

QUESTIONS

What's On the Public Register and Why?

Safety Considerations for Clients with Insulin Pumps

Becoming a Council Member

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CDHO COUNCIL

District 1

Michele Carrick (RDH)

District 2

Roma Czech (RDH)
Marlene Heics (RDH)

District 3

Jennifer Turner (RDH)

District 4

Evie Jesin (RRDH)
Pauline Leroux (RDH)

District 5

Bev Woods (RRDH)

District 6

Cindy MacKinnon (RRDH)

District 7

Heather Blondin (RDH)

District 8

Gail Marion (RDH)

Academic

Janet Munn (RRDH)
Catherine Ranson (RDH)

Public Members

Michael "Mike" Connor
Fernand Hamelin
Vinay Jain
Beatrix Kau-Lui
Julius Nathoo
Tote Quizan
Anne Venton
Saeed Walji
Yvonne Winkle

RDH = Registered Dental Hygienist
RRDH = Reg. Restorative Dental Hygienist

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



PRESIDENT'S MESSAGE

Jennifer Turner RDH, BSc

“Don't get so busy making a living that you forget to make a life.”

— Dolly Parton

Summer is a fabulous time of year to live in Ontario. I hope you are planning some adventures to make memories and to get outside and enjoy the hot summer Ontario weather.

I have been asked to explain some details surrounding the CDHO Council meetings such as, when does the CDHO Council meet, why we are meeting and who can come to these meetings. Council meets at least three times a year to discuss regulatory policy and debate issues that influence the quality of dental hygiene care in Ontario. The meetings of the Council shall be open to the public unless the Council deems that the public be excluded from the meeting or any part of a meeting in accordance with Schedule 2 of the *Regulated Health Professions Act, 1991*. The dates and location of the Council meetings are posted on the CDHO website and a RSVP is required. The College's governing Council includes dental hygienists from around the province who have been elected by their peers, and public members that the provincial government has appointed. The Council function, based upon the legislation, is to make decisions in the public interest. The Council also makes policy decisions to regulate the profession of dental hygiene. Seven statutory committees support the regulatory process and are made up of dental hygienists, non-Council dental hygienists, dental hygiene educators and public members.

From the professional member side of Council, we welcome all dental hygienists to run for election as the Council is strongest with a variety of experience and expertise. Elections are held every fall and certain districts open up for dental hygienists to run for the professional member seats in that area. The Registrar will put a call out for nominations in the districts that are up for election each year. There will be a nomination deadline followed by a set election date. The term to be a Council member as a professional member is three years, then you have to be re-elected in your district again and your maximum stay on Council is nine years and then you must have a one-year break in between to be eligible to run again. This is in accordance with CDHO Bylaw No 5. For further details please review the CDHO website and search elections.

The next CDHO Council meeting will be held in Toronto on Friday, September 30, 2016.

Best wishes,
Jennifer Turner



REGISTRAR'S MESSAGE

Lisa Taylor RDH, BA, MEd, MCOB

Holding public trust in high esteem means proving ourselves trustworthy every day, in every action we take.

The other day I was sitting at a meeting of Registrars discussing what we see as a decline in public trust. Self-regulation as we know it is under scrutiny, in the public, the press and within government. The question has been asked numerous times. Can a profession really govern itself? And while this makes us uncomfortable, for we truly believe that we are trustworthy, trust, in our culture, is significantly lower than it was a generation ago.

*“Responsibilities are given to him on whom trust rests.
Responsibility is always a sign of trust.”*

— James Cash Penney

I think that we can all agree how important it is that regulators establish, grow, extend, and (where needed) restore trust among stakeholders. Indeed, we could go as far as saying that our ability to develop high trust relationships with the public, government, registrants and other stakeholders is pivotal to the success of the College, especially in times when our very existence is being questioned. But what does trust mean to this College? And what do we do as a College to establish trust?

When I thought about what helps people trust, I considered three elements that seem to work together within the concept of trust.

The first is **Competence**. If stakeholders are to trust that the College will regulate the profession in the interest of the public, they have to be confident that the College has the competence to do so. That is to say that the organization has the people who have the specific knowledge, skills and resources needed to regulate the profession. Stakeholders therefore have to have confidence that the right people are making the decisions at the staff level and at the Council level. That helps build trust.

“Trust is built with consistency.”

— Lincoln Chafee

But that is not enough. Even if competence is evident, unreliability will undermine trust. The second element speaks to **Reliability**. If we are to be trusted we must be able to demonstrate reliability. That means when we say we are going to do something, we do it; not just once but for every task we take on and for every promise we make. It means that we keep within legislated timelines. It means that our decisions are evidence based and are consistent. It means that we give clear expectations of our processes and strive to be as open and as transparent as possible. If stakeholders can count on us to be good to our word and our processes, this goes a long way to building trust.

The third element, **Sincerity** relates directly to an assessment of the motive and fundamental integrity of an organization. If stakeholders are to trust the College, they must believe that the intentions of the College are pure and earnest. Of all three elements of trust, sincerity is probably the hardest to build. Yet it may be the most pivotal in a decision whether or not to place trust in the College.

Sincerity is also measured by how much you think someone cares about what you care about. If you were the public or the government, would you really believe that the College was there to protect you because they cared about your interests? Is it evident that they would put your interests before that of themselves or the profession?

“Trust has to be earned, and should come only after the passage of time.”

— Arthur Ashe

The College knows that keeping good on our word to regulate the profession, with the interest of the public first and foremost, needs to be consistently demonstrated.

In this last year, I have worked very closely with Council and have witnessed their competence, reliability and sincerity at every meeting and in every discussion and decision. Moving forward, I have no doubt that we will continue to see evidence of the three key elements I believe are important to trustworthiness. I congratulate this Council on keeping the tradition of trust that has been cultivated through the history of this College alive and well.

Best wishes for a safe and healthy summer.



