MILESTONES

College of Dental Hygienists of Ontario

Protecting your health and your smile

2021 | 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

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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

CAROLINE LOTZ BA, RDH, MSc

As a regulator accountable to the public of Ontario, we are committed to ensure that the work of Council and committees is carried out by qualified individuals that are representative of the wonderfully diverse communities in which we live, work and provide services.

Ahhhh summer! As the third wave (and hopefully last) of COVID-19 appears to be behind us, and vaccination rates continue to increase allowing for a measure of return to normal, the College of Dental Hygienists of Ontario (CDHO) continues its efforts in support of ensuring that the public has access to safe quality dental hygiene care.

Through shared experiences in managing the pandemic this past year, opportunities arose for greater collaboration amongst health regulators. While oral health disciplines are not strangers to collaboration, the pandemic provided opportunities for further dialogue, engagement and implementation of innovative solutions to ensure that our workplaces were as safe as possible for ourselves, our colleagues and the public that entrust us with their safety while in our care. As we reflect on the lessons learned from our individual experience, there is sometimes comfort in knowing that we are not alone. A COVID19 review: learning from a crisis' conducted by the Professional Standards Authority for Health and Social Care in the UK highlighted some of the changes made to regulatory practices during the pandemic. The study remarked upon the depth of regulators' commitment to public protection and the strength of collaborative relationships demonstrated during the response to COVID-19.

"The speed at which innovations were adopted belies the view that regulation is inherently a barrier to change."

(Professional Standards Authority for Health and Social Care, 2021)

CDHO Council's review of literature and trends over the past two years relating to regulatory modernization echoes this view that collaboration amongst regulators can have positive impact. In March 2021, councils from the College of Dental Technologists of Ontario (CDTO), the College of Denturists of Ontario (CDO), and the College of Dental Hygienists of Ontario (CDHO) held a joint workshop to discuss opportunities for optimizing collaboration through amalgamation while respecting the autonomy of each individual profession and our ongoing committment to public interest, and protection in accordance with the *Regulated Health Professions Act, 1991*. At our recent Council meeting on June 11, 2021, Council passed a motion to draft a Memorandum of Agreement for signature by each of the three colleges to establish a transitional group responsible for oversight of this project. We look forward to providing updates as this initiative unfolds.

Another element of regulatory modernization is merit, skills, and experience-based appointments to regulatory Council and committees. A working committee was formed in 2020 to develop a competency framework, which Council approved at its June meeting. At our June workshop, Council participated in a presentation by the Canadian Centre for Diversity and Inclusion. As a regulator accountable to the public of Ontario, we are committed to ensure that the work of Council and committees is carried out by qualified individuals that are representative of the wonderfully diverse communities in which we live, work and provide services.

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REGISTRAR'S MESSAGE

DEBORAH ADAMS MA, MHSc

I want to acknowledge the ongoing efforts of registrants to provide primary oral health care to the public and to encourage everyone to take the time to access support as needed.

As of June 12, Public Health Ontario reported that a total of 9,413,440 individuals (63.3% of the population) had received at least one dose of a COVID-19 vaccine. Included in this number are more than 450,000 health care workers who were fully vaccinated and another 236,000 who had received the first of two doses. These numbers are rising rapidly. By the time this issue of *Milestones* lands in your real or virtual mailbox, I think it is safe to assume that we will be on track to reach Step Two of the roadmap to reopen, with 70% of Ontario adults having received the first dose and 20% having full vaccination coverage.

It is reassuring to see solid uptake of vaccines among all Ontarians and – in particular – health care providers. As case counts fall and the province seems to be on track for re-opening, there is reason to be hopeful.

Without undermining this hope, however, I think it is important to be mindful of the strain that the pandemic has put on front line providers. There will no doubt be a range of impacts from working through this difficult time, and dental hygienists need to ensure that they take care of themselves as part of the work of providing safe and effective care to their clients.

I want to acknowledge the ongoing efforts of registrants to provide primary oral health care to the public and to encourage everyone to take the time to access support as needed. In addition to resources that your own care providers might be able to provide, the Centre for Addiction and Mental Health has **an up-to-date list of resources for health care workers**[1] during COVID-19 that includes self and virtual care sites and apps, as well as professional support groups.

Looking forward to the warm weather and wishing everyone the best!

RESOURCES

1 https://www.camh.ca/en/health-info/mental-health-and-covid-19/information-for-professionals/covid-19-database-page

Callout re: McGill study

In December, CDHO shared an invitation from researchers at McGill University for registrants to participate in a study to estimate the risks of COVID-19 among dental hygienists in Canada. One aspect of this study is looking at the level of stress that registrants experienced while working during the pandemic.

If you signed-up to participate and have not been completing the online questionnaire every 4 weeks, you're encouraged to continue (even if you have missed some) as the study results will be a useful resource for regulatory colleges in providing useful guidance and support as the pandemic evolves and resolves.

PRESIDENT'S MESSAGE *(cont'd)*

Elections for professional members in specific districts will take place in the fall. YOU may be a perfect fit for CDHO Council! A call for nominations with additional information and deadline dates will be posted by the Registrar.

While we look forward to a time when we can resume in-person meetings, we invite you to attend our next CDHO Council meeting virtually on Friday, September 24, 2021 in the meantime. The link to join the meeting will be available on the CDHO website.

Wishing you all a safe and healthy summer.

REFERENCE

Professional Standards Authority for Health and Social Care. (2021). LEARNING FROM COVID-19 A case-study review of the initial crisis response of 10 UK health and social care professional regulators in 2020. https://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/learning-from-covid-19-a-case-study-review-of-the-initial-crisis-response-of-professional-regulators.pdf?sfvrsn=c6ad4920_6

UPDATES FROM THE COLLEGE

WE'RE GOING DIGITAL!

CDHO will cease print production of its *Milestones* publication after its November 2021 issue and go digital. By discontinuing the print edition, we are aiming for a more environmentally friendly approach. You will still find the same content type you have been seeing in the past issues and you will also have the option to search the content of the digital publications. On our end, this will allow us easy updates, as well as having continuous control of our published material, therefore, providing you with last-minute up-to-date information.

NEW! COVID-19 AND VACCINATION FAQS

The CDHO has put together a FAQ page to make it easier for you and members of the public to find answers to some of the most common questions about COVID-19 and vaccinations. You will find answers related to *Dental Hygiene Practice and COVID-19*, *COVID-19 and IPAC,* as well as vaccinations in relation to dental hygienists. The FAQ page can be accessed via this link: https://cdho.org/my-cdho/practice-advice/covid-19-faq.

NEW MONITORING FEES POLICY

In some cases, the College assigns a monitor to meet with a registrant or to attend at a registrant's practice in connection with a registration, investigation, or disciplinary matter. These attendances are normally at the expense of the registrant.

The College has updated its monitoring fees policy, which outlines the costs paid by registrants for attendances by a practice monitor. (This policy does not cover attendances held in connection with the College's Quality Assurance Program.)

The College has reduced the attendance fee paid by registrants from $750 to $400 per attendance, which is in keeping with a cost-recovery approach. At the same time, the College has provided guidance on how it will handle short-notice cancellations and rescheduled attendances.

The updated policy strikes a fair balance between ensuring that registrants involved in College processes bear some of the expense and keeping the College's fees reasonable and appropriate.

The updated policy applies to all attendances scheduled after May 1, 2021. CDHO

COUNCIL HIGHLIGHTS

JUNE 11, 2021

At the June 11, 2021 virtual Council meeting, **Carla Grbac** updated Council on the **Ownership Linkage Committee** activities.

Council approved the **2020 financial statements** as presented by **Blair MacKenzie** from **Hilborn LLP**.

Council adopted the **competency framework** put forth by the **Competency Profile committee**, which includes descriptions and options for diversity; professional, public and non-Council competencies.

Council tasked the **College Performance Measurement Framework (CPMF) Committee** to develop a comprehensive evaluation of Council effectiveness as required by the CPMF.

Council approved the submission of the amended **Part VII Registration of the General Regulation** to government.

Council accepted the principles and vision presented in the **"Governance Vision: Initial Steps to Amalgamation"** document (January 18, 2021) and agreed to the drafting and signing of a **Memorandum of Understanding** between the CDHO, CDTO, and CDO to proceed with planning the amalgamation of the three organizations.

Council approved the revised **Entry-to-practice Canadian Competencies for Dental Hygienists** presented by the **Federation of Dental Hygiene Regulators of Canada (FDHRC)**.

The Lieutenant Governor in Council appointed **Pella Giabanis** as a new **public member**.

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

The **Discipline Committee** heard *CDHO v. Patricia Blundon, Trina Lewis, and Patricia Sinnott*, over the course of February 22 to 24, and March 29, 2021, and *CDHO v. Chirag Saraiya* on March 16, 2021.

The **Inquiries, Complaints and Reports Committee (ICRC)** reported that since the last report to Council, it has received two (2) new complaints and 10 Registrar's Reports. In total, the ICRC is currently investigating 42 matters, including 15 formal complaints, and 27 Registrar's Reports.

The **Registration Committee** reported that since their last report to Council, 193 new applications for registration were received. Of these, three (3) applications required detailed review by the Registrar. CDHO

UPCOMING COUNCIL MEETINGS

2021 COUNCIL MEETING DATES

Friday, September 24
Friday, December 3

VIRTUAL MEETINGS

The CDHO Council meetings are now virtual. They can be viewed on the CDHO YouTube channel.

