

A close-up photograph of a person's face, tilted upwards, looking through a pair of black binoculars. The person's mouth is slightly open, showing a bright, healthy smile with white teeth and red lips. The background is a soft, out-of-focus green, suggesting an outdoor setting. The entire image is framed by a white border that has a slight break on the left side, creating a modern, open feel.

MILESTONES

College of Dental Hygienists of Ontario

Protecting your health and your smile

2020 | ISSUE 02

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

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

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

2020 | ISSUE 02



COVID 19: WHAT WE KNOW SO FAR

04	PRESIDENT'S MESSAGE
05	REGISTRAR'S MESSAGE
06	COUNCIL HIGHLIGHTS
07	DISTRICT ELECTIONS
08	2020 INSURANCE AUDIT
09	2020 SPRING GRADUATION DELAYED
10	2020 TOTAL QUALITY IMPROVEMENT SURVEY
10	CDHO MULTIMEDIA RESOURCES
11	FRAN RICHARDSON LEADERSHIP DEVELOPMENT AWARD
12	VISITING YOUR DENTAL / DENTAL HYGIENE OFFICE DURING COVID-19
13	CORONAVIRUS AND YOUR ORAL HEALTH
14	UPDATE ON THE 2019 QUALITY ASSURANCE ASSESSMENTS
19	QUALITY ASSURANCE PROGRAM DURING COVID-19
24	DISCIPLINE DECISIONS
24	CDHO KNOWLEDGE NETWORK UPDATE
25	UPDATES TO THE PUBLIC REGISTER
27	COVID-19: CDHO GUIDANCE ON RETURNING TO DENTAL HYGIENE PRACTICE

FEATURES

- 16** COVID-19: What We Know So Far
- 20** COVID-19 and the Implementation of Tele-Dental
- 22** COVID-19 Crisis in Ontario's Residential Care Facilities



PRESIDENT'S MESSAGE

CATHERINE RANSON RDH, BHA, MET

We want to assure you that CDHO is working diligently with Public Health Ontario (PHO) and the office of the Chief Medical Officer of Health (CMOH) to provide the best infection prevention protocol guidelines and standards of practice for dental hygienists that ensure the public is safe when receiving dental hygiene care.

The CDHO Council acknowledges that this is an unprecedented time in health care, including oral care. We recognize and understand that dental hygienists have concerns about providing dental hygiene services to the public of Ontario. We also recognize that members of the public are looking for clear and safe guidance from the College of Dental Hygienists of Ontario. We want to assure you that CDHO is working diligently with Public Health Ontario (PHO) and the office of the Chief Medical Officer of Health (CMOH) to provide the best infection prevention protocol guidelines and standards of practice for dental hygienists that ensure the public is safe when receiving dental hygiene care. The Council is aware of the ongoing petitions and has been informed about the letters from the public and registrants.

Working within a quickly evolving environment of the current pandemic is challenging. In this situation, it is important to comply with the direction from the Chief Medical Officer of Health and make decisions based on the resources provided by Public Health Ontario (PHO) and the Center for Disease Control (CDC).

As a Regulator, there are things we are not permitted to do. We cannot supply or lobby for personal protective equipment (PPE), we cannot resolve labour issues in the workplace, and we cannot address the devastating economic impact of the COVID-19 pandemic.

The CDHO mandate is to uphold the highest public health standards to protect the public and is working towards, and hopeful for, unified guidelines for all Ontario dental offices. The CDHO's guidance is to provide the best advice on how to proceed safely during this COVID-19 pandemic to protect yourselves and your clients in the public.

Warm Regards,

A handwritten signature in black ink that reads "Cathy Ranson".

REGISTRAR'S MESSAGE

LISA TAYLOR RDH, BA, MEd, MCOB

The College participates in daily calls with the CMOH and is part of a CMOH working group that is preparing for a second wave of COVID-19 and the upcoming flu season.



The challenges associated with COVID-19 have been great for all of us. I hear the fear and frustration of dental hygienists, staff and the public. It seems the more we learn about the virus, the less we seem to know. The doors to uncertainty are wide open.

In early July, the CMOH released a statement urging the dental community to use the Precautionary Principle in times like this where there is competing scientific evidence and no clear definitive path. This is the approach the College used in developing its Guidelines on Returning to Dental Hygiene Practice. Above all, we want to keep you, your family and your clients safe from this potentially fatal virus.

The College participates in daily calls with the CMOH and is part of a CMOH working group that is preparing for a second wave of COVID-19 and the upcoming flu season. As dental hygienists return to practice at a time when there is a shortage of PPE, we are looking for solutions aimed at preserving the supply. Hopefully, we will get some guidance on this from PHO soon. We are also working with an IPAC specialist to help us navigate all the information out there — and there is lots of it, changing daily!

I recently learned of a confirmed case of COVID-19 that has been linked to a dental office in Alberta. Public health has confirmed that it closed that office. I do not have more details than that, but we now know that one of our worst fears can happen. From where I sit, the Precautionary Principle is still the best approach.

I wish I knew with certainty what is around the corner for Ontarians and how the second wave of the virus will play itself out. Living and working in downtown Toronto, a hotspot for the virus has made me quite cautious. I am willing to prepare for the worse and hope for the best. It is my wish that all of you, your families, friends, neighbours, clients and communities remain healthy, and for those who have been touched by this sinister virus, my thoughts and prayers are with you.

Please stay healthy and take care.

A handwritten signature in black ink that reads "Lisa Taylor". The script is fluid and cursive, with the first name "Lisa" and last name "Taylor" clearly distinguishable.

COUNCIL HIGHLIGHTS

2020 COUNCIL MEETING DATES

Friday, September 18
Friday, December 4

VIRTUAL MEETINGS

Please visit our website for additional information.

JUNE 5, 2020

The June 5th Council meeting was unusual. For the first time in CDHO's history, a Council meeting was held completely virtually due to the COVID-19 precautions of physical distancing. The meeting was broadcasted live on CDHO's YouTube channel and was viewed by approximately 800 viewers.

CDHO president, **Catherine Ranson**, welcomed Council members including Ms. **Vanessa Pereira**, elected to Council in 2020, who was attending her first Council meeting; Mr. **Alessandro (Alex) Greco**, newly appointed public member; staff and viewers, and followed with a Roll Call and her opening remarks.

Council was informed of the latest committee updates since their last report to Council:

The **Discipline Committee** heard *CDHO v. Christine Quinton* on February 3, 2020; and the five following matters on April 27, 2020, which were withdrawals of referrals to Discipline: *CDHO v. Cheryl Schneider*, *CDHO v. Erika Campbell*, *CDHO v. Erica Grace*, *CDHO v. Mallory Egan*, and *CDHO v. Danah Robles*.

At the date of the report to Council, the **Inquiries, Complaints and Reports Committee** received 17 new complaints and began 13 Registrar's Reports investigations. In total, the ICRC is currently investigating 38 matters including 15 formal complaints, 22 Registrar's Reports investigations, and 1 QA Referral.

The **Quality Assurance Committee** reported on the remaining registrants still in the assessment process from the 2019 quality assurance records audit.

The **Registration Committee** reported that of the 259 new applications for registration received since the last report to Council, 2 applications required detailed review by the Registrar. Following review of information submitted by the applicants, a general Certificate of Registration was granted for both of them. A panel of the Committee reviewed 1 application for a status change from Inactive to General and 2 applications for a General Certificate of Registration and directed the Registrar to issue a General Certificate of Registration to the 3 applicants upon submission of proof of successful completion of a CDHO-approved refresher course and/or additional training as specified by the Panel and all other outstanding registration requirements.

CDHO Registrar, **Lisa Taylor**, presented her report of the pandemic response detailing what steps were taken upon hearing the announcement that the Government of Ontario was making an order declaring an emergency.

Council members commented and/or asked questions regarding the guidelines put out by the College not being in line with the RCDSO guidelines.

The **Financial Audit Reports for 2019**, presented by Mr. Blair MacKenzie from Hilborn LLP were accepted by Council and the firm was reappointed as auditors of the College of Dental Hygienists of Ontario for the fiscal year of 2020.

JUNE 26, 2020

The June 26th Council meeting, a follow-up of the latest meeting, was also held virtually on the CDHO YouTube channel and amassed over 1,200 viewers.

Council approved the **Governance Process Policy 4.18 Deputations to Council** and amended **Governance Process Policy 4.7 Executive Committee** by adding 4.7.9.2 and renumbering policy items.

