Sterilizer Monitoring:
Process Challenge Devices

Written Policies and Procedures

Setting the Record Straight on
Infection Prevention and Control –
The Facts About Reprocessing
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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For more information on Council and Council Meeting Dates, please go to www.cdho.org.

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On January 19, 2018 the CDHO Governing Council scheduled their first meeting of the year where the annual elections for the Executive Committee were held. I am honoured to have been nominated and acclaimed into the role of President for the CDHO. I would like to congratulate my fellow Council members who were elected to the Executive Committee: Fern Hamelin, as Vice-President, Yvonne Winkle (public member), Roma Czech (professional member), and Caroline Lotz (professional member). On behalf of Council, I would like to welcome our new Council members, Jenny Gibson (professional member), Trudi Enstrom (professional academic member), and Maria Lee (public-appointed member). Lastly, a big thank you to the outgoing President, Heather Blondin, for her leadership this past year and continued dedication serving on Council as a professional member for the past eight years.

The Council continues to recognize that self-regulation is a privilege and are committed to uphold the College mandate of regulating the dental hygiene profession with public interest in the forefront.

The Council participated in an Orientation Workshop in January, facilitated by Julie Maciura, legal counsel for the CDHO, where Council members reviewed their fiduciary responsibilities, transparency requirements, Council Member Code of Conduct, and Conflict of Interest. In February, the Council participated in a Discipline Training Workshop, facilitated by Elyse Sunshine, a well-known Toronto lawyer who works with regulatory colleges. Council is currently preparing for the next Council meeting in June. We remind you that you are welcome to attend any of the Council meetings and/or participate in the upcoming November 2018 elections for professional members in certain districts.

The Council will navigate through the next year utilizing our Policy Governance Model to carry out the organizational strategic plan, evaluate the Ends Policies to identify the organizational benefits, continue to work on the implementation of the CDHO’s Ownership Linkage Plan, and self-monitor within the governance process to ensure we, as a Council, are governing well. The Council continues to recognize that self-regulation is a privilege and are committed to uphold the College mandate of regulating the dental hygiene profession with public interest in the forefront.
Sometimes it takes a crisis to bring people together working towards a common good. We see it on the news — people coming together that would not normally do so when there is a tragedy in a community.

Unfortunately, sometimes, something bad has to happen for good to come about. Recently, the dental community experienced such a crisis. I am sure that everyone has heard by now the stories of several dental practices being closed for serious infection prevention and control breaches. You have seen the interviews on television that show distraught families awaiting blood test results after being told they were at risk of exposure. This hit our dental community hard — and rightly so.

The oral health colleges, particularly dentistry and dental hygiene since the breaches primarily involved their registrants, jumped into immediate action. I can tell you that these public health closures have become an immediate priority for both colleges. Our registrants had really dropped the ball on this one, and arguably, so had we.

The call to action was swift, and in very little time, a working group came together. Public Health Ontario (PHO), the Royal College of Dental Surgeons of Ontario (RCDSO) and the College of Dental Hygienists of Ontario (CDHO) are working together to develop a common Infection Prevention and Control checklist for offices. Everyone is focused on the same goal: public protection.

At the same time, both colleges mobilized to educate their registrants by getting together with Public Health Ontario on a couple of webinars. Two colleges working as a unified voice to make sure that dentists and dental hygienists have a shared Best Practices document for Infection Prevention and Control. We are working together to make sure that, moving forward, no member of the public would ever have to receive a letter informing them that they may have been exposed to an infectious disease due to poor infection prevention and control practices.
One of the most positive things to come out of this crisis is the shared understanding that registrants of both colleges are expected to follow the same infection prevention and control practices. Although each college will have their own guidelines, both will be the same and meet the expectations of Public Health.

Another very positive outcome was the opportunity to consult with our colleagues at the College of Denturists of Ontario (CDO) on the best infection prevention and control practices for handling impressions and dentures. Again, a threat in the community draws people and groups together and only good things can come from this. By joining forces, we draw on each other’s strengths, bringing us all to a higher level.