FOUR POSITIONS ON COUNCIL OPEN JANUARY 2022

SEEKING CANDIDATES

District 4 (Central – The regional municipalities of York and Metropolitan Toronto): **2 positions**

District 7 (Northeastern – The territorial districts of Algoma, Cochrane, Manitoulin, Muskoka, Nipissing, Parry Sound, Sudbury and Timiskaming): **1 position**

District 8 (Northwestern – The territorial districts of Rainy River, Thunder Bay and Kenora): **1 position**

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 4, 7 or 8, and **can attend a minimum of eight meetings a year**, we are interested in having you join us.

The call for **nominations will go out Friday, September 17, 2021**. 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 17, 2021**.

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

Term: January 2022–December 2024.

Please visit our website to learn more.
http://www.cdho.org/council/elections CDHO

2021 INSURANCE AUDIT

KYLE FRASER RDH, BComm, BEd, MEd
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, which are in place to ensure that the public is protected.

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 who did not respond to this first request, the College sent out two further reminders to non-responders on March 26 and April 8. Finally, non-respondents were sent a notice of intention to suspend their certificate of registration on April 22.

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

CDSPI INSURANCE

CDSPI insurance does not meet the requirements set out in Article 7.3 of CDHO Bylaw No. 5 because it does not include sufficient run-off coverage (paragraph d) or a sexual abuse therapy and counselling fund endorsement (paragraph f).

There was one person who submitted this insurance for the 2021 audit. If you currently have liability insurance through CDSPI, you are not sufficiently covered. If you are considering obtaining insurance, please refrain from purchasing it from CDSPI.

LATE RESPONDERS

Of the ten (10) registrants who did not initially respond to the request to submit proof of their insurance policy, nine (9) submitted proof of their insurance following a "Notice of intention to suspend" letter for non-compliance.

As per Article 14.2 (d) of Bylaw No. 5, if requested, a Registrant shall immediately provide the College with proof of professional liability insurance in accordance with Article 7.3 of said Bylaw.

NO INSURANCE

In total, six (6) registrants did not have any liability insurance, however, five (5) of them promptly purchased insurance following the first request for proof, and the sixth registrant complied after a second request. Registrants must indicate that they have purchased liability insurance that complies with the College's requirements when they renew their General or Specialty certificate of registration. Practising without coverage puts the public and the registrant at risk.

NAME CHANGES

The name on your professional liability insurance policy must match the name on the Public Register. There were a number of instances this year where the last name on the insurance policy provided did not match the registrant's name on the Public Register.

As per CDHO's Bylaw No. 5, Section 14.3, a registrant shall update their information on the College website or notify the College, in writing, of any changes to their name within 14 days of the effective date of the change.

In order to do so, please fax or email proof of your name change, such as a photocopy of a marriage certificate or a court document, to the CDHO. If you cannot provide a name change document, an affidavit from a lawyer with the declaration of name change should suffice. CDHO

RIGHT-TOUCH REGULATION AND THE QUALITY ASSURANCE PROGRAM

The concept of right-touch regulation is something that the Professional Standards Authority[1] (PSA) in the United Kingdom developed, evaluated and refined over the last decade. Their work has resulted in a model with six key principles[2] that drive an approach to regulation that strives to use the right regulatory tools to mitigate the risk of harm to the public.

SIX KEY PRINCIPLES

- **Proportionate:** regulators should only intervene when necessary. Remedies should be appropriate to the risk posed, and costs identified and minimised.
- **Consistent:** rules and standards must be joined up and implemented fairly.
- **Targeted:** regulation should be focused on the problem, and minimise side effects.
- **Transparent:** regulators should be open, and keep regulations simple and user friendly.
- **Accountable:** regulators must be able to justify decisions, and be subject to public scrutiny.
- **Agile:** regulation must look forward and be able to adapt to anticipate change.

In a 2015 report, the PSA noted that "right-touch regulation supports professionalism by:

- Discouraging the use of regulation if the risk can be addressed more effectively by the professionals themselves; and
- Encouraging the use of regulatory measures that support positive behaviour change and the exercise of professional judgement, rather than seeking to be overly prescriptive."[3]

Applying this philosophy to the mandatory Quality Assurance Program (QAP) allows regulators to focus on supporting registrants in proactively identifying and addressing any gaps in their knowledge, skills or judgement through rigorous assessment and targeted professional development. Current thinking among academics who focus on how health professionals can maintain competency is that there is a direct link to an individual's engagement in their own ongoing development in their profession (Austin & Gregory, 2018).[4]

So, what does this mean for registered dental hygienists participating in required QAP activities?

The purpose of CDHO's QAP is to support the good care that is happening by providing a program through which dental hygienists can grow and maintain their competence, and by identifying and responding when standards are not being met. Approaching the required activities as an opportunity to actively participate in self-evaluation will allow registrants to identify areas of their practice that require improvement and to customize their continuing quality improvement activities in a way that suits their personal situation and resources. This approach will allow the meaningful engagement that supports professionals in ensuring ongoing competence. CDHO

REFERENCES

1 https://www.professionalstandards.org.uk/home

2 https://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-regulation-2015.pdf

3 https://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-regulation-2015.pdf#page=9

4 https://www.sciencedirect.com/science/article/abs/pii/S1551741117307775?via%3Dihub

QUALITY ASSURANCE MATTERS

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

UPDATE ON THE 2021 QUALITY ASSURANCE ASSESSMENTS

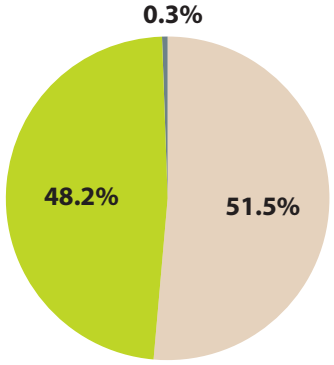
In 2020, notice was sent to 2,583 registered dental hygienists requesting submission of their QA records for the Peer and Practice Assessment, due by January 31, 2021. Of these, 2,566 were selected because their registration number ends in either a "5" or a "7" (Regular Selection), while 17 were selected because they did not complete the mandatory annual Self-Assessment (Self-Assessment Selection). An additional 15 registrants submitted assessments in January 2021 that had been deferred from a previous selection year.

Of the 2,598 total records requested (as of May 31, 2021):

	Number of Registrants from Regular Selection	Number of Registrants from Self-Assessment Selection	Total
Met the assessment guidelines with initial submission	1,715	7	1,722
Assessed with deficiencies and awaiting Committee decision	562	5	567
Still in assessment phase: On-site practice reviews	44	0	44
Placed into Path 3 for failure to submit records	5	1	6
Resigned	198	2	200
*Other: May include registrants who were granted extensions or deferred to another assessment period, as well as those currently suspended, revoked, referred to ICRC, or under investigation.	57	2	59
Total			**2,598**

NOTE: The 15 registrants that were carried forward from previous selection years are included in the Regular Selection group in the table above.

2021 ASSESSMENTS BY PATH OPTION



COMMON DEFICIENCIES

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**.

LEARNING PORTFOLIO

Not providing enough information in the Report on Learning

Each goal requires a Report on Learning in order to demonstrate that learning has occurred, that changes were made to practice, and the resulting benefits that clients received. Assessors are particularly interested in hearing specifics about what the registrant has learned, as well as

how this learning led the registrant to make positive changes to their practice and how that helped improve the treatment they provide to their clients.

Although point form is acceptable as a writing style, the points provided still need to be specific and detailed. Often the Report on Learning is too vague, which makes it difficult to assess if any learning has occurred or how it was applied. The registrant's Report on Learning should also be reflective of the time they spent completing their 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. Attaching course certificates or other supporting documentation is not a suitable replacement for entering the bibliography details for each activity in the *Activity Details* section.

For courses or 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 journal readings, the title, volume, and issue of the journal needs to be recorded, as well as the title of the article, name of the author, and page numbers. 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 should include the name of the website, the title of the specific page or pages the registrant visited on that site, and the direct website link to each 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* section as well.

In addition to the bibliography, the time spent **on each individual activity** needs to be recorded. Accordingly, multiple activities cannot be grouped together into one *Activity Details* box.

Unsuitable activities

For various reasons, there are a number of activities that the Quality Assurance Committee has specifically decided are not suitable to include in the Learning Portfolio. A list of these activities can be found on pages 4 and 5 in the *Requirements of the Quality Assurance Program and Guidelines for Continuing Competency*. Commonly submitted unsuitable activities include: CPR and/or First Aid training; discussions with colleagues or employers, including staff meetings, team building activities, and informal study groups; discussions with sales reps or "lunch and learn" product demonstrations; any activities related to profit or productivity, including business, marketing, and employment matters; and activities related to the registrant's own personal health or wellness, including stress management or ergonomics.

PRACTICE PROFILE

Oxygen not onsite and/or not knowing how to administer in case of emergency

Although it is not within their regular scope of practice, dental hygienists may administer drugs by injection or inhalation in rendering first aid in an emergency. The CDHO Standards of Practice require that dental hygienists be prepared to effectively respond to and manage a medical emergency by knowing the location of, and the protocols for the delivery of emergency supplies, medications, equipment, and oxygen.

Improper maintenance and sterilization of handpieces / handpiece motors

Handpieces (motors included) come in contact with mucous membranes and non-intact skin and so 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 disassembled, cleaned, and sterilized after each use according to manufacturers' directions. If the manufacturer's directions indicate that a handpiece can be sterilized, then it must be sterilized. Not having a sufficient number of handpieces (or motors) is not justification for failing to sterilize handpieces and motors between clients.