CDHO | Council Highlights

June 3, 2016

Council met on **June 3, 2016** at the One King West Hotel. Council received and approved the **Auditor's Report** and draft audited financial statements. The Auditor reported that there were no difficulties while performing the audit and that the financial position of the College as of December 31, 2015, and the results of its operations and its cash flows for the year then ended, presented fairly in accordance with Canadian accounting standards for not-for-profit organizations.

Council approved the **Registrar's monitoring report** on Financial Condition as evidence of compliance with the policies. Council also approved a number of policies related to governance processes and Council-Registrar delegation.

The **Quality Assurance Committee** reported that for the 2016 Assessment year, of the 751 QA records requested, 704 had met the assessment guidelines and the remaining 47 were still in the assessment process.

The **Registration Committee** reported that since its last report to Council, 130 new applicants were registered to practise, 39 resignations were accepted and 73 registrants were authorized to self-initiate.

The **Inquiries, Complaints and Reports Committee (ICRC)** reported that since the March 4, 2016 report to Council, it has completed its investigations in nine (9) cases. It has confirmed receipt of nine (9) complaints and began six (6) Registrar Report investigations. The ICRC is currently investigating seven (7) matters including six (6) formal complaints and two (2) Registrar Report investigations.

The **Patient Relations Committee** completed an evaluation of the College's Sexual Abuse Prevention Plan and was satisfied that the plan continues to meet its mandate.

The **Registrar** reported that the College launched its new website April 24, 2016 with a fresh look and an emphasis on making access to information for the public and registrants easier.

Feedback has been extremely positive on the **College's Oral Cancer Campaign** as part of our Public Education Plan. The 4- and 2-minute segments are aimed at increasing awareness of the signs of oral cancer and provide instructions on how to do an oral cancer self-examination.

The College has undertaken a new level of engagement on **social media**. The College has a Twitter account and a YouTube channel and has revamped its Facebook and LinkedIn pages.

Council approved the dates for its 2017 meetings as follows:

2017 Council Meeting Dates

January 20, 2017

March 24, 2017

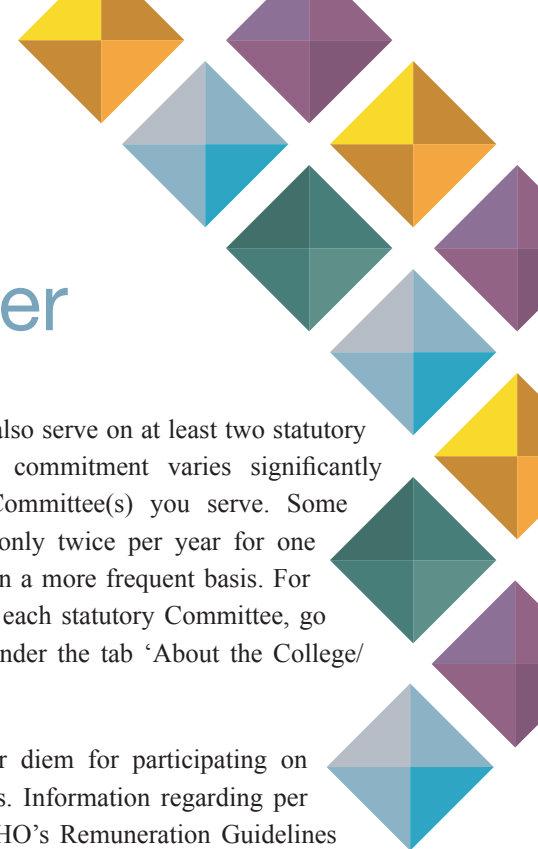
June 16, 2017

September 15, 2017

December 8, 2017

Did you know that Council meeting minutes are archived on the CDHO website?

Council meets at least three times a year to discuss regulatory policy and debate issues that influence the quality of dental hygiene care in Ontario. The meetings are open to the public. Minutes of past meetings are kept on the website under the Council tab.



Becoming a Council Member

Members of Council and committees act in the public interest and further the College's mandate of regulating the practice of dental hygiene. By standing for election, registrants have the opportunity to join a committed group of dental hygienists and government-appointed public members on Council working together to safeguard the public interest and to uphold the standard of care that dental hygienists provide to their clients.

While registrants find serving on Council both personally and professionally rewarding, it requires a significant time commitment. Council typically meets for two days, three to six times per year. Dates are set well in advance to facilitate planning for members. Preparation time associated with Council meetings averages two hours for each meeting. This generally involves reviewing material in advance of meetings in order to contribute constructively to Council discussions and decision-making.

Council members must also serve on at least two statutory Committees. The time commitment varies significantly depending on which Committee(s) you serve. Some Committees may meet only twice per year for one day while others meet on a more frequent basis. For more information about each statutory Committee, go to the CDHO website under the tab 'About the College/Committees'.

The College pays a per diem for participating on Council and Committees. Information regarding per diems is defined in CDHO's Remuneration Guidelines found on the CDHO website under the tab 'Council/Becoming a Council Member'.

Registrants who are interested in running for election must consider whether they can commit the time to serve and may also wish to discuss the commitment with their employer (where applicable).

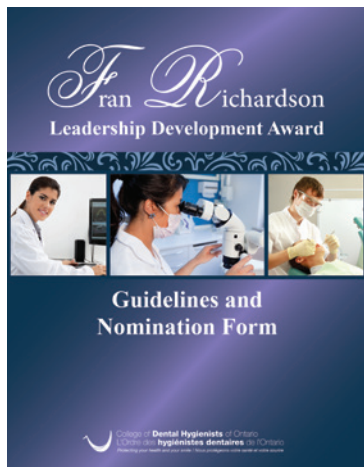
District elections occur every three years on a rotational basis. Elections will be held in November 2016 in the following districts:

