

**Call for Non-Council Members to Serve on Committees**

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**Dental Hygiene and the Use of Orders**

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**Applying for Authorization to Self-Initiate?  
Have You Been Working Under a Standing Order?**





# College of Dental Hygienists of Ontario

Protecting your health and your smile

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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## CDHO COUNCIL

### District 1

Michele Carrick (RDH)

### District 2

Roma Czech (RDH)

Marlene Heics (RDH)

### District 3

Jennifer Turner (RDH)

### District 4

Pauline Leroux (RDH)

Jeanine Nighswander (RDH)

### District 5

Bev Woods (RRDH)

### District 6

Cindy MacKinnon (RRDH)

### District 7

Heather Blondin (RDH)

### District 8

Ilgia St. Onge (RDH)

## Academic

Janet Munn (RRDH)

Catherine Ranson (RDH)

## Public Members

Michael "Mike" Connor

Julia Johnson

Beatrix Kau-Lui

Julius Nathoo

Tote Quizan

Charles Ross

Anne Venton

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](http://www.cdho.org).

Design: CDHO/Denise Lalande Editor: Lisa Taylor Cover Photo: © agsandrew/Shutterstock.com

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Publications Mail Agreement No. 40026784. Return undeliverable Canadian addresses to:

College of Dental Hygienists of Ontario, 69 Bloor Street East, Suite 300, Toronto, ON M4W 1A9







## PRESIDENT'S MESSAGE

Jennifer Turner RDH, BSc

The CDHO Council has been tremendously busy this spring. On behalf of the Council of the College of Dental Hygienists of Ontario, I am pleased to announce the appointment of Lisa Taylor as Registrar and CEO of the College. Lisa has been the Acting Registrar since April 2, 2015 and has since assumed full corporate responsibility for College operations. Lisa has been an integral part of the CDHO team for over ten years and her solid experience comes with a strong belief in the role of regulatory bodies to serve and protect the public of Ontario.

The College of Dental Hygienists of Ontario regulates the practice of dental hygiene in the interest of the overall health and safety of the public of Ontario. Many individuals are curious as to the role that Council plays. 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. Seven statutory committees support the regulatory process and are made up of dental hygienists, non-Council dental hygienists, dental hygiene educators and public members. The statutory committees are Executive Committee, Registration Committee, Inquiries, Complaints and Reports Committee, Quality Assurance Committee, Discipline Committee, Patient Relations Committee and Fitness to Practise Committee. At the present time CDHO also has three Ad Hoc/Standing Committees. These committees are created in order to review specific issues that are external to the mandate of the statutory committees. The three committees are Bylaw Committee, Policy Committee and the Examinations Committee.

Council meetings are open to the public and anyone can attend the meeting to learn how the Council debates and makes decisions. The Council makes the decisions and then the CDHO Registrar acts accordingly from the outcomes of the Council's direction. Our next Council meeting is on Friday, September 25, 2015. Please see the CDHO website for further details.

CDHO has adopted a Policy Governance Model which is an operating system for governing Councils. This model enables the Council to provide strategic leadership, empowering the management, while at the same time assuring accountability.

*..cont'd on page 9*



## REGISTRAR'S MESSAGE

Lisa Taylor RDH, BA, MEd, MCOB

This is my first message as Registrar and CEO and while some of you may recognize my name, only a few of you may know my story. If you will indulge me, I would like to share it with you because it speaks to who I am and to my vision for the future of the College.


My oral health career started in the 70s when I took my first position chairside to a progressively minded Ottawa dentist who spoke to the future and to the possibilities that it would bring. He was excited about a new dental hygiene program that was opening at Algonquin College and talked about the day when he would build a third operatory and welcome a dental hygienist into his practice. He thought it would be an excellent opportunity for me and encouraged me to go back to school. Alas, I waited ten years to accomplish that.

It was during my dental hygiene program that I first learned about the profession's fight to gain the right to self-regulation. At that time the dental hygiene profession was regulated by dentists and self-regulation was only a dream for the profession. I understood that achieving self-regulation would send a message out to society that dental hygienists were a distinct profession with their own area of expertise, who were responsible and accountable for their future and the future of the profession. Immediately after graduation, I joined the grassroots dental hygienists who were fighting to make self-regulation a reality in Ontario.

The work of the regulatory body and the protection of the public excited me then as much as it still excites me now. Even then I knew that I wanted to be part of the College one day.

I still remember the day I asked the then Registrar, Fran Richardson, what I needed to do to work at the College. I had a chance meeting with her after a presentation and she sat down with me and explained that being a dental hygienist was simply not enough to qualify me to work at the College. If I was to go anywhere beyond clinical dental hygiene practice, I would have to have a university degree. I had a long road ahead of me.

That fall, I enrolled as a part-time student in a bachelor's degree program at Carleton University. It was a slow journey but by 2003, I had earned a degree in Law and Business that would help me transition into an administrative position. Having picked up the education bug, I immediately started working on my next degree. In 2005 when the College started its search for its first practice advisor, I was just finishing my last course for my bachelor of education.



Within two months I had accepted the position, quit my clinical practices, sold my home, said goodbye to my children, grandchildren, friends and family, and moved from Ottawa to Toronto to join the CDHO. I have never regretted that decision for a minute. I spent the next ten years preparing for today and I am ever thankful for those who helped and mentored me along the way.

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*No one who achieves success does so without acknowledging the help of others.*

*The wise and confident acknowledge this help with gratitude.*


~ Alfred North Whitehead ~

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Over the last ten years, I completed a master's degree in Higher Education (health professional education) and a master's certificate in organizational development. I have built working relationships with other regulators, professional associations, registrants, government and other stakeholders. While doing this I have worked as part of an awesome team at the College and we have many accomplishments to be proud of.

On my first day as Registrar I met with CDHO staff and shared my story, passion and hopes for the future. I described my vision, my commitment to excellence, to the protection of the public, and to the success of the College. I promised them my unwavering support and guidance and asked them to join me in making my vision a reality. I was overwhelmed by their willingness to commit.

I am making that same promise to you. As part of this promise, I will work towards increasing communication and transparency, and building positive relationships between the Council, the administrative office, registrants and the public. To our end, I will work with Council to ensure that Ontarians have access to safe, high quality oral health services.

I would like to thank Council for this opportunity. The CDHO is an organization I am very proud to represent. I believe in the future of this College and am passionate about making success happen. I am proud of the work Council has done towards policy governance and am committed to our new ends and the strategic direction we are headed in. This is such an exciting time for us all! 



# CDHO COUNCIL HIGHLIGHTS

A public meeting of Council was held on May 29, 2015 at the Marriott Hotel Yorkville. Jennifer Turner, College President, chaired the meeting and a number of guests were in attendance. The following contains highlights from that meeting.

## Quality Assurance

The Quality Assurance Committee reported that of the 1324 registrants who were assessed as part of the Quality Assurance Program, 89% had successfully completed their assessment.

## ICRC

The Inquiries, Complaints and Reports Committee reported that it is currently investigating 79 matters including 9 formal complaints, 62 referrals from Quality Assurance, 7 registrar-initiated matters, and 1 incapacity matter.

Three decisions were recently reviewed by the Health Professions Appeal and Review Board (HPARB): two decisions

under review were confirmed by HPARB; and one decision was sent back to the ICRC panel for further review. The panel has since reviewed this case in consideration of HPARB's comments and has applied a broader examination of the issue under investigation.

## Registration

The Registration Committee reviews applications where the Registrar has reasonable doubts about an applicant's ability to meet the registration requirements for entry to practice in Ontario. It was reported that five referrals were received since last meeting. Four reviews resulted in a direction to the Registrar to issue a certificate of registration. The fifth application was reviewed and it was determined that further evidence was required before a decision could be made to the applicant's suitability to practise safely and effectively.



Left to right: Catherine Ranson, Vice-President; Jennifer Turner, President; Mike Connor, Public Member; and Lisa Taylor, Registrar.



Left to right: Catherine Ranson, Vice-President; Jennifer Turner, President; Inga McNamara, Professional Member; and Lisa Taylor, Registrar.