Sterilization monitoring and recall protocol

A number of deficiencies were found related to sterilization monitoring, including improper use of biological and chemical indicators and process challenge devices, as well as inadequate recall protocols. A detailed article has been written for

Cont'd on next page

this issue that goes over the requirements for sterilization monitoring and recall protocols as set out in the *CDHO Infection Prevention and Control (IPAC) Guidelines*. ***Review of Sterilizer Monitoring Process*** can be found on page 26.

REMINDER: CPR REQUIREMENTS

Under normal circumstances, expired CPR would be considered a deficiency under the Quality Assurance Program requirements. However, because CPR courses were unavailable for much of 2020, the Quality Assurance Committee put in place a temporary policy specifying that registrants who submitted proof of their expired CPR with their QA records in January were not required to follow up with the Committee as they would for other deficiencies. Registrants were instead reminded that they need to obtain current CPR as soon as possible. This policy does not apply to anyone who failed to submit a copy of the expired CPR when they submitted their QA records, nor does it apply to registrants who submitted later in the year.

As the province moves forward with plans for reopening and CPR courses are becoming more widely available, registrants are expected to take steps to obtain updated CPR as soon as reasonably possible in their region. This may mean that registrants who normally recertify in a large group or through work need to explore other options to obtain their certificate sooner rather than later. As a reminder, it is a standard of practice to have current CPR certification that meets the requirements outlined in the *Guidelines for Continuing Competency* (page 8).

For registrants with a note on their assessment report that CPR Level C may not include the required bag-valve-mask (BVM) / ambu-bag training, please follow up with your course provider to ensure that you have the necessary training. If you were not assessed this year and you are not sure whether your CPR training included the use of BVM, please contact your provider. CDHO

THE CDHO KNOWLEDGE NETWORK

11 UPDATED FACT SHEETS

- Chemotherapy
- Chikungunya
- Dengue
- Gastroesophageal Reflux Disease
- Hand, Foot, and Mouth Disease
- Heart Failure
- Hematopoietic Cell Transplantation – *formerly titled* Bone Marrow Transplantation and Blood Stem Cell Transplantation
- Infective Endocarditis
- Medication-Related Osteonecrosis of the Jaw (MRONJ) – *formerly titled* Bisphosphonate-related Osteonecrosis of theJaw (BRONJ)
- Organ Transplantation
- Radiation Therapy

5 UPDATED ADVISORIES

- Chemotherapy
- Gastroesophageal Reflux Disease
- Infective Endocarditis Associated with Certain Heart Conditions
- Osteoporosis and Osteonecrosis
- Radiation Therapy

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

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.

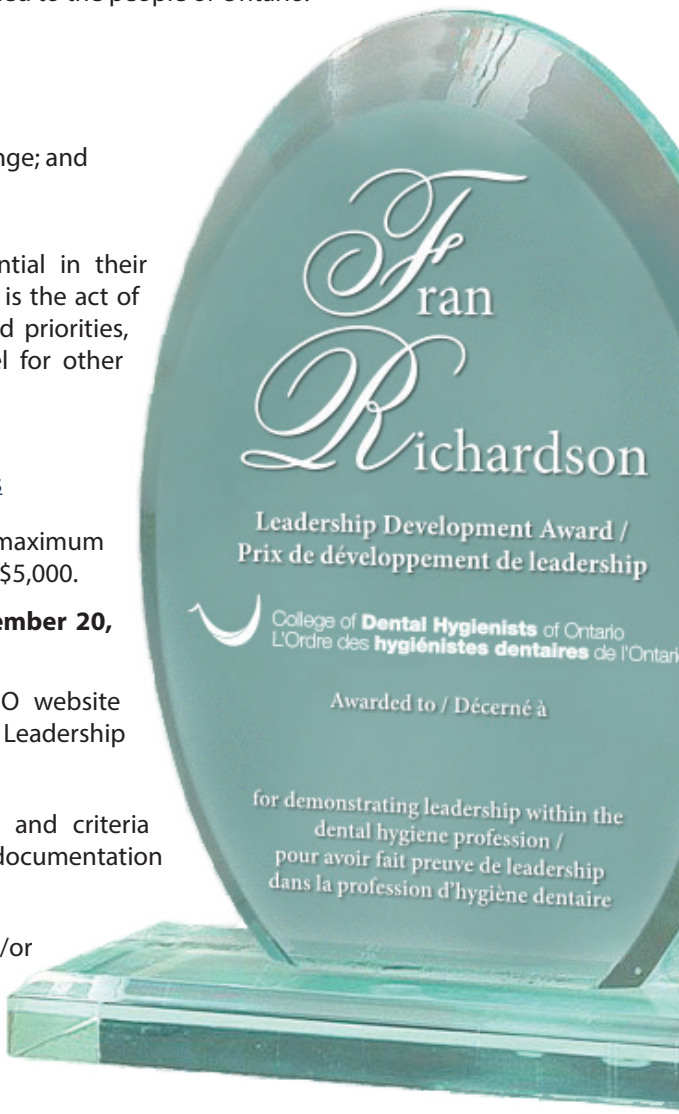
Recipients of the Award must provide evidence of leadership potential in their academic, extracurricular, professional and community lives. Leadership is the act of providing direction, implementing plans and solutions to problems and priorities, and motivating others to do the same. Leaders provide 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 20, 2021**.
- **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



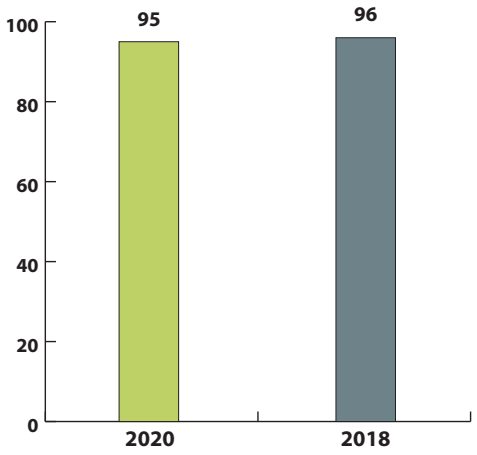
WHAT CLIENTS ARE TELLING US ABOUT THEIR DENTAL HYGIENISTS

In the last issue of *Milestones*, we reported some of the results of a comparative study conducted by Malatest in late 2020 to gain some insight into the public's (Ontario) experience with dental hygienists in comparison to a similar study done in 2018. Please note that the methodologies used in the studies differ in two ways:

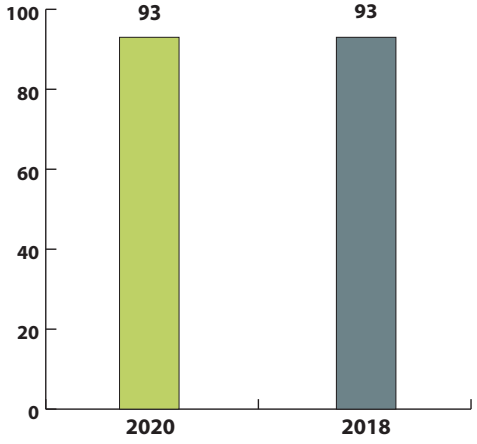
- The 2020 study has a total sample of 1,577 individuals compared to 3,484 individuals on the previous study.
- The 2020 study used a random proportionate sampling method, whereas the 2018 study used disproportionate sampling.

In this issue, we highlight the comparative results pertaining to how clients felt about their dental hygienist's dental office. The first set of graphs demonstrate the **percentage (%) of Strongly Agree / Somewhat Agree responses**. Overall, dental hygiene clients responded similarly to the 2018 survey when asked to report on their satisfaction with their dental hygienist's practice in regards to infection, prevention and control, cleanliness, appearance, and amount of readily available oral health information.

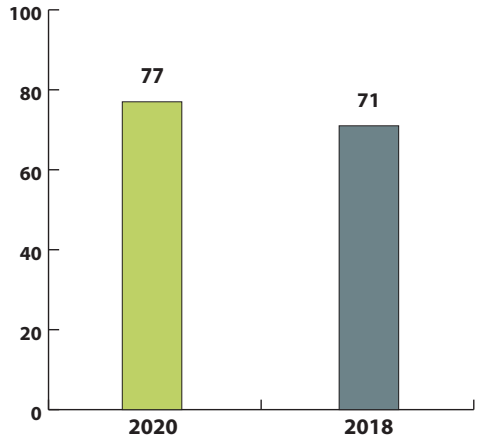
1. The treatment area is clean:



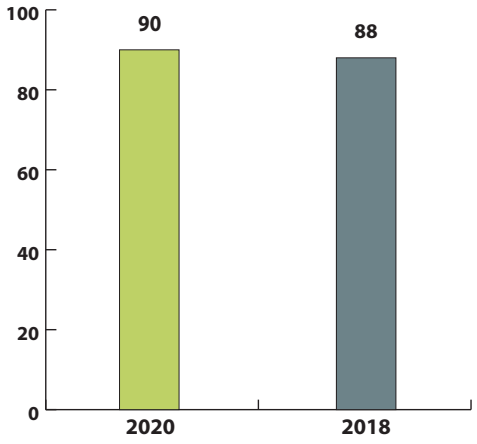
2. Confident that instruments are properly sterilized:



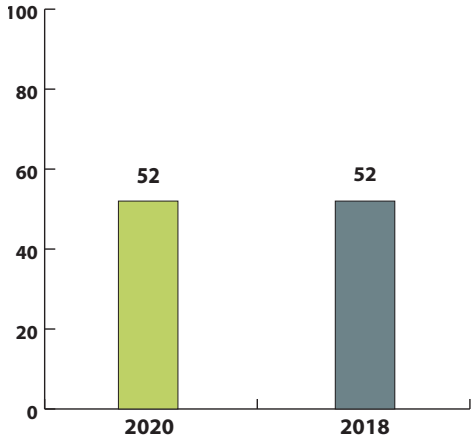
3. I feel comfortable about asking questions about how instruments and equipment are cleaned and sterilized:



