MILESTONES

College of Dental Hygienists of Ontario

25 YEARS

Protecting your health and your smile

2019 | ISSUE 03

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.

MILESTONES

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

Contact Us

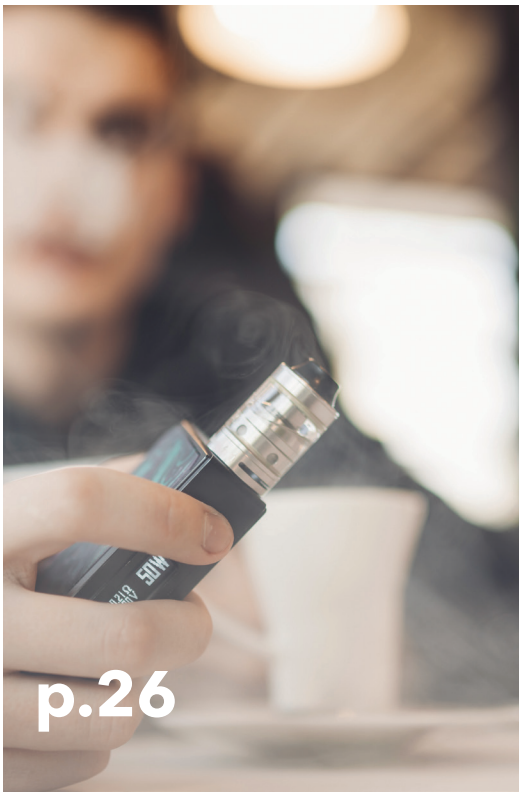
175 Bloor Street East
North Tower, Suite 601
Toronto, ON M4W 3R8

t: 416-961-6234 • **tf:** 1-800-268-2346
f: 416-961-6028 • admin@cdho.org

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

CONTENTS

2019 | ISSUE 03



WHY YOU SHOULD ASK YOUR CLIENTS ABOUT VAPING

FEATURES

Publications Mail Agreement No. 40026784. Return undeliverable Canadian addresses to: College of Dental Hygienists of Ontario, 175 Bloor Street East, North Tower, Suite 601, Toronto, ON M4W 3R8

PRESIDENT'S MESSAGE

CATHERINE RANSON RDH, BHA, MET

A Discipline Committee panel of the College of Dental Hygienists of Ontario (CDHO) recently made a decision to suspend the registration of a dental hygienist who did not comply with the imposed sexual abuse regulations. This decision was later upheld by the Ontario Divisional Court when appealed by the dental hygienist. This ruling was not the first and only discipline case that has resulted in revocation of a dental hygienist's registration for violating the *Regulated Health Professions Act, 1991* (RHPA). The Discipline Committee panel, composed of both public and professional members of Council, are obligated to govern their fiduciary responsibilities and follow the regulations set out by the Ministry of Health. There is no discretion on the part of the Discipline Committee to order a lesser penalty based on the identity of the patient/client being a spouse or any other influence.

I have optimism that in the near future, the government will provide some clarity as to whether amendments to the current regulation will be granted to the CDHO and other health professions, similar to dentistry.

The CDHO is mandated to apply the RHPA, within which the Ministry of Health has defined "sexual abuse of a patient" to include sexual relationships between a member of the College and a patient; touching of a sexual nature of a patient by a member of the College; or remarks of a sexual nature by the member towards a patient. The definition of a patient includes a spouse, therefore, dental hygienists are not permitted to provide dental hygiene care/services to their spouse under the current legislation. The RHPA has a zero tolerance statute and the mandatory penalty for violating the regulation is revocation of a dental hygienist's registration for a period of five years.

In 2015, the Minister of Health appointed a *Sexual Abuse Task Force* to provide advice to the Minister on health colleges with respect to the sexual abuse provisions in the RHPA. One of the Task Force findings was that health colleges were not upholding the standard of zero tolerance of sexual abuse of patients; therefore, they recommended removing the authority of health colleges to investigate and discipline sexual abuse matters. The Ministry is still considering this recommendation.

The CDHO Council approved a regulation to except spouses from the sexual abuse regulation in 2015, (similar to the exception that dentistry was granted in 2014), and submitted the proposed regulation amendment to the Ministry of Health, but to date, this regulation change has not been granted, nor has the Ministry provided any indication of doing so. It is not clear why the Ministry passed the exception for dentists but not for any other health profession governed by the RHPA (there are 26 professions governed by the RHPA).

The Ontario Dental Hygienists' Association (ODHA), dental hygiene registrants, and members of the public have recently approached the government advocating for a needed change to the sexual abuse regulation in the RHPA. I have optimism that in the near future, the government will provide some clarity as to whether amendments to the current regulation will be granted to the CDHO and other health professions, similar to dentistry.

Cont'd on page 6

REGISTRAR'S MESSAGE

LISA TAYLOR RDH, BA, MEd, MCOD

Council members made a promise to protect the public and must follow the law. The law was created to protect the public and none of us are above the law.

These have been a busy few weeks for the CDHO staff and I.

Many of you have probably heard me say that we are a relatively quiet College that does its job well and keeps itself out of the front page of the news. We have seen other colleges and other registrars experience the scrutiny of the press and the criticism of the public while we simply went about our business, happy for it not to be us.

Granted, we got a small sample of what the spotlight was like last year when there were lapses in infection control reported in the news, but that was nothing compared to what we experienced in the past weeks.

For those of you who do not know what I am speaking of, the Divisional Court released its decision in the Tanase case. Mr. Tanase was a dental hygienist who was found guilty of sexual abuse in accordance with the *Regulated Health Professions Act, 1991* (RHPA) by a Panel of the Discipline Committee. As was his right, he appealed the decision to the Divisional Court. In the end, the Court sided with the Discipline Panel finding that it interpreted the law correctly, and essentially, had no other choice, based on the facts, but to find that he had engaged in sexual abuse. As such, he was revoked. We understand that Mr. Tanase will be seeking 'leave' (permission) to appeal the decision to the Court of Appeal so I am not able to discuss the specifics of the case.

However, one thing that I have learned in these past weeks is that you cannot believe everything you read or hear. Sure, we all think we know that, but it has never been clearer to me. With the media's need to get information out quickly, fact checking seems to be a thing of the past.

I know this attention has probably made Council uncomfortable. Social media has criticized the College, the Discipline Committee and the Inquiries, Complaints and Reports Committee for doing their jobs. The story, portrayed as a dental hygienist being treated unfairly by the College for treating someone who eventually became his spouse, is all over social media. A one-sided story is being told and the College cannot properly defend itself since the matter is still before the courts, and because the College really can only speak about individual registrants through the decisions of its statutory committees, such as the Discipline Committee. The best we can do is put generic facts about sexual abuse decisions on our website and hope that people read and understand the College's position.

Council members made a promise to protect the public and must follow the law. The law was created to protect the public and none of us are above the law. It is a policy decision made by the Legislature with respect on how to address sexual abuse by health professionals. In some circumstances, that policy makes its way into laws that may appear to be rigid.

The College has made every effort to alert and educate registrants that having both a treating relationship and a sexual relationship with the same person, even in the context of a spousal relationship, contravenes the law, and that in doing so, they would be guilty of sexual abuse as defined by the RHPA, which would risk losing their right to practise for a minimum of five years.

Cont'd on next page

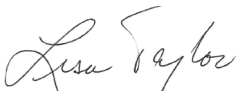
REGISTRAR'S MESSAGE (CONT'D)

The College has a sexual abuse prevention program that focuses on eliminating sexual abuse. It includes a teaching guide designed for educators so that students in dental hygiene programs learn about this law from the get-go. Every person who registers with the College must answer the questions about sexual abuse, including treating a spouse, correctly on the Jurisprudence exam to pass. You can't get into the profession without knowing this. And, the education continues with almost constant communication from the College about the **prohibition** on having a dual relationship.

We have not been alone in our efforts. The Ontario Dental Hygienists' Association (ODHA) has also made great efforts to educate dental hygienists on treating their sexual partners, which constitutes sexual abuse within the meaning of the RHPA. We thank the ODHA for those efforts.

So how do dental hygienists find themselves in a situation like this particular registrant? I wish I had an answer. Despite all our efforts to educate the profession, it happens.

Perhaps, the positive side to all this media attention is that health professionals, including dental hygienists, will look to **their own regulators** to determine what the rules are about a particular subject and will not take their cues from an entirely different profession. Perhaps, those who have not understood how the RHPA deals with sexual abuse up to this point in time will now understand. The College has zero tolerance for dental hygienists who have a sexual relationship with their clients; the eradication of sexual abuse is specifically listed as a primary object for all health colleges and is front and centre in the RHPA, which is the statute that we are mandated to apply. We do not need to apologize for this. We are doing our job as regulators, even if this attention makes us uncomfortable.



PRESIDENT'S MESSAGE (CONT'D)

At the September 27, 2019 CDHO Council meeting, Thomas Custers, Manager of the Regulatory Oversight and Performance Unit from the Health Workforce Regulatory Oversight Branch of the Ministry of Health presented the future vision for modernizing regulatory governance in Ontario. The Council has had preliminary discussions for implementing a plan to reduce Council size, increase public members on Council to 50 percent, eliminate the role of an Executive Committee, appoint all members of Council based on competencies/merit, and re-organize the compliment of statutory committees. Further planning will take place in the New Year.

The next Council meeting is Friday, December 6, 2019, and as always, I encourage members of the profession to attend.

It has been an honour for me to represent the voice of the public of Ontario in the capacity of President of the CDHO for a second year.

Warm wishes for the upcoming holiday season.

COUNCIL HIGHLIGHTS

At the **September 27, 2019** meeting, **Ilga St. Onge** presented an overview of the attended sessions from the **Govern for Impact 2019 Conference** in Quebec City in June.

Thomas Custers from the Ministry of Health and Long-Term Care (MOHLTC) provided an update on the Ministry's initiative for developing a new **Regulatory Performance Measurement Framework**.

The **proposed meeting dates for 2020** were approved:

Friday, January 24, 2020
Friday, March 27, 2020
Friday, June 5, 2020
Friday, September 18, 2020
Friday, December 4, 2020

Five members were appointed to the **Conduct Committee**:

The new **Conduct Committee**'s role is to consider and determine complaints made about Council or Committee members pursuant to the Council Code of Conduct. The Committee shall comprise of three to five persons who are members of the Council of Ontario regulatory colleges other than the CDHO, at least one of whom is a Public member. All members are appointed annually by Council.

2019 COUNCIL MEETING DATES

Friday, December 6

MEETING LOCATION

CDHO Office
175 Bloor Street East
North Tower, Suite 601
Toronto, ON M4W 3R8

Council was updated on the **Ownership Linkage Survey**, which will continue to collect data until two weeks before November 8, 2019.

Pauline Leroux was appointed to the **Quality Assurance Committee** to replace Trudy Enstrom.

The **Discipline Committee** heard *CDHO v. Kathy Ngo* on May 24, 2019, *CDHO v. Trina O'Donnell and Jenna Marino* on May 28, 2019, and both *CDHO v. Michael Asselin* and *CDHO v. Camille Aarons* on August 30, 2019.

The **Inquiries, Complaints and Investigations Committee** reported that since the last report to Council, it received 10 new complaints, 6 Registrar's Reports and 2 QA Referrals. In total, the ICRC is currently investigating 62 matters including 25 formal complaints, 32 Registrar's Reports investigations, and 5 QA Referrals.

The **Registration Committee** reported that since the last report to Council, 278 new applications for registration were received. Of these, 4 applications required detailed review by the Registrar. Furthermore, 260 applicants were registered to practise, 8 previous registrants of the College were re-registered, 1 registrant was suspended for non-payment of fees, 15 registrants resigned, and 73 registrants were authorized to self-initiate.

NEW MEMBERS OF COUNCIL

The CDHO is pleased to present two new public members appointed by the Lieutenant Governor in Council. The College extends congratulations to Ms. Margaret Wade and Mr. Brad Butt.

Margaret Wade is a former Teacher at St. Raymond and Champlain Elementary Schools, and at French Catholic Schools in Delson, Laprairie and Ste. Catherine. Her community involvement includes volunteer work for St. Paul's United Church in Hearst, Ontario.

Brad Butt is Vice-President, Government & Stakeholder Relations for Mississauga Board of Trade. He is a former Member of Parliament, Mississauga-Streetsville (2011 to 2015), as well as the former President & CEO for the Greater Toronto Apartment Association. His community involvement includes serving as founding Chair of Safe City Mississauga. CDHO

TEARING DOWN BARRIERS:

CARING FOR AN AGING POPULATION

NADINE YACOUB BA (HONS), MPC
Coordinator, Communications

Seniors (65 years or older) make up a significant portion of the Canadian population (25.6%).[1] In fact, there are more seniors than children aged 0 to 14.[2] That being said, dental hygienists should expect to see more elderly clients as the population ages. Since Ontario seniors are living longer than before, many are keeping their teeth longer as well. Therefore, oral care will be needed more than ever to help these seniors not only live healthy lives but also maintain proper oral function. According to the Canadian Health Measures Survey (CHMS) conducted between March 2007 and February 2009, elderly people face inequity in oral health care due to a fee-for-service system, resulting in a lack of equal access to care.[3] Since oral health is a contributing factor to our overall health and quality of life, dental hygienists should be aware of the barriers that elderly people may face regarding access to oral health care.

UNDERSTANDING THE DISTINCTIVE CHALLENGES OF AGING CLIENTS

The health status of older adults differs, ranging from fully functional to frail, or cognitively impaired.[4] Nonetheless, older adults are most likely taking medications and/or may have chronic health conditions (diabetes, arthritis, or high blood pressure). According to the CHMS, the most common dental complications observed in those aged 60–79 years are:

Caries — 11% had untreated root caries, which could ultimately lead to extensive tooth destruction and loss.[5] Although oral health issues were similar to those in the 40- to 59-year age group, seniors required more preventive and restorative treatments, mainly to prevent and manage caries.[6] Seniors with ostheoarthritis, which is the most common form of arthritis, can have more difficulty with managing caries, as the fingers are one most frequently affected areas of the body. Inflammation of the fingers contributes to impaired motor function and difficulty in performing daily activities of living, such as increased risk of caries as well as periodontal disease.

Periodontal Diseases (gum disease) — 31% had at least one periodontal pocket of at least 4mm.[7] Periodontal disease may be a risk factor for a number of serious health conditions. In recent studies, gum disease has been linked to:

- heart disease and stroke;
- pneumonia and other respiratory diseases; and
- diabetes.

If left unchecked, it can lead to complete destruction of the tooth's supporting tissues, abscesses and, ultimately, loss of the tooth. Clients with severe cognitive impairment are at an increased risk for caries, periodontal disease, and oral infection because of decreased ability to practise daily oral hygiene routines.

Tooth Loss — Almost all participants had at least 1 DMFT (excluding wisdom teeth), however, over half (58%) retained more than 21 natural teeth.[8] This is likely due to years of preventive care and workplace insurance among those who have had access.

Xerostomia* (dry mouth) — Its prevalence is up to 50% in the elderly. Older adults are at an increased risk for root caries **because of increased use of medications** that cause xerostomia, in conjunction with increased gingival recession that exposes root surfaces. Oral infections are also more frequent in xerostomic clients. Fungal infections (especially oral candidiasis) may also manifest.

Candidiasis* — Seniors with dental prosthesis are also at risk of developing candidiasis which is usually caused by overgrowth of yeast fungus. The most common sign of oral candidiasis is creamy white, slightly raised patches or plaques on the tongue and other oral mucous membranes, including the buccal mucosa, hard and soft palates, tonsils, and gums. Other signs and symptoms include redness and/or pain in the affected areas. Yeast infections in denture wearers can also lead to angular cheilitis.