## Patient Relations

The Patient Relations Committee reported that its Public Education Program was on track. Public service radio announcements “Your Mouth Tells Your Health’s Story” were scheduled across the province April 6 to May 17, 2015. The April editions of Zoomer and Reader’s Digest Best Health magazines and the May edition of Canadian Living contained public education spots linking oral health to overall health. In addition, Omni Television carried our public service announcement April 13–May 11 in English, Punjabi and Mandarin.

## Discipline Committee

The Discipline Committee reported that it had concluded two cases respecting the matters of Ms. Neia Van Arkel and Ms. Stephanie Cyr.

## Bylaw Committee

The Bylaw Committee sought and received Council approval to circulate Bylaw No. 5 (proposed draft) to stakeholders for a sixty-day consultation period. At the end of the consultation period, the Bylaw Committee will consider all submissions and provide Council with a summary of feedback received and any resulting amendments made to the proposed Bylaw. The Committee anticipates bringing the proposed Bylaw No. 5 back to Council for final review and/or approval at the September meeting of Council.

Council presents awards from time to time to recognize Council members who have demonstrated leadership and exceptional dedication to Council on behalf of the public of Ontario. Jennifer Turner, on behalf of Council, presented two awards during the May 29<sup>th</sup> meeting. The first award recognized past president Mr. Mike Connor for his three years as President and Chair of Council. He was presented with a lovely engraved pen set. The second award was presented to past Council member Ms. Inga McNamara, RDH who recently completed nine years on Council. Ms. McNamara received an engraved clock. **CDHO**

## 2015 Council Meeting Dates

### Friday, September 25, 2015

Pantages Hotel in Downtown Toronto  
200 Victoria Street  
Toronto, ON M5B 1V8

### Friday, December 4, 2015

Marriott Yorkville  
90 Bloor St E  
Toronto, ON M4W 1A7



## New Member of Council

**Beatrix Kau-Lui**  
(Public member)

Ms. Kau-Lui is an after school program teacher assistant at Bayview Glen Elementary School. She is a former secretary with CIBC and a former executive secretary with Chase Manhattan Bank. Ms. Kau-Lui’s community involvement includes volunteering with the Yee Hong Community Wellness Foundation.

## Call for Non-Council Members to Serve on Committees

**The College is currently accepting applications for Non-Council members to sit on various Committees starting January 2016.**

Non-Council committee members are appointed to a committee to assist in making decisions which reflect CDHO's regulatory mandate of protecting the public interest and to bring to this responsibility their knowledge of the dental hygiene profession and the settings in which it is practised. They participate as full voting members of their committees and work with other Council members in managing committee work in a timely and expeditious manner.

### Who should apply?

Registrants of the College who are not members of Council who are willing to commit time to sit on a Committee to assist in making decisions which reflect the College's mandate to protect public interest. Committees meet on a weekday during regular business hours. Time commitment estimates for each committee are provided below.

Committee	Number of positions	Estimated meetings per year	Experience considered an asset
Discipline	2	1–3	Clinical practice
Examination	2	1–3	Educator; exam administration
Inquiries, Complaints and Reports	2	4–6* Often requires more than average pre-meeting reading	Clinical practice: – five + years Clinic owner Educator
Patient Relations	1	1–3	
Quality Assurance	2	5–10* Often requires more than average pre-meeting reading	Clinical practice: – three to five years' experience (1) – five + years (1) Public health Educator
Registration	1	8–10 (majority by teleconference)	Clinical practice Background in social studies Background in law

### Reimbursement

Non-Council members are paid an honorarium of \$265 per full day and travel expenses to attend meetings.

### Want to apply?

Please send your letter of introduction with your committee preference and your resume to [registrar@cdho.org](mailto:registrar@cdho.org) by September 30, 2015. **CDHO**



## PRESIDENT'S MESSAGE ...cont'd from page 3

We have been working under this model for the last year and it is a learning curve for the CDHO Council and staff. Four Council members, including myself and three staff members recently engaged in the International Policy Governance Association Conference in Vancouver, BC for a three-day learning session gaining valuable knowledge that will be shared with all Council members at our next Council meeting.



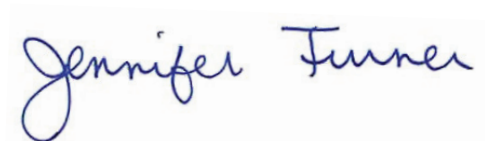
Left to right: Michele Carrick, Professional Member; Catherine Ranson, Vice-President; and Jennifer Turner, President.

During our time in Vancouver, we also participated in an “Owner Linkage” session, hosted by the National Dental Hygiene Certification Board (NDHCB). We joined dental hygiene regulators and Council members from all Canadian provinces and provided feedback to the NDHCB that will shape its strategic direction.

I am excited to be one of the nine Presidents who are working on a joint initiative to improve the oversight of healthcare clinics in Ontario. Currently, there is an opportunity to strengthen clinic oversight in Ontario, as the present regime results in regulated health professionals in clinics being put in a position that could compromise the quality of care offered to their clients/patients. Please take the time to read the Clinic Regulation Project article on page 11 of this issue of *Milestones*.

Thank you to those individuals and/or organizations who provided their feedback for the CDHO Bylaw Consultation that will be completed on July 24, 2015.

Best wishes for a wonderful summer season. 



Jennifer Turner, RDH, BSc  
President

## A New Way to Connect With the College...

### The 5-4-5 Survey

#### What???

Short survey containing 1 to 5 questions  
taking less than 5 minutes of your time

#### Why????

We want to know...

- Are we meeting your expectations?
- What you need from the College?
- What you do in practice?
- What programs and services do you use?

#### When?????

Look for the survey link in your monthly e-brief

Take 5 minutes (or less) to share your thoughts, shape our future, have your say.



Illustration: ©Aquir/Shutterstock.com

## Did You Know?

...



arthritis

your mouth

tells



diabetes



pneumonia



dry mouth

your



oral cancer

health's



stroke



gum disease



reflux disease

story

### 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**

Robert Farinaccia, RDH ■ ext. 237 ■ [rfarinaccia@cdho.org](mailto:rfarinaccia@cdho.org)

Cathy Goldberg, RDH ■ ext. 238 ■ [cgoldberg@cdho.org](mailto:cgoldberg@cdho.org)

## Regulatory College Presidents Announce Exploration of Clinic Regulation



*The Presidents and Registrars of nine Health Regulatory Colleges exploring clinic regulation*

The Presidents of nine Health Regulatory Colleges are excited to announce a joint initiative to improve the oversight of health care clinics in Ontario.

Currently, there is an opportunity to strengthen clinic oversight in Ontario, as the present regime results in regulated health professionals in clinics being put in a position that could compromise the quality of care offered to their patients.

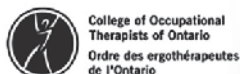
The following Health Regulatory Colleges are working to improve clinic oversight in Ontario:

- The College of Audiologists and Speech-Language Pathologists of Ontario;
- College of Chiropodists of Ontario;
- College of Chiropractors of Ontario;
- College of Dental Hygienists of Ontario;
- College of Kinesiologists of Ontario;
- College of Massage Therapists of Ontario;
- Transitional Council of the College of Naturopaths of Ontario;
- College of Occupational Therapists of Ontario; and
- College of Physiotherapists of Ontario.

Health Regulatory Colleges have a statutory mandate to protect the public interest by registering competent and ethical health care practitioners, administering a complaints and discipline process and implementing quality assurance initiatives—including the development of standards of practice to which all practitioners must conform.

Ensuring that the public is protected when using clinic services aligns solidly with the Colleges' mandate under the *Regulated Health Professions Act*. It also aligns closely with the government's focus on transparency and accountability, and is a priority for the Colleges because it is the right thing to do in order to protect patients.

Stakeholder feedback and consultation is important to inform the work of the Colleges in their efforts to identify solutions. Consultations will begin later in 2015.