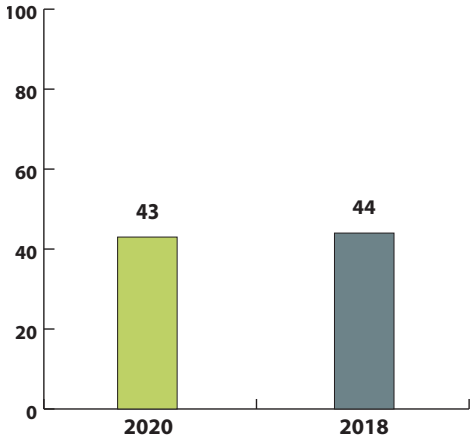
4. The dental hygiene treatment area provides adequate privacy:



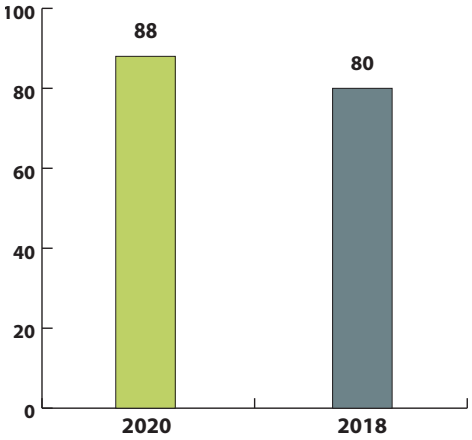
5. **My dental hygienist has printed oral health information available:**



6. **When asked, my dental hygienist provides reports, files, or copies of letters:**

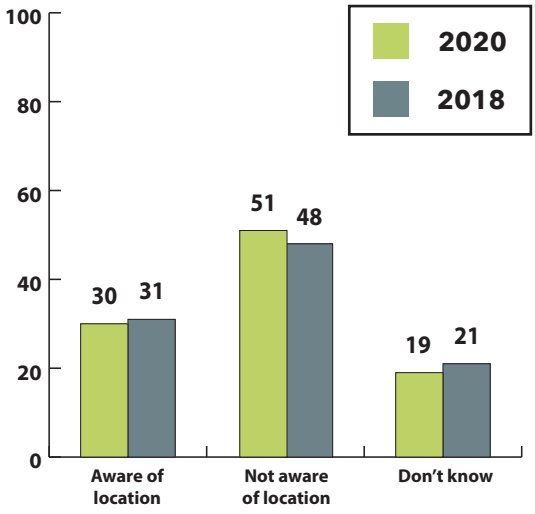


7. **My dental hygienist talks to me about preventive care:**



AWARENESS OF CREDENTIALS AND LICENCE

Client's awareness of where to find information about their dental hygienist's credentials and licence



ICRC CORNER: LESSONS LEARNED #1

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The Inquiries, Complaints and Reports Committee (ICRC) of the CDHO reviews and decides on complaints made about dental hygienists, as well as other concerns where the Registrar believes there are grounds for an investigation.

This ongoing series will examine common concerns that have come before the ICRC, inspired by actual cases, to help registrants understand and avoid similar concerns in their own practice.

THE SCENARIO

A new client informs the dental hygienist that he does not have dental insurance, and so, only wants 30 minutes of scaling and a polish. After completing the medical and dental history, the dental hygienist does a visual assessment and determines that there is generalized moderate calculus present. The dental hygienist decides to proceed with 30 minutes of "gross scaling" using an ultrasonic instrument followed by a full-mouth polish.

At the completion of treatment, the dental hygienist gives the client a mirror to see the results. The client becomes upset because he believes the dental hygienist chipped pieces of his teeth off while scaling, leaving gaps. The dental hygienist tries to explain that she did not chip his teeth and that she only removed calculus, however, the client is not satisfied with the explanation and leaves upset. Later that day, the client calls the dental office to ask for the dental hygienist's full name, but both the dental office and the dental hygienist refuse to provide it to the client.

Do any of the details in this scenario sound familiar? Have you come across a similar situation? Was there anything that concerned you regarding the dental hygienist's behaviour when dealing with the situation?

Think about how you might have handled the situation before reading the concerns noted by the ICRC in similar cases below. Did you think of all these concerns? Did you think of others?

Concern → Process of Care Was Not Followed

In the scenario, the dental hygienist did not follow the process of care. In particular, the dental hygienist proceeded with treatment having done only a visual assessment without taking any baseline assessment data.

The CDHO standards of practice require dental hygienists to follow the dental hygiene process of care. This means that the dental hygienist must perform an appropriate assessment prior to any dental hygiene intervention. Each assessment will be specific to the planned intervention. For example, the assessment required for a whitening procedure will differ from the assessment required prior to debridement. For the purpose of this scenario, we will focus on the assessments required for dental hygiene treatment that involves debridement.

According to the CDHO Dental Hygiene Standards of Practice,

All dental hygiene intervention plans and programs include an evaluation framework. The evaluation framework is a plan

within a plan or program that measures the outcomes using a set of key indicators that have been established based on the initial assessment and the client's identified needs.

A dental hygienist assesses the impact of dental hygiene interventions against baseline data. When treating a client that will require debridement, a full assessment of baseline data is required. This baseline assessment includes, but is not limited to, the following:

- Medical/Dental History
- Intra/Extra Oral Assessment (including oral cancer screening)
- Periodontal Assessment (i.e., probing depths, recession, clinical attachment levels, furcations, mobilities, and suppuration)
- Plaque and Calculus Indices

After this initial baseline assessment, the interval in which to perform another full assessment is based on each individual client's condition. There is no set period in which to complete another full assessment – it must be client-specific. The dental hygienist must be able to support their decision regarding the frequency of performing full assessments.

A dental hygienist cannot accurately track changes in oral health without full assessment data. Dental hygienists need to ask themselves: without baseline assessment data, can you confidently determine what condition is being treated?

Concern → Gross Scaling Provided

It is always a concern to the ICRC when reviewing an oral health record to see that the dental hygienist performed "gross scaling." This raises red flags because gross scaling is an outdated practice not in keeping with the process of care expected of dental hygienists.

Dental hygienists must treat their clients using current evidence-informed research to support their decisions. Current dental hygiene literature references debridement to completion. The practice of gross scaling developed when calculus was thought to be a mechanical irritant, before it was understood that periodontal disease is a bacterial infection. We now know that partial debridement can encourage localized healing around a tooth, possibly trapping bacteria at the base of the pocket, leaving unresolved infection, and masking deeper infection in the periodontal pockets.[1]

The ICRC recognizes that clients may have financial limitations, and may not fully understand the need for scaling to completion by sextants or by quadrants; however, dental hygienists need to educate their clients on the importance of debriding an area to completion, rather than performing gross scaling.

If there is a situation where a dental hygienist honestly believes that performing "gross scaling" outweighs the risks of potentially providing substandard care, the dental hygienist must be able to support their decision and should document their rationale.

Concern → Not Informing Before Performing

Many of the concerns that come before the ICRC could have been avoided had the dental hygienist taken time to inform their client before performing the procedure. In this scenario, the client became confused and upset after seeing "gaps" between his teeth that were revealed when calculus had been removed. The dental hygienist should have informed the client that after she removed the calculus deposits, there could be some space between the teeth or the teeth may be loose.

Obtaining proper consent is a process of sharing information while addressing questions and concerns. The client's informed consent for treatment must be obtained and documented. Consent to treatment is informed if, before giving it, the person 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.

Concern → Not Providing Information to a Client Upon Request

Frequently, members of the public will want to file a complaint against a dental hygienist but may not know the name of the dental hygienist. Sometimes, a dental office even refuses to provide this information. This is a concern for the ICRC, as it is a client's right to know the identity of the dental hygienist who provided or will be providing treatment.

As regulated health professionals, dental hygienists are required to have, among other information, their full name, registration number, and business addresses on the CDHO's Public Register. This is a legal requirement set out in the *Health Professions Procedural Code*, which is Schedule 2 to *the Regulated Health Professions Act, 1991*, and the CDHO's bylaws. It is also an act of professional misconduct for a dental hygienist to fail to identify himself or herself, by name and registration number, upon request in the course of practising the profession.

If your clients ask, you must provide them with your full name and registration number. CDHO

REFERENCE

1 Dorothy A. Perry, RDH, MS, PhD, *Periodontology for the Dental Hygienist* (St. Louis: Saunders, 2014) p 170.

HELP PREVENT ILLEGAL PRACTICE!

EDUCATE YOUR EMPLOYER AND CLIENTS ABOUT THE PUBLIC REGISTER

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Director, Professional Conduct

EVA ROSENSTOCK BA
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REGISTRATION: YOUR PASSPORT TO THE PROFESSION

Registered dental hygienists have a lot to be proud of. As regulated health care professionals, dental hygienists are a trusted source of oral health information and a key member of the oral health care team. They have completed education and met stringent entry-to-practice requirements to demonstrate their competence in and commitment to the standards of practice of the profession.

Dental hygienists must be registered members of the College and hold a General or Specialty certificate of registration in order to provide dental hygiene care to clients. Registration with the College is what legally permits someone to call themselves a dental hygienist and to use the protected designation "RDH" or any variation of it. Clients know that when they see a dental hygienist, they are receiving care from a regulated health care professional, held to high standards of competence and professionalism.

Unfortunately, there are those who recognize and try to take advantage of this reputation by engaging in illegal practice.