Angular Cheilitis — Angular cheilitis is a mixed bacterial and fungal infection that results from small amounts of saliva that pools at the corners of the mouth. It manifests as cracked, ulcerated, and encrusted commissural folds that can cause moderate amounts of pain. Other symptoms can include burning, itching and dry lips.

Oral Cancer* — Clients over 60 years of age are at the greatest risk of oral cancer. Dental hygienists play an important role in early detection of oral cancer, leading to timely medical/dental referral.

* For more information on oral management implications and manifestations, please visit the CDHO Knowledge Network at http://www.cdho.org/my-cdho/practice-advice/the-knowledge-network.

BARRIERS TO ORAL CARE

To better serve this population, dental hygienists should consider the following barriers:

Financial Barriers

Can your clients pay for these services?

Affordability: One of Canada's most vulnerable groups are elderly people living in institutions or with low incomes.[10] Oral health care is privately financed and administered, making it harder to access, especially among those who do not have dental insurance. According to CHMS, 16% refused treatment due to cost.[9] Ontario is investing in dental care for low-income seniors through the Ontario Seniors Dental Care Program. Once it is in effect, eligible seniors will be able to access dental services through their local public health units, community health centres, and aboriginal health access centres. Services will also be available for underserved populations and mobile services will be provided for housebound community dwelling seniors. Recommending programs and helping clients navigate forms is one way to address barriers.

Physical Barriers

Can your clients easily reach your location? Do you have the resources or personnel to meet the needs of these clients? Is your office set up to meet the needs of your clients?

Accessibility and Availability: Elderly residents of small and rural communities in Southern Ontario may have challenges in accessing local services, since many oral health professionals prefer to live and practise in larger urban centres. Similarly, residents of long-term care homes and individuals who find it difficult to leave their home (e.g., frail seniors) may not be able to access services unless they can arrange for travel to and from the dental hygiene office.

Although limited, mobile dental hygiene clinics have been successful in meeting the needs of remote communities and long-term care facilities. With the ability to practise independently, dental hygienists should look for ways to ensure that senior's oral care needs are being addressed.

Accommodation: Facilities should be in compliance with accessibility guidelines in order to accommodate those with limited mobility or cognitive impairment. For example, dental hygiene offices should be wheelchair friendly.

Communication and decision aids should also be tailored to accommodate the different needs of your clients:

- Clients with vision loss or visual impairment should be offered materials in large print, or audio format.
- Clients with hearing loss should be offered written or illustrated materials.

Social Barriers

Will your clients be comfortable and feel accepted when interacting with you, and vice-versa?

Acceptability: Clients are more likely to come in for treatment if they feel welcomed and accepted. That being said, dental hygienists should be understanding of the medical, psychological and financial states of their elderly clients. Be wary of treating vulnerable seniors as children; regardless of disability or age, adults should be treated as adults.

Clients with hearing loss should be talked to at a normal pace; speaking too slowly may come off as patronizing. Be mindful that not all people with hearing loss will feel the same way about their disability and may have different needs.

Furthermore, clients with dementia should be managed with an understanding and empathetic approach (e.g., calm, soothing voice). Once familiar experiences may now be new or threatening. Therefore, establishment of a good relationship with non-verbal communication (e.g., direct eye contact and smiling) is desirable.

WHAT YOU CAN DO

- Collect detailed health histories, including a list of all medications.
- Have adequate preparation for emergency situations (see *What Can a Dental Hygienist Do in a Medical Emergency* on page 32).
- Assess cognitive function of the client to make sure they understand the information presented to them (see *Is the Consent You Are Receiving Informed, Valid, and Reliable?* on page 18).
- Highlight the importance of preventive care.
- Discuss affordable and practical options for care.
- Make sure the dental office is senior-friendly (more lighting, bigger signs, wheelchair accessible).
- Provide coaching to caregivers that assist semi-dependent clients.
- Be cautious of stereotypes or assumptions — do not presume to know someone's needs or preferences based on their age. CDHO

REFERENCES

1-2 Statistics Canada. (2019, January 25). Canada's population estimates: Age and sex, July 1, 2018. Retrieved from Statistics Canada: https://www150.statcan.gc.ca/n1/en/daily-quotidien/190125/dq190125a-eng.pdf?st=KFIEtT98

3-9 Shu Yao, C., & MacEntee, M. I. (2013). Inequity in Oral Health Care for Elderly Canadians: Part 1. Oral Health Status. *Journal of the Canadian Dental Association*.

10 Canadian Academy of Health Sciences. (2014). *Improving access to oral health care for vulnerable people living in Canada.*

2020 RENEWAL NOTICE

ROBIN LOCKERT BA (HONS), MA
Manager, Registration

Renewals for 2020 will open on November 15, 2019. All registrants are required to either renew their certificate of registration or formally resign from the College **on or before January 1, 2020**.

Log on to your Self-Service account using your six-digit registration ID number and your password, then click the "2020 Renewal" link to begin the process.

As a reminder, registration fees will increase by $15 effective January 1, 2020. The fee for a General or Specialty certificate of registration will be $415 and Inactive will be $215.

Check your liability insurance. You must hold valid professional liability insurance for the 2020 registration year *prior* to completing your renewal online. You will be asked during the renewal process if you have the required insurance. If you indicate that you do not have insurance, you will be prevented from completing your renewal. If you indicate that you do have insurance while you do not have it, you would be providing false or misleading information to the College, which is considered professional misconduct.

Don't leave it too late. There will be office closures around the Holidays in December so there could be limited assistance available at the time you need it most. If you run into any issues, the processing of your renewal may be delayed. Renewals open on November 15, 2019, so there is plenty of time to sort out your options and complete the process before the Holidays.

Forgotten passwords can be reset by using the *Forgotten Password* button on the Self-Service login page. Follow the prompts to restore your access. The College is not able to give out passwords over the phone.

If you did not receive an email prompting you to renew, it is likely because the email we have on file for you is incorrect. Log into your account on the CDHO Self-Service Portal and correct your contact information using the "Address Information" link available in your menu. Remember, it is your responsibility to keep all of your information current. Registrants are required to update their contact information on file within 14 days of any changes.

WHAT HAPPENS IF I DON'T RENEW BY THE DEADLINE?

A late fee will be applied to all renewals completed after January 1, 2020. If you fail to renew or resign, your certificate of registration will be suspended effective February 7, 2020. Suspensions are recorded permanently on the Public Register and this information is published in *Milestones*. There is a $500 fee to reinstate a suspended certificate of registration, in addition to any outstanding registration fees.

THINKING OF CHANGING YOUR STATUS AT RENEWAL TIME?

I am not planning to practise dental hygiene this year. Do I need to renew?

Yes. Registrants who are not going to practise this coming year still need to renew. You may choose to renew as Inactive if you like, however, all Inactive registrants are reminded that their obligations to the College remain the same while inactive. The only difference is that you are not entitled to practise dental hygiene.

Registrants who do not intend to renew for 2020 need to formally resign from the College by January 1, 2020, by logging into their Self-Service account and selecting the "Resign" link under the Registration heading. Not renewing is not the same as resigning and failure to inform the College of your resignation will result in the suspension of your certificate of registration.

I have a status of inactive and I would like to change back to General or Specialty. Can I do that at renewal time?

Maybe. If you have held an Inactive certificate of registration for less than three years and you have not been registered as a dental hygienist outside of Ontario during this time, you **will be** able to choose to renew as General or Specialty during the renewal process.

However, if any of the following statements apply to you, you will not have the option to change your registration status during your renewal:

- You have held an Inactive certificate of registration for three years or longer.
- You have been registered as a dental hygienist outside of Ontario while you were Inactive for any length of time.

In the above situations, the College requires supporting documentation before you can be issued a General or Specialty certificate of registration. You should renew as Inactive and then submit an application to change your registration status in the new year.

Don't forget, we are here to help. If you have concerns or questions about your particular situation, please feel free to contact us at registration@cdho.org. CDHO

RETURNING TO PRACTICE AFTER 3 YEARS

If you are currently registered as Inactive and you haven't been practising dental hygiene for three years or longer, you will be required to take extra steps before you can apply for a General or Specialty certificate of registration. For those who are planning to return to practice, there are two options: complete an approved refresher course, or successfully pass the Professional Competency Assessment.

While there are no approved refresher courses being offered in Ontario at this time, the dental hygiene refresher course offered by the University of Alberta's Continuing Dental Education Department has been approved for the purposes of meeting the requirements for registration in Ontario. This course of study begins with a three-month, online self-study component and concludes with a five-day, in-class clinical course at the University. Information can be found on the University of Alberta website or by emailing the CDHO Registration Department.

If an out-of-province course is not possible for you, the other option is the Professional Competency Assessment, which is comprised of the Written Assessment and the Clinical Competency Evaluation. The Written Assessment is a two-hour, multiple-choice examination written at the CDHO office in Toronto. It will give you the opportunity to demonstrate that your knowledge, skills and judgment are current. The Clinical Competency Evaluation is a one-on-one practical evaluation in which you will treat one live client. It allows you the opportunity to demonstrate that you are practising safely and competently, and within the scope of practice of dental hygienists in Ontario. You will be responsible for obtaining your client for this evaluation and you should choose their suitability based on the criteria outlined in the CDHO information guide. Preparation is important for these assessments. While you are allowed three attempts at the Written Assessment, you are allowed only one attempt at the Clinical Competency Evaluation.

The results from the refresher course or Professional Competency Assessment are valid for 18 months. If you wait longer than 18 months to register with a General or Specialty certificate, you will be required to retake the refresher course or Professional Competency Assessment again. For more information, please contact the registration team at registration@cdho.org. CDHO

QUALITY ASSURANCE MATTERS

TERRI-LYNN MACARTNEY BA (HONS)
Manager, Quality Assurance Program

UPDATE ON 2019 QUALITY ASSURANCE (QA) ASSESSMENTS

In 2018, notice was sent to 2180 registered dental hygienists in the province requesting submission of their QA records for assessment due January 31, 2019.

- 2159 were selected because their registration number ended in a "2" or "6" (Regular Selection)
- 21 were selected for not completing the mandatory annual self-assessment (Self-Assessment Selection)

Of the 2180 records requested (as of September 9, 2019):

	Number of Registrants from Regular Selection	Number of Registrants from Self-Assessment Selection	Total
Met the assessment guidelines with initial submission	1296	10	1306
Assessed with deficiencies but met the assessment guidelines with an additional submission and/or remediation	644	4	648
Still in assessment phase: On-site practice reviews	62	1	63
Still in progress	18	0	18
Resigned	133	6	139
Other: includes registrants who are currently suspended, revoked, referred to ICRC, currently under investigation, deferred to another assessment period or deceased.			6
Total			**2180**

2020 SELF-ASSESSMENT

The 2020 Self-Assessment Tool will be available in your SMILE Portal starting in mid-November and is due by **January 31, 2020**. As a reminder, the Self-Assessment is mandatory for **all** registrants, regardless of registration status or employment situation — this includes Active and Inactive registrants, whether they are working in dental hygiene or not, and those living outside of Ontario. If you are registered, you need to complete the annual Self-Assessment.

The 2020 Self-Assessment can be accessed in the SMILE Portal by choosing "2020" from the "Select Year to View" dropdown menu on the dashboard. You will need to complete *Step One* first by verifying your employment status and practice address(es) before you can move on to access the Self-Assessment in *Step Two*.

In the table that appears in *Step Two*, click on the "**#1: General**" link to open the Self-Assessment. The word "General" here does not refer to the general registration category or a practising setting type, but to the general Standards of Practice relevant to all dental hygienists. Educators are required to complete an additional Self-Assessment that will appear as "**#2: Educator**", which is based on the Standards of Practice for Dental Hygiene Educators.

Year	Standard of Practice Type
2020	#1:General
2020	#2:Educator

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. However, if you would like to save your work and return to complete the Self-Assessment at a later date or time, you can click "Save and Continue Working" and exit the Portal at any time. Once ALL of the questions are answered and you are satisfied with your work, you will need to click "I'm All Done" at the bottom of the page. This will complete your Self-Assessment and submit the completion status to CDHO. You should see a green checkmark next to *Step Two* and your dashboard will reflect completion of your Self-Assessment.

As per the Quality Assurance Committee's decision, any registrants who fail to complete the 2020 Self-Assessment by the January 31st deadline can expect notification from the College that they will be asked to submit their Quality Assurance records for Audit in 2021.

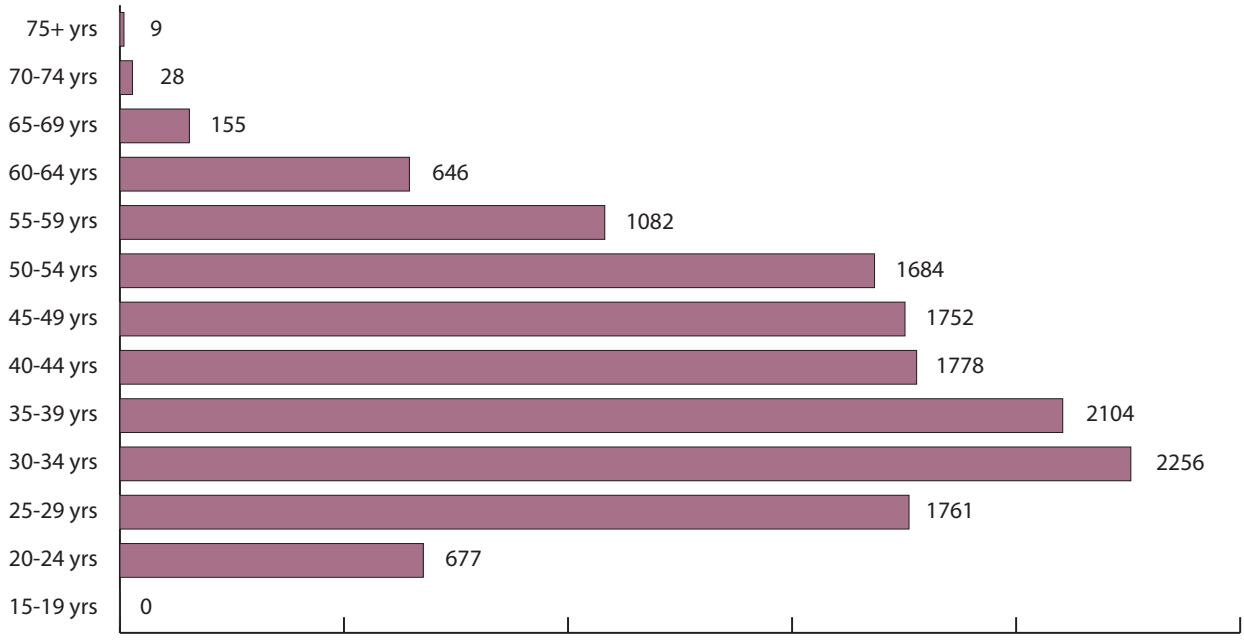
ARE YOU SUBMITTING YOUR QUALITY ASSURANCE RECORDS IN 2020?

For registrants who were selected to submit for the upcoming audit — either because your registration number ends in a "0" or a "1", or because you otherwise received notice from the College that you would need to submit — your Quality Assurance records must be submitted via the SMILE Portal **by January 31, 2020**. The SMILE Portal will allow you to submit your records for assessment beginning on January 1, 2020. You need to have a green checkmark next to each of the steps in your dashboard; then you will be asked to read and check off a declaration before you are able to finalize your submission. The College will not receive your records until the declaration has been agreed to and your dashboard indicates that you have submitted everything.

ARE YOU SELECTED TO SUBMIT YOUR QUALITY ASSURANCE RECORDS IN 2021?