District	Name	District Encompasses	Current Member
1	Southwestern	The counties of Bruce, Grey, Elgin, Essex, Huron, Kent, Lambton, Middlesex, Oxford and Perth.	Michele C. Carrick, RDH
5	Central Eastern	The counties of Frontenac, Peterborough, Hastings, Lanark, Lennox and Addington, Prince Edward, Victoria, Haliburton, Northumberland, and the regional municipality of Durham.	Bev Woods, RRDH
6	Eastern	The counties of Dundas, Glengarry, Leeds and Grenville, Prescott and Russell, Renfrew and Stormont and the Regional Municipality of Ottawa-Carleton.	Cindy MacKinnon, RRDH

Important Dates

Call for nominations Friday, September 16, 2016
Deadline for receipt of nominations Monday, October 17, 2016
Election day Wednesday, November 16, 2016

Further information on running for election and the call for nominations will be sent out to districts 1, 5, and 6 in September. **CDHO**



Fran Richardson Leadership Development Award

In June 2012, CDHO announced an award established in the name of past Registrar, Fran Richardson, to recognize her many years of service and dedication to the College. The Award is designed to honour outstanding and innovative dental hygienists who are passionate about the dental hygiene profession and who seek through education, community involvement and/or other activities to enhance their leadership abilities and to improve the quality of dental hygiene care provided to the people of Ontario.

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**.

CDHO is now accepting applications from eligible registrants for the ***Fran Richardson Leadership Development Award***. Applications must be submitted in accordance with the guidelines and the criteria prescribed by the College.

Should you wish to apply for the Award, please download the complete guidelines and nomination package provided on the CDHO webpage under the tab 'My CDHO/Continuing Education/Fran Richardson Leadership Development Award'.

Original nomination forms and all supporting documentation must be complete and returned to the College **no later than 1:00 p.m. EST Friday, September 23, 2016**.

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

RDH Expertise for RDHs

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

To reach a CDHO practice advisor by phone or e-mail:

416 961-6234 or 1 800 268-2346

Cathy Goldberg, RDH

ext. 238 ■ cgoldberg@cdho.org

Did you know once elected to Council, dental hygienists are not accountable to the registrants in their district, but instead to the statutes and laws governing the College?

By accepting a position as a Council and/or committee member, Council members occupy a position of trust and confidence.

Their personal interests and the interests of any constituency that they may be affiliated with must at all times be subordinated to the best interests of the College and to the interests of self-regulation.

Reporting Child Abuse

by Cathy Goldberg RDH, BEd



Children in need of protection are defined in the *Child and Family Services Act* as a child who is or who appears to be suffering from abuse and/or neglect. Section 72 (1) of the Act identifies these children.

1. The child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's,
 - i. failure to adequately care for, provide for, supervise or protect the child, or
 - ii. pattern of neglect in caring for, providing for, supervising or protecting the child.
2. There is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
 - i. failure to adequately care for, provide for, supervise or protect the child, or
 - ii. pattern of neglect in caring for, providing for, supervising or protecting the child.
3. The child has been sexually molested or sexually exploited by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child.



The CAS is a non-profit organization that provides care and support with programs and services that meet the needs of children and their families in their local community.

The *Child and Family Services Act, 1990* mandates that every individual who suspects child abuse must report their suspicions of neglect and/or abuse to CAS. They must do it themselves personally. They cannot assign this task to anyone else. This does not just apply to professionals and officials. It applies to everyone who suspects abuse. If you are working in your professional capacity and suspect abuse or neglect but fail to report, you may be liable for a fine upon conviction. You will be protected against civil action for making a report as long as your report is not motivated by malice and is with reasonable grounds.

There are some signs of neglect that dental hygienists can identify. These conditions in the oral cavity include but are not limited to: infection, haemorrhage, trauma, haemorrhage associated with trauma or accident, pathology and open carious lesions into the dentin. If a child discloses to you that they are in pain, this too is an urgent need that you need to have addressed. **CDHO**



What's On the Public Register and Why?

by Gillian Slaughter BA, MBA, LLB
and Terri-Lynn Macartney

The public register, which you know as the “Find a Registered Dental Hygienist” tool on the College’s website, provides key information about dental hygienists in order to help the public make informed decisions about their oral health care. The public register now contains more information than ever. Here’s what you need to know about the changes to the public register and what information you are required to give the College.

1. General Information and Updates to Information

You are required to give the College information about where you are practising, where you completed your dental hygiene education, and your year of graduation.

In particular, you must notify the College of any changes to the following information:

- Your name
- Your home address and home telephone number
- Your business / practice address and business / practice telephone number

- Your email address, which the College will use to regularly contact you with updates and important information such as the monthly CDHO E-Brief.

You must notify the College of any changes to this information within **14 days** of the change.

2. Registration History

The College publishes your registration history, including any time that you change your category of registration (general/specialty/inactive) and any time that you have been suspended or revoked by the Registration Committee (for non-payment of fees) or the Discipline Committee (for professional misconduct or incompetence). The reasons for your suspension or revocation are also listed on the register.

If you resign, the fact of your resignation is also listed. If you resign during an investigation or during a proceeding (such as a discipline hearing), the reason for your resignation will be published as well.

3. Negligence / Malpractice / Criminal Matters

The College publishes information about dental hygienists who are found by a civil court to be negligent or to have committed an act of malpractice. (Please note that the Discipline Committee of the College does not make these findings.)

All dental hygienists are required to report to the College if they have been charged criminally, found guilty of an offence, or are subject to bail conditions or terms. After December 31, 2015, the College may publish any such criminal charge, bail condition, or criminal conviction, at the discretion of the Registrar.

The screenshot shows the 'Dental Hygienist Search' interface. At the top, there are tabs for 'General Information', 'Registration History', 'Professional Corporation', 'Discipline', 'Fitness to Practice', 'Terms, Conditions & Limitations', 'Suspension / Revocation History', and 'Negligence / Malpractice'. The 'General Information' tab is selected. Below the tabs, there is a 'Registration #' field. The main form area is titled 'GENERAL INFORMATION' and contains two sections: 'General Information & Address(es)' and 'Contact Information'. The 'General Information & Address(es)' section has fields for 'Registration Class', 'Registration Status', 'Expiry Date', 'Registration Date', 'Self-Initiation', 'Language(s)', 'Institute:', and 'Year of Graduation:'. The 'Contact Information' section has a field for 'Last Known Business Address'. A 'New Search' button is located at the bottom left of the form.