Unfortunately, sometimes, it takes a crisis for people to drop their baggage, put egos aside, and pull together for the sake of someone else. It seems that our spirit to do the right thing is more acute when we can put a face to public interest.

I feel for every person who received a letter advising them or their loved ones to get tested for infectious diseases as a result of improper sterilization of dental and dental hygiene instruments. I appreciate the worry and stress this has caused them. It cannot be taken back.

The CDHO is already on the road “Setting the Record Straight on Infection Prevention and Control”. For those who do not know, this is a theme for presentations that are occurring across the province. The response from dental hygienists has been overwhelming. The rooms have been filled to capacity with registrants who want to do the right things for their clients.

This issue of Milestones covers some of the new and up-to-date information on monitoring the reprocessing of instruments. Our website contains the information you need on infection prevention and control. Additionally, our practice advisors are free to answer any questions you may have. The resources are here for you. Please share these resources with your community of practice. Together, we can draw on each other’s strengths and provide the safe environment our clients deserve and expect.
At the December 8, 2017 meeting, Council approved the leasing of laptop computers for all Council members in an effort to reduce paper consumption. An awards and recognition luncheon honoured Council members who were retiring from Council.

The Ends Policy that defines the work of the College was revised.

Left to right: Yvonne Winkle (public member), Jillian Eles (professional member), Catherine Ranson (academic member), Marlene Heics (professional member), Roma Czech (professional member), Heather Blondin (professional member), Julius Nathoo (public member), Anne Venton (public member), Janet Munn (academic member), and Jennifer Turner (professional member).
At the **January 19, 2018** meeting, the Executive Committee was elected by Council as follows: Catherine Ranson (academic member) President; Fernand Hamelin (public member) Vice-President; Roma Czech (professional member); Caroline Lotz (professional member); and Yvonne Winkle (public member).

At the **March 9, 2018** meeting, the Registrar reported that with the resignation of Marlene Heics in **District 2**, there would be a **by-election** held in that district.

Having outgrown the office space at 69 Bloor St. E, the College will **relocate in January 2019** to space leased at 175 Bloor St. E.

Council approved sending two Council members to the International Policy Governance Association Conference in June 2018 in Savanah, Georgia.

The **Quality Assurance Committee** reported that the NDHCB QA written assessment for 216 registrants who had chosen to take the examination as part of their 2018 Quality Assurance requirements was re-opened February 23, 2018. The examination was put on hold November 9, 2017 due to suspected irregularities. The College has had the security features associated with the written assessment enhanced.

The **Registration Committee** reported that in the time period December 8, 2017 to February 23, 2018, 80 new applicants were registered to practise, 357 registrants resigned and 31 registrants were revoked for non-payment of fees.

The **Inquiries, Complaints and Reports Committee** (ICRC) reported that since the December Council meeting, it has received 7 complaints and began 6 Registrar Report investigations. In total, the ICRC is currently investigating 82 matters including 13 formal complaints, 2 QA referrals and 67 Registrar Report investigations.

The **Discipline Committee** reported that a Panel of the Committee found Ms. Judy Villanueva guilty of professional misconduct.

The agenda books and minutes of past Council meetings can be found on the CDHO website. Registrants are encouraged to read and be informed.
CDHO’s New Executive Committee

The CDHO is pleased to announce its 2018 Executive Committee. Elections were held at the first meeting of Council, on January 19th, with the following results:

- **Ms. Catherine Ranson**
  - Academic member
  - President

- **Mr. Fernand Hamelin**
  - Public member
  - Vice-President

- **Ms. Caroline Lotz**
  - Professional member

- **Ms. Roma Czech**
  - Professional member

- **Ms. Yvonne Winkle**
  - Public member

The Executive Committee consists of five Council members elected by Council annually. All Council members are eligible for election to the Executive Committee. Three members are registrants of the College and two members are publicly appointed.