If your registration number ends in either a "5" or a "7" and you did not previously submit your Quality Assurance records in either 2016, 2017, 2018 or 2019, you will be required to participate in the 2021 QA audit. Your records will be due by January 31, 2021. More information regarding the 2021 selection will be communicated in the College's E-Brief this coming January. Your dashboard in the SMILE Portal will also indicate "QA Records Due: Jan. 31, 2021" if you have been selected. If you want to confirm whether you will need to submit your QA records in 2021, you can check your SMILE Portal or contact the College **after February 1, 2020**. CDHO

NUMBER OF CURRENT REGISTRANTS BY AGE GROUP



COMMON QUESTIONS:

PREPARING QA RECORDS FOR SUBMISSION

With the 2020 submission deadline approaching, the College has been busy fielding questions from registrants as they prepare their Quality Assurance records for audit. Below are the answers to some of the most common questions received. All resources mentioned can be found under the Quality Assurance heading in the My CDHO section of our website at www.cdho.org. Links to these resources also appear at the bottom of the dashboard in your SMILE Portal for easy access while you are working on your records.

Resources

- CDHO Website
- Overview of the Quality Assurance Program
- Guide to the Online System for Managing Individual Learning (SMILE Portal)
- Requirements of the Quality Assurance Program and Guidelines for Continuing Competency
- Self-Assessment Tool
- Quality Assurance Regulation and Registrants' Policies & Procedures Manual
- New Quality Assurance Written Assessment (QA Test)

QUESTIONS ABOUT THE LEARNING PORTFOLIO

Q. *Is this an acceptable goal?*

A. We can provide guidance on how to select acceptable goals and we can usually tell you if a goal will definitely not be accepted, but it is difficult to give a guaranteed "yes" to this question. There are a lot of factors to consider and whether a goal is accepted can also depend on the types of activities used to meet the goal and how you apply the goal to your practice (i.e., how you write about what was learned, the changes made to your practice, and how it will benefit your clients). A list of goal topics for dental hygienists in clinical practice can be found on page 4 of the *Guidelines for Continuing Competency*. If you are not in clinical practice, remember that your goals should be related to your specific practice or to general dental hygiene knowledge. For educators, your goals should relate to your specific area of teaching or to educational theory and practice.

Q. *Is this a suitable activity?*

A. Similar to the question about acceptable goals, it's hard for us to give you a direct answer to questions about the suitability of chosen learning activities because there are many considerations as to what makes an activity suitable to use for your Learning Portfolio. When you are choosing an activity, you should look at whether it is provided by a reputable source and whether the information is backed by current, evidence-based research. The *Guidelines for Continuing Competency* include a list of suggested activities to use toward your goals, a list of activities that could be used toward non-goal related learning, and a list of activities that should not be used at all (pages 5 – 6).

Q. *Do I need to provide full bibliography information?*

A. In short, yes. Your assessor will need to verify your sources for both the goal-related and non-goal related learning activities included in your Learning Portfolio. Hours used for a particular activity will not be accepted unless the bibliography information is included. There are some sample bibliography entries included on page 6 of the *Guidelines for Continuing Competency*. A common misconception is that full bibliographies are not required when listing *Milestones* readings as an Additional Activity Unrelated to Your Goals. It is not acceptable to list *Milestones* (or any journal) with the notation that you read it cover to cover.

Q. *Can I use a CPR course toward the hours for my Learning Portfolio?*

A. Although you are required to submit proof of CPR with your Practice Profile (see below), you cannot use the hours spent taking a CPR course to meet the requirements of the Learning Portfolio. It is one of the activities included in the *Guidelines for Continuing Competency* on the list of activities that cannot be used for goal or non-goal related learning (page 5). Maintaining currency in CPR is a Standard of Practice and the hours spent completing CPR training are not acceptable for the Learning Portfolio.

Q. *Do I need to submit the certificates of completion for any or all of my activities?*

A. If you are using either the *CDHO Jurisprudence Education Module* or the *CDHO Drugs in Dental Hygiene Practice* course to meet the requirements of the QA Program, you must attach the certificates of completion to the applicable goal in your Learning Portfolio. In order to obtain the certificate for either course, you would have had to pass the requisite exam. No credit will be given for either of the above activities if the certificate is not included in your Learning Portfolio. For any other course or activity, attaching the certificate is optional.

QUESTIONS ABOUT THE PRACTICE PROFILE

Q. *What is the CPR requirement?*

A. Any dental hygienist in clinical practice or in an educational setting must hold a current CPR certificate. If you have reported that you are in clinical practice, your practice profile will include a section for you to attach a copy of your current CPR certificate so that it can be verified by your assessor. Page 8 of the *Guidelines for Continuing Competency* outlines what must be included in a CPR course and you should check with your course provider to ensure that your certification meets all CDHO requirements.

Q. *How can I report on multiple practices?*

A. The SMILE Portal will designate the appropriate Practice Profile(s) for you based on what you have reported in Step 1 when you verified your employment status and practice addresses. If you work at more than **one** practice, but they are the same type of practice, you will only have one Practice Profile to complete. You should answer the questions with each practice in mind. If there are vast differences between the practices, there is a place at the very end of the Practice Profile where you can enter more information about the differences between the practices. If you reported that you work in more than one *type* of practice based on the practice setting type selected, you will have more than one Practice Profile to complete and you will need to complete each of them before submitting.

Q. *I can't fit all the text I need into the available space! What do I do?*

A. If you're trying to enter text that won't fit into the available space, it is likely because you are overthinking it. The size of the text boxes was selected with the information we are expecting to receive in mind. We cannot accept any additional information by email or mail, so try editing your text to make sure it fits. You can use point form or abbreviations as appropriate to fit within the space provided.

More information about the Practice Profile can be found on page 7 of the *Guidelines for Continuing Competency*.

QUESTIONS ABOUT THE QA TEST

Q. *What is the format of the QA Test?*

A. The QA Test is a 100-question, multiple choice exam and is available in either English or French. The exam is timed at two and a half hours. It is open book and the question/time ratio is about 1 and 1/2 minutes per question. More information about the types of questions and an exam blueprint can be found on pages 3 and 4 of the *New Quality Assurance Written Assessment* (QA Test) guide.

Q. *What is the passing mark for the test?*

A. Since the QA Test pulls a different set of questions for each exam attempt, and the specific set of questions may include harder or easier questions than another set, the passing mark is different for each test. A test that includes a more difficult combination of questions will have a lower passing mark than a test that happens to get a bit of an easier set of questions. You can read more about how the QA Test and questions were developed and how scores were set in the *New Quality Assurance Written Assessment* (QA Test) guide (pages 2 – 3).

Cont'd on next page

Q. *How do I prepare for the QA Test?*

A. A list of study resources is included on pages 4 and 5 of the *New Quality Assurance Written Assessment* (QA Test) guide. Most of the recommended study resources are available on the CDHO website, with the exception of the recommendation to review a current dental hygiene textbook or review book, and a dental drug reference.

Q. *How do I request to take the QA Test / make payment / access the test?*

A. If you plan to complete the QA Test in order to help meet the requirements of the Quality Assurance Program and you are currently selected for audit, you can request to take the QA Test in your **SMILE Portal**. Before you can do that, though, you first need to finalize your path option in Step 3 by choosing either Path 2 or 3 and clicking "I'm All Done" at the bottom of the page. If you have done this correctly, a green checkmark will appear next to *Step Three* in your dashboard. Next, click on *Step Four* and you will see the button to request to take the QA Test. Within 2 hours of sending the request, the link to pay for the QA Test will appear in your **Self-Service** account. After successfully making the payment, the link to access the QA Test will replace the payment link in your account. You can access the test from your Self-Service account at any time after payment has been processed. CDHO

TEST YOUR KNOWLEDGE – CDHO'S 25TH ANNIVERSARY

You can find all answers to this crossword on page 43 of this issue.

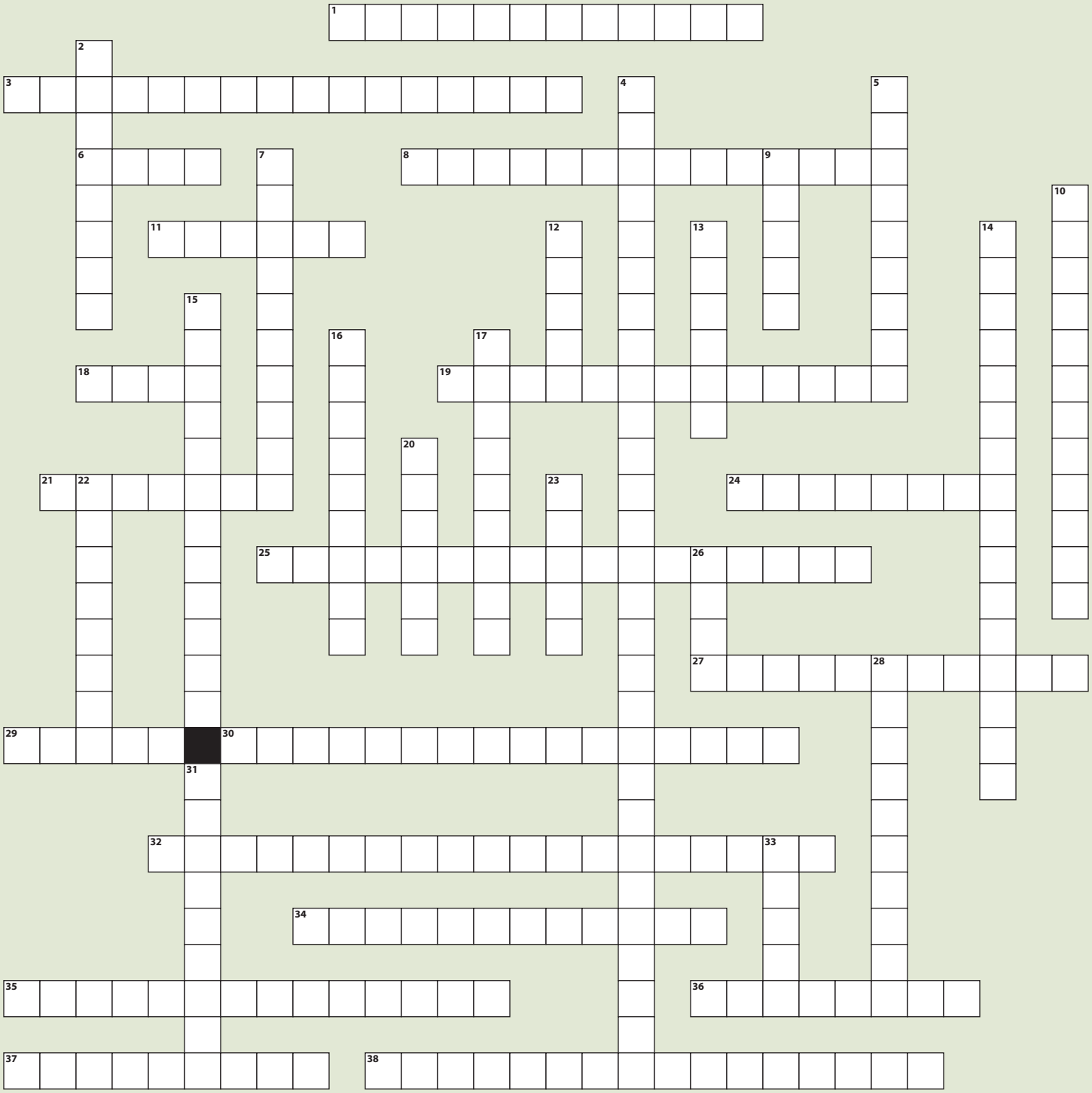
ACROSS

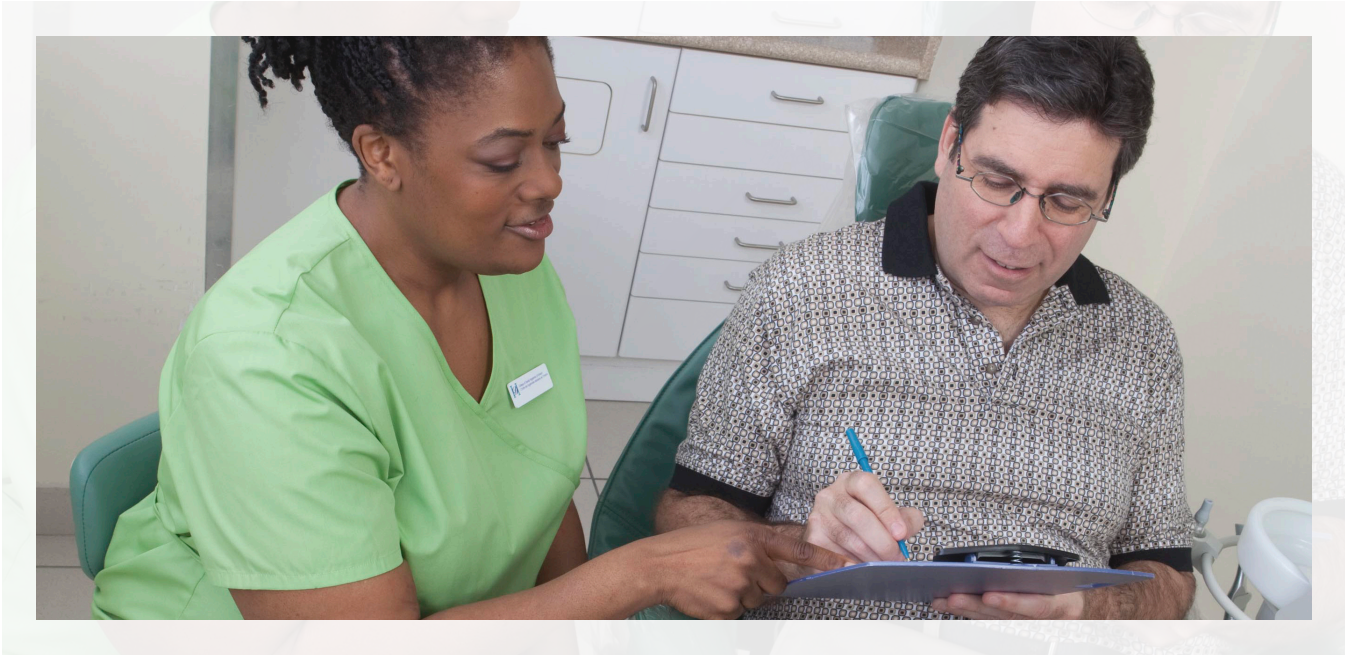
1. Improving _____ has been a key focus of CDHO's strategic goals
3. Program that ensures the provision of optimal quality care to the public (2 words)
6. Acronym for the umbrella legislation that regulates health professions
8. It contains information about all College registered members (2 words)
11. Surname of current CDHO Registrar
18. Acronym of association for members to provide quality preventive and therapeutic oral health care and health promotion
19. This regulation requires that an appropriate health history be taken at a client's initial visit (2 words)
21. Statement that describes the purpose of a company or organization
24. The CDHO held its first province-wide election in this month of 1994
25. This permits registrants to access and update their information in real-time (3 words)
27. Defined as any form of communication to current or potential clients in which a registrant is promoting her/his dental hygiene practice/business
29. Acronym for the two-part performance-based exam constructed from ten competency-focused clinical scenarios and/or stations
30. Developed by the CDHO, this tool weaves scientific medical knowledge into point-of-care decisions (2 words)
32. This book deals with the professional obligations of a registered dental hygienist (2 words)
34. One of the two non-statutory committees
35. Program that matches less experienced dental hygienists with a more experienced practitioner (2 words)
36. Surname of first CDHO Registrar
37. This committee supports and facilitates the functions of the Council and Committees
38. Employees of the CDHO who provide confidential consultations to dental hygienists (2 words)

DOWN

2. Competence, honesty and _____ are the three fundamental components of being a professional practitioner
4. What the acronym JEM stands for (3 words)
5. Scaling teeth and root planing, including _____ surrounding tissue
7. Giving another the authority to do a controlled act on your behalf
9. Name of the QA Learning Management System portal
10. Individual who has been appointed to serve on Council through an Order-in-Council by the Government of Ontario (2 words)
12. Acronym of the organization that regulated dental hygienists prior to December 31, 1993
13. Monthly email sent out by CDHO to registrants as a useful resource
14. This committee advises Council on matters related to abuse prevention (2 words)
15. In January 1994, the _____ Council became the CDHO Council
16. Category of registration that permits dental hygienists in Ontario to place permanent restorations
17. Staff member who is also the College's CEO
20. Surname of the current President of Council
22. This certificate is usually held by registrants who are taking time away from practice
23. Acronym for one of two components of the *Health Information Protection Act*
26. Acronym of association that represents the interests and needs of member dental hygienists in Ontario
28. Number of years the practice of dental hygiene has been self-regulated in Ontario (2 words)
31. Serves as an officer of the College and acts as chief spokesperson for the Council
33. The requirement to have an _____ ties the provision of dental hygiene services with those of the dentist

CDHO'S 25TH ANNIVERSARY CROSSWORD





IS THE CONSENT YOU ARE RECEIVING INFORMED, VALID, AND RELIABLE?