4. Concurrent (Other) Registrations

If you are registered with any other college, state board, or other regulator, you must notify the CDHO. This includes other registrations within Canada or the rest of the world, whether in dental hygiene or any other regulated profession. The public register will list all current registrations.

If you have any allegations or claims against you that were made by another college, state board, or other regulator, you must notify the CDHO. If any hearings are in process or have resulted in findings against you, you must also notify the CDHO. These notifications apply if the allegations, claims, hearings, or findings relate to professional misconduct, incompetence, or incapacity.

As of December 31, 2015, the CDHO publishes this information on the public register.

5. Complaints and Investigations History

Effective December 31, 2015, three outcomes of the Inquiries, Complaints and Reports Committee (ICRC) may be published. If a dental hygienist has been (1) issued a caution-in-person, (2) issued an education or remediation program (called a SCERP), or (3) has been asked to sign an undertaking, a summary of these outcomes will be published on the public register.

The date of the decision and the summary information will be removed 24 months after the Registrar is satisfied that the requirement(s) have been successfully completed.

6. Discipline

More information is now being published about all CDHO discipline hearings. This information includes summaries of the allegations made by the College about the dental hygienist that have to be proved at the hearing, the hearing dates and decision dates, as well as a summary of any reprimand that is given publicly to a dental hygienist by the Discipline Committee. A copy of the Decision and Reasons of the Discipline Committee is published on the CDHO website.

7. Terms, Conditions and Limitations


Terms, conditions and limitations are types of restrictions that the Registrar may be directed to place on the certificate of registration of a dental hygienist. Although there have been no changes to the publication of the terms, conditions and limitations that can be directed by the Registration, Quality Assurance, or Discipline Committees, this information is now available as a separate tab on the CDHO's public register. Once the terms, conditions or limitations are no longer in effect, they are removed from the public register.

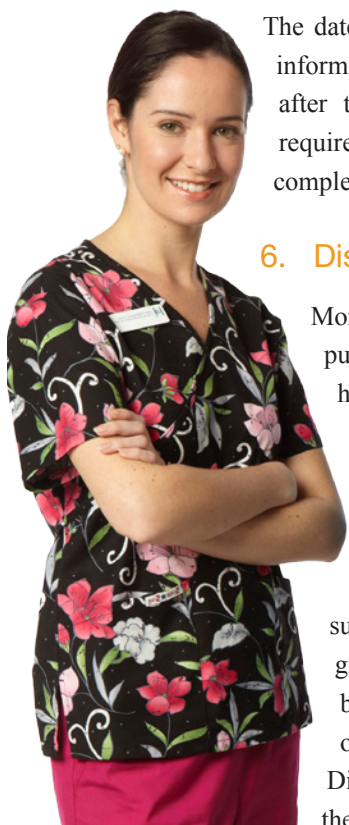
8. Fitness to Practise

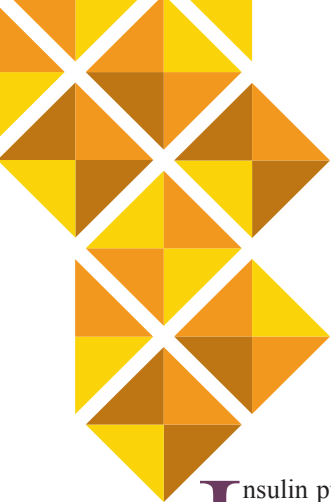
To date, the CDHO has never held a fitness to practise hearing. Such a hearing would be to determine if a dental hygienist is affected by a mental or physical condition or disorder that prevents them from practising safely or ethically. Should the Inquiries, Complaints and Reports Committee refer a matter about a dental hygienist for a hearing, the fact that it has been referred and the date of the referral will be published on the public register.

What Information Does CDHO Not Publish?

- Email addresses (unless you choose to have the email address published)
- Home address (unless you specify that you do not have a business / practice address)
- Home telephone number
- Birth date
- Personal health information
- Transcripts and other information related to your application for registration
- Any details about your participation in the Quality Assurance Program and any decisions of the Quality Assurance Committee
- Any decisions of the Inquiries, Complaints and Reports Committee to take no further action
- Any pending investigations related to a complaint or report (except in some rare circumstances)

For more details about what is published on the public register, please see CDHO Bylaw No. 5 at <http://www.cdho.org/my-cdho/legislation/legislation-and-bylaws>. 





Safety Considerations for Clients with Insulin Pumps

by Giulia Galloro RDH, BSc(DH)

Insulin pumps are used by individuals with diabetes as an alternative method of delivering insulin used for managing blood sugar levels. Insulin pumps deliver a continuous supply of fast acting insulin and are worn externally. There has been some discussion around insulin pumps being adversely affected by radiation, in particular during airport scans, CT scans and during MRI procedures. This raises the concern as to how this may affect the client presenting for dental hygiene care.

The Insulin Pump Manufacturer's Position

Problems caused by radiation exposure are not exclusive to any one brand of insulin pump.

The manufacturers recommend that clients always refer to their insulin pump instruction manuals for advice on precautions during radiation exposure.¹⁻⁴

Some manufacturers state in their user manuals that insulin pumps may be adversely affected by x-rays. This applies to all forms of radiation including radiographs (film and digital) exposed in the dental office.¹⁻³ The manufacturers' manual advises that if the client is going to have an x-ray or any exposure to radiation, that the pump, sensor, transmitter, meter and remote control be removed before entering a room containing any of this equipment.^{1-3,5} One brand that uses a tubeless design to hold insulin, states that their device is not affected by radiation exposure.⁴

Radiation exposure may damage the electronic circuits of an insulin pump causing them to malfunction and thus delivering inappropriate amounts of insulin.¹⁻³ Radiation exposure may also degrade the semiconductor materials used in electronics; disrupt the flow of electricity, reducing the useful lifetime of the product. This can cause "phantom commands" to be issued or can alter the contents of a computer's memory circuits. Any pump that uses "direct motor technology" is at risk if exposed to radiation.¹⁻³

In the event a medical device does malfunction, this should be reported to Health Canada.⁶



A malfunction caused by radiation exposure may place the client at risk for hypo/hyperglycemia, loss of consciousness, ketoacidosis, seizures, fainting, heart failure, hypertension and/or injuries to falls or even death.