Council Announcements

In the fall of 2017, CDHO held elections in Districts 2 and 3, a by-election in District 7, and an Academic selection. The following professional members have been either elected or acclaimed to serve on Council, as well as two new appointed public members. The College extends congratulations to all the new members.

**Professional members – Academic**

- **Trudi Enstrom** is the Dental Hygiene Program Coordinator at Confederation College in Thunder Bay, and a Professor in the following areas: preclinical, clinical, human pathophysiology, oral pathology, periodontics, and research and pain management. She holds a BScDH from Northern Arizona University and a Master of Education; specialization in Social Justice Education from Lakehead University. Mrs. Enstrom is a member of the Patient Relations, Discipline and Fitness to Practise committees.

- **Catherine Ranson**, current President as of January 1, 2018, was elected to Council in 2012, re-elected in 2015 and acclaimed in 2018, as one of two academic representatives on Council. Ms. Ranson is the Dental Hygiene Program Coordinator at George Brown College in Toronto, Ontario. She earned a Bachelor of Health Administration from Ryerson University in 2006 and a Master’s Degree in Educational Technology at the University of British Columbia in 2015. Ms. Ranson served as Vice-President to Council in 2015 and 2017, and is currently a member of the Executive, Registration, Discipline and Fitness to Practise committees.
Professional members – Elected

**Roma Czech**, professional member in District 2, was elected to Council in 2015 and acclaimed in 2018. Ms. Czech practised in Toronto, Oshawa, Cobourg and the Georgian Bay. She currently owns her own dental hygiene practice in Midland, Ontario. Ms. Czech holds certificates in ADR from University of Windsor and Teaching and Training Adults from Brock University. She is currently finishing her degree in Applied Sciences from the University of Ontario Institute of Technology. Ms. Czech is a member of the Executive, Inquiries, Complaints and Reports, Discipline and Fitness to Practise committees.

**Jillian Eles**, professional member, was elected to Council in 2017 and acclaimed in 2018. Ms. Eles has dental hygiene experience in general practice (St. Catharines) and volunteers with Quest CHC serving populations with barriers to oral health care. She holds a BScDH from the University of British Columbia. She is currently a member of the Registration, Discipline and Fitness to Practise committees.

**Jenny Gibson**, professional member in District 7, was elected to Council in 2017. Ms. Gibson practised throughout Ontario and in Alberta, where she had the opportunity to work in both an independent dental hygiene environment, as well as in private dental offices. She received her BDScDH from the University of British Columbia in 2012. Ms. Gibson currently is a member of the Quality Assurance, Discipline, and Fitness to Practise committees.

Public members – Appointed

**Maria Lee** is a professional social worker who graduated with a Master of Social Work from McGill University. She has worked in Toronto in the community health field for over 30 years. She has keen interests in advancing quality health care for vulnerable populations. Mrs. Lee has been taking leadership roles in many community boards and agencies, and she has experience working with regulatory colleges. Mrs. Lee is a member of the Patient Relations, Inquiries, Complaints and Reports, Discipline and Fitness to Practise committees.

**Erin Betts** is a Partner at Epstein Cole LLP. Her practice is exclusively devoted to the resolution of family law matters. She is a contributor to various continuing legal education programs and she represents children in family law matters as a member of the Office of the Children’s Lawyer Panel in Ontario. Ms. Betts holds an Honours Bachelor of Arts degree from the University of Waterloo and a Bachelor of Laws degree from the University of Windsor. She is a member of the Law Society of Upper Canada, the Family Law Section of the Ontario Bar Association, and the Advocates’ Society. Mrs. Betts is currently a member of the Registration, Discipline and Fitness to Practise committees.

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**The CDHO will be holding a by-election in District 2. For more information, please see the text box on page 24.**
What is reprocessing?

Reprocessing involves the steps performed to prepare a used instrument/device for reuse. Reprocessing steps of dental devices includes but is not limited to pre-cleaning, disassembly/soaking, cleaning, rinsing/drying, packaging, sterilization and storage.