ILLEGAL PRACTICE

Illegal practice comes in many different forms. In some cases, an unqualified individual knowingly evades the law by working as a dental hygienist "under the table" and without registering with the College. In other cases, a formerly registered dental hygienist may continue to practise after being suspended or after failing to renew their certificate of registration, whether deliberately or unintentionally.

Part of the College's mandate to protect the public is to address instances of illegal practice. When the College becomes aware of an illegal practitioner, it can use its statutory authority to take steps to prohibit the individual from providing dental hygiene services or falsely holding themselves out as a dental hygienist until they are appropriately registered.

CONSEQUENCES OF ILLEGAL PRACTICE

Illegal practice can have many negative consequences, and not only for the illegal practitioner.

Of foremost concern, illegal practitioners can put clients at risk. There is no guarantee that an illegal practitioner holds the necessary qualifications or is competent to provide safe and effective care.

Further, all practising dental hygienists are required to be covered by professional liability insurance and an illegal practitioner will not have that insurance. Even a dental hygienist holding an Inactive certificate of registration or whose certificate of registration is suspended may not be covered by professional liability insurance. This means that clients are not protected in the case of an adverse event and that the illegal practitioner could be personally liable for any damages.

Illegal practice is also an offence under the *Regulated Health Professions Act, 1991*. Upon conviction, an illegal practitioner could be subject to a fine of up to $25,000 to $50,000 and to imprisonment for up to one year. Moreover, an employer who permits illegal practice in their clinic can also be found guilty of an offence and be subject to fines of up to $25,000 to $50,000.

Oral health care clinics that permit illegal dental hygiene practice can face other consequences. In particular, treatment provided by an illegal practitioner is not covered by dental insurance and submitting insurance claims for such treatment could be considered an act of fraud. Insurance providers can require a clinic to repay any amounts paid by the insurance company for treatment by an illegal practitioner, as well as potentially deny any future claims from the clinic.

Illegal practitioners can also harm the reputation of the profession as a whole, and undermine the trust of the public in the profession. A client who is the victim of illegal practice may feel betrayed or concerned about the care they received, which could negatively affect their future confidence in their dental care providers. By way of example, in a recent case of illegal practice discovered by the College, an individual had worked for more than a year at two dental clinics without being registered. More than one thousand patients had to be notified that they had received care from an illegal practitioner.

THE PUBLIC REGISTER

While the College has powers to investigate and address illegal practice, it is often easier and more effective to prevent illegal practice in the first place than to deal with the consequences after the fact.

The best defence against illegal practice is awareness of the issue and knowledge of the Public Register. The Public Register lists all current and former dental hygienists who are registered or have been registered with the College, and whether they are currently entitled to practise in the province. If an individual is not listed on the Public Register, they are not entitled to practise.

The Public Register is a key tool for clients and employers of dental hygienists to ensure that they are dealing with a registered professional. Employers should verify the registration status of all dental hygiene staff prior to employment and on an ongoing basis thereafter. This is simple to do and the College has even created a "Subscribe to Notifications" button on each registrant's profile page. Anyone, including employers, office managers and colleagues, can subscribe to and receive updates about the registrant's registration status. Confirming registration status could have helped identify and prevent many of the cases of illegal practice that the College has seen in the previous years. Clients too should be able to verify that their dental hygienist is appropriately registered.

Dental hygienists have an important role to play in preventing illegal practice. By educating clients on the importance of receiving care from a registered health professional and clearly displaying their certificate of registration in their place of practice, dental hygienists help empower their clients to understand how the profession is regulated and enable them to seek out relevant information about their health care providers.

Similarly, dental hygienists who are employees can be proactive by educating their employer on the importance of verifying registration for all new dental hygienists joining the practice. They can also provide their employer with proof of their annual registration with the College to reinforce the importance of ensuring that all professional staff are appropriately registered.

Dental hygienists have worked hard to achieve their registration as regulated health professionals – they should be proud to display and share their achievements.

Finally, if a dental hygienist suspects that an individual may be engaged in illegal practice, they should check to see if the individual is listed on the Public Register and, if not, they should notify the College. Only through public awareness and the participation of the profession can the College effectively prevent, identify, and address illegal practice. CDHO

UPDATED

PREVENTION OF SEXUAL ABUSE AND MAINTENANCE OF PROFESSIONAL BOUNDARIES GUIDELINE

New Unified Guideline on Sexual Abuse and Professional Boundaries

ERIC BRUCE JD, BCL (Oxon.)
Director, Professional Conduct

THE College has updated and combined its guidelines "Prevention of Sexual Abuse of Clients" and "Professional Boundaries for Dental Hygienists in Ontario" to form a unified guideline – *Prevention of Sexual Abuse and Maintenance of Professional Boundaries*. Some of the key changes in the new unified guideline are:

- Updating the guideline to reflect the passage of the spousal treatment exception regulation and providing additional clarification around the treatment of spouses
- Clarifying the definition of a client under the sexual abuse provisions of the *Health Profession Procedural Code*, including setting out the circumstances in which the emergency and minor treatment exceptions may apply
- Providing additional information about establishing and maintaining appropriate professional boundaries with clients, and identifying warning signs of possible boundary crossings.

All registrants are expected to familiarize themselves with the updated guideline and with their obligations around preventing sexual abuse of clients and maintaining appropriate professional boundaries with clients.

Registrants with questions about these issues are encouraged to contact the College. Below are some of the questions the College has received about sexual abuse, the treatment of romantic partners, and professional boundaries.

COMMONLY ASKED QUESTIONS

Q: Can I provide dental hygiene treatment to my spouse?

A: **Yes.** Following the passage of the spousal treatment exception regulation by the Government of Ontario in October 2020, dental hygienists are permitted to provide dental hygiene treatment to their spouse. A spouse is:

- a person to whom you are legally married, or
- a person with whom you have lived in a conjugal relationship continuously for a period of at least three years.

Q: I have been living with my common-law partner for two years. Am I allowed to treat them?

A: **No.** Dental hygienists may only treat a romantic or sexual partner if they are married or have been living with the person continuously for at least three years (i.e. their spouse). Dental hygienists are still prohibited from treating any other romantic or sexual partners who do not meet this definition of spouse.

Q: My ex-spouse and I are divorced. Can I treat them?

A: **Yes**, however, it **may not be advisable** in the circumstances. Dental hygienists are not prohibited from treating a former spouse or former sexual partner, but should strongly consider whether they are able to maintain appropriate professional boundaries given the past relationship. In many circumstances, depending on the nature of the relationship and the passage of time, it would be advisable to transfer their care to another provider.

Additionally, the spousal treatment exception applies only to **current** spouses. Any concurrent sexual and treatment relationship with an ex-spouse is considered sexual abuse under the *Health Professions Procedural Code*.

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Q: A client has asked me out on a date. Can I accept?

A: **No.** Engaging in a dating or social relationship with a client is a breach of appropriate professional boundaries. Moreover, if the relationship involves activity or comments of a sexual nature, it would be considered sexual abuse under the *Health Professions Procedural Code*.

A dental hygienist in this circumstance must decline the client's advance and re-establish appropriate professional boundaries. If the dental hygienist is unable to re-establish appropriate boundaries, the client should be referred to another provider.

Q: Can I date my client if I transfer their care to another provider?

A: **No.** A client is still considered your client for a period of at least one year after you transfer their care to another provider. Dating a former client within this one-year period is a breach of appropriate professional boundaries. Additionally, if the relationship with the former client involves sexual activity or comments within the one-year period, it would be considered sexual abuse under the *Health Professions Procedural Code*.

Q: My boyfriend attends the dental clinic where I work, but sees a different dental hygienist. He is attending for restorative treatment by a dentist. Can I assist in the procedure by taking radiographs or suctioning?

A: **No.** Dental hygienists are not permitted to treat romantic or sexual partners, unless they are a spouse. This includes participating in providing treatment by another provider, such as a dentist. While the dentist may be the primary treatment provider in this case, dental hygienists are also providing care as part of the oral health care team.

Q: My boyfriend has a piece of food stuck between his teeth; can I use floss to help him remove it?

A: **Yes.** When an intervention is extremely limited in scope and seriousness and does not involve significant time or effort, a dental hygienist can provide minor dental hygiene assistance to a romantic or sexual partner, even if they are not a spouse. This assistance should be a "one-off" occurrence, and not a regular or ongoing form of treatment. Polishing, scaling, and restorative treatment are **not** considered minor dental hygiene assistance and are not permitted, except for spouses.

Q: My girlfriend has some coffee staining on her upper anterior teeth. Can I polish her teeth to remove the stain?

A: **No.** Polishing, scaling, and restorative treatment are **not** considered minor dental hygiene treatment, and cannot be provided to a romantic or sexual partner who is not your spouse.

Q: My boyfriend does not have dental insurance and has not received dental hygiene treatment in a long time. Can I scale his teeth to help him save money and ensure he receives appropriate care?

A: **No.** Dental hygienists are not permitted to treat romantic or sexual partners, unless they are a spouse. Providing scaling treatment in these circumstances would be sexual abuse under the *Health Professions Procedural Code*. A dental hygienist could consider referring a romantic or sexual partner to a colleague, but could not provide treatment themselves.

Q: My boyfriend fractured his tooth. We live in a remote Northern community where I am the only dental health care provider. He is in pain, and it will be several days before he can access another provider. Can I place a temporary restoration to help him?

A: **Yes.** In emergency circumstances, where access to another oral health care provider is not available within a reasonable period and the client is at risk of serious harm or complications, a dental hygienist may provide emergency treatment to a romantic or sexual partner who is not their spouse. Emergency circumstances are extremely rare, and the dental hygienist must refer the client to another oral health care provider at the earliest opportunity.