Health Canada's Position

According to Health Canada, "there is negligible risk to the patient with a body-worn insulin pump when undergoing a dental radiograph."⁷ This is largely due to the fact that the radiation dose for dental radiographs is lower than that of CT scans and therefore considered a lower risk to insulin pump interference. "Interference can be completely avoided when the electronic device is outside of the primary x-ray beam of the CT scanner."⁷ The medical devices bureau of Health Canada advises that a lead apron be used to reduce radiation dose to the insulin pump, and making provisions so that the insulin pump is outside the direct path of the primary x-ray beam.

Considerations Following Radiation Exposure from Dental Radiographs

The following steps should be followed when a client presents to a dental hygiene appointment with an insulin pump:

- a) Complete a thorough medical history and consult with the health care provider that knows the most about the client's health condition. (This may be the client's endocrinologist or physician.) The physician will be able to direct you as to if the pump needs to be removed or simply turned off.
 - b) Have a detailed discussion with the client regarding radiation exposure and their insulin pump and have them refer to their owner's manual for directions.
 - c) Have the client re-attach the device and/or turn it back on after radiographs have been taken.
 - d) Have the client evaluate their device for proper functioning after radiographs have been taken.
 - e) If the client suspects that their insulin pump is not functioning properly, they should contact their health care provider as soon as possible.
 - f) The client should also report any insulin pump malfunction to Health Canada and to the manufacturer.
- The ultimate goal is to reduce the risk of the insulin pump from malfunctioning while ensuring proper blood glucose management for the client. **CDHO**

References:

1. [http://www.animas.ca/sites/default/files/assets/pdf/materials/Medical%20Imaging%20%26%20X-ray%20Poster%20\(103560A\).pdf](http://www.animas.ca/sites/default/files/assets/pdf/materials/Medical%20Imaging%20%26%20X-ray%20Poster%20(103560A).pdf)
2. <https://www.accu-hekinsulinpumps.com/documents/PumpUserGuide.pdf>
3. <https://www.medtronicdiabetes.ca/>
4. <http://www.myomnipod.ca/content/en/>
5. <http://www.diabetesresourcecenter.org/>
6. http://www.hc-sc.gc.ca/dhp-mps/pubs/medeff/_guide/2011-devices-materiaux/index-eng.php
7. <http://www.hc-sc.gc.ca/contact/dhp-mps/hpfb-dgpsa/mdb-bmm-eng.php>

Learn More About Insulin Pumps

Canadian Diabetes Association <https://www.diabetes.ca/>

Consumer guide to insulin pumps <http://main.diabetes.org/dforg/pdfs/2016/2016-cg-cgm-chart.pdf>

Health Canada <http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/med/pumps-insulin-pompes-eng.php>

Insulin pumps sold in Canada <http://www.insulinpumps.ca/consumers/frequently-asked-questions-about-insulin-pumps>

Medical Device Bureau of Health Canada <http://www.hc-sc.gc.ca/contact/dhp-mps/hpfb-dgpsa/mdb-bmm-eng.ph>

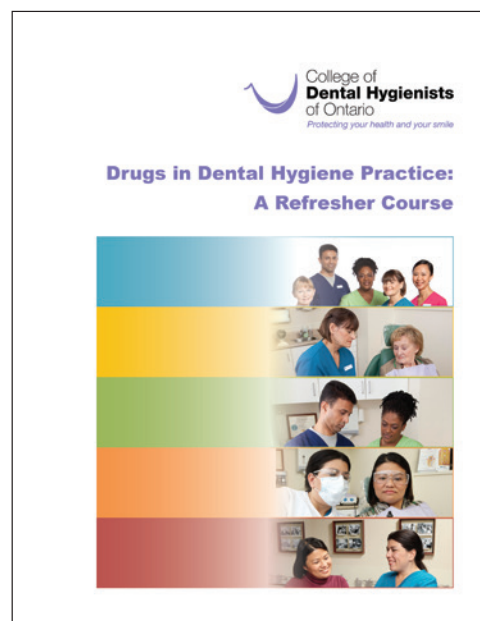
Plan for the Future!

- A change in legislation is coming
- Prescribing rights
- Prepare for the qualifying exam

Drugs in Dental Hygiene Practice: A Refresher Course

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

Learn more by visiting www.cdho.org





Getting the Best Advice

by **Robert Farinaccia** RDH, BSc

Have a burning question but are unsure who to call for the answer? The College of Dental Hygienists of Ontario (CDHO)? One of the professional dental hygiene associations? The Ministry of Labour? or the Office of the Information and Privacy Commissioner? Take the quiz below to test your understanding of the various roles that these organizations play in your professional career.