Dr. Kevin Katz, Medical Director of Infection Prevention and Control at North York General Hospital joined the meeting for a discussion on the **COVID-19 Practice Guidelines**. A recorded version of the discussion is available on our YouTube Channel: https://youtu.be/a3DWE508_28 **CDHO**

DISTRICT ELECTIONS

There will be elections held in November 2020 for terms beginning in January 2021 in:

District 2 Central Western (North) – the counties of Wellington, Simcoe, Dufferin and the regional municipalities of Halton and Peel; and

District 3 Central Western (South) – the county of Brant and the regional municipalities of Haldimand-Norfolk, Hamilton-Wentworth, Niagara and Waterloo.

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

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

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

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

If this resonates with you and you are a registered dental hygienist in good standing with the College, who works in District 2 or 3, and can attend a minimum of eight meetings a year in Toronto, we are interested in having you join us.

The call for nominations will go out Friday, September 18, 2020. You require five nominators from your district to sign your application. You have plenty of time to seek the support of dental hygienists in your district. **The election will take place Wednesday, November 18, 2020.**

Professional Council members are paid a per diem of \$308. Travel expenses to attend meetings are also covered.

Term: January 2021–December 2023.

Please visit our website to learn more.

<https://www.cdho.org/council/elections>

ACADEMIC SELECTION

The **College of Dental Hygienists of Ontario (CDHO)** will soon begin the process of composing the **Elector List** that will be used in the selection of **two** academic representatives to serve on the College Council for the January 2021–December 2023 term.

In accordance with CDHO Bylaw No. 5, a registrant is eligible to **VOTE** and/or **RUN** in the academic selection if the registrant is engaged in full-time instruction or administration in an accredited dental hygiene program in Ontario that is authorized to grant diplomas or degrees in dental hygiene.

In order to **VOTE** and/or **RUN** in the academic selection, faculty members must be placed on the Elector List. Eligible faculty members will receive an email from the College with instructions on how to fill out the *Declaration of Eligibility Survey*.

Below is the work-back schedule for the academic selection.

Call for Voter Eligibility	Friday August 28, 2020
Deadline for Confirmation of Voter Eligibility	Friday September 11, 2020
Call for Nominations	Friday September 18, 2020
Deadline for Receipt of Nominations	Monday October 19, 2020
Deadline for Nominees to Withdraw their Nomination for Selection to Council	Sunday October 25, 2020
Ballot Drop	Wednesday November 4, 2020
Selection Day	Wednesday November 18, 2020
Results Posted	Thursday November 19, 2020
Deadline to Request a Recount of Selection Ballots	Thursday, December 3, 2020

The College encourages faculty members to get involved in the upcoming selection. By participating, either as a candidate or through voting, you are demonstrating your commitment to self-regulation and the protection of the public.

For more information regarding academic selection and eligibility to vote/run, please contact the Office of the Registrar via email at registrar@cdho.org or by telephone at 416-961-6234 ext. 223. **CDHO**

2020 INSURANCE AUDIT

ROBIN LOCKERT BA (HONS), MA
Manager, Registration

Each year, the CDHO randomly selects five per cent of the General and Specialty certificate holders to submit a PDF copy of their liability insurance. The purpose of the liability insurance audit is to ensure that registrants have complied with the conditions of registration.

CDHO Bylaw No. 5, Article 7.3, states that any registrant of the College (excluding Inactive registrants) must carry professional liability insurance with the following conditions:

- a) minimum of no less than \$1,000,000 per occurrence;
- b) annual aggregate coverage of no less than \$5,000,000;
- c) a deductible of no more than \$4,000 per occurrence;
- d) run-off coverage (sometimes called enduring or tail coverage) for a minimum of two years;
- e) provided by an insurer licensed with the Financial Services Commission of Ontario or the Office of the Superintendent of Financial Institutions Canada;
- f) a sexual abuse therapy and counselling fund endorsement that,
 - i) provides coverage for therapy and counselling for every person eligible for funding under section 85.7 (4) of the Code; and
 - ii) provides coverage, in respect of each such eligible person, for the maximum amount of funding that may be provided for the person under the Act, for therapy and counselling as a result of sexual abuse by the Registrant.

The audit began on March 2, and the majority of those selected submitted their insurance within a few days. For those that did not respond to this first request, the College sent out two further reminders to non-responders on March 18 and April 3, and then finally, a notice of intention to suspend the registrant's Certificate of Registration if they did not comply was sent on April 17.

The audit results showed a high degree of compliance with the requirements. Some observations from this year's audit:

CDSPI INSURANCE

This year, we did not include a warning to registrants in the March *Milestones* regarding the inadequacies of CDSPI

liability insurance. In the 2019 audit, no one submitted this insurance during the audit so we did not think it was necessary to mention it again. Alas, we had one person who submitted this insurance for the 2020 audit. This insurance does not cover Registrants adequately. **Please refrain from purchasing it.**

SLOW RESPONDERS

We had six registrants who did not respond to the three requests for their insurance policy. As a result, the College sent these registrants a notice of intention to suspend if they did not comply. Only when the College sent the notice of intention to suspend did they finally submit their insurance. **Please remember:** Article 14.2 (d) of Bylaw No. 5: If requested, the Registrant shall immediately provide the College with the following information, in the form requested by the College, proof of professional liability insurance in accordance with Article 7.3 of this Bylaw.

NO INSURANCE

We had two cases of registrants with no insurance. One registrant responded to the request on March 2 without any liability insurance and promptly went out and purchased insurance. This meant that this registrant practised the profession for over three months without any liability insurance. The other registrant never replied to our requests with any insurance, and as a result, their Certificate of Registration was suspended. As a reminder, when registrants renew their General or Specialty Certificates of Registration, they must indicate that they have purchased liability insurance that complies with the College's requirements. By not purchasing insurance, you put the public at risk and you put yourself at risk.

NAME CHANGES

When people marry or divorce, they often change their last name. There were many instances this year where the last name on the insurance provided did not match the Registrant's name on the Public Register. If you have had a name change, please notify the College and provide a copy of your marriage certificate or government-issued identification. **CDHO**



2020 SPRING GRADUATION DELAYED

ROBIN LOCKERT BA (HONS), MA
Manager, Registration

On March 13, 2020, Ontario's Chief Medical Officer of Health, Dr. David Williams, recommended the closing of all publicly funded schools due to the COVID-19 pandemic. While this was initially a three-week closure, the Province has recommended that all publicly funded schools stay closed until September.

Because of the closure, the Ontario government asked colleges to deliver the remainder of their programs through various online platforms. While some student learning can lend itself well to an online platform, programs with applied learning faced certain challenges. How do you hold a clinic when the instructor and student can no longer meet face-to-face?

The Province has 18 accredited dental hygiene programs: 6 that are governed by the *Private Career Colleges Act, 2005*, and 12 under the *Ontario Colleges of Applied Arts and Technology Act, 2002*. Although all colleges follow the CDAC guidelines regarding program content, programs may have varying start and end dates, as well as semester durations. The time that is required to become a hygienist can range from 18 months to 3 years depending on the school and the semester system. Therefore, a province-wide school shutdown can wreak havoc for students that are in the middle of a term — or at the start of one; thus, the challenge for schools is once they return to face-to-face delivery.

While colleges are busy making plans to ensure the competency of their students and those ready to graduate, the Registrar is in close contact with the Ministry and heads of all programs in Ontario to understand what the challenges are to this year's cohort of spring graduates. While school situations continue to evolve, two themes have emerged:

- For some students, graduation will be delayed and their clinical components will have to be completed when it is safe to do so.
- For those that have completed their clinical work prior to the shutdown, the remainder of their coursework was completed online.

CDHO wants to ensure that everyone who applies for a Certificate of Registration from the 2020 graduating cohort has completed the required class and clinical coursework to obtain a certificate to practise. It is our responsibility to protect the public and to ensure that everyone who is practising in the profession is doing so in a qualified and professional manner. **CDHO**

2020 TOTAL QUALITY IMPROVEMENT SURVEY

The CDHO is conducting a comprehensive survey of dental hygienists across Ontario. Similar surveys were conducted in 1995, 2002, 2008 and 2014. In the fall, you will receive an invitation to participate and we are asking that you take some time to fill out this survey. The College has retained a Research Team led by Dr. Carlos Quiñonez, DMD, MSc, PhD, FRCD(C), Associate Professor and Program Director of Dental Public Health at the Faculty of Dentistry, University of Toronto to conduct the survey and analyze the results. Dr. Quiñonez and his team of Violet D'Souza, BDS, MSc, MS, PhD; Kamini Kaura Parbhakar BSc, Dip(DH), RDH, MSc; Julie Farmer BSc, Dip(DH), RDH, MSc; and Abdulrahman Ghoneim, BDS, RDH, MSc, FRCD(C) have extensive experience in conducting research.