ROBERT FARINACCIA RDH, BSc
Manager, Complaints and Investigations

Dental hygienists obtain consent from their clients for dental hygiene treatment on a regular basis in order to allow clients to make informed decisions. However, if you, as dental hygienists, were to think about your most recent day of providing clinical dental hygiene services, would the consent you obtained from your clients meet the criteria specified by the *Health Care Consent Act, 1996* (HCCA) in order for it to be considered informed, valid and reliable?

Consent can be implied, oral, and/or written. However, for consent to be considered valid, it must be **informed**. A dental hygienist should ensure that the following four criteria are met so that the consent received can be reliable:

1. THE CONSENT RELATES TO TREATMENT BEING PROPOSED

The HCCA defines treatment as anything done for a therapeutic, preventive, palliative, diagnostic, cosmetic or other health-related purpose, including a course of treatment or plan of treatment.

It is best practice to obtain consent for any client interaction, as this allows a client to understand any procedure that will be performed in its entirety and allows for the opportunity to ask questions.

2. CONSENT IS INFORMED

Obtaining informed consent is a process that involves the meeting of minds. Furthermore, informed consent rests on the principle that clients should make their own treatment decisions. The dental hygienist's role is to provide information and make recommendations that will enable clients to make informed choices.

Consent is informed if, prior to treatment, the client received the necessary information about:

- the nature of the treatment;
- the expected benefits of the treatment;
- the material risks of the treatment;
- the material side effects of the treatment;
- alternative courses of action; and
- the likely consequences of not having the treatment.

According to the HCCA, a health practitioner who proposes a treatment for a person shall not administer the treatment, and shall take reasonable steps to ensure that it is not administered, unless,

(a) he or she is of the opinion that the person is capable with respect to the treatment, and the person has given consent; or

(b) he or she is of the opinion that the person is incapable with respect to the treatment, and the person's substitute decision-maker has given consent on the person's behalf in accordance with this Act.

Consent must be obtained directly from the client, if they are capable, or from the client's substitute decision-maker, if the client is incapable (with respect to treatment). A client is incapable of giving consent when they do not understand the nature or the purpose of the treatment proposed, or do not appreciate the reasonably foreseeable consequences of having or not having the treatment. When a client is found to be incapable of giving consent, the consent **must** be obtained from a substitute decision-maker unless there is an emergency. All of the following considerations apply to obtaining consent from a substitute decision maker:

The substitute decision-maker **must**:

- be at least 16 years old (unless the substitute is the client's parent);
- be capable themselves;
- be able and willing to make the decision; and
- act in accordance with either:
  - the last capable wishes of the client, if any; or
  - in the best interests of the client.

There is some obligation on a dental hygienist's part to intervene if it is clear to the dental hygienist that the substitute decision-maker is not fulfilling their obligations. In some cases, explaining the obligations to the substitute decision-maker is sufficient. In other cases, the dental hygienist would be required to make a report to the Public Guardian and Trustee (e.g., if the substitute is misconducting themselves).

Priority list of substitute decision-makers ranked from the highest to the lowest as follows:

- Guardian of the person appointed by the courts
- Attorney for personal care conferred by a written document when the client was capable
- Consent and Capacity Board appointed representative
- Spouse or partner
- Child or custodial parent
- Access parent
- Brother or sister
- Any other relative
- Public Guardian and Trustee.

When a substitute from the first three listed above is able and willing to make the decision, then they must be used. At the family member level, any available substitute on the list can be relied upon so long as there is not a higher ranked substitute who is available and is known to want to make the Decision. The Public Guardian and Trustee, a government official, is relied upon as a last resort.

3. CONSENT MUST BE GIVEN VOLUNTARILY

A client must not feel pressured or forced into making a specific treatment decision. The dental hygienist must believe that the consent to treatment has been given freely, and must ensure that there has been no coercion. Also, the consent cannot be required as a condition of continuing to receive treatments with the dental hygienist. For example, requirements that a client receive dental hygiene treatment from a specific dental hygienist in an office that has multiple dental hygienists, in order to continue receiving treatment in that office is not permissible, as this requirement would impede on a client's freedom of choice for a treatment provider.

4. CONSENT MUST NOT BE OBTAINED THROUGH MISREPRESENTATION OR FRAUD

Information given should be accurate and unbiased. As health care providers, dental hygienists are in a position of power vis-à-vis their clients and must not misuse that power to influence clients' decision making. Clients cannot be told that the treatment is for one particular issue when it is for another about which they are not told. Health care providers should not tell a client that there are no risks to a treatment when, in fact, there are risks that a reasonable person would want to know before making a decision about that treatment.[1]

ADDITIONAL CONSIDERATIONS RELATED TO CONSENT

Age of Consent

In Ontario, there is no minimum age for providing or refusing consent. The HCCA provides that anyone "capable with respect to treatment" may give consent to treatment on their own behalf. There is no discussion of a minimum age. The Act states that the health practitioner should assume that the person is capable of consenting on their own behalf unless there are reasonable grounds to believe otherwise. The *Substitute Decisions Act, 1992* provides that a person who is aged 16 years or older is presumed to be capable of consenting or refusing consent in connection with their own personal care. This does not preclude a dental hygienist from determining that a younger person is capable of consenting to treatment, but it does imply that greater care is needed in making that determination. The determination of capacity to consent to dental hygiene treatment relies on the judgment of the dental hygienist to assess whether the client understands and appreciates

Cont'd on next page

the information and its implications. Dental hygienists are advised to use their professional judgment and to exercise appropriate care in determining whether a child is capable of consenting to dental hygiene treatment.

As a general, informal guideline, a dental hygienist may often find that:

- children under 7 are incapable of consent for almost any treatment;
- children between the ages of 7 to 12 can very rarely consent to treatment; and
- youth over 12 need to be carefully assessed as to their capacity on a case-by-case basis.

Occasionally, obtaining consent from a child who the dental hygienist feels is fully capable to provide consent, may still present a challenge, especially when the child is not the one responsible for paying for their services. For example, if the client requires a radiograph or fluoride and the parent who is paying for the appointment is not present, the dental hygienist may want to ask the child for permission to call their parent and to see if they will cover the cost of the x-ray or fluoride.

Consent in an Emergency

As per the HCCA, consent is not needed in an emergency as the delay resultant from obtaining consent would prolong suffering or put the client at risk of sustaining serious bodily harm. Even when a client is capable, treatment can be administered without consent in emergencies where a language barrier or other communication difficulties make it impossible to obtain informed consent without delay. Aside from medical emergencies that may occur in the dental hygienist's chair, all other situations would most likely require consent in relation to dental hygiene treatment.

Implied Consent

With implied consent, clients indirectly accept or refuse the proposed treatment based on their actions or behaviours. Relying on implied consent can be risky. It is always best practice to obtain consent (verbal or written) in order to ensure there is no misunderstanding if consent to treatment was actually obtained.

Written Consent

While a written consent form is valuable and can be used as evidence that the treatment was discussed and the client provided consent, a dental hygienist should exercise caution when relying on written consent forms because unless the forms are read, understood and appreciated by the client, the signed form may not be considered valid consent. A signed consent form will be of relatively little value later if the client can convince a court the explanations were inadequate or, worse, not given at all.[2]

Withdrawal of Consent

According to the HCCA, a consent that has been given by or on behalf of the person for whom the treatment was proposed may be withdrawn at any time:

- by the person, if the person is capable with respect to the treatment at the time of the withdrawal;
- by the person's substitute decision-maker, if the person is incapable with respect to the treatment at the time of the withdrawal.

Although a client may have cooperated with previous dental hygiene procedures, they have the right to refuse treatment and/or withdraw consent at any time.

Documentation of Consent

It is extremely important that dental hygienists record the details of any consent received in their clients' treatment records. Notation can be as simple as *Verbal Informed Consent* received with a brief outline of the risks and benefits of having and/or not having the treatment discussed with the client.

Based on the considerations above, is it safe to assume the consent you are receiving is informed, valid and can be relied upon? CDHO

REFERENCES

1 Speak Up Ontario. (2019). *Resource Guide: Consent*. Retrieved from Speak Up Ontario: https://www.speakupontario.ca/resource-guide/consent/

2 Evans, K. G. (2016). *Consent: A guide for Canadian physicians*. Retrieved from CMPA: https://www.cmpa-acpm.ca/en/advice-publications/handbooks/consent-a-guide-for-canadian-physicians#which%20form?+

THE BASICS OF THE REGULATORY PROCESS: MAKING A REGULATION

STEP 1: The College proposes a regulation to Council.

STEP 2: The College invites stakeholder consultation.

STEP 3: The Council considers feedback and finalizes decision to go ahead with proposed regulation.

STEP 4: The College submits proposed regulation to the Ministry of Health.

STEP 5: The Ministry reviews the proposed regulation and may seek additional clarification from the College.

STEP 6: The final wording of the proposed regulation goes back to the College for signature of President and Registrar.

STEP 7: Proposed regulation goes to the Minister of Health and Long-Term Care for referral to legislature.

STEP 8: Proposed regulation goes to the Standing Committee on Regulations and Private Bills of the legislature.

STEP 9: Proposed regulation is approved under an Act of the Legislature* by the Lieutenant Governor in Council.

STEP 10: Regulation is filed.

STEP 11: Regulation is published in *The Ontario Gazette*.

STEP 12: Unless otherwise stated, the regulation goes into effect with publication.

HISTORY OF CDHO REGULATIONS

REGULATION	SUBMITTED TO MINISTRY	PUBLISHED
Conflict of Interest (new)	2010	2013
Registration (amendment)	2006, 2009	2012
Quality Assurance (amendment)	February 2009	June 2011
Designated Drugs (new)	September 2013	September 2017
Spousal Exception (new)	October 2015	No

* In 2019, the Legislature meets Monday to Thursday, from February 19 to December 12, 2019 with the following exceptions: March 11 to 14; April 22 to 25; May 20 to 23; June 7 to October 25; November 11 to 14.

WHAT YOU NEED TO KNOW

IF YOU ARE BEING INVESTIGATED FOR CONDUCT OR COMPETENCY

ROBERT FARINACCIA RDH, BSc
and **EVA ROSENSTOCK** BA
Managers, Complaints and Investigations

When investigating the conduct (including "off duty" conduct) or competency of a registered dental hygienist (registrant), the College of Dental Hygienists of Ontario (CDHO) follows the procedure set out in the *Health Professions Procedural Code* (the Code), which is Schedule 2 of the *Regulated Health Professions Act, 1991*. The Code applies to all 26 regulated health care professions in Ontario. As required by the Code, all complaints and investigations must be reviewed by the Inquiries, Complaints and Reports Committee (ICRC). The ICRC is a screening committee and its investigation process is neutral and objective. The ICRC is divided into panels comprised of dental hygienists and public member(s).

It should be noted that there is no time limit as to how long after an incident has occurred that an investigation can happen. This means that even if you are no longer practising or resign during an investigation, the investigation will continue if it refers to conduct or competency that took place at a time when you were a registrant.

There are three possible ways a registrant may become the subject of an investigation with the CDHO:

- Registrar's Report
- Referral from the Quality Assurance Committee (QAC)
- Complaint

A Registrar's Report and referral from the QAC require that an investigator be appointed. It may not be necessary to appoint an investigator when investigating a complaint.

When an investigator is appointed, the Registrar (or Deputy Registrar in the Registrar's absence) will sign an *Appointment of Investigator* (also known as a Section 75 appointment). An investigator will arrange to interview the registrant and any other person who may be relevant to the investigation, gather relevant information (see *Role of an Investigator* in this issue for the types of information an investigator may gather), and prepare an investigation report. The registrant will be provided with a copy of the investigation report and will be given 30 days to provide submissions, following which the matter will be reviewed by the ICRC. The ICRC will then either request further information or make a final decision in the matter.

REGISTRAR'S REPORT

If concerns are brought to the attention of the CDHO (this may include mandatory reports pursuant to sections 85.1 – 85.6 of the Code) and the Registrar believes there are reasonable and probable grounds for an investigation, the ICRC will be notified with a request that an investigator be appointed. The Registrar also has the ability to make an emergency appointment of an investigator without seeking approval from the ICRC if the Registrar believes that the conduct of the registrant exposes or is likely to expose his or her patients to harm or injury and that there is no time to seek approval. The Registrar must, however, report the appointment to the ICRC within five days.

INFORMATION FROM THE QUALITY ASSURANCE COMMITTEE (QAC)

If the ICRC receives information about a registrant from the QAC (for non-compliance with a direction of the QAC or providing false information to the QAC, for example), the ICRC can request the Registrar to conduct an investigation into the matter and an investigator will be appointed.

COMPLAINTS

The ICRC must investigate all complaints. A complaint must be in writing, recorded on a tape, film, disk or other medium and can be made by anyone including, for example, a client, a co-worker or even another dental hygienist. Once a complaint is received by the CDHO, the CDHO may ask the complainant for confirmation of the concerns and possibly written consent to obtain their oral health record.

Once the CDHO has received confirmation of the complaint, an investigation will begin. An investigator can be appointed at any time during the process, but as noted above, it is not required.

Within 14 days of receipt of the confirmation (or identification of the registrant where the identity is not initially known), the registrant will be provided with notice of the complaint.

The registrant will be given 30 days to submit their response to the complaint (i.e., give their version of the matter). Following receipt of the registrant's response, the complainant will usually be sent a copy of the submission so that they can send further comments or information to the CDHO. The registrant's explanation may be enough to resolve the complaint. However, even if the complainant is satisfied with the registrant's response, the CDHO may choose to continue its investigation if it feels that it is in the public interest to do so. The CDHO will keep the registrant and complainant informed as the investigation proceeds.

If the registrant's response does not resolve the complaint or the investigation continues because it is in the public interest to do so, the ICRC will continue with its investigation. In doing so, the ICRC may forward the complainant's subsequent submission to the registrant for a final response before the ICRC reviews the complaint and makes a decision. If the ICRC requires additional information before it can make a decision on a case, it may ask a staff member to obtain additional information, ask an expert to comment on the case (i.e., obtaining an expert opinion), or ask that an investigator be appointed to prepare a report to help the ICRC to understand what happened.

POSSIBLE DECISIONS BY THE INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

All documents relevant to the investigation are reviewed by the ICRC. The issues for the ICRC to decide are:

1. whether the nature of the allegations, if true, warrant a discipline hearing in all of the circumstances;
2. whether the information in support of the allegations is of a sufficient quantity and quality to require a hearing if the allegations do warrant a discipline hearing; and
3. whether some other action by the ICRC is appropriate if the allegations are not referred to a hearing.