Q: My girlfriend fractured her tooth, but her regular dental clinic is closed and she does not want to go to the emergency clinic. Can I place a temporary restoration until she can see her regular dentist?

A: **No.** Where another oral health care provider is available within a reasonable period, it is not considered an emergency, and dental hygienists are not permitted to provide treatment to a romantic or sexual partner who is not their spouse. CDHO

REVIEW OF STERILIZER MONITORING PROCESS

CAROLLE LEPAGE RDH BEd

The CDHO Standards of Practice state that "dental hygienists have an obligation to their clients to establish and maintain practice environments that have organizational structures, policies and resources in place that are consistent with legal, professional and ethical responsibilities that promote safety, respect and support for all persons within the practice setting." Ensuring that you are monitoring the proper operation of the sterilizers in your practice as part of your infection control protocols is a critical step in protecting your clients.

The effectiveness and proper performance of a sterilizer must be confirmed through a combination of three types of monitoring: Chemical, Biological and Physical. They each have a specific purpose and react to different variables: Temperature, Time and Pressure. ALL three types of monitoring need to be used; one type of indicator does NOT replace the need to use the other two types as they have a specific role to play.

MONITORING: PHYSICAL PARAMETERS

Monitoring that the **time, temperature and pressure** has reached levels required for effective sterilization during the cycle is an important component of testing the effectiveness of your sterilizer.

- Physical parameters must be verified/documented at the end of **each load on completion of each cycle**.
- Many sterilizers have a printer or USB that documents the parameters of each cycle. If your sterilizer does not have a printer or USB:
  - Plan to replace it with one that does or retrofit the old one.
  - Physical parameters must be **evaluated and documented manually** from the display on the sterilizer gauge.
  - **Type 5 CI must be used inside every package.**

MONITORING: CHEMICAL INDICATORS (CI)

Type 1: (Process Indicators)	■ Indicates that the **package has been processed** through a sterilization cycle ■ Needs to be on each package ■ Does not indicate that the package is sterile ■ Useful in distinguishing between **treated and untreated** items.
Type 4: (Multi-Parameter Indicators)	■ Reacts to **two or more** critical pre-defined variables ■ Needs to be on or in each package ■ Some pouches come with an integrated Type 4: if not, an internal Type 4 must be placed in every pouch/cassette ■ When **only** using a Type 1 and a Type 4, the load **cannot be released** until the results of the BI spore test are known and have passed for that day or a Type 5 is included in the sterilization process.

MONITORING: PROCESS CHALLENGE DEVICES (PCD)

A process challenge device is intended to provide a challenge to the sterilization process and is used to confirm that a sterilizer has effectively sterilized ALL items processed in that cycle. See table below for a description of the use for the various types of PCDs.

Types of PCDs

Bowie-Dick (Type 2 CI) PCD test pack	■ Use on a Pre-vacuum sterilizer ■ Assess if air has been properly evacuated and whether any air leaks are present ■ A Bowie-Dick test must be performed in an empty sterilizer at the beginning of each day it is used ■ Executes a cycle at 134°C for 3.5 minutes ■ The MIFUs of both the sterilizer and PCD will indicate where the test pack should be placed in the sterilizer.
Biological Indicator (BI) PCD test pack	■ Directly assess if the sterilizing process was effective in killing the most resistant microorganisms ■ The PCD must be assembled with a **BI spore test and a Type 5 CI strip** added to a commercially manufactured device or in an office-prepared pack (pouches/cassettes of instruments) ■ A BI PCD test pack is used for daily monitoring of sterilizers and done for each type of cycle (i.e. wrapped, plastics, handpieces, etc.) ■ Must be placed in the chamber of the sterilizer with a full load of items and where steam would have most difficulty penetrating ■ The package must be sealed and labelled "PCD".

Type 5 CI PCD test pack	■ Responds to **all critical variables** in the sterilization process
	■ Responds in the same way that a **Biological Indicator** (BI) respond **but does not replace the (BI)**
	■ The Type 5 strip must be placed in a commercially manufactured device or in an office-prepared PCD pack
	■ Type 5 PCD:
	  ■ A Type 5 CI should also be placed in with the BI PCD on the first load of the day and for each type of cycle;
	  ■ When quarantine is not possible and the load needs to be released, a Type 5 CI PCD must be placed **in all** subsequent loads of the day;
	  ■ The package must be sealed and labelled "PCD";
	  ■ When no Physical Indicator (Printer/USB) is available, a Type 5 strip must be placed in every package.

MONITORING: QUARANTINING INSTRUMENTS

Instruments must be quarantined under the following conditions:

- Until the results of the BI test are available;
- When no Type 5 or Type 5 PCD is used;
- When no printer/USB is available.

DOCUMENTING (LOGGING):

Documentation is an important component of the monitoring process, as it will assist with tracking/recall of instruments/devices used on clients in the event of a breach in the sterilization process. See below for recall process.

A written policy and procedure must be established for the recall and reprocessing of improperly reprocessed equipment/devices. All equipment/devices in each processed load must be recorded to enable tracking in the event of a recall. An office can establish how the tracking/recall procedure is done based on their own needs as long as in the event of a recall, all equipment/devices in each processed load are able to be tracked to which clients they were used on.

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Each package must be labelled before sterilization with:	■ Date processed ■ Sterilizer used ■ Cycle or load number ■ Initials of the person who packaged the instruments
Information needed to be documented for tracking which instruments were used on each client. How you go about doing this is up to each individual office; every office can customize their recall procedure based on their own needs as long as in the event of a recall, all equipment/devices in each processed load are able to be tracked to which clients they were used on.	■ Cycle/load number
Information that needs to be documented in log book:	■ Load control label (sterilizer number, load/cycle number, and date of sterilization) ■ Results for the chemical indicators and the BI ■ Printout of physical parameters of the sterilization cycle ■ Person responsible for the sterilization cycle

RECALLING INSTRUMENTS AND/OR EQUIPMENT

In the event that any one of the quality assurance indicators fails (physical parameters, biological indicator, external or internal chemical indicators), items in the package(s) must not be used until after investigation, the problem is corrected, and the package(s) are reprocessed. A written protocol must be established to recall all inadequately sterilized devices and instruments. All items being reprocessed should be recorded and tracked in the event of any failed quality assurance indicators.

Complete information regarding the steps that must be followed can be found by following this link: https://www.cdho.org/docs/default-source/pdfs/reference/guidelines/cdho-ipac-guidelines.pdf

STEPS	FAILED CI, CI PCD AND/OR PHYSICAL PARAMETERS
1.	Inform the supervisor/owner of the practice.
2.	The sterilizer should be taken out of service.
3.	The cause of the failure should be investigated.
4.	If a failed CI is found in one package, the contents of the package must be repackaged and reprocessed before use.
5.	If a failed CI is found in multiple packages, or if any physical parameters are not met, the entire load must be reprocessed.
6.	If the failure cannot be immediately corrected, recall and reprocess all items back to the last successful load (both CI and physical parameters met).
7.	If a major repair is done, requalify the sterilizer (see section below for the requalifying steps).
8.	Keep a log of all maintenance associated with any failed tests.
9.	Retest the sterilizer with a second BI PCD.

STEPS	BI PCD FAILURE
1.	Inform the supervisor/owner of the practice.
2.	The cause of the failure should be investigated.
3.	The sterilizer should be temporarily taken out of service.
4.	Retest the sterilizer with a second BI PCD test. While waiting for the test results, the sterilizer should remain out of service.
5.	If the repeat BI PCD test is successful and chemical and physical indicators demonstrate adequate processing, the sterilizer may be put back into service. All items from the failed load must be resterilized.
6.	If the repeat BI PCD test is failed and all sterilization procedures have been performed accurately, the sterilizer must remain out of service and be inspected and repaired. Initiate recall protocol, all items from suspect loads must be recalled and verified if packages were used on client.
7.	Follow the recall protocol for client notification as per policy, including consulting with your local public health unit for risk assessment and to determine if client notification is necessary.
8.	Keep a recall log of all maintenance associated with a positive BI PCD test.
*****	Requalifying the sterilizer must be done upon return from service (see below).

STEPS	QUALIFYING OR REQUALIFYING THE STERILIZER
1.	Three consecutive BI PCD tests in an empty chamber must be completed.
2.	All three tests must be passed.
3.	The sterilizer should be challenged with at least one full test load before the sterilizer can be put into routine service.
4.	For dynamic air removal sterilizers, the test shall be run in an otherwise empty chamber.

It is important to note that **qualifying** and **requalifying the sterilizer** must be done annually and under the following conditions:

i) Following the purchase and installation of a new sterilizer
ii) Following the relocation of a sterilizer
iii) Following any sterilizer repair
iv) Prior to using a loaner sterilizer
v) Following any unexplained sterilizer failure.