Your answers, and those of your fellow dental hygienists, will form the basis for advice and guidelines to the profession and facilitate total quality improvement for the practice of dental hygiene. They will also be used to adjust the College's Quality Assurance Program. Therefore, your participation and cooperation are essential and greatly appreciated. Be assured that the information you provide will go directly to the researchers and will be held in strictest confidence. No individual responses will be revealed to any College staff or Council Member. The data will be used for statistical and analytical purposes and presented to the College in aggregate form only. General findings will be published in the CDHO magazine, *Milestones*.

Thank you in advance for your participation.

CDHO MULTIMEDIA RESOURCES

Did you know the CDHO has produced a series of **educational multimedia resources** that are available to you and your clients? These resources have been put in place to help dental hygiene clients understand why dental hygienists may be asking particular lifestyle questions (e.g. smoking tobacco or cannabis, vaping), as well as raising awareness on certain health/oral health conditions, such as oral cancer, diabetes, gum disease, etc.

In this issue, you will find information sheets on *Coronavirus and Your Oral Health* on **page 12**, and *Visiting Your Dental/Dental Hygiene Office During COVID-19* on **page 13**, which you can share with your clients or display in your dental office.

Please visit our website at <http://www.cdho.org/for-the-public/media> for more educational resources available in **print, video or audio**, as well as our YouTube channel at <https://www.youtube.com/channel/UCI8ShV6uguWUtFizxN9qycg>.



POSITIVE STORIES DURING COVID-19 WITHIN THE DENTAL HYGIENE COMMUNITY

- > Dental hygienists collected non-perishable food items and delivered them to members of the community in need via porch drop offs. **CDHO**

FRAN RICHARDSON LEADERSHIP DEVELOPMENT AWARD

The **Fran Richardson Leadership Development Award** honours outstanding and innovative dental hygienists who are passionate about oral health and who seek through health promotion activities, community involvement and other, to enhance, enable access and improve the quality of oral health care provided to the people of Ontario.

CDHO defines leadership through the following criteria:

- A demonstration of public service;
- The ability to engage people and effect positive and sustainable change; and
- A commitment to public interest and access to dental care.

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

Applications are now being accepted.

<http://www.cdho.org/my-cdho/continuing-education/awards-and-grants>

- The **Fran Richardson Leadership Development Award** is tenable for a maximum of one year and consists of a keepsake award and a financial grant of \$5,000.
- Applications will be accepted until **1:00 p.m. EST, Monday, September 21, 2020.**
- **Guidelines and Application Forms** can be found on the CDHO website under the tab 'My CDHO/Continuing Education/Fran Richardson Leadership Development Award'.

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

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



VISITING YOUR DENTAL/DENTAL HYGIENE OFFICE DURING

COVID-19

This information sheet has been produced by the College of Dental Hygienists of Ontario to help dental hygiene clients understand new office protocols that have been put in place to make sure that they receive safe dental hygiene care in response to COVID-19.

You have a role to play in making sure that you, your family, and other office visitors remain safe. We are asking for your help to respect new office protocols by:

1. Reporting any suspected signs or symptoms of COVID-19 to your dental hygienist **prior** to visiting the office, as well as any suspected signs or symptoms of COVID-19 **within two weeks** of your dental hygiene appointment.
2. Accepting to be **pre-screened** for your appointment, on the phone and when you get to the office.
3. **Limiting** the number of people who accompany you to your appointment to an essential support person.
4. **Wearing a mask** when not in the treatment room, if asked.
5. **Using hand sanitizer** available to you when entering and exiting and any other time that may be appropriate.
6. Rinsing with a **pre-procedural rinse** such as hydrogen peroxide, if asked.



You should also expect:

7. Restricted waiting and common areas that will not have magazines, toys, etc.
8. Enclosed treatment rooms and closed doors during treatment.
9. Modifications to treatments to minimize aerosol generation.
10. The typical bib placed over you may be larger.
11. Your dental hygienist may be wearing more protective clothing and equipment.

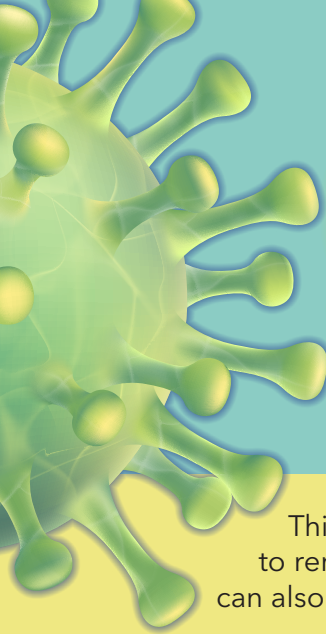
For more information, please visit cdho.org

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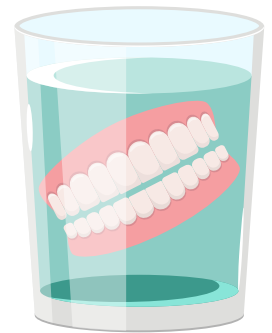
CORONAVIRUS AND YOUR ORAL HEALTH



This information sheet has been produced by the College of Dental Hygienists of Ontario to remind dental hygiene clients to practise good oral hygiene to keep gums healthy, which can also help prevent diseases and viruses.

To help fight COVID-19, washing your hands and practising safe social distancing are crucial. However, practising good oral hygiene to keep your gums healthy can also help prevent diseases and viruses. The following simple day-to-day habits will help with keeping your mouth healthy and **prevent the spread of germs**:

1. **Wash your hands** before and after brushing and flossing.
2. **Brush your teeth** at least twice a day and include **brushing your tongue** in this process.
3. **Clean between your teeth** daily using interdental devices or floss.
4. Consider using a **mouthrinse** in addition to brushing and flossing.
5. Clean your **dentures and oral appliances** daily.
6. **Never share a toothbrush**, rinse it well after use and wipe handle with disinfectant wipe.
7. **Brush alone** and wipe taps and sink with disinfectant wipes after.
8. Keep your toothbrush and toothbrush heads **apart** in a clean container.
9. **Replace your toothbrush/toothbrush head** immediately after you've been sick.
10. **Stay hydrated** by drinking water as dehydration is a primary reason that germs latch in the nose and mouth.



Stay Informed! Always look for updates from reliable sources. For more information on oral health and COVID-19, please visit us at [cdho.org](https://www.cdho.org).



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UPDATE ON THE 2020 QUALITY ASSURANCE ASSESSMENTS

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

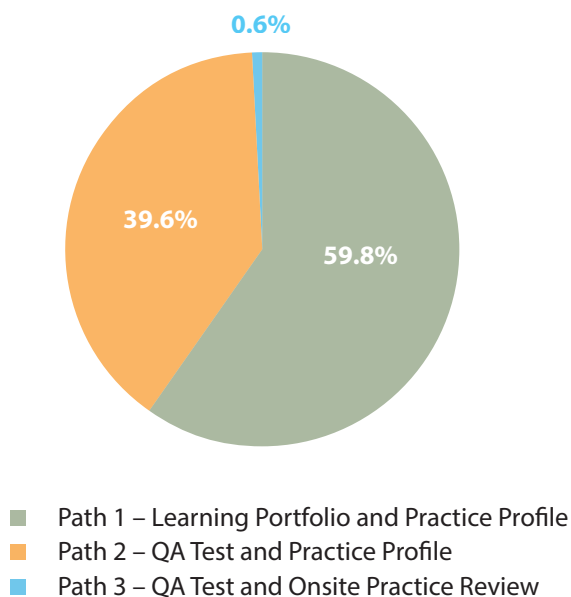
In 2019, notice was sent to 2,473 registered dental hygienists requesting submission of their QA records for the Peer and Practice assessment, due by January 31, 2020. Of these, 2,452 were selected because their registration number ends in a “0” or “1” (Regular Selection), while 21 were selected because they did not complete the mandatory annual Self-Assessment (Self-Assessment Selection).

