, Kelly	019276
019341	Somers, Jessica	019354
019345	Straatman, Tianna	019357
019396	Taghi Zadeh, Raman	019280
019405	Tanti, Jessica	019279
019398	Tapp, Stephanie	019402
019302	Teutau, Leah	019373
019338	Todd, Rebecca	019329
019294	Towell, Shelby	019277
019382	Tu, Kathy	019366
019285	Tu, Shelley	019387
019404	Waters, Gillian	019365
019312	Weleff, Carolyn	019323
019400	Xie, Yu	019289
019388	Yang, Xiaowei	019368
019301	Yazdani, Sahar	019333
019379	Ybera, Yevgeny	019386
019394	Young, Lexi	019320

Authorized Prescribers List

March 8, 2018 – June 15, 2018

019326	Adouri, Sema	017273
019344	Ahmed, Sabeen	016297
019392	Akhikar, Nahrain	016471
019339	Alpajora, Krishna	018492
019343	Annason, Karina	016166
019282	Arbuckle, Alisa Leanne	007596
019359	Asrani, Shireen	011850
019349	Asselstine, Fiona Rae Urlla	015012
019310	Avelar, Stephanie	014749
019403	Bahnam, Sandy	015197
019361	Balfe, Kelly Anne	007404
019286	Bareng-Aquino, Pinky	019315
019346	Bayawon Domingo, Arianne Jane	019384
019380	Bayne-Loucks, Leanne Patricia	005120
019330	Beaudry, Chelsea	018885
019334	Beck, Stephanie	009679
019319	Belliveau, Katie	019262
019305	Bhardwaj, Gulshandeep	016373
019378	Bhimji, Ferzana	013493
019375	Blais, Rachelle	010826
019350	Bodnarchuk, Elvira Divina	001445
019372	Boryskina, Olha	011102
019306	Brennen, Siobhan Shannon	014445
019288	Broit, Yana	013308
019303	Cajuguiran, Cherrielyn	019183
019318	Campbell, Caitlin	014051
019309	Carinci, Apollonia	007426
019281	Cashubec, Caitlin	016757
019336	Chanana, Samta	007716
019397	Ciarrocca, Patricia C	005387
019356	Coggin, Monica	007777
019284	Cooper, Elizabeth Marie	016934
019335	Cooper, Melissa Elizabeth	008562
019389	Corby, Jane Elizabeth	001920
019399	Cordova, Monica Valeska	015931
019316	Cvetkovik, Sonja	012926