# Dental Hygiene and the Use of Orders

By Robert Farinaccia, RDH, BSc

The College often receives calls from dental hygienists and dentists inquiring about orders and when an order is required. In Ontario, dental hygienists must get authorization to perform any controlled acts that they have within their scope of practice. Controlled acts are specified in the *Regulated Health Professions Act, 1991 (RHPA)* as acts which may only be performed by authorized regulated health professionals because they are actions that are considered to be potentially harmful if performed by unqualified persons.

## Scaling Teeth and Root Planing, Including Curetting Surrounding Tissue

The *Dental Hygiene Act, 1991 (DHA)* lists scaling teeth and root planing, including curetting surrounding tissue as part of a dental hygienist's scope of practice.

Authorization to perform scaling teeth and root planing, including curetting surrounding tissue can be obtained in two ways:

- by the College of Dental Hygienists of Ontario (CDHO) through authorization for self-initiation; or
- by a member of the Royal College of Dental Surgeons of Ontario (RCDSO) through the use of an 'order'.

## Authorization for Self-Initiation

Authorization for self-initiation allows dental hygienists to perform the controlled act of scaling teeth and root planing, including curetting surrounding tissue on their own initiative (if there are no contraindications as prescribed in the CDHO Contraindications regulation).

If a dental hygienist has been authorized by the CDHO for self-initiation, she or he is the source of authority to provide the controlled act of scaling teeth and root planing, including curetting surrounding tissue and therefore does not need to reference an order for this act in the client record. Currently, 45% of Ontario dental hygienists are authorized for self-initiation.

## Working Under an 'Order'

For those who have not achieved authorization to self-initiate, the authorization, known as an 'order', must come from a member of the RCDSO. A dental hygienist can obtain the 'order' in one of two ways:

- by way of a client-specific order; or
- by way of a standing order or standing protocol.

A client-specific order is when a dentist gives authorization for a specific client before a dental hygienist can proceed with the controlled act of scaling teeth and root planing, including curetting surrounding tissue. The client-specific order must be recorded in the client's chart every time the client presents to the office and should be signed/initialed by the dentist.



A standing order (also known as a standing protocol) is a written protocol where the dentist outlines certain conditions that must be met prior to proceeding with scaling teeth and root planing, including curetting surrounding tissue. This standing order, which must be signed by both the dentist and dental hygienist, gives authorization to the dental hygienist to proceed with the controlled act, provided there are no contraindications to treatment. If there are potential contraindications to treatment, the dental hygienist is required to obtain a client-specific order from a member of the RCDSO unless the standing order allows the dental hygienist to receive medical clearance from a member of the College of Physicians of Ontario (CPSO) or a nurse practitioner who is a member of the College of Nurses of Ontario (CNO).

The dental hygienist must reference the standing order in the client record every time the controlled act of scaling teeth and root planing, including curetting surrounding tissue, is performed.

Ideally, standing orders should not make reference to procedures that are not specifically related to the act of scaling teeth and root planing, including curetting surrounding tissue (e.g. requiring bitewing radiographs be taken every six months). The College recommends naming standing orders because it will make identifying the standing order easier should the College require proof of the dental hygienist's authorization (e.g. scaled as per Standing Order 2015, or Standing Order A). The length of time for which a standing order is valid is at the dentist's discretion or until either the dental hygienist or dentist who signed it is no longer associated with the specific practice location for which it was used. The dental hygienist should keep a copy of any standing order she or he signed. While a standing order may form part of a dental hygienist's employment contract, it is important to note that an employment contract is not considered a standing order.

## Orthodontic Procedures

The *DHA* also permits dental hygienists to be involved in performing orthodontic procedures. In order to perform an orthodontic procedure, a client-specific order from a member of the RCDSO is required. The CDHO considers the dentist's orthodontic treatment plan as evidence of the client-specific order when dealing with orthodontic procedures. Standing orders for orthodontic procedures are not acceptable as they do not satisfy the authorization required in the regulation.

When a client presents with a potential contraindication to treatment, the CDHO advises dental hygienists to consult with the client's healthcare provider (dentist, physician or nurse practitioner) who is most familiar with that client's specific condition and would be in the best position to advise if it is safe to proceed with the dental hygiene treatment.

All dental hygienists who have not received authorization from the College to self-initiate are required to:

- work under an order from a member of the RCDSO;
- have a hard, accessible copy of all standing orders;
- have documentation to support specific orders; and
- record a reference to the order in each client entry when performing the controlled act of scaling teeth and root planing, including curetting surrounding tissue.

*...cont'd on next page*

### Restorative Procedures

Dental hygienists who hold a specialty certificate of registration are authorized to place restorations of a permanent nature. However, to do so, they must obtain appropriate authorization by a member of the RCDSO. The authorization must be in the form of a client-specific order. Similar to documentation required to perform orthodontic procedures, the CDHO considers the dentist's restorative treatment plan as evidence of the client-specific order. Standing orders for restorative procedures are not acceptable as they do not satisfy the authorization required in the *DHA*.

Any questions regarding controlled acts and receiving authorization to perform them can be directed to one of the College Practice Advisors. **CDHO**

## The CDHO Knowledge Network

Find the clinical information you need at: [www.cdho.org/Knowledge+Network.asp](http://www.cdho.org/Knowledge+Network.asp)



### View our Fact Sheets!

- Angular Cheilitis • Asthma • Bed Bugs • Bell's Palsy • Celiac Disease • Chicken Pox
- Chlamydia • Conjunctivitis • Crohn's Disease • Dental Abscess • Diabetes Mellitus
- Epilepsy • Fifth Disease • Gonorrhea • Head Lice • Hepatitis A • Hepatitis B
- Hepatitis C • Herpes Simplex • Human Papillomavirus • Hypertension • Impetigo
- Influenza • Lupus • Lyme Disease • Measles • Mononucleosis
- MRSA (Methicillin Resistant Staphylococcus Aureus Carriage/Infection) • Multiple Sclerosis
- Mumps • Oral Cancer • Oral Candidiasis • Oral Piercing • Osteoarthritis • Osteoporosis
- Parkinson's Disease • Pregnancy • Rheumatoid Arthritis • Rubella (German Measles)
- Scabies • Shingles (Herpes Zoster) • Sjögren's Syndrome • Strep Throat (Group A Strep)
- Syphilis • Tuberculosis (TB) • Ulcerative Colitis • Xerostomia



## Update on Proposed Regulations

### Designated Drugs

The final version of the Designated Drug Regulation has been signed by the College President and Registrar and sealed. It is now with the Ministry and waiting to be passed by Cabinet. This is the final step before the regulation becomes law. It is uncertain how long this process will take.

### Spousal Exception

There was a delay in posting the proposed Spousal Exception Regulation on the Regulatory Registry. Because of this delay, the consultation period for the proposed regulation was extended to June 15, 2015. Therefore, Council's consideration on the proposed regulation has been deferred to the September Council meeting.

## National Clinical Examination

In May 2012, the Dental Hygiene regulatory colleges for British Columbia, Alberta, and Ontario began the project of creating a standardized clinical examination for the purpose of evaluating the clinical skills of internationally-educated Dental Hygienists, as well as graduates from non-accredited dental hygiene schools in Canada.

The steering committee is comprised of two members from each of the three participating regulatory authorities and two external consultants to provide expertise and guidance as it relates to the development and validation of assessment tools.

The examination is in its final stage of development and plans are underway for beta testing in Ontario sometime in August. The examination is performance-based and occurs over two days. The examination is comprised of ten stations that candidates rotate through. Seven of the stations use simulations and/or standardized clients and three will be 'live' client experiences. If all goes according to plan, all three provinces will start utilizing the exam in 2016.

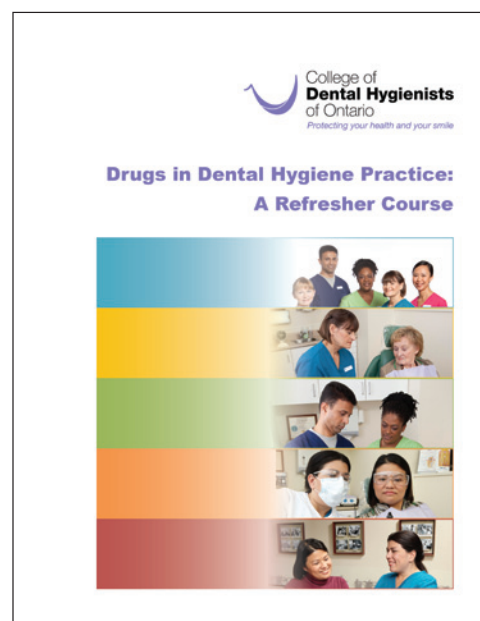
## Plan for the Future!