Of the 2473 records requested (as of June 8, 2020):

	Number of Registrants from Regular Selection	Number of Registrants from Self-Assessment Selection	Total
Met the assessment guidelines with initial submission	1,481	4	1,485
Assessed with deficiencies and awaiting Committee decision	671	6	677
Still in assessment phase: On-site practice reviews	107	1	108
Still in progress	18	0	18
Placed into Path 3 for failure to submit records	8	7	15
Resigned	156	3	159
*Other: May include registrants who are currently suspended, revoked, referred to ICRC, currently under investigation, deferred to another assessment period or deceased.			11
Total			2,473

2020 ASSESSMENTS BY PATH OPTION

Of the QA records that did not meet the assessment guidelines on the initial submission, there were a number of common deficiencies in both the Learning Portfolio and Practice Profile.



The most common deficiencies related to the Learning Portfolio included:

Not providing enough information in the Report on Learning

To demonstrate that learning has occurred, that changes were made to practice (if any), and the resulting benefits clients received, each goal requires a Report on Learning. Assessors are particularly interested in hearing specifics about what you have learned, as well as how this learning led you to make positive changes to your practice and how that helped improve the treatment you provide to your clients.

Although point form is acceptable, what is often reported in the Report on Learning is too vague, which makes it difficult to assess if any learning has occurred or how it was applied. Therefore, if using point form, providing specific details about what you learned, changes to practice, and benefits to clients decreases the chances of your Learning Portfolio requiring more information before it can be properly assessed.

Your Report on Learning should be reflective of the time you spent completing your goal. However, assessors are looking for quality of information in the Report on Learning, as opposed to just the quantity of information. Note that attaching a certificate of completion and/or copying and pasting course objectives or a course outline is *not* sufficient to communicate what was learned.

Insufficient bibliography information

All activities entered in the Learning Portfolio need to be supported by sufficient bibliography information. For courses presentations, the title of the course/presentation, name of presenter(s), their credentials, and sponsor (if applicable) must be included. Keep proof, such as certificates of attendance, biographies of presenters, and receipts for all activities. For readings, the title of the journal, the title of the article, name of the author, and page numbers are required. It is not acceptable to list a journal or any publication with the notation that you read it “cover to cover.” Any sources accessed online need to include the name of the website, the title of the specific page or pages you visited on that site, and the direct website link to the source.

All of this information is important as assessors need to be able to verify the activities listed. This applies for Additional Activities Unrelated to Your Goals as well.

Unsuitable activities

There are a number of activities that the Quality Assurance Committee has specifically decided are not suitable to include in the Learning Portfolio for various reasons. A list of these activities can be found in the *Requirements of the Quality Assurance Program and Guidelines for Continuing Competency*. Commonly submitted unsuitable activities include: CPR and/or First Aid training; discussion with colleagues or employers, including staff meetings, team building activities, and informal study groups; discussion with sales reps or “lunch and learn” product demonstrations; any activities related to profit or productivity, including business and employment matters; and activities related to your own personal health or wellness, including stress management or ergonomics.

The most common deficiencies related to the Practice Profile included:

Incorrect use of Biological Indicators (BI) and BI Process Challenge Devices (BI PCD)

A BI PCD is used for daily monitoring of sterilizers. BI testing must be done each day a sterilizer is used and for each type of cycle used. It is not sufficient to only run a BI test on the wrapped cycle if other cycles are used as well. A BI PCD test pack can be either prepared commercially or in office and must contain a pouch or cassette with:

- A Biological Indicator;
- A Type 5 Chemical Indicator strip; and
- A number of instruments or a commercially purchased process challenge device designed specifically for this purpose (usually contains a lumen where the BI and CI can be placed inside).

This BI PCD test pack must then be run in a full load (usually the first load of the day).

Gowns not available for splatter-prone procedures

The selection of personal protective equipment (PPE) must be based on a thorough risk assessment and the potential for transmission of infectious agents. PPE includes gloves, gowns and/or lab coats, and facial protection (i.e. protective glasses, masks, face shields), as well as any techniques or equipment (e.g. high-volume suction) used to protect against diseases spread by droplets, spatter and sprays. PPE not only protects the dental hygienist but also protects the clients against any cross-contamination from previous clients. Whenever spatter or spray is anticipated during dental hygiene procedures, the use of a water-resistant gown is required. Clinical and laboratory coats or jackets are not a substitute for gowns where a gown is indicated.

Handpiece being disinfected as opposed to sterilized

Handpieces (motors included) are considered semi-critical instruments. The minimum level of reprocessing required for semi-critical instruments is sterilization. *CDHO Infection Prevention and Control (IPAC) Guidelines* require that all instruments and devices must be cleaned and sterilized according to manufacturers’ directions. If the manufacturer’s directions indicate that a handpiece (including motor) can be sterilized, then it must be sterilized. Not having a sufficient number of handpieces (or motors) is not justification for only disinfecting the handpiece between clients.

It is worth noting that we continue to see the same deficiencies in the Learning Portfolio and Practice Profile each year. Registrants who are not familiar with the *College’s Continuing Competency Guidelines* will find the *Requirements of the Quality Assurance Program and Guidelines for Continuing Competency* to be very helpful in guiding continuing quality improvement activities, recording learning outcomes, and completing their quality assurance records. This guide can be found in the Quality Assurance Resources section of the CDHO website or can be accessed directly from the dashboard in the SMILE Portal. Registrants are also encouraged to consult the *College’s Infection Prevention and Control (IPAC) Guidelines* to ensure their infection control protocols meet the College’s expectations. This can be found in the Guidelines section of the CDHO website. **CDHO**



COVID-19

WHAT WE KNOW SO FAR

MARY GOW RDH, BHA, MAEd
Practice Advisor

The first case of what would become known as the novel coronavirus 2019 (COVID-19) emerged in Wuhan at the end of December 2019 when medical authorities reported that a cluster of patients developed a type of pneumonia of unknown cause. Ever since then, coronavirus and COVID have been the most commonly spoken words by Canadians. Coronaviruses are a large group of viruses, which may cause illness in animals or humans. In humans, coronaviruses cause respiratory infections ranging from the common cold to more serious diseases such as Severe Acute Respiratory Syndrome (SARS). COVID-19 is an infectious disease not previously identified in humans caused by the most recently discovered coronavirus. The rates of infection increased in Wuhan through January, at which time the virus started to spread to other countries, including Canada and the United States. It was not long before the virus continued to spread at an alarming rate and made its way to every corner of the world, prompting the World Health Organization (WHO) to declare COVID-19 a pandemic on March 11, 2020. As of June 19, 2020, COVID-19 has infected 8,640,613 people and caused 457,789 deaths worldwide. Canada reported its first case on January 25 in the Greater Toronto Area. As of June 18, Canada has 100,220 cases and 8,300 deaths. The most common cause of death is respiratory failure.

SYMPTOMS

Clinical presentation of the disease can run the spectrum from asymptomatic infection to severe respiratory infections. Most people who get infected with the disease experience mild to moderate respiratory illness and

will recover on their own. Some people will experience serious complications from infection, which can include pneumonia, kidney failure, and death, especially in vulnerable populations, adults over the age of 60, and people with underlying medical conditions and will require hospitalization. Some people infected with the virus do not display any symptoms.

The most common symptoms of COVID-19 are fever of 37.8 °C or greater, new or worsening cough, and shortness of breath. Other symptoms can include sore throat, difficulty swallowing, new smell or taste disorders, nausea, vomiting, diarrhea, abdominal pain, runny nose or nasal congestion not associated with seasonal allergies, pneumonia, and pink eye. Emerging research is showing atypical symptoms of COVID-19 in older adults, and persons with a developmental disability that include unexplained fatigue, headaches, delirium, and chills. In children, who generally have milder symptoms than adults do, in rare cases, the infection may be linked to pediatric multisystem inflammatory syndrome, which can lead to death.

TRANSMISSION

The infectious dose required to become infected with COVID-19 is unknown. How the virus spreads from person to person can vary, but it appears to be highly transmissible. The WHO stated that the virus does not appear to be mutating during the six months of transmission. Coronaviruses are primarily transmitted from an infected person through respiratory droplets when they cough or sneeze during close unprotected contact. The portal of entries are primarily the nose and mouth along with the eyes which are considered to be a possible mode of

transmission. It can also be transmitted via direct close contact with others (less than two metres), such as touching or shaking hands with an infected person followed by touching your nose, mouth or eyes before washing your hands. Indirect contact transmission of the virus has been documented in patients' rooms, as the virus can survive on certain surfaces anywhere from a few hours to a few days. Touching something contaminated with the virus, such as a blood pressure cuff or a thermometer and followed by touching your eyes, nose or mouth before washing your hands can potentially transmit the disease.