1. **You have just returned from maternity leave to find out that your hours have been reduced. Who should you call?**
 - a. CDHO
 - b. Professional Association (CDHA or ODHA)
 - c. Ministry of Labour
 - d. Office of the Information and Privacy Commissioner
2. **You have a question regarding what fee in the dental hygiene fee guide is appropriate to use for a specific procedure. Who should you call?**
 - a. CDHO
 - b. Professional Association (CDHA or ODHA)
 - c. Ministry of Labour
 - d. Office of the Information and Privacy Commissioner
3. **You have a question about putting up video surveillance in your practice. Who should you call?**
 - a. CDHO
 - b. Professional Association (CDHA or ODHA)
 - c. Ministry of Labour
 - d. Office of the Information and Privacy Commissioner
4. **Your employer has asked you to sign a contract that you do not fully understand. Who should you call?**
 - a. CDHO
 - b. Professional Association (CDHA or ODHA)
 - c. Ministry of Labour
 - d. Office of the Information and Privacy Commissioner
5. **You would like to publish an advertisement for your new practice but are unsure of its appropriateness. Who should you call?**
 - a. CDHO
 - b. Professional Association (CDHA or ODHA)
 - c. Ministry of Labour
 - d. Office of the Information and Privacy Commissioner
6. **You would like to find out salary ranges for dental hygienists in your area. Who should you call?**
 - a. CDHO
 - b. Professional Association (CDHA or ODHA)
 - c. Ministry of Labour
 - d. Office of the Information and Privacy Commissioner
7. **Your employer has asked you to perform unsafe work. Who should you call?**
 - a. CDHO
 - b. Professional Association (CDHA or ODHA)
 - c. Ministry of Labour
 - d. Office of the Information and Privacy Commissioner
8. **You've just found out that your client records have been stolen from your practice. Who should you call?**
 - a. CDHO
 - b. Professional Association (CDHA or ODHA)
 - c. Ministry of Labour
 - d. Office of the Information and Privacy Commissioner
9. **You would like to dismiss a client because of their inappropriate behaviour. Who should you call?**
 - a. CDHO
 - b. Professional Association (CDHA or ODHA)
 - c. Ministry of Labour
 - d. Office of the Information and Privacy Commissioner
10. **You need some advice on an ethical situation involving client care. Who should you call?**
 - a. CDHO
 - b. Professional Association (CDHA or ODHA)
 - c. Ministry of Labour
 - d. Office of the Information and Privacy Commissioner

For answers, see page 17

Quality Assurance Matters

by Robert Farinaccia RDH, BSc



Update on 2016 Quality Assurance (QA) Assessments

In January of 2015, notice was sent to 757 registered dental hygienists in the province (whose registration number ended in a “5” or “7”) requesting submission of their QA records for assessment due January 31, 2016.

Of the 757 records requested:

Met the assessment guidelines	558
Met the assessment guidelines with an additional submission	93
Still in assessment phase	18
Resigned	68
In Remediation	20
Deferred to another assessment period	0
Assessed with deficiencies	113

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

Missing, expired or unacceptable forms of CPR certification

Dental hygienists involved in clinical practice must hold current training in cardiopulmonary resuscitation (CPR) at the basic support level, including one-rescuer and two-rescuer CPR for adults, children, and infants; the relief of foreign body airway obstructions; the use of an automatic external defibrillator (AED); and the use of ambu-bags. Typically, Level “C” or Health Care Provider “HCP” CPR certification or recertification by the Heart and Stroke Foundation of Canada, the Canadian Red Cross or an entity with equivalent requirements are

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

Insufficient time spent on Continuing Quality Improvement (CQI) activities

In a three-year period, dental hygienists should complete 75 hours of CQI activities, averaging approximately 25 hours per year. At least 80% of learning activities must be directly related to learning goals and practice. The remaining 20% of CQI activities may come from activities that relate to dental hygiene but do not necessarily relate to the learning goals.

Not providing enough information in the report on learning

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

- ▶ What did you learn while completing the goal?
- ▶ Did you make changes to your practice because of your learning? Please explain.
- ▶ How did/will your learning make things better for your clients and/or practice? Please explain.

If a dental hygienist has taken a CPR course and the certificate is valid for three years, then provided the dental hygienist feels competent throughout the three-year period, the CPR would remain current until the noted three-year expiry date. If the CPR certificate has no expiry date, then the certificate is valid for one year from the date that the CPR course was taken. The CPR certificate expiry date combined with the dental hygienist’s assessment of their competency determines how often CPR must be renewed.

Submitting goals or activities listed as unacceptable in the Continuing Competency Guidelines

Goals should relate to your specific area(s) of practice. Goals for dental hygienists in clinical practice should be related to:

- Dental hygiene science
- Dental hygiene practice
- Ethical and legal obligations of dental hygienists
- Communication, cultural awareness, inclusive practice
- Infection control
- Record keeping
- Professional portfolio
- Self-initiation
- Social justice as it relates to dental hygiene, access to care
- Interprofessional collaboration, multi-disciplinary practice
- Radiography, radiation safety, radiation protection officer training
- Health and safety, WHMIS
- Process of care
- Peer mentorship training, acting as a mentor/receiving mentorship through the Peer Mentorship Program.

Goals for dental hygienists who are not in clinical practice should be related to their area of practice. For example, a dental hygiene educator may wish to set a goal related to educational theory and methodology.

The Quality Assurance Program provides for a wide variety of choices in the method used to maintain and demonstrate competency. The guideline for continuing competency lists various types of recommended learning activities. For activities that are acceptable, please refer to *Requirements of the Quality Assurance Program and Guidelines for Continuing Competency*, page 5.

Unacceptable evidence of the NDHCB QA test successful completion

Only original emails from the NDHCB are accepted as proof of successful completion of the examination. A screen shot of the original email is acceptable as well. Please do not copy the text of the email and paste it into another document as this is not acceptable.

Missing information

Self-learning requires a bibliography of learning materials. For courses and presentations, the title of the course/presentation, name of presenter(s), their credentials and sponsor (if applicable) must be included. Keep proof, such as certificates of attendance, biographies of presenters and receipts, for all CQI activities.

All of the above deficiencies could have easily been avoided by referring to the College's document titled *Requirements of the Quality Assurance Program and Guidelines for Continuing Competency*. Registrants who are not familiar with the Continuing Competency Guidelines will find them to be very helpful in guiding Continuing Quality Improvement activities and recording learning outcomes. **CDHO**

2017 Mandatory Self-Assessment

The Self-Assessment Tool, introduced in 2015, is an integral part of the new online System for Managing Individual Learning (SMILE Portal) and is designed to assist you in assessing your practice environment as it relates to the CDHO Dental Hygiene Standards of Practice. The SMILE Portal will use your Self-Assessment results to assist you in generating learning goals for the following year. You are under no obligation to use the suggested goals and are free to modify or delete them altogether and establish your own goals.