- 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](http://www.cdho.org)





# Quality Assurance Matters

By Jane Keir, RDH, BSc, BEd

## Update on 2015 Portfolio Assessments

In January 2014, letters were sent to 1324 registrants requesting their portfolio submission by January 31, 2015. Of the 1324 portfolios requested, 1176 registrants have completed their assessment and have met the assessment guidelines. This includes registrants who have resigned from the College and those who have been exempted or who have been deferred to the next assessment period. There are 148 registrants still in the assessment process or completing remedial activities. This includes registrants who have additional information to submit to the Committee, those who are awaiting a second assessment and those who have received time extensions for submissions.

Of the portfolios 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. Common deficiencies found in the portfolios included: insufficient time spent on continuing quality improvement activities; completing activities listed as unacceptable in the Continuing Competency Guidelines; and not providing an explanation of how learning benefitted clients. Many portfolios were also submitted that were missing forms or required information. There were also a number of registrants who reported expired CPR certification. All of these deficiencies could have easily been avoided by comparing the planned activities to those listed as either acceptable or unacceptable for credit in the Continuing Competency Guidelines. 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.

For those who have not reviewed the Quality Assurance documents on our website for some time, all have been revised in 2015 to reflect the recent changes to the Quality Assurance Program. These documents include:

- Quality Assurance Regulation and Registrants' Policies
- Overview of the Quality Assurance Program

- Self-Assessment Tool
- Requirements of the Quality Assurance Program and Guidelines for Continuing Competency
- Guide to the Online System for Managing Individual Learning (SMILE Portal)

These documents are also available under “Resources” on the Dashboard in the SMILE Portal.

## 2 NDHCB Quality Assurance Written Assessment

With the changes made to the Quality Assurance Program, dental hygienists now have the option of demonstrating their competency by successfully completing an assessment written and administered by the National Dental Hygiene Certification Board. This assessment is regularly updated with the most current information related to dental hygiene practice.

It will be of significant interest to those considering completing this assessment to know that all questions are based on the National Competencies and may include questions about the administration of local anaesthetic. Although this topic may not have been taught in Ontario when many currently practising dental hygienists graduated, it is now included as part of the curriculum in Ontario dental hygiene schools and questions regarding local anaesthetics may be encountered when completing the Quality Assurance assessment.

A dental hygienist who is preparing for the NDHCB Quality Assurance assessment should know and understand:

- the appropriate local anaesthetic injection and agent;
- head and neck anatomy/neuroanatomy in the administration of local anaesthesia;
- principles of safe injection techniques;
- the maximum safe dosage of local anaesthetic that can be administered to a client considering the client's age, weight and health status;

- the insertion and deposition of local anaesthetic agents;
- post injection care;
- documentation related to local anaesthetic administration.

The following resource will be helpful in preparing dental hygienists to answer the questions related to local anaesthesia on the NDHCB Quality Assurance Written Assessment:

Malamed, S.F. (2013). Handbook of Local Anesthesia (6<sup>th</sup> ed.). St-Louis, Missouri: Mosby Elsevier Inc.

### 3 Have You Completed Your Voluntary Self-Assessment for 2015?

The Self-Assessment Tool 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 Self-Assessment Tool is designed to assist you in assessing your dental hygiene practice in order to determine your learning goals and to provide direction in the selection of your continuing quality improvement activities. The online System for Managing Individual Learning (SMILE Portal) will use your self-assessment results to assist you in drafting your learning goals. If you are having difficulty in determining and defining your learning goals, suggested goals will be generated to assist you. You are under no obligation to use the suggested goals and are free to modify or delete them altogether and establish your own goals. In the audit process of your Quality Assurance submission, assessors will be looking for a relationship between your established learning goals, your dental hygiene practice and the CDHO Dental Hygiene Standards of Practice.

The 2015 Self-Assessment Tool is available in the SMILE Portal. Although it is not mandatory to complete the self-assessment in the portal this year, it is strongly suggested that dental hygienists experiment with the Tool prior to it becoming mandatory next year.

#### Step-by-step Guide to the Self-Assessment Tool

- Completion of the tool becomes a **mandatory annual requirement for 2016**.
- **The 2016 Self-Assessment will become available in November 2015.**
- Use this tool to assess your dental hygiene practice.
- Identify in the Self-Assessment Tool those areas of your dental hygiene practice that do not meet the standards.
- Establish learning goals for those areas that do not meet the standards or allow the system to set goals for you.
- Select and prioritize your learning goals for every year.
- Select the appropriate quality improvement activity or activities to address each learning goal.
- Remember that there is a range of acceptable activities from which to choose.

See the Guidelines for Continuing Competency at [www.cdho.org](http://www.cdho.org)

This Self-Assessment Tool is for your use only. You are not ever required to submit this tool for assessment with your Quality Assurance information. However, since it is a requirement that the self-assessment be completed each year on-line within the System for Managing Individual Learning (SMILE Portal), the College will be notified by Skilsure if you have not met the mandatory requirement to complete the Self-Assessment Tool each year. **Those who fail to complete the self-assessment by the January 31<sup>st</sup> deadline each year will be automatically selected to participate in the following year's Quality Assurance Peer and Practice Assessment.**

CDHO



Ministry of Children and Youth  
Services

Ministère des Services à  
l'enfance et à la jeunesse

Assistant Deputy Minister's Office  
Policy Development and Program  
Design Division

Bureau du sous-ministre adjoint  
Division de l'élaboration des  
politiques et de la conception des  
programmes



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June 11, 2015

Lisa Taylor  
A/Registrar, College of Dental Hygienists of Ontario  
69 Bloor Street East  
Suite 300  
Toronto, Ontario  
M4W 1A9

Dear Ms. Lisa Taylor,

On September 9, 2013, a Coroner's Inquest into the 2002 death of a young child who had involvement with the child protection system in Ontario began. In February 2014, the Inquest jury provided its verdict and recommendations to the Ontario government. Of the 103 recommendations, four focus on the duty to report child abuse and neglect as set out in the [Child and Family Services Act \(CFSA\)](#). The Inquest jury also recommended that the Ministry of Children and Youth Services further promote public and professional awareness to ensure suspected child abuse and neglect are consistently reported across the province.

In an effort to increase professional awareness and knowledge with respect to the "duty to report", I'd like to request that the College of Dental Hygienists of Ontario share the following information with your respective college members.

*The [Child and Family Services Act \(CFSA\)](#) recognizes that the public, including professionals who work with children, must promptly report any suspicions that a child is or may be in need of protection directly to a children's aid society. This is referred to as one's "duty to report".*

*The CFSA states that people working closely with children have a special awareness of the signs of child abuse or neglect, and a particular responsibility to report their suspicions. Under the Act, persons who perform professional or official duties with respect to children include:*

- *Health care professionals, including physicians, nurses, dentists, pharmacists and psychologists;*
- *Teachers and school principals;*
- *Social workers and family counsellors;*

.../2

- Religious leaders, including priests, rabbis and members of the clergy;
- Operators or employees of child care centres;
- Youth and recreation workers (not volunteers);
- Peace officers and coroners;
- Child and youth service providers and employees of these service providers; and
- Any other person who performs professional or official duties with respect to a child.

*Professionals should never hesitate to report suspected child abuse or neglect. It is their legal duty to make a report to a children's aid society where they have reasonable grounds to suspect that a child is or may be in need of protection. Any professional or official who fails to report a suspicion of child abuse or neglect is liable upon conviction to a fine of up to \$1,000, if this information is obtained in the course of their professional or official duties. The CFSA specifies that a person who acts in accordance with the duty to report is protected from civil actions, unless the person acts maliciously or without reasonable grounds for the suspicion.*

*For contact and other information of all Ontario's children's aid societies, please visit the Ontario Association of Children's Aid Societies' website at: [www.oacas.org](http://www.oacas.org). You can also locate a children's aid society in the local telephone listings or, where available, by dialing 411.*

*For more information, please visit:*  
<http://www.children.gov.on.ca/htdocs/English/topics/childrenciaid/reportingabuse/index.aspx>.