Czerniawski, Julie Anne	016871	Lopez, Renee Collette	002968	Sidhu, Navjot	013664
De Leon, Ramon De Jesus	009642	Mackie, Erin Jennifer	007612	Silveira, Teresa Joan	005415
DeGagne, Angela Dawn	008427	Magill, Laurie Ann	000821	Singh, Harmandeep	019260
Deku, Elikem	015506	Makani, Tania	019379	Singh, Jaspreet	008116
DeVos, Cathy Lynn	006025	Manakis, Toulia	003800	Singson, Loraine	016824
Di Marco, Angela	019381	Manseau, Kelley	015213	Skrijelj, Mary	006456
Dilts, Haleigh	016436	Marcelino, Marcia	009389	Smigiel, Sally	013484
Donald, Margaret	012622	Marcelo, Maria Carlyn Castro	016492	Smith, Lydia Ruth	009250
Doneff, Andrea Nicole	006441	Matteau, Colleen Elizabeth	008952	Somji, Rubina	004209
Donohue, Alicia	013399	Maydo, Jessica	018222	Stal, Debbie	003927
Drury, Lana	009416	Mayes, Alison Mary Kathleen	007523	Straatman, Shelley Lynn	007364
Dzida, Karolina	014216	McCannel, Lisa	016085	Straatman, Tianna	019357
Eberhard, Andrea Jane	002542	McDowall, Jennifer	017981	Su, Xiao Tao	012872
Enstrom, Trudi Ester	001166	McEldon, Kati	011372	Talukder, M Tanveer Rana	009420
Evagelacopoulos, Catherine Elisabeth	007552	McGregor, Carly	018631	Tanaka, Kaori	011536
Ewing, Colleen	007126	McKeown, Allison Breanne	009380	Tanti, Jessica	019279
Faryal, Saleena	018915	McKeown, Lynda	000129	Taraf Hajjaoui, Naoual	018446
Fata, Tracy	004851	McLatchie, Joanne	007051	Teasdall, Patti Ann	009159
Feng, Jialu	018541	Medina, Marilyn	010159	Tejpar, Saira	004957
Foeller, Stephanie Jane	004512	Melo, Florbela Costa	009557	Thomsen, Heather Jean	014586
Frerichs, Pascal	006567	Melo, Lisa	010982	Topping, Shannon Dawn	012260
Gainer, Teresa Anne	003192	Memon, Shahin	015852	Tracey, Joanne Louise	012774
Galindez, Bethany Joy	019293	Mendigoria-Sabado, Analyn	019158	Tsiouris, Katerina	008197
Garcia, Myrel	019283	Metcalfe, Jodi	018635	Tsui, Susanna	003774
Garofalo, Bianca	018830	Miller, Sashaune Antonia	014738	Tu, Kathy	019366
Gavin, Kay-Lynn Marie	017742	Miller, Teneka Lattoya	017417	Tu, Shelley	019387
Gelinias, Megan	014186	Moffat, Tamara Sue	005776	Tummonds, Megan	016884
Ghadiali, Brenda Ann	004521	Mokha, Avneet	012974	Umesh, Swathi	015132
Gibbs, Michelle	009525	Moreau, Kerri	005911	Varatharatham, Sasika	015094
Giralico, Jessica	019258	Mukherjee, Sunetra	013642	Vermue, Monica Anne	008467
Gleeson, Carrie-Ann	019258	Mumby, Leslie	014242	Vickers, Heather Charlotte	006432
Gobbato Kazakis, Christine	010182	Nadeau, Lucie	003151	Villanueva, Angelita	003076
Gorman, Marianna	004773	Ngo, Kathy	017562	Vitale, Alexandria	019253
Graham, Christena Jean	010390	O'Grady, Lindsay Ann	017562	Wang, Wen Feng	010382
Graham, Sterling	000805	O'Hagan, Mary Therese	009196	Waterfield, Kimberley Margaret	007365
Graham, Anna	010596	Osborne, Emily Elizabeth	002091	Watts, Aimee	016246
Grakova, Anna	019110	Padilla, Suzette Gano	014552	Wilson, Jenny	011941
Hanna, Kenzi	014352	Palermo, Rosemary	016472	Wong, Goretti	011794
Hannam, Kimberly Ann	008966	Paradis, Linda Florida M	017458	Wong, Locia Kit	007487
Hilker, Cynthia Jean	001662	Parsons, Jenny	001662	Wong, Vicky Wing See	009411
Hill, Chantelle	010414	Perciballi, Sandra Maria	010414	Zandbelt, Shannon	015901
Hubble, Sharon L	007503	Perissinotti, Nicole	007503	Zeitlin, Inga	011516
Hudson, Abby	014038	Poirier, Christine Florence C M	014038	Zeitoun, Rose	009366
Hwang, Karen Vivian	009891	Prins, Jennifer Elizabeth	009891		
Iezzi, Ashley	007712	Puerta-Burri, Rosenie	007712		
Jackson, Kathleen	011441	Punch, Veda Janine	011441		
Jaffer, Kulsum	005872	Racine, Alyssa	005872		
Jennings, Petula R	013391	Ramesha, Harishni	013391		
Jiwa, Salzah	018233	Ramsden, Rachel	018233		
Johnson, Katie	006250	Ranger-Fernandes, M L Sylvie	006250		
Johnston, Nadiene Kathrynne	004879	Ratansi, Yasmin	004879		
Kelada, Selvia	004445	Read, Abby	004445		
Kenny, Catherine Ann	018648	Ren, Hai Shi	018648		
Khoja, Shahila	018874	Riegling, Cheryl Christine	018874		
Kingsbury, Vanessa Mary	009260	Rivera, Nicole	009260		
Kotsovos, Christina	012869	Roberts, Lianne Kerry	012869		
Lacroix-Jarrett, Lucie Bernadette	007802	Roi, Kelsey	007802		
Lakhani, Rabiya	019281	Rowell, Mary Catherine	019281		
Lau, Linda Wing-Shan	012317	Sachdeva, Kajal	012317		
Laurin, Genevieve	017265	Saidani, Marzouk	017265		
Lee, Sarah	018216	Saltes, Briar	018216		
Leon, Yolanda	012347	Saltzman, Deborah Mariam	012347		
Lepage, Carolle Eva	001725	Schrader, Marita	001725		
Lesk, Melissa	009322	Seguin, Dominik Andreanne	009322		
Li, Cindy	009666	Seligy, Aysa	009666		
Li, Tracy	019118	Shah, Palak	019118		
Li, Zhi Min	018369	Shlymon, Mariam	018369		
Lin, Yong	018164	Si, Mei Ling Joanne	018164		
	016474		011972		

Authorized for Self-Initiation

March 1, 2018 – June 15, 2018

Aiabens, Joyce Lorraine	003475
Ali, Rasheed	019079
Anderson, Shawna	014606
Arches, Shealtiel Bidiones	015745
Arsenault, Sarah Michelle	017669
Augustave, Ludovic	018401
Bannister, Sara Ann Beth	011261
Benacquista, Stephanie Rita	017711
Bergeron, Jillian Danielle	017657
Bresee, Paul Douglas Robert	008296
Brunet, Veronique	017632
Cecchetto, Nikki	018244
Clarke, Stephanie Michelle	017132
Clarysse, Carly Jennifer	015842
Cote, Robert Joseph	003718
Cousineau, Amelie	014327