Come mid-November of this year, the 2017 Self-Assessment Tool will be available and is mandatory for every dental hygienist registered in Ontario (whether active or inactive, working or not working) to complete. Completion of the Self-Assessment indicates compliance with the Quality Assurance Program. The deadline to complete the 2017 Self-Assessment is January 31, 2017.

Getting the Best Advice

Answers and Rationales to the Quiz on Page 14



1. c) Ministry of Labour

The Ministry of Labour was established in 1919 to develop and enforce labour legislation. Its mission is to advance safe, fair and harmonious workplace practices that are essential to the social and economic well-being of the people of Ontario. The Ministry's mandate is to set, communicate and enforce workplace standards. This would include any issues related to the *Employment Standards Act*. Since your concern is regarding hours of work, the Ministry of Labour would be the best place to call for advice in this scenario.

2. b) Professional Association (CDHA or ODHA)

In Canada, dental hygiene procedure fee codes are developed by the Canadian Dental Hygienists Association. Each individual province's professional association (in Ontario the ODHA) then uses these codes and assigns suggested fees to each code. If you require clarification about the dental hygiene fee guide or any of its associated codes and/or fees, you should contact one of the professional associations for clarification.

3. d) Office of the Information and Privacy Commissioner

The Commissioner acts independently of government to uphold and promote open government and the protection of personal privacy. This organization has many valuable resources available to provide guidance on different issues related to how health information custodians may collect, use, and disclose personal data. For example, a guideline for the use of video surveillance has been created and is available on their website.

4. b) Professional Association (CDHA or ODHA)

One of the benefits to being a member of one of the professional associations is access to free legal advice. If presented with a contract that you do not fully understand, it would be wise to seek legal advice before signing it. The legal advice associated with the associations may be able to offer help in a scenario such as this.

5. a) CDHO

Dental hygienists must advertise in accordance with the College's advertising regulations and guidelines. If you are considering placing an advertisement it would be wise to seek the advice of a CDHO practice advisor before publishing the advertisement.

6. b) Professional Associations (CDHA or ODHA)

Another benefit of the professional associations is that they both conduct and publish employment and salary surveys for their members. This information may be useful to dental hygienists who are inquiring about salary ranges in Ontario and/or Canada. The College does not track salaries.

7. c) Ministry of Labour

One of the Ministry of Labour's key responsibilities includes occupational health and safety. It also develops, coordinates and implements strategies to prevent workplace injuries and illnesses and can set standards for health and safety training.¹ All employees have the right to refuse unsafe work. If you believe that a job you have been asked to perform is unsafe, you should contact the Ministry of Labour for advice.

8. d) Office of the Information and Privacy Commissioner

If you determine that your client health records have been stolen from your practice, you are dealing with a breach of privacy. You are encouraged to report the incident to the Office of the Information and Privacy Commissioner so that assistance can be provided in fulfilling your obligations under the Act (e.g. notification) and to take whatever remedial steps are necessary to prevent future similar occurrences. (See *What to do When Faced With a Privacy Breach: Guidelines for the Health Sector* <http://www.ipc.on.ca/images/Resources/up-hprivbreach.pdf>)

9. a) CDHO

If you are considering dismissing a client, you would be wise to consult with a practice advisor. The practice advisor can direct you to the appropriate information found in guidelines, regulations, and College publications to help with your decision-making process. They will also advise you to consider areas like abandonment of care and professional obligations to your client.

10. a) CDHO

The CDHO regulates the dental hygiene profession by establishing practice standards for safe and ethical care for all Ontarians. If you require advice on an ethical situation involving client care, you can contact a practice advisor who can provide a confidential consultation and can guide and facilitate you through your decision-making process.

¹ Ministry of Labour <http://www.labour.gov.on.ca/english/about/>

Resources:

Canadian Dental Hygienists Association (CDHA) www.cdha.ca

Ontario Dental Hygienists' Association (ODHA) www.odha.on.ca

Ontario Ministry of Labour www.labour.gov.on.ca

Office of the Information and Privacy Commissioner of Ontario www.ipc.on.ca

Updates to the Public Register

New Registrants

March 16, 2016 to June 15, 2016

Athanasakos, Christina	018159
Bahmani, Nasim	018161
Belisle, Cassandra	018145
Beyan, Hikemat	018151
Bhujel Simkhada, Anjel	018181
Birrell, Shelby	018141
Boudreau, Kaitlyn	018150
Brisson, Angélique	018153
Castelao, Stephany	018184
Charland, Alycia	018173
Chartrand, Marie-Claude	018147
Chea, Nathallie	018124
Cleveland, Jessica-Claire	018130
Davis, Lindsay	018137
Devlieger, Ashley	018144
Dros, Kim	018167
Dykins, Hayley	018122
Fang, Yi	018126
Ferguson, Jacqueline	018121
Galez, Brittany	018160
Gentile, Julia	018125
Griarte, Janvir	018178
Guitor-Kehayes, Melissa	018146
Hendricks, Kadejaha	018174
Imbeau, June	018171
Inche, Shannon	018172
Izadi, Yasaman	018128
Jensen, Kaitlyn	018133
Khan Durrani, Yusra	018183
Khawar, Noor-ul-ain	018127
Kim, Nadine	018169
Krawec, Andrea	018135
Kritzer, Megan	018163
Lawton, Suzanne	018182
Le, Lilianne	018149
Linh, Linh	018120
MacDonald, Cierra	018119
MacInnis, Zabree	018162
McCleary, Kelsey	018155
McCrea, Felicia	018152
McKinnon, Jesse	018176
Meer, Nazim	018129
Meimaris, Sophia	018139
Neisen, Hayley	018158
Ngo, Thieu-Mymy	018177
Peckford, Catherine	018166
Peters, Morgan	018138