There is evidence that the virus can also be transmitted via asymptomatic transmission. Asymptomatic transmission can occur in two ways. First, it can occur during the incubation period or pre-symptomatic period when an individual can transmit the disease while asymptomatic but prior to the development of symptoms. The incubation period ranges from 1–14 days with an average of 5–6 days between the time of exposure to the onset of clinical symptoms of the disease. However, patients are most infectious on the fourth day from the onset of symptoms. Secondly, asymptomatic transmission can occur from an infected individual who does not display any symptoms during the course of the illness, but are still able to transmit the virus to others. The June epidemiological data from Public Health Ontario reported 21 per cent of confirmed cases are from asymptomatic transmission.



TESTING AND TREATMENT

Anyone who is experiencing any of the COVID-19 symptoms or suspects they may have been exposed to the virus should get tested for COVID-19. COVID-19 infections are diagnosed by a health care provider based on clinical evaluation of symptoms and are confirmed by taking a swab sample from the nose or throat which is sent to the lab for detection of genetic material from the virus. Recently, the provincial government announced that anyone can get a test even if they are asymptomatic. This is part of the new testing strategy in which they pledge to perform more testing and tracing, as that is the key to containing the virus. The testing strategy for COVID-19 includes testing people in high-risk areas such as long-term care and group homes, places where physical distancing is challenging, and asymptomatic people in high-risk groups.

There is no cure for COVID-19; most treatments for symptoms are supportive, such as getting plenty of rest and sleep, fluids and taking drugs to reduce pain and fever. The more severe infections are treated in a hospital setting. Canada is working on developing a vaccine and antiviral drugs. Canada is also conducting research into antibody testing and has just approved a new blood test that can detect the levels of antibodies in people who have recovered from the virus. Research findings suggest that when a person is infected and recovers from the virus, their blood level of antibodies will be raised, and this can provide protection against reinfection of the virus. The research is investigating to see if the protective immunity from the antibodies is maintained over time to determine how long the protection will last. Scientists stated that having a better understanding about the spread of the virus and its immunity is a step forward in keeping Canadians safe.

ONTARIO'S RESPONSE

The implementation of the lockdown and public health measures helped “flatten the curve” – a strategy to slow the spread of infections and reduce the number of patients admitted to the hospital at any given time during a pandemic. This

allowed hospitals to manage the level of admissions and helped ensure that people infected with COVID-19 would receive appropriate care. The measures also helped keep the number of deaths on the lower end of the predictive models which projected that between 3,000 and 15,000 people would die with public health measures in place. Presently, the curve is not exactly flat, but it is plateauing. As of June 15, there were 32,554 cases and 2,538 deaths. The majority of deaths have been in the 60–79 (672) and 80+ age group (1,758); while no deaths have been reported in the 19 years of age group. Slightly more women (53 per cent) than men were infected with the virus, but not all cases reported their age or gender.

As of June 2020 (at the time of writing), Ontario's lockdown is easing as the province announced a regional approach to restarting in Stage 2 based on each region's spread and containment of the virus. Ten regions, including the Greater Toronto Area (GTA) will remain in Stage 1, as the GTA accounts for 67 per cent of the cases in Ontario. Public health measures, therefore, remain in place as they are critical to keep the virus from spreading. The measures will help ensure that the number of cases continue to decrease so that the rest of the province can move into Stage 2 as soon as possible.

The pandemic underlined the importance of a strong and prepared health care system, however, it also highlighted the detrimental outcomes of significant gaps in the system, such as those found in the long-term care sector. Please read more about the effects of the pandemic in long-term care systems on page 22.

Definitions

Asymptomatic transmission: Refers to transmission of the virus from an individual who never develop symptoms.

Incubation period: The time between being infected with the virus and the onset of symptoms. For COVID-19, the incubation period is 1 to 14 days. Also known as the pre-symptomatic period.

Lockdown: A government measure to reduce people's movement in order to limit transmission. It involved cancelling flights, closing borders, and shutting down all nonessential businesses.

Outbreak: A term to describe the epidemic in a more limited area.

Physical distancing: Replaced the term social distancing. A measure to keep people two metres apart in order to minimize close contact with others and limit the risk of transmission.

Pre-symptomatic transmission: Occurs during the incubation period. During this time, an infected individual can be contagious and can transmit the disease before the onset of symptoms.

Symptomatic transmission: Transmission of the virus from an individual while they are experiencing symptoms associated with COVID-19. [CDHO](#)



POSITIVE STORIES DURING COVID-19 WITHIN THE DENTAL HYGIENE COMMUNITY

- > The COVID-19 pandemic did not stop dental hygienists from reaching out to their communities and expressing acts of kindness by:
- going grocery shopping for elders in their communities.
 - donating their PPE to frontline workers in long-term care homes, and hospitals.

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- > Dental hygienists understand that oral health has a significant impact on overall health. During the COVID-19 pandemic, dental hygienists wanted to ensure everyone had the tools required to practise good oral hygiene by donating oral health products such as toothbrushes, floss and toothpaste to shelters, food banks and respite care centres. [CDHO](#)



QUALITY ASSURANCE PROGRAM DURING COVID-19

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

2020 ASSESSMENT RESULTS

With CDHO staff working offsite, we were unable to mail out the 2020 Quality Assurance Assessment results as we normally would by the end of April. We initially thought we may be able to mail results out to all 2,300 selected registrants once we were back in the office, but as physical distancing measures were increased and the Ontario Government gave the directive for businesses to be closed, we switched gear and decided to move forward with a plan to post results online.

We had planned this project for a future assessment year so it took a bit of work to get it going on such short notice, but we were able to post the Assessment results to the Self-Service Portal on May 29. Given the efficiency of posting results online, it is our intention to make this a permanent solution for communicating Quality Assurance Assessment results each year.

ONSITE PRACTICE REVIEWS

Onsite practice reviews that were still in progress from the previous assessment year were put on hold in March. Onsite reviews are an important part of the Quality Assurance Program, as they give registrants an opportunity to demonstrate how standards are being met in their practice. However, practices had closed so we knew the public was not at risk by pausing the assessment process, and we did not want to put assessors or registrants at increased risk by requiring travel or close contact while the pandemic had not yet peaked. Registrants who were required to participate in an onsite practice review were told they would be notified once we had a better idea of when these assessments could resume.

With offices beginning to reopen in June, registrants with onsite practice reviews due from the previous assessment year were informed that this process would pick back up.

Those requiring an onsite practice review as a result of the 2020 Quality Assurance records audit were notified on May 29 that these visits would be scheduled in July. Registrants not returning to practice prior to the deadline of July 31, 2020, had the opportunity to write to the Quality Assurance Committee to request further direction on this matter.

QUALITY ASSURANCE COMMITTEE DECISIONS

The Quality Assurance Committee continues to meet regularly via video conference so as to not delay any Committee decisions. Notice of Committee decisions are being sent to registrants by email.

Apart from occasional delays in responding to inquiries at certain high-volume times, such as immediately after assessment results go out, all other processes within the QA department remain at normal operational capacity. **CDHO**

COVID-19 AND THE IMPLEMENTATION OF TELE-DENTAL

KYLE FRASER RDH, BComm, BEd, MEd
Practice Advisor

It can be quite difficult to predict the future; however, there is a lot of hype surrounding the COVID-19 pandemic, which may change the world we live in forever.

Due to the pandemic, dental hygiene, like many other professions, has been facing a challenge it has never before. None of us could have envisioned this prolonged period of interruption in the dental hygiene profession due to COVID-19.

With the prolonged interruption of care due to COVID-19, this has prompted health care professionals, inclusive of dental hygienists, to reassess the way they treat clients. In order to deliver the best care possible during these unprecedented times, dental hygienists can now include the use of tele-dental into their dental hygiene practices. The CDHO has adopted the term **tele-dental** to refer to dental hygiene practice that uses technology to increase access to care by enabling the remote provision of dental hygiene services. The College recognizes that use of tele-dental gives the public an additional tool to manage their oral health. Remote dental hygiene services that uses tele-dental can include:

- client education, instruction, advice, or counselling;
- assessment or evaluation (e.g., for new or existing conditions or lesions);
- monitoring or follow-up (e.g., for existing ongoing treatment, or following recent treatment);
- consultations and treatment planning (e.g., for new clients or those of record, and for existing or new conditions);
- assessing the need for a medical or dental referral.

The use of tele-dental has potential benefits and risks for dental hygiene clients. Dental hygienists need to consider this and should do everything possible to ensure that all risks are minimized if they decide to provide services using technology. Ontario dental hygienists who use digital information and communication technologies to provide dental hygiene services must continue to meet existing Standards of Practice. The professional, legal and ethical obligations that apply to oral health care provided in person equally apply to services provided using tele-dental.