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

See next page for the **Decision Tree for Use of Chemical Indicators.** It can also be found on our website at: https://www.cdho.org/docs/default-source/pdfs/reference/guidelines/decision_tree_chemical_indicators.pdf. CDHO

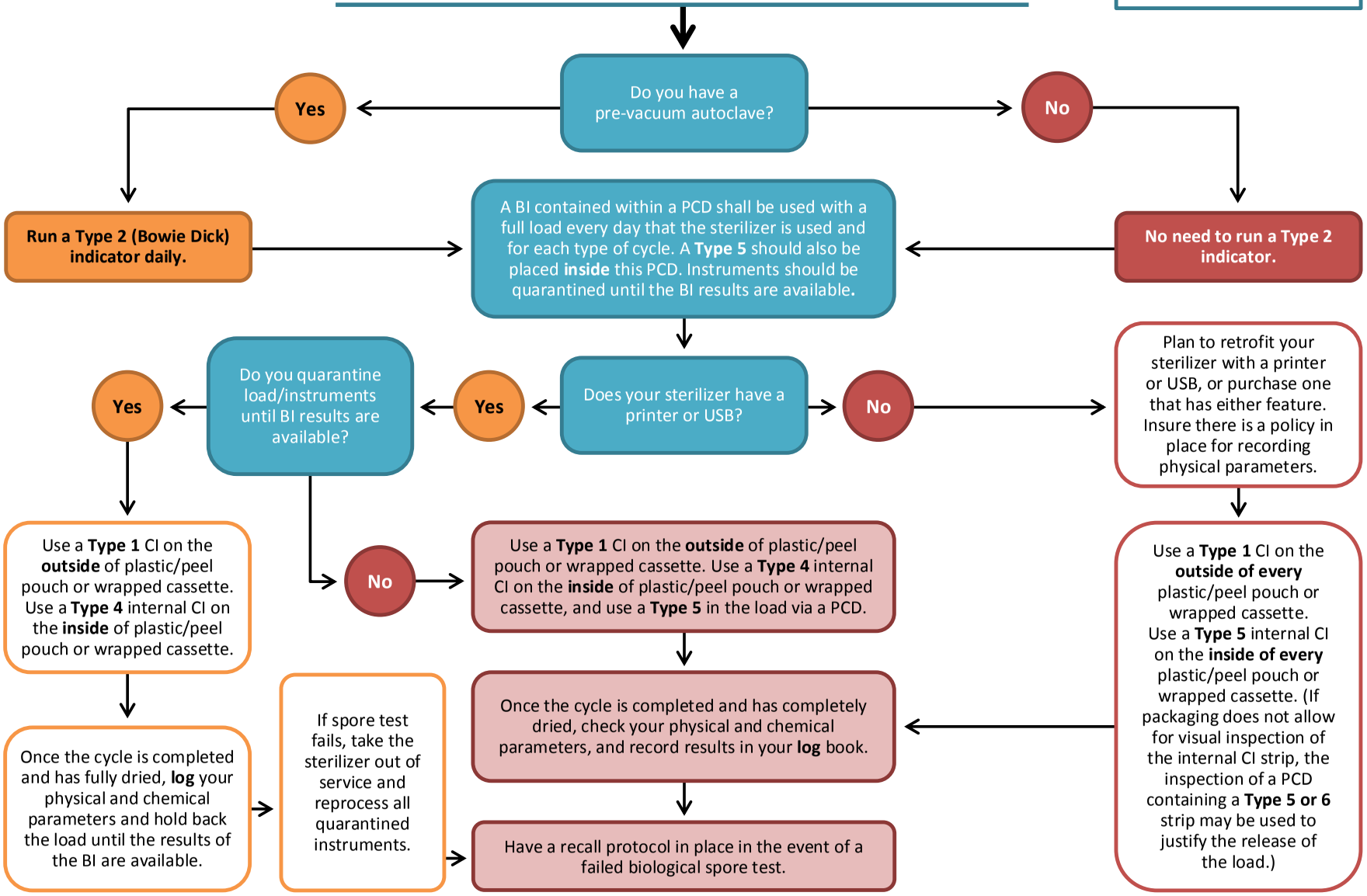
College of Dental Hygienists of Ontario
Protecting your health and your smile

Decision Tree for Use of Chemical Indicators

Please follow this decision tree to ensure you are using the required indicators for your sterilization process.

Legend

BI – Biological Indicator
CI – Chemical Indicator
PCD – Process Challenge Device



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. KRISTIN DIANE CHANT

On May 21, 2021, a panel of the Discipline Committee of the College of Dental Hygienists of Ontario held a public hearing to decide whether Ms. Kristin Diane Chant had engaged in professional misconduct. The College alleged that Ms. Chant had failed to comply with the requirements of the College's Quality Assurance Program, including by failing to complete her annual self-assessments and failing to respond to communications from the College by the required deadlines. The College alleged that this constituted the following acts of professional misconduct:

1. Failing to cooperate with the Quality Assurance Committee
2. Failing to reply appropriately and responsively within the time specified by the request to a written inquiry made by the College
3. Failing to comply with an order or direction of a Committee of the College
4. Engaging in conduct that would be regarded by members of the profession as disgraceful, dishonourable, or unprofessional.

Ms. Chant admitted the conduct through an agreed statement of facts. The panel found that Ms. Chant had engaged in professional misconduct as set out above. It accepted a joint submission from the parties on penalty and ordered as follows:

- Ms. Chant was required to appear before the panel immediately following the hearing to be reprimanded, with a notation and summary of the reprimand to appear on the College's Public Register.
- The Registrar was directed to suspend Ms. Chant's certificate of registration for a period of six (6) weeks, commencing on the date of the order.
- The Registrar was directed to impose the following terms, conditions, and limitations on Ms. Chant's certificate of registration
  - Ms. Chant is required to successfully complete all outstanding Quality Assurance Program requirements within six (6) months.
  - Ms. Chant is required to successfully complete the College's Jurisprudence Education Module within six (6) months.
  - Ms. Chant is required to respond within fifteen (15) days to all communications from the College that require a response, or such earlier time as specified in the communication.
- Ms. Chant was ordered to pay costs to the College of $3,000 within ten (10) months.

MS. SHERRY LYNN MACDONALD

A panel of the Discipline Committee held a public hearing on the following dates to determine whether Ms. Sherry Lynn MacDonald had engaged in professional misconduct: July 23, July 24, September 4, October 5, and October 20, 2020.

The College alleged that Ms. MacDonald had engaged in professional misconduct by entering into a sexual relationship with an adult male client, which amounted to sexual abuse within the meaning of the *Health Professions Procedural Code*. Ms. MacDonald denied all allegations.

In reasons released on December 30, 2020, the panel found that Ms. MacDonald had engaged in professional misconduct as alleged.

The panel conducted a penalty hearing on February 16, 2021, and issued its order on penalty on February 17, 2021. The panel ordered as follows:

- Ms. MacDonald is required to appear, on a date to be determined, before a panel of the Discipline Committee to be reprimanded, with a notation and summary of the reprimand to appear on the College's Public Register.

Cont'd on next page

- The Registrar was directed to revoke Ms. MacDonald's certificate of registration, effective immediately.
- Ms. MacDonald is required to reimburse the College for any funding provided to the client for therapy or counselling, up to a maximum of $17,370.
- Ms. MacDonald is required to pay costs to the College of $77,900, to be paid over ten years.

Ms. MacDonald has appealed the finding and order of the Discipline Committee to the Divisional Court of Ontario.

MR. CHIRAG SARAIYA

On March 16, 2021, a panel of the Discipline Committee held a public hearing to decide whether Mr. Chirag Saraiya had engaged in professional misconduct. The College alleged that Mr. Saraiya had:

- permitted operation of a website that
  - referred to Mr. Saraiya both as a dentist and dental hygienist, including by use of the abbreviation of the title "doctor", even though he was not authorized to practise dentistry in Ontario,
  - contained information that was false or misleading, and
  - contained testimonials;
- failed to maintain the standards of practice of the profession with respect to infection prevention and control;
- failed to meet the standards of practice of the profession with respect to recordkeeping;
- altered an equipment invoice and submitted photographs to make it appear to the College's investigator that Mr. Saraiya had the equipment at the time of the investigator's attendance at his clinic, which was not true.

Mr. Saraiya admitted the conduct through an agreed statement of facts. The panel found that Mr. Saraiya had engaged in professional misconduct and issued a penalty order based on a joint submission by the parties.

Mr. Saraiya was required to appear before the panel immediately following the hearing to be reprimanded, with a notation and summary of the reprimand to appear on the College's Public Register. The Registrar was directed to suspend Mr. Saraiya's certificate of registration for a period of three months. The Registrar was also directed to impose terms, conditions, and limitations on Mr. Saraiya's certificate of registration requiring him to successfully complete the following within six months of his return to practice: a course in record keeping; an individualized course in professional ethics; and a practice audit, including a review of his infection prevention and control practices and policies.

Mr. Saraiya was ordered to pay costs to the College of $5,000 by December 31, 2021. CDHO

RDH EXPERTISE FOR RDHs

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Ext. 226
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CDHO practice advisors provide confidential consultations to dental hygienists who seek assistance with issues that directly or indirectly affect the delivery of safe, competent, ethical dental hygiene care.