Richard, Kayla	018179
Rizvi, Sana	018170
Roose, Hayli-Jean	018140
Rustrian, Flor	018156
Shah, Fairy	018168
Shlymon, Mariam	018164
Shuttleworth, Jacqueline	018132
Singh, Dilnit	018157
Smith, Alexandra	018175
Solti, Emilia	018134
Speziale, Courtney	018180
Sran, Kanwer Paul	018131
Sundstrom, Cassandra	018123
Tao, Chak Lam Sharon	018142
Tenenbaum, Samantha	018148
Topalovich, Ashley	018165
Ude, Maninderdeep	018136
Vaisberg, Olga	018143
Wight, Amanda	018154

Authorized for Self-Initiation

March 16, 2016 – June 15, 2016

Aldridge-Earl, Dezarac	010579
Allen, Jennifer Lynne Marie	009866
Babahadi, Hengameh	016188
Bélisle, Julie	008863
Braun, Stephanie Nicole	014280
Briggs, Laura Rose	010576
Busnarda, Nicole Elena Charlotte	016782
Campbell, Natalie Simone	015499
Campos, Maria Emilia	016227
Carter, Jennifer Susan	013755
Chopra, Aman	013553
Cook, Valerie Ann	003818
Cucci, Antonia	017406
Currie, Mallory Ann	010787
Dajdic, Elma	013708
Davis, Danielle Heather Anne	017276
Di Bona, Maria	002245
El-Guebaly, Jenny	015194
Emmons, Lindsay Anne	009674
Evans, Meaghan Elizabeth	015233
Farahmand, Taraneh	015721
Felix, Vanessa Janel Nasha	016806
Foroglou, Brandy Jean	009823
Gagnon, Michelle Aime	011074
Gilmour, Melissa Louise	015116
Guo, Jinghua	015380
Hana, Gadia	015676

Hartnell, Megan Leila	015048
Hebbes, Gertrude	001332
Hickey, Danna Rae	014149
Hill, Shana Michelle	016194
Huynh, Helene Thi	017794
Irwin, Amanda Victoria	016272
Jain, Rekha Chopra	016507
Jones, Brock Cameron	017099
Kidane, Salem	016465
Lamarche, Brittney Pascale	016123
Landers, Kaila Kristie	012226
Lupenette, Megan Ann	016938
MacDonald, Sherry Lynn	007250
Malbarosa, Rowena Gonzales	016537
Martignago, Kimberley Anne	004143
Massari, Concetta Pasqualina	014421
Miokovic, Milena	007200
Muloin, Kelsey Patricia	016002
Murrell, Sydney Tiana	016876
Nicholson, Dana Louise	009822
Niskiewicz, Aneta	010966
Ogaick, Casandra Ann	012137
Paez Leiva, Paula Andrea	016089
Papineau, Kariane Francine	016752
Parise, Mirella	008749
Porter, Kaitlyn Elizabeth	015651
Ramphal, Jennifer Rosemarie	016368
Ramsammy, Dhandai	008721
Reed, Natasha Jean	017210
Reid, Donna	014599
Reilly, Patricia Ann	015790
Robertson, Kathryn Gayle	001724
Robinson, Pamela Marie	015180
Rojas Villagran, Ester Violeta	011984
Ryan, Janine Lisa	016200
Rylance, Elizabeth Anne	008659
Sacrey, Amy Darlene	016342
Shah, Neel Jitendra	017513
Shen, Hong	016799
Shubber, Fadak	014960
Shulist, Caitlyn Anne	016594
Skoularicos, Jodie Marie	003656
Stamatovic, Marina	016415
Steadman, Erin Elizabeth	012600
Stockwell, Summer Donna	017386
Tejares, Maria Victoria	016025
Tucker, Marion Elizabeth	014189
Uy, Joelle Christie O.	016610
VanEngen, Alisha Barbara	015923

Vuong, Sheena	016232
Weber, Jessica Darlene	015671
Wolkowich, Jill Andrea	005907
Wylie, Laurie Dawn	008836
Yamingian, Lucy	015561
Yochim, Christina	014053
Zamora, Marla Xaviera	013621

Pérusse, Annie	008013
Philp, Lisa Dale	004305
Scully, Samantha	016000
Zabihi, Nikki	010266

Ponce, Celda	005668
Ratnayake, Mallika P S	001727
Rogers, Christine Louise	004099
Sidhu, Satwant Kaur	012040
Stringer, Jodi	003834
Wei, Mimi	014404
Wong, Lorna Nancy	008135

Reinstated

March 16, 2016 to June 15, 2016

Bastien, Caroline	004101
Lafrance, Josee	011335
Martin, Jullian	016229
McGonigle, Shelley Ann	010714
Padda, Sonam	017383

Resignations

March 16, 2016 to June 15, 2016

Ambrosio, Racquel	016973
Donoghue, Maureen	000787
Joreanu, Cristina	016141
Lepel, Josee	014044
Listro, Erin Maureen	002615
Lucchesi, Laura	003909
Luvisotto, Tracy Christina	010044
Nelischer-Millar, Anita Irene	000314

Resigned While Under Investigation

May 30, 2016

Randhawa, Hartirath	012813
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Did you know the “Find a Registered Dental Hygienist” function on the website (also known as the “public register”) is required by law, and offers profiles of all dental hygienists registered in Ontario?

This register allows anyone to:

- Verify an individual dental hygienist's status (i.e. whether they're in good standing and allowed to practise in Ontario).
- Find out qualifications (i.e. educational history, when and where professionals obtained their credentials, and special designations).
- Get contact details, like a business address.
- Locate a dental hygienist who speaks your language.
- See if there are any restrictions on a dental hygienist's registration because of professional conduct issues. These restrictions are called “terms, conditions or limitations”.
- Check on disciplinary proceedings.



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