Neither the registrant nor the complainant, if there is one, attends the ICRC meeting when the registrant's case is reviewed. Following its review of a matter, the ICRC can direct one or more of the following decisions:

1. Refer specified allegations of the Registrant's conduct to the Discipline Committee. The discipline process is entirely separate from the ICRC process. The CDHO prosecutes the registrant against whom the allegations have been made.
2. Refer the registrant to a separate panel of the ICRC for incapacity inquiries.
3. Require the registrant to appear before a panel of the ICRC to be cautioned.
4. Take other action that is not inconsistent with Code including, for example:
    a) Determining that the matter is frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process.
    b) Taking no further action.
    c) Offering the registrant guidance or making a recommendation with respect to the registrant's practice or conduct.
    d) Requiring the registrant to complete a tailored education plan, called a "Specified Continuing Education or Remediation Program" (or SCERP) to improve their competency (knowledge, skills and judgment) and/or conduct.
    e) Requesting that the registrant enter into an undertaking (or agreement) by which the registrant agrees to do (or not to do) certain things.

Any registrant who is the subject of an investigation has the right to retain legal representation. It is important to note that seeking legal representation is not considered to be an admission of any wrong doing, but simply a resource to assist the registrant under investigation. CDHO

ROLE OF AN INVESTIGATOR

ROULA ANASTASOPOULOS RDH, BEd

The mission of the College of Dental Hygienists of Ontario (CDHO) is to regulate the practice of dental hygiene in the interest of the overall health and safety of the public of Ontario. The CDHO accomplishes this mission by ensuring that all dental hygiene care provided is safe, ethical, evidence-based and of high quality.

Anyone who has a concern about a dental hygienist's conduct has the right to make a complaint with the College. The College's Inquiries, Complaints and Reports Committee (ICRC) considers all complaints, regardless of their source.

When a concern is brought forward, the College must **formally** investigate any:

- information related to a complaint about a dental hygienist; and/or
- concerns about a dental hygienist's conduct or behaviour.

APPOINTING AN INVESTIGATOR

Investigators are appointed under section 75 of the *Health Professions Procedural Code* (the Code), which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA) to carry out investigations on the College's behalf.

An investigator can be appointed in a number of ways:

- The Registrar believes on reasonable and probable grounds that the dental hygienist has committed an act of professional misconduct or is incompetent and the ICRC approves of the appointment;
- The ICRC has received information about a dental hygienist from the Quality Assurance Committee under paragraph 4 of subsection 80.2 (1) of the Code and has requested the Registrar to conduct an investigation;
- The ICRC has received a written complaint about a dental hygienist and has requested the Registrar to conduct an investigation; or

- In an emergency, if the Registrar believes on reasonable and probable grounds that the conduct of a member exposes or is likely to expose his/her clients to harm or injury, and that the investigator should be appointed immediately; and
    - if there is no time to seek approval from the ICRC.

If an investigator is appointed, their only role is to be an impartial fact collector and gather any evidence related to the matter. It is important to note that investigators do not make judgments, communicate opinions, or assess credibility of evidence.

INVESTIGATOR ACCESS

An appointed investigator has a broad range of power when conducting an investigation. An investigator may, upon their appointment, enter at any reasonable time the workplace(s) of the dental hygienist and may examine anything found on site that is relevant to the investigation. This may require the investigator to:

- examine documents (including client charts, invoices) and, if required, make copies or seize the originals;
- examine equipment and, if required, take photographs or seize the equipment for the purposes of the investigation;
- interview the dental hygienist, and any other person who may have relevant information relating to the complaint, conduct or behaviour of the dental hygienist (including but not limited to employers, employees, co-workers and clients);
- require any person by summons to give evidence under oath or to produce documents and objects relevant to the subject matter of the investigation;
- obtain a search warrant providing authorization to enter and search a place (other than the dental hygienist's workplace[s]) and examine anything specified in the warrant;
- appear unannounced at the dental hygienist's workplace(s) if there is a concern that evidence may have been or may be tampered with.

The RHPA specifies that the investigator's access to client records supersedes all other confidentiality provisions and that the investigator can share the information with the CDHO without the client's consent.

FAILURE TO COOPERATE WITH AN INVESTIGATOR

Any dental hygienist that is the subject of an investigation has an obligation to fully cooperate with the investigator that has been appointed. Failure to cooperate with an investigator, and/or abusing an investigator physically or verbally is considered professional misconduct and may lead to potential disciplinary action.

In addition, the RHPA clearly states that an investigator may make inquiries of any person. No person shall obstruct an investigator or withhold or conceal from them, or destroy anything that is relevant to the investigation.

THE REGISTRANT'S RIGHT

A dental hygienist under investigation by the CDHO will be provided with a letter notifying them of the investigation, and setting out the name of the investigator. This may occur in advance of the investigator contacting the dental hygienist, or may occur at the time the investigator appears unannounced at the dental hygienist's workplace (if an unannounced visit is required).

A dental hygienist has the right to ask the investigator:

- for a copy of the section 75 appointment of investigator; and
- photo identification of the investigator.

In addition, any dental hygienist who is the subject of an investigation has the right to obtain legal advice and/or representation from a lawyer. CDHO

INVESTIGATORS ARE:

- neutral
- impartial
- objective
- fact gatherers
- not decision makers
- professional representatives of a statutory regulator

THEY:

- comply with rules of proper investigations
- maintain confidentiality

WHY YOU SHOULD ASK YOUR CLIENTS ABOUT VAPING

NADINE YACOUB BA (HONS), MPC
Coordinator, Communications

With the rise of recent trends in vaping, a number of people are using e-cigarettes, among other vaping devices (e.g. vape pens and advanced personal vaporizers [mods]), as an alleged healthier alternative to smoking. In truth, studies are still being done to determine whether these devices are actually safe. Nonetheless, the prevalence of vaping, particularly among adolescents, is increasing.[1] In 2017, 4.6 million Canadians aged 15 years or older admitted to having tried an e-cigarette.[2]

WHAT IS VAPING?

Vaping is the act of inhaling and exhaling an aerosol produced by a vaping device when a liquid (vape juice), usually flavoured, is heated and then turned into a vapour. The aerosol, inhaled through the mouth and lungs, is absorbed into the bloodstream and the remaining aerosol is exhaled. The vape juice is usually composed of propylene glycol and/or glycerol (vegetable glycerin) and chemicals, which create the flavouring compounds, as well as nicotine, although the amount varies with each device.[3] These ingredients are usually found in the aerosol as well. Cannabis can also be consumed with a vaping device.[4]

POTENTIAL HEALTH EFFECTS

While research on the long-term effects of vaping is still in the early stages, here is what we know so far about the impact of certain chemicals and ingredients found in e-cigarettes in regards to health/oral health.

Xerostomia (dry mouth) — The propylene glycol (PG) in vaping devices tends to absorb moisture, meaning, water molecules in the mouth will bond to PG, thus, resulting in Xerostomia.[6] Since saliva helps limit bacterial growth, xerostomic clients are at an **elevated risk of oral infections, including periodontitis, gingivitis, and viral and fungal infections**. For information on managing the oral health effects of Xerostomia, please visit the CDHO Knowledge Network on our website to access the Xerostomia fact sheet.

Nicotine exposure — The many implications of nicotine on health/oral health are already recognized among oral health professionals:

- Nicotine reduces blood flow to the gingival tissues, denying them the oxygen and nutrients required to stay healthy, therefore, leaving them susceptible to

bacterial infection. Restricted blood flow can also cause dry mouth, which can lead to a possibility of other oral health complications as mentioned earlier.

- Nicotine is highly addictive and could lead to dependence, especially among users who have never used nicotine before (smoking). Children and youth are most vulnerable to its negative effects, as it can alter teen brain development and affect memory and concentration.[5]

Chemical exposure — Not much is known about the health implications of the flavouring compounds (propylene glycol and or/glycerol and chemicals) found in vaping devices **when inhaled**. The heating of these materials could potentially lead to new reactions and the formulation of new chemicals, such as formaldehyde, a highly toxic substance.[7]

Pulmonary illness — There has been an outbreak of severe pulmonary illnesses and deaths reportedly linked to the use of vaping products in the United States, and one confirmed case of severe pulmonary illness in Quebec. Research is limited on the matter, however, Health Canada is advising Canadians who consume vaping products to monitor themselves of potential symptoms (e.g., cough, shortness of breath, chest pain).[7]

THINGS TO CONSIDER

As oral health professionals, it is our duty to educate clients who choose to vape about the risks associated with vaping. Here are some steps you can take to help you do so:

- Questions concerning vaping should be asked on the medical history, and whether the client consumes cannabis from any source (legal or illegal). It's important to highlight that vaping devices procured outside of the legal market, including black market cannabis vaping products, are not quality controlled and may be contaminated.
- Ask about the use of vaping products if the client shows signs of respiratory symptoms, particularly if there is no clear cause.
- Inform clients that vaping does have risks and that its long-term effects are still unknown. Therefore, as a precaution, non-smokers, people who are pregnant, and children and youth should not vape.
- If a client vapes recreationally (not as a method for smoking cessation), suggest vaping devices with no nicotine.
- Highlight the importance of regular dental hygiene care and follow-up visits to monitor oral health.
- Advise on the management of oral side effects (dry mouth, gum health, etc.), if there is any. CDHO

REFERENCES

1 Hammond David, Reid Jessica L, Rynard Vicki L, Fong Geoffrey T, Cummings K Michael, McNeill Ann et al. *Prevalence of vaping and smoking among adolescents in Canada, England, and the United States: repeat national cross sectional surveys* BMJ 2019; 365 :l2219

2 Government of Canada (2019, January 4). *Canadian Tobacco, Alcohol and Drugs Survey (CTADS): summary of results for 2017*. Retrieved from Government of Canada: https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey/2017-summary.html

3-5 Health Canada. (2019). *Talking with your teen about Vaping: a tip sheet for parents.* Retrieved from Government of Canada: https://www.canada.ca/en/services/health/publications/healthy-living/talking-teen-vaping-tip-sheet-parents.html

6 Froum, S., & Neymark, A. (2019, January 10). Vaping and oral health: It's worse than you think. Retrieved from Perio-Implant Advisory: https://www.perioimplantadvisory.com/clinical-tips/article/16412201/vaping-and-oral-health-its-worse-than-you-think

7 Health Canada. (2019, September 28). *Information Update - Health Canada warns of potential risk of pulmonary illness associated with vaping products*. Retrieved from Government of Canada: https://healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2019/70919a-eng.php

CDHO STAFFING UPDATE

Please be advised that Robert Farinaccia has moved over to the Inquiries, Complaints and Reports department as a caseload Manager. Terri-Lynn Macartney has moved over to the Quality Assurance Department as a Manager, and Robin Lockert is the new Registration Manager.

SEXUAL ABUSE 101:

KYLE FRASER RDH, BComm, BEd, MEd
Practice Advisor

The College of Dental Hygienists of Ontario (CDHO) is committed to providing dental hygienists with information and resources to assist them in treating their clients responsibly, consistent with the *Regulated Health Professions Act, 1991* (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. The CDHO therefore has a zero-tolerance policy for sexual abuse of clients.

Sexual relations between health care practitioners and clients (patients) has long been considered to be unethical. Under the RHPA, any form of sexual relations between a regulated health professional and a client is considered to be sexual abuse.

The College proposed a regulation in 2015, that would permit dental hygienists to treat their spouses, but until this is approved by the government, dental hygienists remain prohibited from having sexual relations with a client and from providing treatment to a sexual partner. The College has kept dental hygienists informed about the status of the regulation that is currently with the government and has been very clear **that treating a spouse currently is NOT permitted**. Should the proposed regulation pass, the CDHO will notify registrants.

With that being said, under the RHPA, it is an act of professional misconduct for a member of any regulated health profession to sexually abuse a client. The Act requires the reporting of sexual abuse by health professionals and provides for funding for therapy and counselling for clients who have been sexually abused by registrants.

SEXUAL ABUSE DEFINED

In the regulated health profession of dental hygiene according to the RHPA, "sexual abuse" by a dental hygienist would be defined as,

- sexual intercourse or other forms of physical sexual relations between the dental hygienist and the client;
- touching, of a sexual nature, of the client by the dental hygienist; or
- behaviour or remarks of a sexual nature by the dental hygienist towards the client.

Note: Touching, behaviour or remarks of a clinical nature appropriate to the service provided do not constitute sexual abuse.

DATING CLIENTS

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. Under the RHPA with the passing of Bill 187, ***it is now prohibited to have any sexual interaction between a Member and a former client for a minimum period of one year after the end of the patient-provider relationship***. This 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.

PENALTIES FOR SEXUAL ABUSE

The RHPA defines the penalties for a registrant who has been found guilty of committing an act of professional misconduct by sexually abusing a client (section 51(5)). A Panel of the College's Discipline Committee must:

1. reprimand the registrant;
2. revoke the registrant's certificate of registration if the sexual abuse consisted of, or included, any of the following:
   i) sexual intercourse
   ii) genital to genital, genital to anal, oral to genital, or oral to anal contact
   iii) masturbation of the registrant by, or in the presence of, the client
   iv) masturbation of the client by the registrant
   v) encouragement of the client by the registrant to masturbate in the presence of the registrant
   vi) touching of a sexual nature including touching of a client's genitals, anus, breasts or buttocks.

In addition to the above penalties, a panel of the Discipline Committee may:

- require the registrant to pay a fine of not more than $35,000 to the Minister of Finance of Ontario;
- require the registrant to pay all or part of the College's legal costs and expenses, the College's costs and expenses incurred in investigating the matter, and the College's costs and expenses incurred in conducting the hearing;
- require the registrant to reimburse the College for funding provided under the program for therapy and counselling for clients.

Further, an application for reinstatement by a person whose certificate of registration was revoked for sexual abuse of a client cannot be made until five years after the revocation. A finding of sexual abuse and a summary of discipline decisions are posted and remain on the CDHO website.

MANDATORY REPORTING

According to the RHPA, if a dental hygienist has obtained information while practising their profession, that a regulated health care professional of the same or different profession may have sexually abused a client, it is mandatory that the dental hygienist file a report within 30 days to the Registrar of the offending health care practitioner's college. If there is reason to believe the abuse will continue or abuse of other clients may occur, the report must be made immediately. If the dental hygienist does not know the name of the alleged health care practitioner, there is no requirement to submit a mandatory report. Failure by one regulated member to report the unprofessional conduct of another regulated member is considered a failure to meet their ethical responsibilities.

A mandatory report must contain:

- the name of the dental hygienist filing the report;
- the name of the practitioner who is the subject of the report;
- an explanation of the alleged sexual abuse; and
- the name of the client, only with their consent. If the client does not consent, you cannot include the client's name.

Failure to report sexual abuse of clients is against the law and any regulated health care professional who fails to make a mandatory report can be penalized. Penalties include a fine of up to $50,000 for a first offence by an individual and a fine of up to $200,000 for corporations. The RHPA provides protection to a person who files a report in good faith, from actions or other proceedings being taken against that person.

Cont'd on next page

FUNDING FOR THERAPY AND COUNSELLING

The College provides for funding for therapy and counselling to clients who have been sexually abused by registrants. *As per Bill 87, funding is now available as soon as there is an allegation of sexual abuse*.

A person is eligible for funding under the program if:

a) there is an allegation that a patient/client was sexually abused by a registrant;

b) there is an admission made by a dental hygienist in a statement to the College or in an agreement with the College that they sexually abused the person while the person was a patient/client of the registrant;

c) a dental hygienist has been convicted under the *Criminal Code* (Canada) of sexually assaulting the person while the person was a patient/client of the dental hygienist and the facts supporting the sexual assault constitute sexual abuse within the meaning of the *Health Professions Procedural Code*;

d) there is a statement, contained in the written reasons of a committee of the College given after a hearing, that the person, while a patient/client, was sexually abused by a dental hygienist;

e) there is sufficient evidence presented to the Patient Relations Committee to support a reasonable belief that the person, while a patient/client, was sexually abused by a dental hygienist; or

f) there is a finding by a panel of the Discipline Committee that the person, while a patient/client, was sexually abused by a dental hygienist.