*The "Reporting Child Abuse and Neglect: It's Your Duty" brochure is a useful resource and can be located on the Ministry's website or through Publications Ontario free of charge. The brochure can be found at the following link:*  
<http://www.children.gov.on.ca/htdocs/English/documents/topics/childrenciaid/Reportingchildabuseandneglect.pdf>.

Should you have any questions, please feel free to contact Jill Dubrick, Manager of the Prevention and Protection Services Unit, Child Welfare Secretariat, Ministry of Children and Youth Services at [Jill.M.Dubrick@ontario.ca](mailto:Jill.M.Dubrick@ontario.ca) or 416-326-0273.

Sincerely,



Aryeh Gitterman  
Assistant Deputy Minister

# Drugs in Dental Hygiene Practice Examination

By Cathy Goldberg, RDH, BEd

*Similar to the experience of William and Kate anticipating the arrival of baby Charlotte, dental hygienists in Ontario have been anxiously awaiting the good news that the drug regulation has finally passed.*

*To date, we are still waiting...*



A dental hygienist cannot prescribe, sell and dispense drugs until they have received notification from the College that the regulation is in effect and have successfully passed the Drugs in Dental Hygiene Practice Examination.

The Drugs in Dental Hygiene Practice: A Refresher Course was designed to aid Ontario dental hygienists in preparing to write the Drugs in Dental Hygiene Practice Examination (DDHPE). The course is accompanied with a self-build study guide. The course and study guide have been created to prepare dental hygienists to successfully complete the examination.

To be eligible to take the exam, dental hygienists must hold current registration with the CDHO in the general or specialty class. Dental hygiene students are not permitted to take the examination until they have successfully registered with the College.

In anticipation of the passing of the regulation that will permit dental hygienists to prescribe, sell and dispense designated drugs, the College made the examination available May 4, 2015.

The examination consists of 75 multiple-choice questions. They are based on knowledge, application and critical thinking skills. To be successful on the DDHPE, you must answer 60 of the questions (80%) correctly. There is no limit on the number of times you can attempt the exam. However, each attempt is tracked and each attempt will be a different version of the examination. An immediate response will indicate whether you have been successful overall. The questions you answered incorrectly will be reported with a reference to the section in the self-study course for additional learning. You are encouraged to review the readings and activities related to the section prior to attempting the exam again.

The DDHPE focuses on five topics depicted in the five units in the course:

- Responsibilities of Prescribing and Dispensing
- Decision-Making Related to the Use of Drugs in Dental Hygiene Care
- Principles of Pharmacology
- Drugs Used In and Affecting Dental Hygiene Care
- Issuing Prescriptions and Dispensing Drugs.

Photo: © [www.BillionPhotos.com](http://www.BillionPhotos.com)



Below is a blueprint of the exam:

Domain	Questions
Responsibilities of Prescribing and Dispensing	12%
Decision-Making Related to the Use of Drugs in Dental Hygiene Care	16%
Pharmacodynamics and Pharmacokinetics	17%
Drugs Used In and Affecting Dental Hygiene Care	36%
Issuing Prescriptions and Dispensing Drugs	19%

Below are 2 examples of what kind of questions to expect.

- 1. When can a registered dental hygienist write prescriptions?**
  - a. After they have successfully completed the Drugs in Dental Hygiene Practice Examination once the drug regulation passes
  - b. Once they have graduated from an accredited dental hygiene program
  - c. Once they have become authorized for self-initiation
  - d. Once they have completed the CDHO-approved Mentorship Program
- 2. Mrs. Taggart presents for her dental hygiene care appointment. Her medical history indicates that she has an upper respiratory tract infection diagnosed 2 days ago. She is on day 2 of her 10-day regimen of amoxicillin 500 mg, 3x a day. She routinely takes prophylactic amoxicillin 2 g, as per her cardiologist, before her scaling appointments. Because Mrs. Taggart was already on an antibiotic, she did not take the prophylactic dose prior to her appointment. How should the dental hygienist proceed?**
  - a. The dental hygienist should not proceed without consulting with the cardiologist because a 2<sup>nd</sup> antibiotic from another family may need to be prescribed to accomplish prophylaxis
  - b. The dental hygienist can proceed because the amoxicillin prescribed for the upper respiratory tract infection will be sufficient for prophylaxis as well
  - c. The dental hygienist advises the client to take the 2 g of amoxicillin as prescribed by the cardiologist and proceeds with care after waiting 30–60 minutes
  - d. The dental hygienist should advise the client to take the amoxicillin 2 g right after she has completed the dental hygiene treatment

The answers to both questions is **a**.

To access the examination, log in to the self-serve portal (Registrant's Login).

Click on the link: **To Drug Exam**.

- Make sure to set aside two hours to complete the examination. Have the study guide and drug references easily available for use. Once the examination is successfully completed, print off and save a copy of the certificate of completion.
- This is an online examination. Dental hygienists who do not have access to a computer and Internet connection at home or work are asked to explore other options for completion, including the use of a public library, an Internet café, or a relative's or friend's computer. The College will make every effort to accommodate registrants unable to complete the examination as designed due to documented special needs. **CDHO**

# HOW ARE YOUR COMMUNICATION SKILLS?

By Robert Farinaccia, RDH, BSc



The College of Dental Hygienists of Ontario (CDHO) Standards of Practice defines communication skills as the skills required by health professionals to transmit and receive ideas and information to and from involved individuals and groups. Communication skills include the ability to listen, speak and write in plain language. They are the foundation of good dental hygiene practice. Dental hygienists must strive to be skilled communicators because they are required to build professional relationships that enhance mutual respect and trust. While researching for this article, I discovered that often, complaints made about dental hygienists involve poor communication, or are triggered by the ineffective handling of an otherwise manageable concern. This article will allow you to evaluate the extent of your communication skills and help you recognize where an opportunity exists to enhance your knowledge, skills and implementation of your communication techniques.

## Do You Introduce Yourself To Your Clients? ☐

When you encounter a client for the first time, introduce yourself as a registered dental hygienist. Educate your clients that you are regulated by a governing body (CDHO) under the *Regulated Health Professions Act*. Describe your professional qualifications clearly and accurately. Providing a client with this information will help reinforce your client's decision to seek care from you. It will be meaningful to clients, especially to those who are unfamiliar with the oral health care system. Wearing your CDHO pin and displaying your CDHO wall certificate is a good way of showing your client that a dental hygienist is a regulated health

professional. The client's first impression of your communication skills and style will set the tone for the professional relationship. Also, consider any communication challenges that your client might have during this introductory period and adjust for them (e.g. hearing difficulties, vision loss, level of health literacy).

## Are You Culturally Sensitive?

It is well known that Ontario is a multicultural society. Lionel LaRoche, author and cross cultural trainer, describes culture using an iceberg analogy. If you think of an iceberg, roughly 10% of the iceberg is visible above the water line, while 90% is submerged below the waterline. Sailors who navigate the waters where icebergs are common, know the danger of relying only on what is visible to the eye. Using the iceberg analogy, one can say that some cultural differences are visible and easy to identify (those that lie above the water). Examples would be dress and appearance, accent and use of English terms, the way people greet or introduce themselves and body language. Since these differences are visible, they usually do not create the biggest challenges. Invisible differences create far more barriers for communication. Invisible differences consist of the values and thought patterns that each culture has developed over time. They cannot be directly observed. They can only be inferred from what people say and do.

It is important to consider how different cultures respond to different situations and communication styles. For example, a 9:00 a.m. meeting to a Canadian usually means that one arrives a few minutes before for small talk and begins the meeting as close to 9:00 a.m. as possible. In some cultures, time is less precise. One might arrive 20 minutes late without offering an excuse and begin a social conversation in no rush to get down to business. Some cultures also consider questioning a health care practitioner or shaking hands upon introduction, inappropriate. Becoming familiar with the "do's and don'ts" of a culture can significantly improve the effectiveness of your communication style and provide an environment where your client feels safe and is comfortable expressing their concerns.