When practising via tele-dental, Ontario dental hygienists must:

1. Hold a General or Specialty Certificate of Registration and offer/provide services to Ontario residents only.
2. Use their professional judgment to determine whether tele-dental is appropriate and will enable them to meet all applicable Standards of Practice, legal requirements, and professional obligations.
3. Identify the resources (e.g., information and communication technology, equipment, support staff, etc.) that are required to provide tele-dental and only proceed if those resources are available and can be used effectively in each case.
4. Consider each client's existing health status, specific health care needs, and specific circumstances, and only use tele-dental if the risks do not outweigh the potential benefits, which is in the client's best interest.



5. Confirm the client's identity and provide the client with proof of their identity and registration status (full name and registration number as they appear on the Public Register).
6. Confirm that they have the client's consent to provide the services that they are seeking and discuss associated costs prior to providing services.
7. Update the client's medical history or obtain an appropriate medical history, verbal history of the client's medical and oral condition, and ask about their chief concerns.
8. Ensure that the reliability, quality, and timeliness of the client information obtained via tele-dental is sufficient to justify providing or assisting in the provision of dental hygiene care.
9. Use technology that will allow dental hygienists to gather necessary information needed to proceed with services. For instance, video technology aids in the assessment of oral conditions.
10. Refer to the appropriate medical or dental professional conditions that are beyond your scope of practice or area of knowledge.
11. Protect the privacy and confidentiality of the client's personal health information, specifically by:
 - a) using technology that has privacy and security settings in accordance with the *Personal Health Information Protection Act, 2004*. At minimum, technology must have controls to ensure only the intended client has access to the appointment, and where personal health information is stored and/or transmitted, strong encryption must be used. If unsure, dental hygienists can confirm with the service provider that the technology meets Ontario privacy requirements.
 - b) conducting the tele-dental appointment in a private environment that will ensure client information is not overheard or seen by other individuals; and
 - c) confirming with the client that they are in a private setting and that the technology being used is secure.
12. Keep appropriate records of the tele-dental appointment, in compliance with the College's Records Regulation and note specifically that the care was provided through tele-dental.
13. Establish quality assurance mechanisms via ongoing monitoring and evaluation to ensure that care provided via tele-dental is safe, effective, and consistent with legal and professional obligations.

It is a standard of practice that dental hygienists provide dental hygiene services only in environments that are able to support safe, quality care. In times of pandemic when there is an interruption of care, the use of tele-dental can be beneficial. It ensures continuity of care and can help pave the path to healthier outcomes. COVID-19 may have just turned tele-dental into an upcoming and rising dental hygiene trend, which may even last after the pandemic. [CDHO](#)



POSITIVE STORIES DURING COVID-19 WITHIN THE DENTAL HYGIENE COMMUNITY

- > During the COVID-19 pandemic, the Ministry of Health requested assistance from health care providers. More than 500 dental hygienists volunteered to help frontline workers in providing additional support to prevent and control the spread of COVID-19.

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- > When COVID-19 shut down dental offices, dental hygienists gave back by creating videos that demonstrated oral hygiene techniques encouraging clients to practise good oral hygiene care at home. [CDHO](#)



COVID-19 CRISIS IN ONTARIO'S RESIDENTIAL CARE FACILITIES

MARY GOW RDH, BHA, MAEd
Practice Advisor

AN OPPORTUNITY FOR CHANGE

COVID-19 has impacted all of our lives but nowhere has the impact and devastation of the disease been felt more deeply than those who live in residential care facilities (RCFs). As of June 18, 5,384 residents have contracted the virus and 1,645 have died from complications of COVID-19 infection, such as pneumonia and kidney failure. Presently, there are 67 outbreaks in the long-term care system.

Long-term care is regulated by the Ministry of Health and Long-Term Care (MOHLTC). There are 630 RCFs in Ontario and the MOHLTC declared that over 50 per cent of the RCFs are old and in need of being “redeveloped”. The redevelopment plan is to bring the long-term care system into the 21st century. Fifteen thousand new beds will be added and 15,000 long-term care beds will be modernized in new or existing homes.¹

Ever since the 1990s budgetary cuts to health care, RCFs have been plagued by underfunding, understaffing, heavy

workloads, and low wages. There are minimal registered nurses on staff, and most of the care provided is by unregulated personal support workers. In Ontario, 78,000 people reside in one of the 630 facilities. Increasingly, new admissions into RCFs are older adults who are sicker, frailer, and have more complicated health problems and dementia than previous cohorts² which leaves them at increased risk of infection from COVID-19.

In March, there were 10 RCFs experiencing outbreaks. Despite implementing restrictions and increased testing, facilities struggled to manage the virus and the number of outbreaks grew to 280 by May. The MOHLTC acknowledged that the level of care residents receive in RCFs falls below the standard of care, which contributed to the COVID-19 outcomes, and that the government is failing to provide a safe environment for the oldest and most vulnerable population. The MOHLTC vows to make positive changes by overhauling the system.

As dental hygienists, we know that the oral care residents receive in RCFs also falls below the standard of care, which has been a long-standing problem that remains unresolved. Epidemiological studies have revealed that seniors who live in RCFs have the highest level of oral diseases and the poorest oral hygiene of all older adults. Oral health reports from Canada and the United States have referred to the poor oral status of older adults as a silent epidemic. Most residents do not receive daily tooth brushing; although the MOHLTC has legislated oral care, the administrators do not always implement or enforce it.

Dental hygienists are the primary providers of oral care to residents in RCFs³ and they are championing the importance of oral health care in collaboration with non-dental professionals. They have shared their knowledge that this population requires regular professional dental hygiene care coupled with daily oral hygiene care to help maintain oral and general health in order to improve a resident's well-being and quality of life, even if the clinical measures of oral health in this population do not show a measurable improvement. Without daily oral hygiene care, dental diseases will worsen even if residents receive professional dental services.⁴

This is particularly important as Canada's population is aging and living longer, and with the baby boomer generation aging, there will soon be an increased demand for long-term care beds. The MOHLTC estimated that the number of beds needed by 2035 will double, thereby increasing the demand for oral care in RCFs, as well as the demand for oral care delivered by mobile dental hygiene services. Therefore, now is the time to consider providing care to this population and now is also the time for you to consider how you can help mitigate the burden of unmet oral health care needs for this population. Now is the opportune time for changing the way daily hygiene care and professional dental hygiene care is delivered in RCFs.

The World Health Organization calls dental hygienists the "best poised" to facilitate the integration of oral health into the health care system, where we can bring closer attention to the importance of oral health in relationship to overall health.⁵ Older persons in RCFs who receive denture or tooth brushing less than once a day are more likely to develop oral diseases, which can place them at an increased risk of developing systemic diseases such as malnutrition, cancer, and respiratory diseases. As regulated health care

professionals, we can be part of the solution, as we can help shape public policy so that daily oral hygiene care and professional dental hygiene services become a standard of care for residents in RCFs.

In conclusion, the MOHLTC is responsible for providing funding, resources and laws that will restore care gaps in RCFs brought forward by the pandemic. Not only will the Ministry correct the gaps but they will redevelop 50 per cent of the facilities.

We can advocate for the following:

- A designated room where oral hygiene care can be delivered;
- To have dental hygiene policies developed, implemented, and enforced in RCFs; and
- To be collaborative members of the residents' circle of care.

This will enable dental hygienists to provide residents with the oral care they need to maintain oral health. Oral health for this population can only improve when dental hygienists' voices are heard by all levels of government and other stakeholders. **CDHO**

REFERENCES

- 1 Ministry of Health and Long-Term Care (2018) Ontario redeveloping 300 LTC homes. Retrieved from http://www.health.gov.on.ca/en/news/bulletin/2015/hb_20150206_1.aspx
- 2 Ontario. (2019). Long-term care overview. Retrieved from <https://www.ontario.ca/page/about-long-term-care#section-0>
- 3 Yoon, M. (2011). Oral health for long-term care population: from pneumonia pathogens to front-line oral care provision. *Proquest Dissertations and Theses*. Retrieved from https://tspace.library.utoronto.ca/bitstream/1807/31989/3/Yoon_Minn_N_201111_PhD_thesis.pdf
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- 5 Monajem, S. (2005). Integration of oral health into primary care: the role of dental hygienists and the WHO stewardship. *International Journal of Dental Hygiene*, 4, 47–5. Retrieved from <https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1601-5037.2006.00159.x> **CDHO**



POSITIVE STORIES DURING COVID-19 WITHIN THE DENTAL HYGIENE COMMUNITY

- During the COVID-19 pandemic, dental hygienists provided support to frontline workers by creating ear savers and distributing them to hospitals and long-term care facilities. **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. CHRISTINE QUINTON

On February 3, 2020, a panel of the Discipline Committee of the College of Dental Hygienists of Ontario (the “panel”) held a public hearing to decide whether Ms. Christine Quinton had engaged in professional misconduct by engaging in a concurrent professional and sexual relationship with a client.