CDHO PATIENT RELATIONS COMMITTEE

The CDHO Patient Relations Committee endeavours to meet the needs of the public and the profession by providing:

- registrants with an online *Jurisprudence Education Module*, a copy of the *Registrants' Handbook*, guidelines for the *Prevention of Sexual Abuse of Clients*, as well as guidelines for *Professional Boundaries for Dental Hygienists in Ontario*;
- educators with guidelines on *Preventing Sexual Abuse of Clients: Instructor's Guide for Ontario Dental Hygiene Educational Programs*; and
- the College's administration with education on how to communicate with members of the public who have been sexually abused by health professionals.

RECENT RULING

The CDHO has received numerous calls and emails regarding a recent ruling in Ontario's Divisional Court that upheld the decision of a panel of the Discipline Committee to revoke the registration of a dental hygienist who had a sexual relationship with a client. This penalty, mandatory revocation, is set out in the legislation, specifically the *Regulated Health Professions Act, 1991* (RHPA). The legislation is firm that this information must be posted on the Public Register. There have been some similar previous decisions which have resulted in revocation of a dental hygienist's licence to practise. These decisions are posted at http://www.cdho.org/about-the-college/publications/discipline-decisions.

IMPORTANT POINTS TO REMEMBER:

- The definition of sexual abuse includes the treatment of spouses, common law partners, boyfriends or girlfriends, even if there was a pre-existing spousal relationship prior to dental hygiene treatment being performed. There is no room for interpretation. It is important to note that a client's consent to treatment in these cases is irrelevant; it still amounts to sexual abuse as defined in the legislation.
- If you are considering dating a client, you must wait a minimum of one year after the professional relationship ends.
- Sexual abuse is a very serious offence and carries serious consequences. A finding of sexual abuse will require the automatic revocation of a registrant's certificate of registration and an application for reinstatement cannot be made until five (5) years after the revocation.
- In practising the profession, if a dental hygienist knows of someone who is treating their spouse, common law partner, boyfriend or girlfriend, you have a mandatory obligation to report this to the College under the RHPA.

- Failure by one regulated member to report the unprofessional conduct of another regulated member is considered professional misconduct.
- Funding is available to clients who have been sexually abused. An application can be made as soon as there is an allegation of a client being sexually abused by a registrant.

FINAL NOTE

A registrant cannot rely on colleagues to inform them on what is acceptable or not acceptable within the profession of dental hygiene. A registrant cannot simply say they did not know about the CDHO's sexual abuse policy. It is every registrant's duty to know what is expected of them at all times in terms of their own profession. It is every registrant's responsibility to apply the *CDHO Dental Hygiene Standards of Practice*, *CDHO Code of Ethics*, and CDHO regulations and bylaws to their dental hygiene practice at all times.

The College has created guidelines for dental hygienists aimed at preventing and dealing with sexual abuse including *Prevention of Sexual Abuse of Clients* and *Professional Boundaries for Dental Hygienists in Ontario* which can be found on the College's website: www.cdho.org.

If you need clarification, or have any questions, please call the CDHO and speak to one of our practice advisors. You can reach us at advice@cdho.org, or you can call us at 416-961-6234 (outside Toronto: 1-800-268-2346). CDHO

THE CDHO KNOWLEDGE NETWORK

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

1 new fact sheet

- Myocardial Infarction

17 updated fact sheets

- Adrenal Insufficiency
- Angular Cheilitis
- Asthma
- Bell's Palsy
- Brain Tumours
- Eating Disorders
- Hemophilia A
- Hemophilia B
- HIV/AIDS
- Hypertension
- Infective Endocarditis
- Joint Replacement
- Measles
- Osteoarthritis
- Osteoporosis
- Rheumatoid Arthritis
- von Willebrand's Disease

12 updated advisories

- Asthma
- Brain Tumours
- Disorders of the Adrenal Gland
- Eating Disorders
- Hemophilia, VWD and Other Bleeding Disorder
- HIV/AIDS
- Hypertension
- Infective Endocarditis and Associated Conditions
- Joint Replacement
- Myocardial Infarction and Cardiac Arrest
- Osteoporosis and Osteonecrosis
- Rheumatoid Arthritis

QUESTIONS REGARDING TREATMENT OF SPOUSE

The CDHO has received numerous phone calls and emails regarding the recent ruling in Ontario's Divisional Court that upheld the decision of a panel of the Discipline Committee to revoke the registration of a dental hygienist who had treated his girlfriend. Sexual abuse is defined broadly in the *Regulated Health Professions Act* to include any sexual relations between a regulated health professional and a client. This includes dental hygienists. The intent of this provision was to prevent sexual abuse and has been in place since 1993. The penalty, which is mandatory revocation, is set out in legislation. The legislation is firm that this information must be posted on the public register. There have been some similar previous decisions which have resulted in revocation of a dental hygienist's licence to practise. All previous decisions are posted on cdho.org.

In 2015, the College proposed a regulation that would permit dental hygienists to treat their spouses but this was not approved by the government and dental hygienists remained prohibited from having sexual relations with a client and from providing treatment to a sexual partner. The College has kept dental hygienists informed about the status of the regulation that is currently with the government and has been very clear that **treating a spouse is not permitted** unless the regulation is passed.

1) WHY DOES THE CDHO NOT PERMIT DENTAL HYGIENISTS TO TREAT THEIR SPOUSES?

The CDHO has the mandate, delegated to it by the Ministry of Health, to apply the *Regulated Health Professions Act, 1991* (RHPA). The Ministry of Health has defined "sexual abuse of a patient" in the RHPA to include "sexual intercourse or other forms of sexual relations between the member and the patient; touching of a sexual nature, of the patient by the member; or behaviour or remarks of a sexual nature by the member towards the patient". **The definition of patient includes spouses**. Therefore, if the patient is the member's spouse (assuming they have a sexual relationship), then the dental hygienist is engaging in sexual abuse of a patient by treating their spouse.

2) I THOUGHT THE CDHO COUNCIL HAD APPROVED A REGULATION TO EXEMPT SPOUSES FROM THE SEXUAL ABUSE PROVISIONS IN THE RHPA?

The CDHO Council has approved a regulation to exempt spouses but the Ministry of Health has not yet passed it, therefore it is not law. The only applicable law until such a regulation is passed is what is currently in the RHPA and existing regulations.

3) WHY CAN **DENTISTS** TREAT THEIR SPOUSES WITHOUT BEING FOUND GUILTY OF SEXUAL ABUSE?

The Ministry of Health has approved the spousal exception regulation for dentists. It is not clear why the Ministry has passed it for dentists but not for any other of the other health professions governed by the RHPA (there are 26 professions governed by the RHPA).

4) ISN'T IT CONFUSING FOR DENTAL HYGIENISTS, WHO USUALLY WORK WITH DENTISTS, WHEN THE RULES ARE DIFFERENT?

Yes, it can be very confusing for dental hygienists if they take advice from other professions about what the rules for dental hygienists are. This would be the case in relation to any subject matter and not just sexual abuse. For example, the rules around record keeping might be different for other practitioners in the same office but a dental hygienist is required to comply with the rules and standards of the CDHO, not the rules and standards of another profession. Dental hygienists are professionals who are obliged to be aware of the rules of their own regulator.

5) IF THE CDHO HAS APPROVED A REGULATION TO EXEMPT SPOUSES FROM THE SEXUAL ABUSE PROVISIONS, WHY CAN'T THE SCREENING COMMITTEE (ICRC) JUST CHOOSE TO NOT REFER THESE TYPES OF CASES TO DISCIPLINE?

The Ministry of Health delegates to health colleges, like the CDHO, the ability to govern a profession but the Ministry continues to grant this delegation only so long as the health college governs the profession in the public interest. The CDHO is created by the RHPA and it must meet the objects set out in the RHPA. The overriding object of the CDHO is set out in subsection 3(2) of the *Health Professions Procedural Code* (the "Code") and says that "In carrying out its objects, the College has a duty to serve and protect the public interest." Section 1.1 of the Code also says that "the purpose of the provisions of this Code with respect to sexual abuse of patients by members is to encourage the reporting of such abuse, to provide funding for therapy and counseling in connection with allegations of sexual abuse by members, and, ultimately, to eradicate the sexual abuse of patients by members." The CDHO must abide by these provisions when it carries out its work, otherwise the Ministry of Health may find that the College is not regulating in the public interest.

Cont'd on next page

The Minister of Health periodically reviews how colleges administer the sexual abuse provisions. For example, it appointed a Sexual Abuse Task Force a few years ago to give advice to the Minister and health colleges with respect to the sexual abuse provisions in the RHPA. Part of that advice was that colleges were not taking the zero tolerance of sexual abuse seriously and recommended taking away the authority of colleges to investigate and discipline sexual abuse matters. The Ministry is still considering those recommendations. Colleges need to take sexual abuse seriously and enforce both the letter and the spirit of the zero tolerance provisions at all stages of the investigation, screening and discipline process.

The ICRC is an independent Committee of the College and is expected to use its authority appropriately in accordance with the purposes and intent of the legislation while fully considering the individual circumstances of each case. Verifiable evidence of a concurrent sexual and professional relationship would warrant a referral to discipline as it meets the definition of sexual abuse in the RHPA.

6) DOES THE DISCIPLINE COMMITTEE HAVE THE CHOICE NOT TO REVOKE A CERTIFICATE OF REGISTRATION IF THE DENTAL HYGIENIST IS FOUND GUILTY OF TREATING A SPOUSE? DOESN'T IT SEEM HARSH?

The RHPA provides for a mandatory penalty of revocation when a dental hygienist has been found guilty of sexual abuse involving sexual intercourse or one of the more physical acts of sexual touching listed in the RHPA. There is no discretion on the part of the Discipline Committee to order a lesser penalty based on the identity of the patient or any other factor. This mandatory revocation provision has been in place for some time.

7) DOES THE DENTAL HYGIENIST HAVE THE RIGHT TO APPEAL A DECISION MADE BY THE DISCIPLINE COMMITTEE?

Yes, the dental hygienist has the right to appeal the Discipline Committee's decision to the Divisional Court.

8) WHAT ABOUT CLIENT/PATIENT'S RIGHT TO DECIDE WHO THEY RECEIVE DENTAL HYGIENE TREATMENT FROM INCLUDING THEIR SPOUSE?

The courts have been quite clear in their decisions relating to the sexual abuse provisions of the RHPA that there is no "right" to practise a regulated profession and no "right" to have a sexual relationship with a person that a practitioner chooses to see as a client/patient. The courts have also held that marrying a health care professional and seeking to be treated by that health care professional is a choice rather than a right that is protected by the Charter of Rights and Freedoms. The Legislature (which writes the applicable legislation) has the legal authority to decide that it is against the law for health professionals to both treat and have sexual relations with the same person.

9) CAN THE DENTAL HYGIENIST, IF REVOKED, EVER APPLY TO PRACTISE AGAIN? COULD THEY MOVE TO ANOTHER PROVINCE TO PRACTISE?

Dental hygienists who are revoked for sexual abuse are entitled to apply for reinstatement after five years. Their applications go to a new panel of the Discipline Committee and the RHPA places the onus on the revoked person to show that they should be reinstated.

The CDHO only has authority over dental hygienists registered in Ontario, however, other Canadian regulators would be aware of a finding of sexual abuse made in Ontario. The CDHO cannot say how another regulator would treat a finding of sexual abuse by the CDHO.

10) WHAT IS THE RISK IF A HEALTH REGULATOR CHOOSES TO NOT COMPLY WITH THE RHPA?

The Minister of Health can enact regulations changing the way sexual abuse is investigated, referred and disciplined. It can also propose amendments to the RHPA. In recent years the Ministry has been actively considering amendments to end the election of professional members to the Councils of colleges and to establish an oversight agency for all RHPA colleges. Such changes are currently occurring in British Columbia and we know the Ministry is watching those changes with interest.

In addition, the Minister of Health has authority in the RHPA to inquire into a health college's activities and to require the Council of a health regulator to do anything that the Minister believes is necessary to carry out the intent of the RHPA. The Minister of Health can, and already has once, appointed a Supervisor to essentially take over the running of a health college if it believes the health college is not acting in the public interest.

Apart from the Minister, regulatory colleges lose credibility with the public when they do not take sexual abuse matters seriously.

11) WHAT ARE THE OTHER OPTIONS FOR REGULATING A PROFESSION IF WE BELIEVE THAT SELF-REGULATION IS NOT WORKING?

The Ministry of Health can choose to regulate the profession directly without having a Council that includes members of the profession, or it could reform the regulation of professions as discussed above.

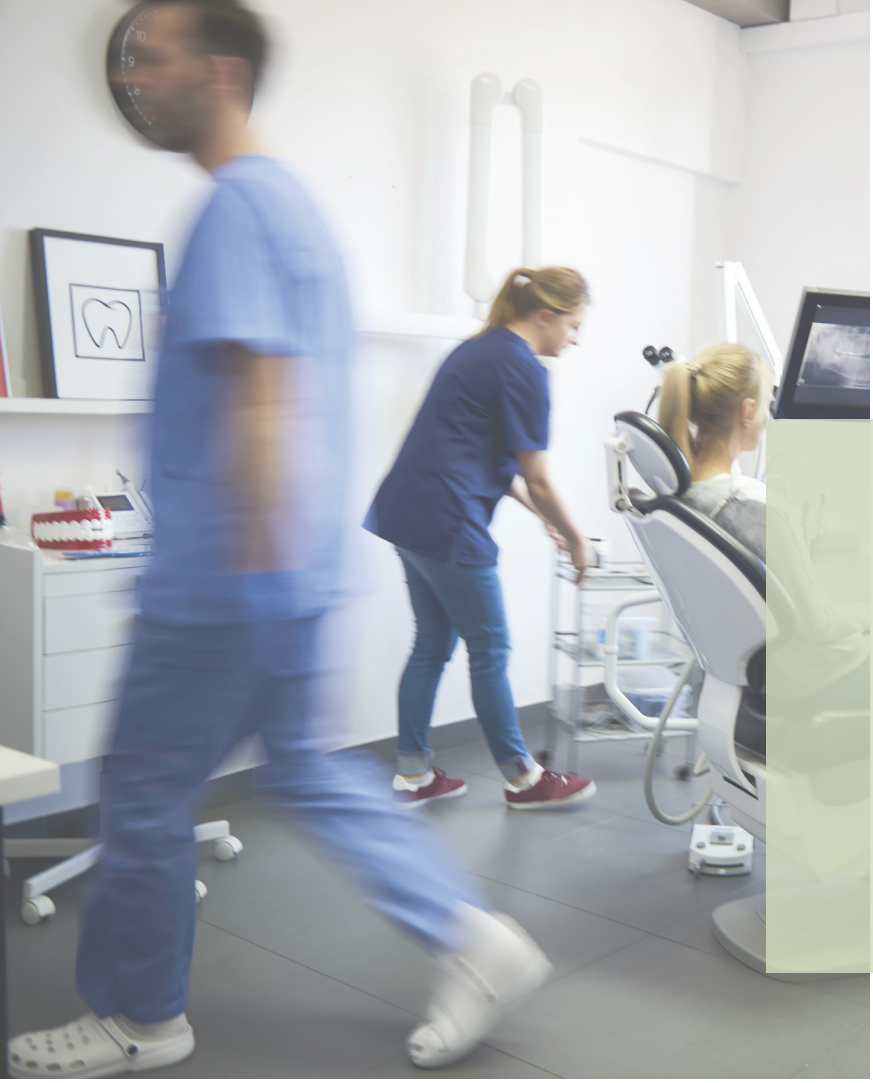
12) HOW WILL THE LAW CHANGE IF THE REGULATION TO EXEMPT SPOUSES FROM THE SEXUAL ABUSE PROVISIONS IS PASSED?