Pre-cleaning

Pre-cleaning involves the removal of visible soil from instruments/devices at the point of use so that it does not dry or harden on items to be sterilized. Instruments should then be transported to the reprocessing/sterilization area in a closed puncture-resistant container. This container should be cleaned and disinfected after each use.

Disassembly/Soaking

Instruments should be lubricated, if required, and disassembled according to the manufacturer’s instructions for use (MIFU). If instruments cannot be cleaned immediately, they should be kept moist and/or soaked in an enzymatic solution or detergent that is compatible with the instruments/devices being cleaned.

Cleaning

Instruments should be manually scrubbed cleaned or may alternatively be cleaned in a washer/disinfector or ultrasonic machine. Washers/disinfectors or ultrasonic machines should receive regular maintenance and be tested for efficacy at least weekly or as per MIFU. Ultrasonic solutions should be changed at least daily or more frequently if visibly soiled. Any brushes that are used for cleaning can accumulate organic matter and should be inspected throughout the day and changed when dirty. At the end of the day, brushes should be sterilized or discarded.

Rinsing/Drying/Inspecting

Once items have been cleaned, they should be thoroughly rinsed and dried with a lint-free cloth. Items should be inspected to ensure all organic and inorganic material have been properly removed. The integrity of the instrument should also be evaluated.

Packaging

Instruments must be sterilized in a manner where they remain sterile until point of use. This means instrument packaging should be opened in front of the client. There are many types of packaging materials such as peel/plastic pouches, woven and non-woven sterilization wrap. The packaging selected must be compatible with the sterilization process being
used. Care should be taken to not overload packages where instruments are pressing at the seams. There should be enough room in sterilized packages for steam to penetrate around all surfaces of instruments. Hinged instruments should be sterilized open and unlocked, and items should be packaged according to the manufacturer’s recommendations for both the packaging and the instruments. The appropriate chemical or biological tests that monitor the efficacy of the sterilization process should be included in instrument/equipment packages prepared for sterilization. See Sterilizer Monitoring: Process Challenge Devices article on page 12. Packages should be labelled with the date processed, sterilizer used, cycle or load number, and initials of the oral healthcare who assembled the package. If contents are not visible (e.g. wrapped cassettes), package contents should also be included on the label. It is also recommended that the label includes the following statement: “Product is not sterile if packaging is open, damaged or wet. Check before using.” (2)

Labelling should be done with a permanent, soft-tipped marker that has been validated for use with the chosen sterilization method in a manner that does not puncture or damage the package or its contents and does not interfere with steam penetration. (2)

Sterilization

All critical and semi-critical items should be sterilized or disposed of after each use. Care should be taken to properly load the sterilizer. This should be done in a manner that follows the manufacturer’s instructions for use of both items sterilized and the sterilizer being used. The performance of sterilizers should be monitored with biological indicators, chemical indicators, as well as physical monitors. See Sterilizer Monitoring: Process Challenge Devices article on page 12. The integrity of packages and instruments should also be evaluated following sterilization. If the packaging is wet, torn or damaged, the contents should be repackaged with new indicators and resterilized. The protocol for recalling instruments should be included in the office IPAC policy in the event of any reprocessing failures.

Storage

Instruments should be stored in a clean, dry place that maintains the integrity of packaging and prevents contamination. Instruments are best stored in a closed cabinet away from heavy flows of traffic. The temperature in storage areas should be between 18–23 degrees Celsius and humidity between 30–60 percent. Factors affecting the shelf life of sterile items would be dependent on the type of shelving used, regular maintenance and cleaning of storage areas, frequency of handling, integrity of packaging and environmental conditions in the storage area. Consult the manufacturer’s instructions of the packaging used for further information about shelf life of sterile items. (2)

References


Public Health Ontario. Reprocessing in Dental Practice Settings checklist was used as a reference throughout this document.
What is a Process Challenge Device (PCD)?