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. Quinton had engaged in professional misconduct, and ordered that Ms. Quinton 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 and the Registrar revoke Ms. Quinton’s Certificate of Registration effective immediately.

The panel also ordered Ms. Quinton to pay \$2,000.00 in costs to the College within six (6) months of the hearing.

WITHDRAWALS OF ALLEGATIONS REFERRED TO DISCIPLINE

On April 27, 2020, the Discipline Committee of the College of Dental Hygienists of Ontario ordered that the allegations of misconduct as against Danah Robles, Mallory Egan, Cheryl Schneider, Erika Campbell and Erica Grace regarding irregularities pertaining to the Quality Assurance exam be withdrawn. **CDHO**

THE CDHO KNOWLEDGE NETWORK



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11 Updated Advisories

- Disorders of the Pituitary Gland
- Irritable Bowel Syndrome
- Juvenile Arthritis
- Kidney Disease and Kidney Failure
- Lupus
- Multiple Sclerosis
- Nutritional Disorders
- Pregnancy
- Sjögren Syndrome
- Tuberculosis Latent or Active
- Viral Hepatitis
- Hepatitis B
- Hepatitis C
- Lupus
- Lyme Disease
- Methicillin Resistant Staphylococcus Aureus Carriage/Infection (MRSA)
- Molluscum Contagiosum
- Multiple Sclerosis
- Mumps
- Oral Candidiasis
- Oral Piercing
- Pregnancy
- Scabies
- Sjögren Syndrome
- Strep Throat (Group A Strep)

19 Updated Fact Sheets

- Chronic Kidney Disease (CKD)
- Hepatitis A
- Syphilis
- Thalassaemia
- Tuberculosis

NEW REGISTRANTS

FEB. 16, 2020 – JULY 15, 2020

Abraham, Samantha	020755
Alhamrah, Sara	020693
Alquzay, Freshta	020706
Altejar, Salma	020733
An, Chaeun	020686
Atkins, Amber	020682
Balchandani, Ashisha	020668
Barazza, Chelsea	020766
Basco, Doanne	020675
Basso, Katrina	020764
Bayle, Almira	020763
Bookbinder, Leah	020735
Branco, Andrea	020622
Brown, Danielle	020707
Bruzas, Carrie-Anne	020746
Bulman, Kaitlin	020696
Butler, Samantha	020713
Camara, Fatoumata	020752
Campbell, Jacy	020653
Capel, Mikayla	020640
Carney, Natalie	020598
Carriere, Courtney	020603
Collins, Marjorie	020660
Cook, Amanda	020757
Copeland, Laura	020594
Cordeiro, Breanna	020666
Coveney, Summer	020674
Cowley, Lana	020626
Craft, Kenora	020689
Crampton, Alissa	020667
Crawford, Breana	020615
Damm, Bailey	020590
Dasari, Saheti	020676
De Jong, Sarah	020663
De Koker, Anna	020655
Diaz, Sarah	020600
Dimitrova, Katrin	020705
Donato, Alexa	020623
Dotey, Emma	020756
Eidi, Shabnam	020702
El-Aou, Jennifer	020671
Elkority, Nancy	020657
Epps, Emily	020697
Eto, Eka	020750
Fallis, Michaela	020704
Feble Guerrero, Yadelin	020630
Ferreira Santos, Brianna	020742
Findlay, Chantalle	020609
Fitzsimmons, Tess	020728
Fodor, Sarah	020712
Foerster, Andie	020647
Fraser, Alyssa	020687
Fulcher, Sarah	020616

Garchitorena, Myra
Ghodasara, Dhruv
Gibbons, Nicole
Godkin, Sarah
Gogelishvili, Nino
Graham, Brittany
Gurovich, Maytal
Gusciglio, Sarah
Gushaty, Dana
Guy, Megan
Hadish, Melony
Hameed, Sabrina
Haque, Karishma
Harper, Molly
Henderson, Taylor
Herritt, Megan
Hett, Sarah
Hille-Holan, Nicole

UPDATES TO THE PUBLIC REGISTER

Hogg, Marissa
Holden, Katannah
Holland, Heidi
Humphries, Haley
Ilagan, Radam
Ildefonso, Jenny Ann
Jarvis, Kimberly
Jibb, Sara
Jones, Jocelyne
Joseph, Emmanuela
Jovanovic, Sanja
Kalishuk, Ilona
Kang, Sohee
Karunakaran, Chelvy
Kaur, Parneet
Khandan Jafar Abadi, Sahar
Klef, Mohammed
Koci, Ermira
Kolonis, Ashleigh
Kong, William
Lall, Tijil
Lapuz, Ruby Anne
Lauzon, Marie

020726	Leach, Kaila	020606
020738	Lian, Hang	020604
020639	Lococo, Danielle	020649
020695	MacDonald, Brittany	020618
020748	Macdonald, Nicole	020684
020759	Malhi, Amrit	020673
020652	Mantoo, Irma	020627
020710	Marshall, Victoria	020607
020683	Martin, Melanie	020641
020658	McCabe, Jackie	020699
020593	McCaffrey, Bailey	020646
020656	McConnachie, Brianna	020617
020679	McDonnell, Lisa	020754
020725	McNamee, Camryn	020749
020635	Meikle, Lyndsey	020729
020744	Middleton, Brittany	020650
020624	Mills, Kaitlyn	020701
020614	Mohamed, Marian	020723
	Monsour, Kaila	020645
	Moreland, Kari	020612
	Mosberger, Tiana	020727
	Mouvana Thazhe, Megha	020722
	Murray, Tishauna	020691
	Mussato, Rebecca	020621
	Muzammil, Aisha	020638
	Nagtzaam, Jane	020597
	Neff, Shannon	020595
	Nega, Natasha	020734
	Neilson, Sabrina	020708
	Nixon, Brianna	020753
	Nugent, Rebecca	020720
	Nurse, Mina	020637
	Orban, Zsofia	020644
020751	Padilla, Bianca	020703
020651	Paez Malagon, Yolanda	020760
020599	Parkinson, Amy	020602
020694	Patron, Arlyn	020619
020661	Paul, Jessica	020629
020633	Payette, Stephanie	020670
020739	Pen, Saroeung	020715
020620	Pereira, Andrea	020747
020730	Persaud, Elizabeth	020714
020662	Pettigrew, Sadie	020677
020611	Plebon, Brooke	020758
020761	Pour Hadi, Farnoush	020625
020605	Prifti, Ermira	020719
020685	Ramirez-Arias, Melissa	020688
020665	Rao, Xiao	020634
020709	Rousselle, Jennifer	020690
020642	Ruiz, Jonelyn	020724
020743	Sajid, Saba	020632
020767	Samivelu, Latha	020717
020731	Sararas, Lesley	020610
020631	Sargent, Kelsey	020732
020698	Shah, Riddhi	020718
020740	Sheiman, Svetlana	020628

Siblock, Mariah	020592
Singh, Randeep	020608
Skrobek, Serena	020678
Smetana, Jadelyn	020672
Smith, Alicia-Ashley	020716
Sommer, Kaitlyn	020700
Sorichetti, Edie	020765
Stefanson, Alexis	020601
Strong, Teisha	020659
Tatari, Elen	020648
Toor, Sobia	020711
Townson, Kiersten	020737
Tran, Tam	020736
Tran, Yvonne	020680
Verma, Sonia	020681
Vincent, Desiree	020741
Vlahos, Victoria	020596
Vlavceska, Marija	020613
Voisin, Sara	020664
Walsh, Lori	020669
Webb, Vicki	020643
Wharry, Rebekah	020591
Worrell, Nikea	020654
Wu, Jenny	020745
Yang, Ada	020721
Youssef, Rita	020692
Zahir, Hosna	020762
Zarate, Michelle	020636