If the regulation to exempt spouses is passed it will only apply to the narrow circumstances of where a **pre-existing and well-established** spousal relationship existed **before** the professional relationship started. In addition, no form of sexual comments or behaviour can occur, even with a spouse, when a dental hygienist is practising the profession.

Therefore, even if the regulation is passed, it will not permit dental hygienists to enter into sexual relationships (even if that leads to a loving, committed "spousal" relationship) with their client without waiting at least one full year after the last professional interaction. There would also have to be clear proof as to the date of the termination of the professional relationship and the standards with respect to discharging patients would also have to be met. The CDHO cannot get into details with respect to any particular cases currently before it or the courts, but it is important to keep in mind that even if the spousal exception regulation had been in force in the past, it would not actually be available as a defence to dental hygienists unless the sexual/spousal relationship at issue had **pre-existed** the professional relationship, and this would generally be for a period of three years if there is not a formal marriage or children.

13) WHAT CAN MEMBERS OF THE PROFESSION DO IF THEY WANT THE MINISTRY TO PASS THE REGULATION EXEMPTING SPOUSES FROM THE SEXUAL ABUSE PROVISIONS OF THE RHPA?

Members of the profession can lobby the Ministry to pass the regulation for dental hygiene like it has done with the profession of dentistry. CDHO



WHAT CAN A DENTAL HYGIENIST DO DURING A DENTAL EMERGENCY?

MARY GOW RDH, BHA, MAEd
Practice Advisor

A client sits in your dental chair and before you have had a chance to review and update the medical history, the client suddenly has difficulty breathing and goes into shock. While you start CPR, your colleague comes into the operatory, calls 911, and looks at the medical alert section of the client health record. She states that the client is healthy and has a severe allergy to nuts. You recall that you saw someone in the reception area who was accompanying a client eating a granola bar and you conclude that the bar must have had traces of peanuts that remained in the furniture or in the air. You tell yourself to stay calm and recall from your emergency training course that an injection of epinephrine in the thigh muscle might prevent a life-threatening situation by relieving the symptoms and enabling the client to resume breathing until EMS arrive.

You open the emergency kit and take out the syringe and are about to inject the epinephrine when your colleague says, "Stop, you can't administer this drug — it's a controlled act." What do you do? Your colleague is partly correct. Under the *Regulated Health Professions Act, 1991* (RHPA), injecting any substance is a controlled act that is not within the dental hygiene scope of practice. However, your colleague is also partly incorrect. An exception to this prohibition is in the case of an emergency. In accordance with clause 29(1)(a) of the RHPA, dental hygienists can administer drugs orally, by injection or by inhalation even though it is not within their scope of practice, in the course of rendering first aid or temporary assistance in an emergency situation.

In an emergency situation, do not be dissuaded because the procedure involves a controlled act. Not only is it a moral and ethical responsibility for a dental hygienist to take appropriate measures in an emergency to help save someone's life, it is a standard of practice for dental hygienists to be able to ensure the provision of aid in medical emergency situations. As primary oral health care providers, dental hygienists must be prepared to effectively respond to and manage a medical emergency by being able to:

- recognize the signs and symptoms of a medical emergency;
- know the practice environment's emergency protocols; and
- know the location of, and protocols for the delivery of, emergency supplies, medications, equipment, and oxygen.

Dental hygienists have a professional obligation to ensure the safety of clients in their care and 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 their care. The same standards of care for clinical services exist in private practice, in public health and educational facilities.

Although emergencies, as above, are rare during dental hygiene care delivery, they do happen. They can happen to anyone: not only clients, but to a person who accompanies a client such as a relative or a substitute decision-maker, or members of the oral health care team. Medical emergencies can also happen at any age — consider the media reports of young athletes who have had unexpected life-threatening episodes and deaths — but the risk increases as an individual gets older. This is significant because Canadians are ageing and living longer. Many older adults are medically compromised and take medications to keep them well controlled. Research findings, however, revealed that 24% of clients aged 65 to 74 were living with a severe chronic disease, such as poorly controlled diabetes mellitus and hypertension, as well as alcohol dependence or abuse, chronic obstructive pulmonary disease, or an incapacitating systemic disease, such as unstable angina. This percentage increased to 35% in clients over the age of 75. Dental hygienists in various clinical settings are more likely to have clients who are medically compromised than ever before. These factors can therefore increase the chance that a dental hygienist may face a medical emergency in their workplace.

PREVENTION

Prevention is still the number one way to protect a client's health and safety. Adequate preparation for emergency situations reduces the possibility of their resulting in extensive morbidity or death. Prepare for an emergency by:

- maintaining CPR certification;
- taking other first aid courses;
- writing an emergency response plan policies and procedures manual;
- familiarizing yourself with the most common medical emergencies;
- having practice drills;
- maintaining an emergency drug kit and supplies;
- developing familiarity with the use of emergency equipment and medication in the drug kit to be able to use them properly in an emergency;
- completing a medical emergencies risk assessment based on clients' medical histories.

Completing a risk assessment based on thorough medical/dental histories could prevent up to 90% of life-threatening situations. The remaining 10% would occur despite all preventive measures.[1] Thus, no matter how well prepared you are to deal with a medical emergency, just remember you cannot prevent all emergencies, so ensure you know what to do and how to do it.

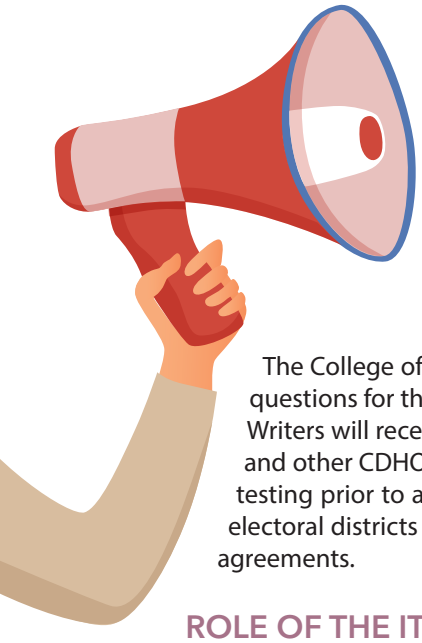
Dental hygienists can purchase drugs for their medical kit as according to the *Drug and Pharmacies Regulation Act, R.S.O. 1990*, c. H.4 Section 118(3). (3) Nothing in this act prevents any person from selling, to a member of the College of Chiropodists of Ontario, the College of Dental Hygienists of Ontario, the College of Midwives of Ontario or the College of Optometrists of Ontario, a drug that the member may use in the course of engaging in the practice of his or her profession.

Knowing what to do in an emergency will enable you to carry out the ethical, moral, and professional obligation your clients deserve. Having the ability to effectively provide aid during a medical emergency further improves the safety and quality of care you provide to your clients. Now is the time to review your medical emergency preparedness. Below are resources to assist you with your emergency response plan. CDHO

REFERENCES

1 HS. F. Malamed. (2015). Medical emergencies in the dental office. St. Louis, Missouri: Elsevier Mosby.

Acknowledgment: Richard Steinecke for content published in *Milestones* 2001.



CALL FOR QA TEST ITEM WRITERS . . .

The College of Dental Hygienists of Ontario (CDHO) will require Item Writers to assist with the development of questions for the multiple-choice exam used within the Quality Assurance Program. Individuals selected as Item Writers will receive training in developing multiple-choice items facilitated by the Manager of Quality Assurance and other CDHO staff under the direction of an experienced psychometrician. Items undergo further review and testing prior to appearing on the QA Test. Item Writers will be selected to reflect the diversity of the registrants, electoral districts and practice environments, and will be required to sign confidentiality and contracting services agreements.

ROLE OF THE ITEM WRITERS

Item Writers will:

- participate in all training sessions;
- develop test questions according to the training and guidelines provided by the College;
- adhere strictly to the confidentiality provisions of their service agreement; and
- ensure that all assignments are completed within the specified timelines.

SELECTION CRITERIA

Item Writers must:

- be a member in good standing with the College;
- not be a member of Council;
- be authorized for self-initiation;
- be an authorized prescriber;
- not be an NDHCB item writer;
- demonstrate ethical and professional practice;
- 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 CDHO guidelines;
- have a working knowledge of dental hygiene process, the *CDHO Standards of Practice* and *Code of Ethics*;
- be current in Infection Prevention and Control (IPAC) protocols;
- have good interpersonal/communication skills, oral and written;
- have a degree of flexibility with their work schedule; and
- be available for training sessions.

Knowledge of the current curriculum in dental hygiene education is an asset. Registrants interested in becoming Item Writers may apply by sending a letter of interest and current curriculum vitae to:

Jane Keir, Director of Professional Practice / Deputy Registrar
College of Dental Hygienists of Ontario
175 Bloor St. East, North Tower, Suite 601
Toronto, Ontario M4W 3R8

OR at jkeir@cdho.org no later than **December 31, 2019**. References are to be available on request. Only candidates who are selected for interviews will be contacted. CDHO

DISCIPLINE DECISIONS

To read the full case decisions or for more information on upcoming hearings, please visit our website at www.cdho.org. Discipline hearings are open to the public.

Ms. Camille Aarons

On August 30, 2019, a panel of the Discipline Committee of the College of Dental Hygienists of Ontario (the "panel") held a public hearing to decide whether Ms. Camille Aarons had engaged in professional misconduct.

At the conclusion of the hearing, the panel delivered its finding and penalty order orally and in writing, with written reasons to follow. The panel decided that Ms. Aarons had engaged in professional misconduct, and ordered that Ms. Aarons appear before a panel of the Discipline Committee to be reprimanded, with the fact of the reprimand and a summary of the reprimand to appear on the Public Register. The Panel directed the Registrar to suspend Ms. Aarons' certificate of registration for a period of four (4) months, commencing immediately. The panel also directed that Ms. Aarons successfully complete the requirements set out below:

a. Within six (6) months of the date of the Discipline Committee's order, Ms. Aarons must successfully complete, at her own expense, an essay describing the importance of the College's public protection role ensuring that College registrants maintain an ethical and safe dental hygiene practice. The paper shall be at least 2,500 words in length and cite appropriate legislation and other authorities and shall be prepared to the satisfaction of the Registrar.

b. Following the completion of the suspension of Ms. Aarons' Certificate of Registration, Ms. Aarons' practice shall be monitored, at her own expense, by a practice monitor approved in advance by the Registrar, for a period of one (1) year, in accordance with the following conditions:

   i. Ms. Aarons will provide to the practice monitor, a copy of the Discipline Committee's decision and reasons in this matter at least one (1) week prior to the first visit to her practice;

   ii The practice monitor shall attend at Ms. Aarons' practice once every three (3) months following Ms. Aarons' return to practice, for a period of no less than two (2) hours per session for the purpose of assessing Ms. Aarons' compliance with her obligations as a registered dental hygienist.

   iii. The practice monitor will prepare a report, at Ms. Aarons' expense, to be sent to the Registrar summarizing the monitor's observations during each assessment.

c. Within thirty (30) days of completion of the monitoring described above, Ms. Aarons shall provide to the Registrar a written report from the practice monitor stating that Ms. Aarons has successfully completed the course of monitoring and reporting on Ms. Aarons' understanding of her obligations as a registered dental hygienist.

The panel also ordered Ms. Aarons to pay $2,000 in costs to the College within six (6) months of the completion of the suspension of her Certificate of Registration. CDHO

RDH EXPERTISE FOR RDHs

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

To reach a CDHO practice advisor by phone or e-mail: **416-961-6234** or **1-800-268-2346**

MARY GOW
RDH, BHA, MAEd
Ext. 238
mgow@cdho.org

KYLE FRASER
RDH, BComm, BEd, MEd
Ext. 226
kfraser@cdho.org

NEW REGISTRANTS

JUNE 16, 2019 – OCT. 15, 2019

Abdel Jabar, Fatima	020180
Abergas, Abbygyle	020258
Aguirre, Aisha	020369
Ahmad, Geta	020164
Alba, Cristine	020311
Albakri, Noha	020177
Al-Khanati, Samia	020234
Al-Masraf, Mina	020242
Aloran, Raghad	020178
Al-Salem, Lina	020333
Altundal, Dilara	020326
Amiri, Sonia	020173
Andre Linhares, Alexandra	020372
Arora, Vibha	020235
Asselin, Kim	020294
Ayoub, Meray	020261
Babaei, Anahita	020340
Bailey, Jessica	020363
Bailey, Rebecca-Lynn	020342
Bajwa, Kamalpreet	020322
Bajwa, Merfua	020354
Balachandran, Joici	020243
Barbieri, Daniela	020141
Barrett, Caitlyn	020282
Bartlett, Karen	020259
Bastone, Christina	020206
Basulto Perez, Milaida	020229
Bazinet, Renée	020179
Beauchamp, Isabelle	020287
Belanger, Émilie	020219
Bell, Krista	020358
Bensette, Courtney	020190
Bercovitch, Ashley	020248
Bernier, Marie-Eve	020250
Berry, Myriam	020166
Berthiaume, Sabrina	020401
Blackwood-Holas, Natalie	020410
Blaedow, Kirsten	020169
Blais, Janik	020362
Bolton, Taylor	020262
Bonilla de Mariona, Nelly	020290
Bonneville, Marielle	020160
Boudoux de Vasconcelos, Karina	020406
Bradley, Jade	020165
Bramwell, Lily	020187
Bryden, Amanda	020383
Budge, Elysa	020402
Bui, Nicole	020150
Buzayeva, Nataliya	020409
Byrne, Reilly	020217
Casselman, Taylor	020144
Chapman, Karly	020387
Charron, Mandee-Leigh	020151
Charron-Wilson, Alexus	020293
Chat, Sheila	020256
Cheng, Wei Mo	020159
Cheng, Xuanying	020267
Chouinard, Brianne	020198
Chun, Ching Yee	020251
Cirino, Aryana	020279
Cirino, Hannah	020280
Clark, Emily	020330
Cooper, Laura	020281
Copeland, Allison	020203
Craig, Sashah-Rae	020205
Crawford, Sterling	020327
Croves, Haleigh	020168
Cubelic, Daniela	020388
Currie, Brooke	020225
Cyr, Sabrina	020210
Daniels-Bobiwash, Allison	020356