Strive to increase your knowledge of your clients' cultures and be able to understand what differences exist so that you can use that knowledge to communicate and interact effectively.

## Are You A Good Listener?

When taking or updating a client's medical or dental history, it is important to use active listening techniques and understand why the client has come to you. Cues such as nodding your head where appropriate, giving eye contact, asking clarifying questions and summarizing in your own words what you are hearing, will validate your client's concerns and will help her or him feel comfortable opening up to you. After all, the information required on a medical and/or dental history is of utmost importance and having your client feel hesitant or uneasy about disclosing personal health information is a barrier to safe and effective care.

Involve your client in developing goals for treatment and address areas that are concerning to her or him. As the health care professional, you may see areas of concern that you feel need to be prioritized, but it is important that your client's concerns are not minimized. When clients are involved in the decision-making process, it provides a two-way information exchange process, where decisions are based on a combination of the best scientific data available and client values, which can simultaneously meet client-specific needs and provide higher quality health care.<sup>1</sup> Clients who feel involved in the process of their care are more likely to commit to it and achieve the goals that have been mutually set. Of course, as a dental hygienist, like any regulated health care professional, you must balance client wishes with the risk of causing potential harm (e.g. a client wanting a scaling without allowing you to do an appropriate assessment first) and should not engage in procedures where the potential risks outweigh the potential benefits.

Your clients should be offered an opportunity to provide feedback on their experience and achievement of their treatment goals and you should use this feedback to help strengthen the relationship and better understand your clients' needs and motivations moving forward.

*...cont'd on next page*

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<sup>1</sup> S. Chow, G. Teare, G. Basky. Shared decision making: Helping the system and patients make quality health care decisions. Saskatoon: Health Quality Council. September 2009.  
[http://hqc.sk.ca/Portals/0/documents/Shared\\_Decision\\_Making\\_Report\\_April\\_08\\_2010.pdf](http://hqc.sk.ca/Portals/0/documents/Shared_Decision_Making_Report_April_08_2010.pdf)

## Are You Communicating Your Findings?

After the assessment data has been collected, you are required to share, discuss and answer any questions about the assessment findings and/or oral conditions present. Sometimes, you may be reluctant to share findings with your clients because you believe that by doing so, you may be performing a controlled act which is not within the dental hygiene scope of practice (i.e. communicating a diagnosis). However, telling a client that your assessment indicates that there are a number of symptoms suggesting a concern on a specific tooth or area and advising them to see a dentist or physician to rule out a serious condition is not considered communicating a diagnosis.

Avoid terminology that is too technical that may go beyond your client's level of understanding. When this happens, clients may feel inferior and may be reluctant to ask you questions. The tone of your voice when communicating your findings can also play a key role in your client's willingness or hesitancy to participate in the process. Using effective simple language, analogies and visual aids can help make things real for your clients. You should also consider how the client may respond to the assessment findings, (e.g., worry, fear, interest, surprise) and adjust your communication strategy based on the client's response to the information. Also, consider your client's level of health literacy, how much information they can absorb, what type of information they need to take away with them, and how to deliver this information in a receptive way.

## Do You Inform Before You Perform?

Explain the overall purpose of any and all procedures beforehand as well as any risks and benefits to be expected of those procedures (e.g. inform a client that has an abundance of calculus that after it is removed there may be some space between the teeth or the teeth may be loose). This will ensure that the client fully understands why you are doing what you are doing. Provide them with the opportunity to ask any questions. This will allow the client to give you consent that is truly informed. Rushing through or avoiding this step is a prescription for a complaint because it is difficult to be certain that any consent obtained was fully informed and voluntary.

## Do You Have Time To Answer Questions?

Dental hygienists have extremely busy work schedules. Sometimes clients may require more time than is allotted because they may have questions. It is always prudent to let your clients know how and when to reach you if they have questions about the care you have provided for them. Provide guidance as to what is the best way a client can get in touch with you (e.g. leaving a detailed voice message at the office; emailing you at the office) and inform them if there may be delays in responding due to the nature of your schedule. Setting aside a specific time where you will be available to answer any questions that could not be answered during the appointment (e.g. once a week for an hour) will allow you to ensure that you can address your clients' questions and concerns adequately.

### **Did you know?**

*"itis" is a suffix meaning inflammation. Using the words gingivitis and periodontitis describes an observable condition, and not considered a diagnosis. You may choose to use these words in your clinical records and discussions with clients. Similarly, if a client describes a reaction to a medication that included red itchy bumps on their body, you might choose to use the term "rash".*





### Are You Prepared To Deal With Conflicts? ☐

It would be unrealistic to expect every client to agree with everything you say or do. Conflicts or differences of opinion can and will develop with your clients. Clients may disagree with, or challenge a recommended treatment plan, and this may create frustration for you. This is a good opportunity to advise your client that you welcome a second opinion. Sometimes these differences appear trivial to you, but when a conflict triggers strong feelings, a deep personal need is often at the core of the problem. These needs can be a need to feel safe and secure, or a need to feel respected and valued. It is important that you try to understand the full reasons for a client's concerns and decisions, clarify your intentions and their expectations, and work out a resolution if possible.

Just as dental hygienists call the practice advisors at the College for advice, your clients contact us for advice. Sometimes they ask how to deal with a conflict they may have had with their dental hygienist. The initial advice we give usually involves encouraging the client to contact their dental hygienist directly to try to resolve the issue, since as mentioned previously, many issues that the College receives as formal complaints revolve around poor communication. It is good to also recognize that not all conflicts will be resolvable. If the conflict cannot be resolved, the next best thing is to try to manage it as well as possible. You should take any opportunities where conflict is involved to understand where the line of communication may have been broken and how to avoid the situation from occurring again.

### Do Your Clients Know Their Rights? ☐

The College encourages dental hygiene clients to discuss concerns they have about services and treatments received with the service provider. However, not all conflicts will be resolved to the clients' satisfaction. The College provides a fair and transparent complaints process for clients who feel they may not have received the care they had the right to expect. As their dental hygienist, you should advise your clients that this is available to them. Information on how the complaints process works can be accessed from the Public page on the CDHO website.

There are many barriers to effective communication and dental hygienists must continually assess their skills and make an effort to develop and implement strategies for enhanced communication. The College recognizes that proper communication is crucial in being able to provide safe and effective dental hygiene care. As a dental hygienist, you are encouraged to make a positive impact on your dental hygiene practice by enhancing your knowledge and skills of communication techniques and implement them in your professional relationships with your clients. **CDHO**

Revised August 7, 2015

# ILLEGAL PRACTICE

The College takes complaints that an unqualified and unregistered person may be practising dental hygiene, very seriously. The College has recently concluded three investigations into reports that persons were using the title Dental Hygienist and/or practising dental hygiene.

One investigation failed to show evidence of an illegal practice and therefore, the College will take no further action. The results of the second investigation are summarized below.

A third illegal practice has been reported and investigated. This individual was found not to have practised dental hygiene although he did hold himself out to be a dental hygienist. After serving this person with a cease and desist letter, it appears that there is no further action warranted. However, the College will keep this matter on file, and will take appropriate steps should concerns be raised in the future.

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## THE COLLEGE TAKES CONCERNS OF ILLEGAL PRACTICE BY MARY SOLIS TO COURT

The College of Dental Hygienists of Ontario (“CDHO”) obtained an injunction on March 27, 2015 prohibiting Mary Solis (also known as *Mary Windgate*, *Mary Devcic*) from using the title dental hygienist, holding herself out as a registered dental hygienist and performing controlled acts including scaling teeth or root planing. The College was concerned that Ms. Solis had been practising as a dental hygienist without having been registered with the CDHO. The College brought an application in the Superior Court of Justice to prohibit Ms. Solis from performing controlled health care acts illegally. Ms. Solis had denied the College’s allegations and defended the proceedings but agreed to a court Order that indicated that she would not perform unlawful acts. The Order did not include a finding of wrongdoing. **CDHO**

### ***Accessibility for Ontarians with Disabilities Act (AODA)***

The government enacted the *Accessibility for Ontarians with Disabilities Act* in 2005. It set out a clear goal and timeframe to make Ontario accessible by 2025. The College is committed to meeting the milestones in the timeframe by training staff on accessible customer service, developing accessibility policies and optimizing the accessibility of information and our website.