Craig, Nicole Doris	014158	Li, May	017944	Wenderoth, Amelia Kathryn Gill	014452
D'Alimonte, Nicole Marie	013094	Luthra, Riti	014971	Whelan, Tammy-Ann	006690
Dametto, Laura	008752	Mahoney, Kaitlyn Marie	013929	Widdis, Jessica	014898
Day, Helen Carmela	005431	Mangal-Momand, Zarlascht	018041	Winslow, Kristy Lee	013871
Dibbitts, Nicole Louise	014270	McCannel, Lisa Marjorie Betty	016085	Youhanna, Ghasaa (Miriam)	012793
Dobes, Barbara Joan	017785	Meloff, Carola	004323		
Duke, Anna Marie	017637	Michel, Jenna Louise	016753		
Felipe, Donna Marie	016400	Mitu-Berceanu, Gabriela Amalia	015287		
Ferraro, Bianca	014079	Moon, Tayler Elizabeth	016691		
Figueiredo, Samantha Maria	018080	Nguyen, Daisy	016707		
Filippova, Elena	013839	Nguyen, Kim Le	017126	Chandra Aarons, Camille	007935
Flood, Mackenzie Lynn	018085	Nguyen, Phuong	018687	Harnett, Katrina	017914
Fouladi, Behnaz	017982	Niece, Rebecca Lee	013104	Chiofalo, Natalie	017732
Francis, Germine	011449	Nnagbo, Chinwendu Calista	017486	Décary, Natalie	018378
Fraser, Chloe Charlotte Joseph	017745	Osborne, Emily Elizabeth	014552	Bougie, Sophie	006485
Gelinas, Megan	014186	Park, Amy	017681		
Geronimo, Mary Angeli	018186	Parsley, Patrice Natasha	016894		
Gilbert, Shannon Patricia	018043	Patel, Shital Bhavin	017943		
Gorski, Colette Mary	004390	Pudlik, Amy	013752		
Ho, Yin-Hsin Lucy	016585	Ravlo, Michelle	019228		
Ho, Ngoc Lien Dai	017291	Rigney, Brenda Lee	006912	Ambridge, Terra-Lynn Aurilla	017846
Ishani, Vadih	019376	Rosenberg, Meagan Lynn	017449	Andre, Alexandra Sophie	014634
Ivanis, Kristina Katherine	017924	Rowe, Kirstin	012722	Chesla, Michelle Marie	010863
Jay, Marisa Annaliese	015539	Sadler, Kashia Joy	016969	Frook, Shannon	008964
Kertesz, Janice Louise	005534	Said, Rukhsara	015451	Masci, Angie	008096
Ketavong, Amanda	017352	Shaw, Jessica Claire	014052	Moorhouse, Sandra Lynn	003933
Khalil, Akram	011914	Simons, Marguerite	001477	Mordue, Shayla	016393
Kirollos, Jacqueline	017450	Skelding, Alycia Rosaline	015788	Pigot, Lindsay	019175
Kowalski, Laura	009755	Tabata, Julianne Patricia	007393	Prentice, Carley	014292
Laidlaw, Jacqueline	004743	Tate, Mary Ann	003478	Shadford, Mary Allison	001715
Lech, Svetlana Tanya	010854	Torres Sierra, Clara Ines	014984	Singh, Heena	018987
Lee, Se La	018809	Van Klink, Lisa Christine	014151	Turton, Carolyn	019023
Legault, Jauceline Genevieve	016419	Vibal-Ranas, Eugenia Pacia	017950	Van Koughnet, Anna	000758
Lennon, Kelli Louise	007120	Weatherell, Breanna Yvonne	017466	Weber-Goodman, Gloria	006273

Reinstated

March 1, 2018 – June 15, 2018

Chandra Aarons, Camille	007935
Harnett, Katrina	017914
Chiofalo, Natalie	017732
Décary, Natalie	018378
Bougie, Sophie	006485

Resignations

March 1, 2018 – June 15, 2018

Ambridge, Terra-Lynn Aurilla	017846
Andre, Alexandra Sophie	014634
Chesla, Michelle Marie	010863
Frook, Shannon	008964
Masci, Angie	008096
Moorhouse, Sandra Lynn	003933
Mordue, Shayla	016393
Pigot, Lindsay	019175
Prentice, Carley	014292
Shadford, Mary Allison	001715
Singh, Heena	018987
Turton, Carolyn	019023
Van Koughnet, Anna	000758
Weber-Goodman, Gloria	006273