AUTHORIZED PRESCRIBERS LIST

FEB. 16, 2020 – JULY 15, 2020

Amodio, Michelina	019101
Armitage, Crystal	014961
Bakhshandeh, Mahsa	014025
Baldo, Emily	019653
Baldree, Jenna	020458
Barber, Lisa	009633
Beyan, Hikemat	018151
Burka, Inna	009287
Cariati, Justine	016105
Carter, Bethany Marion	012605
Crosthwait, Colleen	019506
Dominelli, Haley Anne	015477
Fredette, Jessica	020154
Gervais, Mireille A	010301
Gorman, Julie	008595
Gravel, Natalie	004541
Gu, Meng Meng	017492
Kelland-Johnston, Jayne	009530
Kirk, Kelly Elizabeth	003052
Lafleche, Marie-France Nathalie	009779
Liu, Ziqi	011155
Loncar, Senka	012257
Mahzooni, Samaneh	015995
Mercier, Laura Lyndsay	011075

Miller, Kristan Cora Jeanne	015608
Millman, Lindsey	013657
Officer, Natalie Nicole	015485
Ou, Shumin	011174
Palumbo, Kendra June	005845
Pino, Aleeya	016199
Poitrass, Julie	018445
Rao, Xiao	020634
Rutledge, Kimberley	018682
Shepherd, Lydia	018518
Stevenson, Siobhan	018744
Taova, Zarina	011147
Thumbasamy, Sri Devi	018725
Upson, Melanie	016924
Wolfe, Julie	009205
Xu, Xiaoqing	020488
Zhao, Xinbo	020216

AUTHORIZED FOR SELF-INITIATION

FEB. 16, 2020 – JULY 15, 2020

Abdul Razzak, Eiz	018619
Al-Dhaleai, Rana	019964
Alves, Vanessa Oliveira	016696
Arellano, Cheryl	019554
Azish, Ronak	013935
Bachmann, Shannon L	008186
Badurina, Ashley	015004
Baird, Jenna	017856
Balachandra, Hema Hebbalu	017376
Benedet Khaki, Laura Maria	011410
Bernard, Jamie-Lynn Patricia	016221
Berthiaume, Renee	011523
Bhandari, Mohit	018983
Bhullar, Sapinder Kaur	015775
Bonnier, Stacey	018355
Browne, Sharon Michelle Miller Rainwat	011015
Bubnova, Olga	019999
Burgio, Graziella	016957
Candy, Pamela	009302
Casey, Lyndsay Anne	015993
Cence-Gesuale, Rosanna	006245
Chambers, Rachel	017239
Chan, Jessica Siew Yee	006154
Chiarello, Sarah Catrina	015962
Collings, Taylor	015138
Commodore, Lorianne Michelle	013404
De Leon, Ramon De Jesus	009642
Dias, Cynthia	011152
Do Carmo, Debbie	018936
Dominelli, Haley Anne	015477
Douglas, Christine Leslie	008220
Dunbar, Raelyn	013077
Emerson, Tami-Lee Maria	006945
Fisher, Krista Danielle	017460
Fitzgerald, Sylvia	008501

Fois, Cathrine	007311
Frank, Jacqueline Elizabeth	011060
Gee, Darby	005363
Gibson, Laura Patricia	017468
Gies, Ashley	019278
Gill, Mandeep	017949
Gois, Dana	010624
Grondin, Stacey Anne Marie	012456
Habas, Natasha Saverna	016427
Hannusch, Catherine Maureen	008477
Hercules, Tiffany	016214
Jafari, Shailan	014688
Janotta, Anne-Marie	016640
Johnston, Vivian	016059
Kaemingh, Emma	017810
Kajendran, Kajaniya	018621
Kelada, Selvia	019060
Kempf, Nicole	018473
Keshavji, Nadia	011292
Kour, Akashdeep	017236
Kulchar, Kourtney Evaline Kathleen	014236
Lapalme, Kristine	019005
Lavina, Shareen Maide	013312
Le, Thu Huyen Nancy	015866
Lee, Jina Hyunjoo	013300
Leitch, Tamara	020049
Leone, Sarah Maria	016067
LeVasseur, Chantal Nora	014647
Louws, Alexis	018568
Makila, Carissa	017678
Maliwat, Anna Marie	013414
Marques, Jennifer	016310
Marson, Nicole	016945
McKee, Nina Katharina Monika E.	016308
McMullen, Grace Yap	017165
Metcalfe, Amy Alison	010610
Montes, Yessika	020057
Oliveira, Kourtney Kym	017077
Peever, Shana	011391
Poitrass, Julie	018445
Prentice, Marianne M	004813
Pyefinch, Sarah	013037
Quilates, Elysa	019530
Radhakrishnan, Nirmala	014741
Randhawa, Jasleen Kaur	015679
Ren, Hai Shi	018874
Riazati-Kesheh, Mina	018289
Roberts-Teale, Jennifer	008552
Sachdeva, Kajal	017265
Sanders, Jessica Lynn	015514
Sebescu, Mihaela	018870
Seo, Boun	019635
Sharp, Robin Lorraine	016591
Snell, Jennifer Louise	017408
So, Meili	018493
Sonmez, Nuray	016700

Soorae, Gurpreet	011363
Steeves, Kristin	009461
Stern, Melody	018876
Taylor, Kirby Estell	013439
Topalovich, Ashley	018165
VanDixhoorn, Virginia	018817
Verkin, Mary-Ellen	004409
Villaluna, Rosanna Maria	017536
Viscardi, Francesca	008801
Watts, Aimee Sherri	016246
Wells, Karly Erin	015474
Yadav, Ankur	018008
Zhang, Yan Fang	018671

RESIGNATIONS

FEB. 16, 2020 – JULY 15, 2020

Ahmad, Fawad Saeed	016275
Amyotte, Gisele Lisette	002965
Bailey, Jessica Irene Shirley	020363
Bracy, Rachel Leigh	017355
Craig, Lynn Diane	003457
Davis, Jaclyn Elizabeth	001123
DeHoog, Patricia Joyce	004577
Driscoll, Carla Dawne	010279
Duckworth, Trudie L	008539
Henderson, Bevin Anne	011337
Hong, Zheng Jane	009981
Khan, Zalika	010213
Legault-Racine, Carole	005790
Leighton, Marin Lea	011021
Lepere, Margaret Mary	004990

Lepine-Darwish, Stephanie	014040
MacFarlane, Shannon Gail	019717
Mamrawala, Piyush Harishbhai	019287
McCarten, Nancy Louise	001747
McGill-Edwards, Beryl Evadney	004781
McGown, Lynn Anne	005445
McLean, Sayena	017284
Melling, Ksenija Veronica	001421
Moham, Keena Hattie Jean	020450
Ovens, Ashley Adele	018526
Prowse, Jessica Anne Lucas	016555
Rodriguez de Cormier, Eiryn Desiree	018194
Saric, Agata Anna	009821
Simon, Chantale	009915
Stewart, Jennifer Lynn	016657
Van Eldik, Tina D	006458
Zanetti, Elena	003487

RESIGNED WHILE UNDER INVESTIGATION

EFFECTIVE JUNE 15, 2020

Ghayyur, Kinza	015141
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SUSPENDED/ REVOKED

In accordance with Section 24 of the Health Professions Procedural Code (Schedule 2 of the *Regulated Health Professions Act, 1991*), the

following registrants have been suspended or revoked for non-payment of the annual renewal fee. These registrants were forwarded notice of the intention to suspend and provided with two months in which to pay the fee. If a registrant who has been suspended for non-payment does not reinstate her or his certificate of registration, that certificate is deemed to be revoked two years after the failure to pay the annual fee.

SUSPENDED WITH CAUSE

EFFECTIVE MAY 22, 2020

Gjopalaj, Dorina	019729
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REINSTATED

FEB. 16, 2020 – JULY 15, 2020

Gillan, Alice Marie	005702
Beaudry, Janice	008706
Chemello, Kelsey Anne	010377
Contractor, Marzoon Yezdi	018238
DeCourcy, Tamara Lucia	016429
Gaogakwe, Crystal Lynn	014625
Hergel, Tess Victoria	019014
Scott, Margaret Kathleen	014766
Steeves, Kristin Melissa	009461
Tatalias, Gina	008295
White, Danielle Andree	015715

COVID-19: COLLEGE OF DENTAL HYGIENISTS OF ONTARIO (CDHO) GUIDANCE ON RETURNING TO DENTAL HYGIENE PRACTICE.

If you're not sure where to find the latest guidelines on returning to dental hygiene practice, you will always find the up-to-date document at <https://www.cdho.org/my-cdho/guidelines/practice> by clicking on

CDHO Guidance on Returning to Dental Hygiene Practice.

On that same page, you can also find **Return to Practice Principles 2020** and **Inclusion of Telehealth.**