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

NEW REGISTRANTS

MARCH 1, 2021 – JUNE 1, 2021

Aabed, Samar	021226
Abdollahi, Zahra	021343
Abenoja, Elihoenai Grace	021301
Adefila, Princess	021237
Afify, Shimaa	021346
Alhussami, Raina	021228
Alizadeh Sarvandi, Sahar	021227
Al-Jeezani, Nours	021192
Anjum, Aroob	021352
Arauz Rodriguez, Kenis	021325
Arruda, Bianca	021293
Avelar de Figeac, Liliam	021292
Badshah, Kaynat	021307
Bahrami, Sara	021331
Bandiera, Kiana	021229
Battaglio, Thea	021355
Bayard, Madison	021286
Beeson, Mykayla	021191
Bembridge-Sylvester, Eden	021321
Bernhardt, Lianna	021202
Bhojani, Sarah	021305
Billio, Felicia	021308
Bleich, Alex	021309
Briere, Marie Catherine	021257
Bundy, Santia	021267
Caguioa, Julie Ann	021195
Camirand, Brianne	021323
Canvin, Gillian	021271
Carlogridis, Claudine	021329
Castro, Gemmalyn	021254
Catilo, Chelsea	021261
Ceballos, Jolly	021221
Corriveau, Kendra	021349
da Silva Villa, Daniela	021249
Dang, Bich Thuy	021225
Davari Dehkordi, Neda	021205
De Sao Jose, Emily	021280
Dejeu, Nicole	021239
Del Carmen, Michelle	021324
Dela Cruz, Maria Alvie	021340
Dickson, Andrea	021310
Dixon, Kayla	021327
Dobbin, Adam	021336
Dollemont, Sarah	021296
Doris, Jessica	021236
Douglas, Ashley	021332
Doyle, Stephanie	021276
Duberry, Rhiannen	021203
Eladii, Oxana	021341
Elliot, Samantha	021312
Esmailzadeh, Pegah	021263
Fahey, Morgan	021246
Faisal, Afreen	021197
Ferris, Brianna	021322
Flores, Trina	021306
Franklin, Maya	021208
Galang, Katrina	021209
Garza Lopez, Cecilia	021245
Gazala, Marian	021252
Ghulam Haidar, Samira Tavakuli	021210
Gomes, Daniella	021294
Guidi, Paola-Maria	021211
Gupta, Jyoti	021231
Haddad, Lilian	021282

UPDATES TO THE PUBLIC REGISTER

Haller, Sierra	021348
Hamad, Ghazal	021215
Haq, Ibreez	021353
Harris, Emily	021335
Hechanova, Mary Joyce	021230
Henley, Shaylyn	021194
Innocentin, Victoria	021241
Jalayzadeh, Bi Khal	021217
James, Kristan	021223
Jantzi, Christina	021206
Jimenez, April Rose	021314
Joaquin, Kyla Evenzer	021303
Joo, Hanbyul	021345
Jung, Jun Young	021350
Kabiling, Angelica	021319
Kankainen, Jill	021238
Kaosar, Kushnoda	021213
Katpagaeaswaran, Karshana	021311
Khairi, Hana	021334
Khalifa, Ranya	021297
Khalil, Mozna	021214
Khan, Marina	021289
Khgo, Maha	021259
Khgo, Rana	021262
Khosravi, Danial	021240
Kim, Ji Young	021232
Kim, Nari	021243
Knox, Mary	021330
Kowalik, Monica	021342
Landeo, Rocio	021247
Lewis, Arlarice	021344
Li, Lily	021220
Lu, Canchen	021333
Madejski, Joanna	021347
Mah, Pamela	021338
Mann, Sandeep	021269
Marshman, Alana	021233
Martin, Serena	021265
Marwah, Ravneet	021339
McDade, Rain	021328
McGarragle, Torrie	021199
Mills, Kristy	021278
Mindus, Tenaya	021193
Momin Zada, Shokooria	021235
Moretti, Jaden	021218
Morris, Lamone	021270
Mustafa, Insia	021260
Narang, Jasleen	021304
Narang, Preeti	021234
Nasrin, Fatema	021248
Ng, Cherry Tsz Lin	021354
Obena, Dona	021250
Otoo, Nicole	021320
Paliwal, Sneha	021287
Panchapakeshan, Laksha	021255
Passos Molina, Eliana	021274
Patel, Riya	021204
Paula de Andrade, Fabiana	021316
Pena, Engelika	021283
Phillip, Victoria	021291
Pichette, Létitia	021285
Porth, Annarae	021317
Pryce, Antoniette	021216
Rahaman, Aneesa	021279
Ramos, Genelyn	021315
Reid, Ashley	021326
Rifou, Melanie	021201
Rodas de Blekaitis, Nadya	021272
Rossi, Melissa	021242
Rowe, Andrea	021212
Saad, Engy	021251
Saifi, Narwan	021275

Samaroo, Cynthia	021256
Samia Kalantary, Anahita	021219
Santos, Michelle	021258
Sayah, Camelia	021351
Scapillati, Laurenzina	021190
Sepulveda, Kevin	021268
Shchepaniak, Nataliia	021207
Sidhu, Harshdeep	021298
Sin, Min Yeong	021337
Singh, Satasha	021318
Smith, Cassondra	021273
Sobreo, Samantha	021284
Song, Esther	021277
Stanfield, Elizabeth	021222
Stock, Ashley	021290
Sukhija, Priyanka	021264
Tacay, Jezzelle	021313
Tailor, Amina	021300
Tao, Ya Ju	021200
Tehrani, Liliana	021196
Totayo, Nicole	021302
Tran, Ai	021266
Tran, Kathy	021244
Trevisan, Daniella	021295
Vo, Sylvia	021299
Webb, Erin	021288
Yang, Young Shin	021356
Ye, Peilin	021253
Ye, Ziying	021198
Yemane, Selemawit	021281
Yoqoub, Muhbooba	021224

AUTHORIZED PRESCRIBERS LIST

MARCH 1, 2021 – JUNE 1, 2021

Almeida, Lisa-Joy	007919
Attia, Nadine	020525
Buzayeva, Nataliya	020409
Colalillo, Kathy	003049
Currie, Madonna Marie	006367
Ding, Guoli	011514
Ghodasara, Dhruv	020738
Horner, Dana-Leigh	020465
Johnson, Amy	010057
Leyva Cespedes, Yaneisy	020373
MacDonald, Jennifer L	007724
Mercier, Kayla	019344
Nisa, Zaib	019048
Shahzadi, Iram	019335
Smetana, Jadelyn	020672
Xiao, Ming Ying	013849

AUTHORIZED FOR SELF-INITIATION

MARCH 1, 2021 – JUNE 1, 2021

Aglialoro, Alissia	019774
Amein, Kanar	015241
Archer, Sarah	018628
Asif, Muhammad	019127
Attia, Nadine	020525
Aubin, Sabrina Coral	016042
Azadi, Tahameh	017975
Balogiannis, Anastasia	010207
Bareng-Aquino, Pinky	019315
Beacock, Natalie	016445
Beaudoin, Mélissa	016054
Belvedere, Heather	014663
Blanchard, Carla Joanne	005906
Bossers, Katherine	018198
Bruneau-Benvenuto, Aude	017049
Campbell, Brittany Alecia-Marie	015838
Chan, Krystal	018829
Chappus Sikich, Kendra	018857
Charland, Alycia	018173
Cheechoo, Tina Rose	017220
Da Silva, Marivone	014990
Dijkema, Jennifer Marie	017650
Doherty, Kari Anne	017009
Elmi, Sadhia Ismail	016891
Espique Smith, Jessica	010998
Foster-Jung, Amy	008460
Fulop, Ashley Jessica	016832
Garneau, Ashley Nicole	012425
Gervais, Kara S	008204
Ghoneim, Abdulrahman Moh	017795
Herlehy, Emma	018265
Hormooz, Valentina	018570
Horner, Dana-Leigh	020465
Ige, Oderonke	019135
Ishaq, Zena	017770
Jose, Jigymol	019215
Khwaja, Fatima	010771
Klassen, Kendra	019934
Kostakis, Maria	017781
Kostiw, Iwona Olga	013970
Kowlessar, Michelle	018281
Kretzer, Kelci	018559
Lakic, Anita	019695
Lee, Anita May	017779
MacDonald, Jennifer	017591
Mandronis, Alana Niki	006041
Mansour, Jaime-Tarez George	010664
Marlow, Makayla	019292
Masshoor, Zohal	018349
Melo, Jacqueline Diana	014872
Perry-LeGallais, Tanya	011201
Pretto, Jaclyn	013926
Ramos Payan, Jorge	019619
Robinson, Alicia	014823
Scott, Lindsay Donna	015011
Sekhon, Navdeep	018750
Seligy, Aysha	019118
Shaghaghi, Elina	018114
Shahnavaz, Shima	020299
Spadafora, Jessica	019036
Stevenson, Kristy Lynn	011428
Tanti, Jessica	019279
Thompson, Mariah	018266
Tupaz, Sandy Medeiros	012030
Vaisberg, Olga	018143

RESIGNATIONS

MARCH 1, 2021 – JUNE 1, 2021

Bobila, Maria Chesca	017535
Chandler, Lisa	010483
Di Gianni, Loretta	006192
Douglas, Jan Baillie	009705
Duprey, Molly	020522
Kettles, Joan Margaret	001297
MacLeod, Kathryn	020228
Mercier, Nicole	002883
Riviere, Katherine	015835
Sayer, Lori	003953
Stitt, Michele	002955
Tala, Samiha	018491

RESIGNED WITH CAUSE

EFFECTIVE MAY 21, 2021

Daicar, Angela	006356

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

EFFECTIVE JUNE 1, 2021

Weeks, Taylor	019673

SUSPENDED BY ORDER OF THE DISCIPLINE COMMITTEE

EFFECTIVE MAY 27, 2021

Chant, Kristin	018476

EFFECTIVE MARCH 16, 2021

Saraiya, Chirag	019284

REVOKED FOR NON-PAYMENT OF FEES

EFFECTIVE MAY 30, 2021

Froman, Kourtney Amber	012826

REINSTATED

MARCH 1, 2021 – JUNE 1, 2021

Ahmadi, Habiba	014098
Gjopalaj, Dorina	019729
Kerkhof, Anita	003567
McPherson, Stacy Ann	013966
Pretto, Jaclyn	013926
Rosta, Maria	019188
Sbaraglia, Teresa	004933
Stojadinovic, Dragana	013470
Trambadia, Pooja	018391
Yakabuskie, Jordana	016480