UPDATES TO THE PUBLIC REGISTER

Dehoog, Katelyn	020182
Dela Cruz, Anna May	020252
Delarosbil, Danika	020232
DeRudder, Bethan	020211
DesRosiers, Dawn	020353
Dezeure, Alisha	020175
Doan, Carly	020142
Dorge, Vivian	020197
Doucette, Olivia	020405
Drouillard, Andrea	020390
Duong, Jennifer	020389
Dwarika Sukhai, Kristen	020296
Elmeaddawi, Ghada	020364
Elnazali, Mihisni	020223
Eser, Sharyll	020244
Etmanski, Amy	020298
Evans, Simone	020194
Fatayer, Sami	020366
Fong, Sandy	020268
Freake, Bethany	020200
Fredette, Jessica	020154
Frossard, Amanda	020161
Gabretansea, Eden	020249
Gamache, Josee	020162
Geauvreau, Devyn	020253
Georgoussis, Odessa	020361
Ghandyar, Panteha	020153
Gilson, Mallory	020209
Giterman, Eden	020188
Gonzalez Rivera, Lourdes	020301
Guinto, Marie Catherine	020189
Hacking, Taryn	020347
Haghnegahdar, Somayeh	020155
Hamilton, Jenna	020214
Hashimi, Danila	020276
Hashimi, Israr	020277
Hawkins, Jessica	020339
Hember, Briana	020318
Hernandez, Gabriella	020186
Hildebrant, Courtney	020264
Hogue, Alyssa	020192
Hotte, Noémie	020158
Hunt, Holly	020213
Imperioli, Kylee	020226
Ines, Chelsea Diane	020254
Jaigobin, Sheriza	020237
Johal, Simran	020321
Johnson, Shaina	020208
Jones, Tess	020365
Kafley, Shara	020316
Kamali-Zarchi, Anahita	020310
Kasiyanchuk, Alina	020349
Kelmendi, Agnesa	020305
Khellawan, Shannon	020332
Kim, Dohee	020245
Kirkland, Krista	020149
Klompstra, Victoria	020285
Kolesnykova, Alisa	020392
Kramp, Melissa	020344
Lamoureux, Bailey	020271
Lee, Sabrina	020306
Leonardo, Celina	020341
Lesmes Concepcion, Kerlyn	020320
Leyva Cespedes, Yaneisy	020373
Lhamo, Tsewang	020384
Li, Nan	020400
Lightbody-Sarazin, Skylar	020324
Lindner, Samantha	020370
Lopez, Gloria	020275
Lordanic, Izaura	020204
Lu, Jia	020337
Ma, Amanda	020385
Macdonald, Abigail	020224
MacLeod, Kathryn	020228
Mader, Anne Marie	020174
Magalhaes, Cassandra	020272
Mahendiran, Monica	020355
Makarova, Jekaterina	020328
Makkinga, Vanessa	020292

Mallen, Elizabeth	020345
Marrelli, Christina	020221
Martire, Natasha	020265
Matias Esquivel, Margarita	020386
McBeth, Carolyn	020233
McIntyre, Courtney	020319
Mehenka, Sebastian	020230
Michitsch, Andrea	020240
Mikael, Michaela	020307
Milmine, Tiana	020283
Mirzanabat, Basbono	020323
Mohajir, Hiba	020303
Morrisseau, Shawnee	020273
Nagao, Tadashi	020260
Naqvi, Erum	020399
Nelli, Chelsea	020193
Neron, Olivia	020286
Ng Fat Hing, Valerie	020351
Nguyen, Nhan	020227
Nguyen, Victoria	020376
Nizamani, Talat	020222
Nobrega, Jessica	020350
Nolasco, Mabelyn	020263
Nuckle, Jessica	020238
Ogima, Cheyanne	020304
Oickle, Erica	020239
Orr-Linton, Cassandra	020191
Paquin, Mélanie	020295
Pasquadibisceglie, Vanessa	020329
Pasquarelli, Tiel	020220
Patel, Dhavalkumar	020391
Patel, Yash	020403
Pellerin, Emilie	020368
Perez-Gabel, Aria	020167
Persia, Jennifer	020181
Pignatone, Rosaria	020241
Pilon, Emilie	020146
Pollitt, Erin	020357
Powezka, Ewelina	020352
Pratt, Jessica	020143
Praxedes Neto, Otavio	020336
Radu, Sarmiza	020312
Ramcharran, Lisa	020334
Ramos, Stephanie	020236
Randle, Kaitlyn	020152
Reckzin, Brittany	020207
Regimbald, Renee	020325
Rennehan, Shala	020408
Richards, Anika	020196
Rideout, Deborah	020195
Riepert, Samantha	020346
Robillard, Chelsea	020375
Robillard, Chelsey	020374
Rojas, Kiara	020394
Rosales, Trisha	020348
Rosero-Sanchez, Mariluz	020302
Rowe, Carley	020317
Roy, T'Yanna	020147
Roy-Laberge, Genevieve	020397
Safaei, Mozhan	020269
Sajjid, Urwa	020393
Saleem, Lisa	020246
Salem, Jennifer	020145
Samaniego, Kayla	020407
Santos, Roxanne	020247
Sarang, Naznin	020212
Sbaiti, Rida	020380
Shahnavaz, Shima	020299
Shakrollah, Gulan	020335
Sharma, Nimish	020377
Shawongonabe, Alexandria	020338
Sidhu, Roohi	020291
Slaney, Kasandra-Lynn	020284
Smith, Erica	020148
Smith, Sasha	020215
So, Fiona	020231
Soriano, Julia	020331
Soulière, Isabelle	020171
Sousa, Kayla	020313
Souza, Thalita	020379
Stella, Tabitha	020176
Stephens, Britni	020395
Stoney, Savana	020156
Stoyanova, Julia	020378
Stripe, Samantha	020398
Sullivan, Ella	020289
Syriopoulos, John	020185
Thaker, Riya	020201
Thakore, Priyanka	020308
Thyagaraj, Chris	020183
Toledanes, Ariana	020270
Tolentino, Kaylene	020314
Toteda, Alyssa	020202
Truong, Anh Ngoc Diana	020274
Tucker, Morgan	020300
Uiselt, Vanessa	020404
Usher, Brittany	020170
Venturato, Natalie	020360
Verrier, Marie-Soleil	020266
Wang, Jingqiong	020257
Welsh, Rylee	020297
Williams, Abbey	020315
Wise, Meredith	020172
Wolch, Shaun	020278
Wong, Sophie	020371
Xia, Zhong Jia	020367
Yan, Perry	020157
Yang, Huijia	020163
Yaqoobi, Rodaba	020199
Yaqoobi, Royan	020382
Yu, Mengxiu	020288
Yunus, Roshin	020343
Zahid, Faiza	020309
Zain, Tania	020381
Zhang, Luying	020359
Zhao, Xinbo	020216
Zhen, JuanJuan	020396
Zheng, Xiao Ling	020255
Zheng, Yun Hui	020184
Zina, Gabriella	020218

AUTHORIZED PRESCRIBERS LIST

JUNE 16, 2019 – OCT. 15, 2019

Amorim, Kelly	019251
Barnes, Sarah Elizabeth	013690
Beharrell, Amelia Hope	011144
Dvoncova, Vladimira	011720
Finkelstein, Laura	008331
Haire, Sara Ashley	012021
Ilmer, Jade Amy	010521
Kerr, Jennifer	009851
Leeson, Brandi Kristine	017597
Maynard, Carolynn	008417
Muthuccumaru, Jeyawarthini	019349
Reid, Kariann Elizabeth	011020
Robidoux, Kimberly May	014480
Saleem, Sameera	012741
Shirbegi, Elsa	010960
Sonsogno, Tracey Marie	012277
Tessier, Chantal	008425
Wawrow, Adrianna	016831

AUTHORIZED FOR SELF-INITIATION

JUNE 16, 2019 – OCT. 15, 2019

Arduini, Venessa	017337
Arthur, Stephanie	014659
Bakas, Dimitra	016062
Belisle, Katelyne	018922
Bemister, Lacey	019562
Brand, Melanie Joyce	006450
Brennan, Blake MacKenzie	018070
Brown, Cheryl Ann	004300
Buzzi, Caitlyn	019445
Cantin, Emma	015114
Cerminara, Michelle	019150
Chan, Leah	019616
Chapman, Hailey Jessica	017738
Charlebois, Rachel	019480
Cheung, Lisa	018846
Coughlin, Jodi Leah	015312
Croft-Morgado, Ashley	013160
Cummings, Erin	018268
D'Attoma, Julie	006083

De Vuono, Sophia	011779
Dillingham, Kristen	015078
Dolan, Cheryl Anne	004924
Dorakovska, Aleksandra	019623
Dupuis, Nicole Mary Rita	013342
Elliott, Dana Corine	015039
Ferreira, Jessica	018522
Fiegehen, Laura Kathleen	012272
Friend, Jessica	014312
Germyn, Kristi Lynn	011807
Giambra, Marco	019750
Gilbert, Kaitlin Leigh	017790
Gossmann, Erika	019620
Guillemette, Laurence	018953
Hancock, Leah	008975
Hanna, Alicia	018311
Harkins, Brittany	019571
Harutyunyan, Hasmik	016219
Hay-Esquivel, Kimberly	018637
Henry, Linsey	017951
Horenberg, Jennifer	009060
Hugh, Stacey Simone	006612
Iftikhar, Meryem	017277
Jittou, Lamiaa	012022
Kim, Jiyoung	018938
Lawson, Kimberly Alexandra	016163
Lee, Jessie Cheuk Ying	014644
Lee, Nicole	019615
Marinescu, Marinela	019410
Mawhinney, Erica Helen	017609
McInnis, Erin	019429
McKinlay, Sarah Alexandra	010299
Memon, Shahin	015852
Milanes, Rowena	013764
Miller, Janice Ann	005917
Minto, Alison	015974
Moore, Ashley	018335
Nazare, Sarah	018327
Ngo, Ngoc Kelly Boi	016087
Niznik- Lomiansky, Liat	015990
Nolan, Nicole	017033
Nolet, Dianna	007927
Officer, Natalie Nicole	015485
Ogle-Peters, Crystal Lynn	012503
Padula, Rita	005280
Pamma, Harmandeep Kaur	016935
Paolino, Kendall	019218
Perez, Jeanette	012474
Philip, Betsy Marilyn	009017
Pitre, Laura	008811
Potter, Laurel	013783
Prost, Rosemary	018386
Rowe, Cheryl Margaret	006292
Sabounchi, Mobina	017840
Sallie, Erin Christine	012183
Schroeder, Marisa	017627
Sedore, Melissa Anne	009673
Shah, Palak	018369
Sia, Clifford	019702
Smith, Heather	012364
Smith, Teena Marie	008161
Sok, Rosalinda	017842
Sparrow, Taylor	018552
Subaskaran, Geerthana	014102
Sutheran, Madison	017047
Tekin, Rita	016767
Tien, Chia	018668
Towns, Elaina	014235
Townsend, Julie	018704
Tsiouris-Findlay, Ekaterini	008197
Vander Ploeg, Michala	014014
Volt, Hannah	019503
Warren, Casey	019425
Wight, Cassandra	019153
Winter, Jacklyn	012228
Youdon, Tsering	014912
Yusuf, Mona	014533
Zammit, Mya Christine	017442

RESIGNATIONS

JUNE 16, 2019 – OCT. 15, 2019

Adie, Jennifer	014056
Bales, Kellie Allison	008831
Barrett, Holly	013743
Bhagat, Priya	016823
Chong, Stephanie	018735
Clarey, Jocelyn Patricia	004843
Derouin, Christine Pearl	013947
Drury, Dayna Marie	008832
Dudley, Emma	018693
Frescura, Nicole	001336
Frolova, Olena	015560
Hannigan-Daley, Nicole	014406
Hering, Diane Elizabeth	002393
Johnson, Shantal	015830
Kang, Gurjyot Kaur	010449
Leeming, Kelly Ann	002731
Mac, Linda	018776
Marinich, Karen Cozette	002044
Mason, Angie Maria May	015361
Matthews, Tomlyn	014509
Neroda, Dunya	018106
Perrier, Mary	002329
Proulx, Angela Lynn	004046
Rackley, Sandra Kae	004070
Sidhu, Manveen Kaur	017875
Tse, Bridget	019457
Van Wijnen, Carolyn	001001
Wani, Samina	012371
Waterfield Cannon, Sara Jane	008379
Wyville, Janice	002023

SUSPENDED FOR NON-PAYMENT OF FEES

Froman, Kourtney Amber (2019-08-06)	012826

SUSPENDED BY ORDER OF THE DISCIPLINE COMMITTEE

O'Donnell, Trina (2019-08-01)	008888
Aarons, Camille Chandra (2019-09-03)	007935

REINSTATED

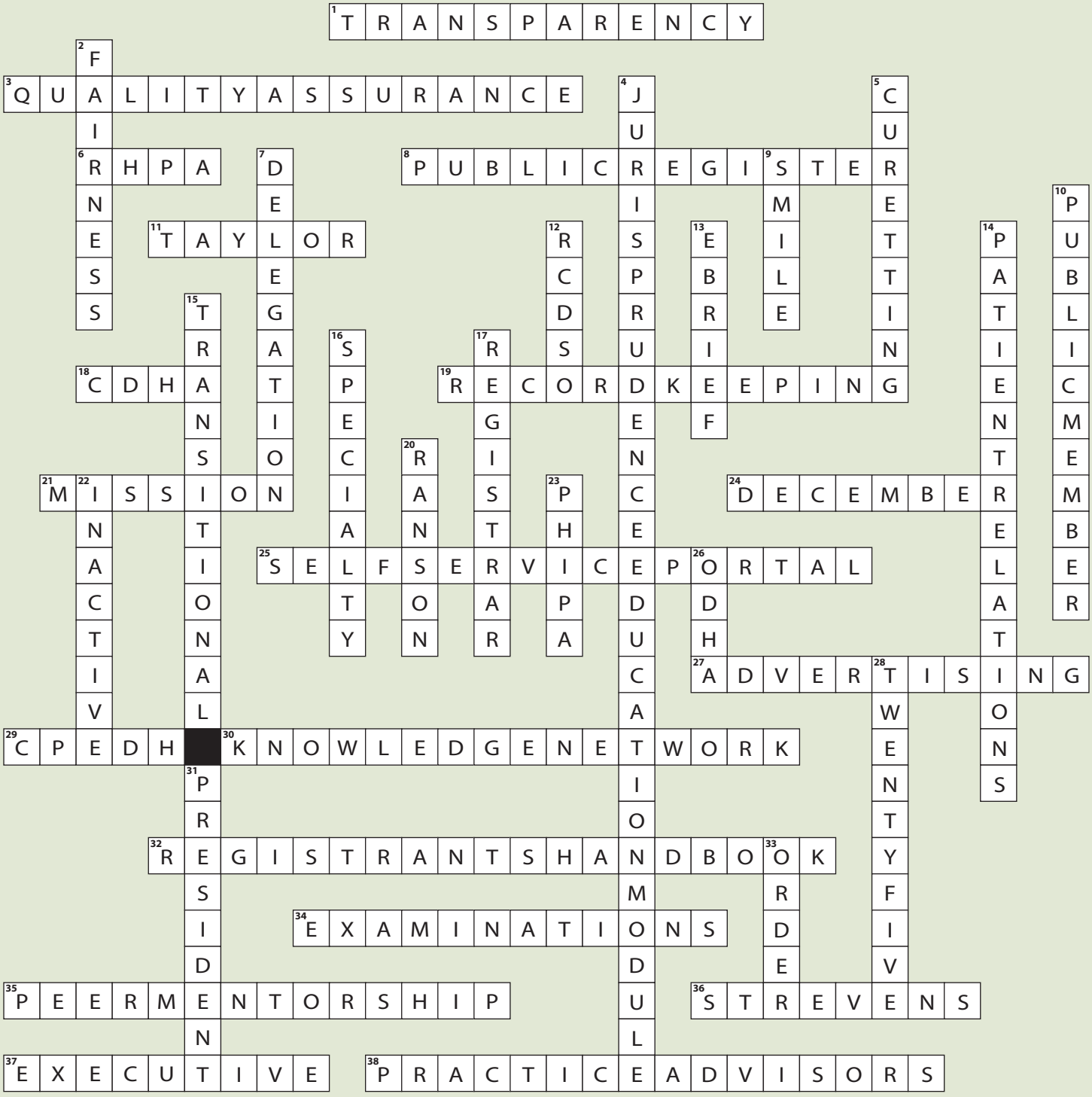
O'Donnell, Trina (2019-10-01)	008888

DECEASED

JUNE 16, 2019 – OCT. 15, 2019

Teslak Chan, Darlene Ann	006354
Sabourin, Julie	006531
Bartley, Sonia Hyacinth	007887

CDHO'S 25TH ANNIVERSARY CROSSWORD



DRUGS IN DENTAL HYGIENE PRACTICE
A REFRESHER COURSE

This 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.

- Self-Study
- Online
- Use towards QA requirements
- Self-build study guide

To access the course, go to:
www.cdho.org/my-cdho/continuing-education/drug-course