CDHO has put a team together to ensure we are meeting our required deadlines for implementing the stages of this process. Our goal is to have all areas in compliance well before the 2025 deadline.



College of **Dental Hygienists** of Ontario  
L'Ordre des **hygiénistes dentaires** de l'Ontario

## the College's promise to dental hygiene clients

*You can expect to receive*

*quality preventive oral hygiene care  
from health professionals who are  
registered with the College of  
Dental Hygienists of Ontario  
(CDHO).*



### how we keep this promise

- ✓ All dental hygienists must be **registered** with the CDHO to practise in Ontario.
- ✓ Only persons currently registered with the CDHO may use the title “dental hygienist” or any variety of translation of “**dental hygienist**” including the initials RDH (Registered Dental Hygienist).
- ✓ Every dental hygienist in the province **must** meet the CDHO’s entry-to-practice requirements.
- ✓ A list of currently registered dental hygienists is **available** to the public.
- ✓ The College provides Standards of Care and Practice Guidelines to guide dental hygienists and **inform** the public.
- ✓ The continuing competency of your dental hygienist is **monitored** and **supported** by the College throughout her/his professional career.
- ✓ Information about oral health and **access** to dental hygiene care is promoted to the public.
- ✓ A **fair** and **transparent** complaints process is available to help clients who feel they may not have received the care they had the right to expect.
- ✓ The College collaborates with the Ontario Government, other health Colleges and consumer groups to promote access to **safe** and **effective** oral health care.

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# Applying for Authorization to Self-Initiate? Have You Been Working Under a Standing Order?

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In order to self-initiate the Controlled Act of *scaling teeth and root planing, including curetting surrounding tissue*, dental hygienists must apply for, and receive, authorization from the CDHO to do so.

The three streams by which a dental hygienist in Ontario can obtain authorization to self-initiate are set out on the CDHO website in the **Self-Initiation Package** available under the Professional Practice tab. To apply under Stream 1a, a registrant must have practised clinically under a standing order or protocol in Ontario for at least the two (2) years (3200 hours) previous to application.

## **Unsure if your standing order makes you eligible to apply under Stream 1a?**

A standing order will be accepted if all the criteria on the checklist below are met. Once the complete application package is received, it will be processed within 5 to 10 business days. If the standing order is not acceptable to the College, the registrant will be directed to apply under another Self-Initiation stream. Further information is available on the website at <http://www.cdho.org/Self+Initiation.asp>.

## **Standing Order for Self-Initiation Checklist:**

To be acceptable for applying under Stream 1a, a standing order should include:

- ☐ Reference to the controlled act of “scaling teeth and root planing, including curetting surrounding tissue”
- ☐ The dental hygienist’s name and signature
- ☐ The name and signature of the member of the RCDSO
- ☐ The date the standing order was issued
- ☐ The dentist’s (or office) stamp and/or all locations the standing order is valid for (i.e. office addresses if valid at multiple locations), or provide a separate standing order for each location

## **If the order does not include the above elements, additional information may be required from the dentist in order for the dental hygienist to proceed under Stream 1a.**

A standing order should demonstrate to the College that the dental hygienist has been given authorization by a dentist, based upon a comprehensive dental hygiene assessment of clients, to proceed indefinitely with scaling teeth and root planing, including curetting surrounding tissue *as long as no contra-indications exist*. (See contra-indications legislation on the CDHO website at <http://www.cdho.org/reference/english/Contraindications.pdf>).

The standing order should be limited to the controlled act of “scaling teeth and root planing, including curetting surrounding tissue”. It should not make reference to any other procedures.

*See Sample Standing Order on next page*



## Sample Standing Order

The following is a sample standing order that would be considered acceptable by the CDHO. Dentists and dental hygienists are welcome to use this standing order if they wish.

### COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

#### Suggested Template for Standing Order

#### **ORDER TO PROCEED WITH SCALING AND ROOT PLANING, INCLUDING CURETTING SURROUNDING TISSUE**

In this office, it is the accepted protocol that each client must have a medical history taken and updated at each appointment.

If there are no conditions in the medical history that contraindicate scaling and root planing, including curetting surrounding tissue, I authorize the dental hygienist(s) listed below to initiate these procedures.

If there are conditions in the medical history that contraindicate scaling and root planing, including curetting surrounding tissue, I authorize the dental hygienist to proceed provided that s/he has:

- (a) obtained a client-specific order from me; or
- (b) obtained medical clearance for the proposed treatment from a member of the College of Physicians and Surgeons or a nurse practitioner who is a member of the College of Nurses of Ontario.

#### **Dental hygienist(s) authorized under this protocol**

**Name(s) (printed)**

**Signature(s)**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_


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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Authorizing Dentist's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorizing Dentist's Name (printed)

Stamp or Address of  
Authorizing Dentist

Any questions regarding the requirements for the Application for Authorization to Self-Initiate process can be directed to the Registration department at [registration@cdho.org](mailto:registration@cdho.org). 

# Updates to the Public Register

## New Registrants

(March 1, 2015 to May 31, 2015)

Angilletta, Stefano	017491	Gueldner, Ashley Victoria	017505	Oakes, Christine Katelyn	017483
Aqeel, Mehwish	017571	Gutierrez Suasnavas,		Palmer, Casey Noelle	017517
Armitage, Sandy	017531	Wendy Carolina	017581	Parfeniuk, Anne-Marie	017543
Bainbridge, Maddison	017522	Hanna, Reta	017551	Pathak, Sherry	017563
Barker, Stephanie Milena	017520	Harrison, Ashley Kathleen	017573	Pecor, Caitlin Michelle	017514
Beck, Kellie Ann	017542	Harrison, Erika	017541	Perry, Brittany Lauren	017555
Bobila, Maria Chesca	017535	Hassanali, Fazila	017477	Piontek, Hedi	017590
Bokma, Megan Susanne	017519	Hawley, Micheline Lisanne	017550	Prentice, Alexandra	017480
Boniface, Benjamin	017586	Hedden, Rachael Eve	017527	Profeiro, Tasha	017594
Boyd, Stephanie Michelle	017507	Hodges, Katelyn	017524	Quach, Ai-Van	017549
Brar, Jagvinder	017478	Horan, Jessica	017553	Quick, Natasha Lynne	017593
Brown, Kayla Leeanne McKinley	017537	Hounsell, Cassandra	017580	Quinteros Ahumada, Cecilia	017488
Brown, Tess	017495	Husidic, Ismeta	017575	Ramnarine, Samantha Nalini	017481
Burdman, Natalie-Michelle	017559	Irvine, Taylor	017552	Rezaei, Farnoush	017485
Buscemi, Giuseppina	017558	Jette, Jenn	017574	Roberts, Victoria	017525
Cabugao, Mary Jean	017512	Jung, Hwayoung	017490	Robinson, Rebecca	017506
Camacho, Sarah Helen	017526	Keenan, Corinne Frances Ann	017509	Rodrigues, Felicia	017502
Caruana, Amy	017504	Kinsman, Molly	017546	Salas, Bleshilda Sebastian	017516
Cave, Jashona Sharese Alana	017529	Kirkland, Jamie	017589	Santangelo, Serena Rene	017595
Chanthabandith, Brenda	017568	Kline, Julie Jamieson	017500	Scarcello, Kristina Connie	017521
Chopty-Aquilizan, Marianne	017596	Koch Marques Da Silva, Bryanna K.	017540	Shah, Bhavin Padmakant	017476
Cirillo, Antoniette	017548	Kozlovsk, Ganna	017508	Shah, Neel	017513
Coutu, Valerie	017564	Kuglin, Claire	017528	Shuker, Courtney Marie	017579
Cruz, Cynthia	017567	Lamb, Charlotte Eva	017566	Sica, Vitoria Sandra	017530
Cruz, Mary Fatima	017557	Lanzino, Alessia	017503	Sisler, Samantha	017532
Cundill, Ashley	017561	Lauzon, Chanelle	017570	Smit, Kristen Margaret	017572
Dawson, Kristen Brianne	017510	Leeson, Brandi	017597	Smith, Christie	017560
DeCola, Melissa	017544	Lightfoot, Jennifer Lynne	017591	Spano, Anne-Marie	017499
Deol, Neena	017547	Lippa, Amanda Marie	017494	Stapley, Bailey Christina	017554
Devine-Silva,		Loke, Michelle Jessica	017538	Stewart, Vanessa Paulette Marie	017565
Brooke Elizabeth Marie	017497	Lush, Chantal	017578	Stirpe, Caitlin Elizabeth	017496
Dhaliwal, Baneet	017577	MacDonald, Kaitlin Kerry	017598	Tanguay, Kathy	017523
Dionisio, Jean-May	017533	Marsdin, Ashlee	017498	Thi, Diana	017487
Ditta, Felicia	017584	Maskens, Jennifer Rebecca	017588	Uddin, Sarah	017592
Doucette, Leah Ashley	017583	Mauro, Victoria	017479	Vilchez Casilla, Jorge Emilio	017515
Drapeau, Sophie	017576	McGregor, Brookelyne	017539	Villaluna, Rosanna Maria	017536
Gohn, Kathleen Christine	017482	Medeiros, Christin	017587	Wayne, Sasha	017545
Grbavac, Sherri Eve	017518	Montano, Lucy	017474	Will, Jennifer	017501
Greco, Nicole	017556	Mortson, Leanne Krista	017484	Williamson, Brittany	017534
Gu, Meng Meng	017492	Nandal, Reika	017493	Winegarden, Kelsey Victoria	017511
Guanzon, Mary Anne	017582	Ngo, Kathy	017562	Yeung, Cheng I	017585
		Nguyen, My Hanh	017569	Yumnu, Sabiha	017489
		Niblett, Lauren Alexandra	017475		
		Nnagbo, Chinwendu Calista	017486		

## Authorized for Self-Initiation

(March 1, 2015 to May 31, 2015)

Abbas, Nayyer	012941
Adams, Crystal Joy	010326
Ahmad, Rula	010774
Alizadeh Nori, Fereshteh	010935
Anton, Daniela	015748
Armitage, Sandy	017531
Asadoorian, Joanna	003983
Barcic, Shannon	016616
Bartlett, Ashley	013869
Bjelic, Amela	007890
Blandon, Leidy	015624
Blazkowska, Agata	014937
Boisvert, Amanda Mae	012343
Bozickovic, Vera	003610
Chan, Josephine Wan Sheung	012565
Chandi, Punam	016276
Choudhry, Saadia	009561
Coe, Sandra Lea	003801
DeGagne, Erica Lynn	014903
Dhindsa, Mandeep	014679
Dominelli, Andria Donna	012410
Donovan, Kristen Sarah	009568
Drakes, Amanda	012125
Dunn, Brooke	015759
Emond, Renee Marie	014877
Enriquez, Jonaria	015590
Farmand, Nakissa	012595
Gagnon Allaire, Josee Michelle	010561
Gagnon-Perrin, Monique	003825
Gale, Alannah Elizabeth	016914
Ghayyur, Kinza	015141
Graham, Christena Jean	000805
Haryott-Fink, Barrie-Ann	006702
Hastings, LeeAnn	013673
Ho Nguyen, Thao	011369
Hoang, Miranda Margaret	009795
Hurd, Anna	015458
Hurtubise, Mélanie	012090
Ing, Loretta	006177

Johnston, Meghan Victoria	011381
Klieber, Kelsey	015935
Knynenburg, Karen Therese	005217
Krishko, Joely	011190
Lacasse, Julie Lorraine	009989
Lamanna, Vanessa Maria	015029
Lamba, Inderjit	012283
Lee, Anthony	015563
Masci, Julie	011224
Mason, Angie	015361
McDonald, Robyn L	010124
McElrea, Kylie Brianne Margaret	015930
Mechail, Ghada Yousif Gad	012871
Merlino, Lianna Nicole	011328
Miller, Kristan	015608
Mujezinovic, Seila	014871
Murray, Kimberly Ann	006317
Muzyczuk, Edyta Katarzyna	009473
Norland, Lori	006699
Olynyk, Lauren	016984
Otto, Anne-Marie	015851
Parker, Jennifer Elizabeth	011608
Partridge, Jennifer Lynn	010278
Paterson, Roger Eric	010141
Paul, Isabelle	015997
Peters, Ann-Marie	014532
Piazza, Alessandra Josephine	015926
Pineau, Janette Mildred	001403
Prud'homme, Rachelle E	006033
Rodriguez, Emily	012691
Sauvé, Josee	007161
Savic, Ana	014918
Schmidt, Jessica	015922
Semenyna, Antonina	011166
Smith, Michelle Lynn	013418
Spanidis, Michelle	015683
Tagliaferri, Nidia	013115
Tamburini-Martinez, Lucia	012702
Thomas, Cheryl Lindsay	015156
Umesh, Swathi	015132
van Gennip, Donna Elisabeth	013691
Vasconez, Evelyn	015673

Virdi, Sukhjeet	009168
Visser, Patricia Ann	003023
Wieringa, Kali	015331

## Reinstated

(March 1, 2015 to May 31, 2015)

Ansari, Shabana	013725
Assaad, May	014199
Clark, Kimberly	011276
Coursol, Marie-France	017101
Dion, Janet	013129
Green, Christina	009099
Green, Melissa-Lynn Elizabeth	012049
Hastie, Kimberley Ann	008049
La Brie, Lauren	016102
Laderoute, Terri-Lyn Jennifer	016985
Patterson, Suzanne	006816
Pirri, Natasha	016704
Randhawa, Kiranjit	014925
Villanueva, Judy Lynn	013247
Weeks, Alisha	014459
White, Linda Anne	001691
Zannella Latino, Elena	012980

## Resignations

(March 1, 2015 to May 31, 2015)

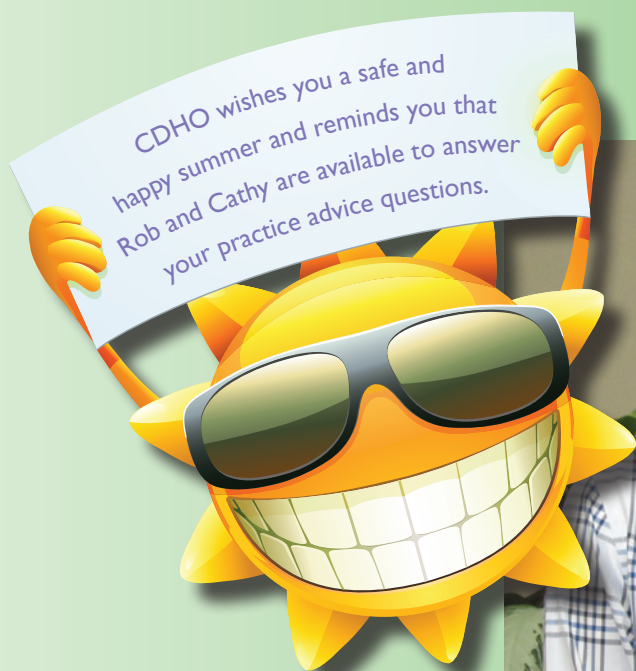
Boudreault, Nicole	008729
Cinquino, Laura	017413
Gourde, Roxanne	017143
Hodson, Theresa	015695
Khan, Sahara	015321
Lafleur, Véronique	015416
Miville-Dechene, Jennifer Lee	007599
Ng, Fanny	015402
Radtke, Heather Elizabeth	009055
Saint, Rachel Leigh	017355
Scott, Kendahl	016680
Todd, Susanne Claire	002565

## Resigned While Under Investigation

(March 1, 2015 to May 31, 2015)

Morshedi, Massoomah	014588
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# 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**

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**Cathy Goldberg, RDH**

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