“A test device intended to provide a challenge to the sterilization process that is equal to or greater than the challenge posed by the most difficult item routinely processed.” (1, 2) In other words, a PCD is used to confirm that a sterilizer has effectively sterilized ALL items processed in that cycle. One example of a PCD is a set of instruments with a Biological Indicator (BI) spore test and a Class V indicator strip inserted inside the package. This package is then placed in a routine load with other instrument pouches or wrapped cassette to challenge and test the sterilization process. If these two tests show that all spores have been killed in the BI test, all critical variables have met or exceeded the performance requirements according to the Class V indicator results, and that all physical parameters (time, temperature and pressure) have been verified, you can be confident that the sterilization process has been effective and that the sterilizer is working properly. It is important to note that a PCD should only be used for the sterilizer type and sterilization cycle for which it is intended. (2)

The three types of PCDs most commonly encountered in practice are:

1. Air detection PCD (Bowie-Dick test pack)
2. A biological PCD test pack
3. A chemical indicator PCD test pack

Air Detection PCD (Bowie-Dick test pack)

If a dental hygiene practice has a pre-vacuum sterilizer, then a Bowie-Dick test pack (Class II chemical indicator) must be performed in an empty sterilizer at the beginning of each day it is used. The manufacturer’s instructions for use (MIFU) of both the sterilizer and PCD will indicate where the test pack should be placed in the sterilizer. This is usually on the bottom shelf of the sterilizer cart over the drain. It is critical to confirm the type of sterilizer you have since this test is only required for prevacuum sterilizers. (2)

An air detection PCD can be purchased commercially and is used to assess if air has been properly evacuated and whether any air leaks are present. Once the cycle containing the air-detection PCD has passed, record the results and dispose of test pack. This log should be retained for 10 years as per the CDHO’s Records Regulation. If you have a pressure-pulse sterilizer, please follow the manufacturer’s instructions for relevant sterilization monitoring tests.

A Biological Indicator PCD test pack

A Biological Indicator (BI) test pack is used for routine monitoring of table-top sterilizers. It is placed in the sterilizer chamber containing a routine load each day (same time every day) the sterilizer is used and for each type of cycle (e.g. gravity displacement at 121°C; dynamic air removal at 132°C to 135°C). The purpose of a biological PCD is to provide a direct measure that viable micro-organisms have been killed. (2)

A BI PCD test pack can be one that is commercially prepared or prepared in office. To prepare your own, consider all packages routinely sterilized and choose the one that is most challenging to sterilize. This would be considered a package containing an instrument with a lumen or a hollow centre (e.g. ultrasonic handpieces or slow speed handpieces), or the package that has the most instruments. Assemble the package as you normally would and add a BI spore test and a chemical indicator strip (Class V or higher) in the area of the package where steam would have most difficulty penetrating. Seal the package and label it as “PCD”. Place the BI PCD test pack in a routinely loaded chamber in the areas that will be coolest during the cycle. To determine the coolest areas, MIFU should be followed since results will vary with each sterilizer being used. Run the cycle as you normally would. (4)

Upon cycle completion, remove the BI from the PCD test pack, prepare and incubate for the recommended time as indicated by the MIFU. A control BI, from the same lot as the test indicator not processed through the sterilizer, should be prepared and incubated with the test BI; effective sterilization is indicated...
when the control BI yields positive results for bacterial growth while the sterilized BI yields negative results. (4)

The chemical indicator should also be checked. If the results indicate a pass and all physical parameters have been met (time, temperature, pressure), the instruments may be released for use. Once the PCD test pack has been opened, it is no longer sterile, and therefore, all items within the PCD test pack shall be repackaged with new indicators and resterilized. Although instruments can be released based on the results of the chemical indicator (Class V or higher), best practice is to quarantine the load until results of the BI are available. (4, 5)

A log should be kept documenting the date and time of sterilization, sterilizer number, sterilizer cycle, and location of the PCD within the cycle. Once results are available and documented, the BI may be disposed according to MIFU. The results of all sterilization monitoring tests shall be recorded and retained for 10 years as per the CDHO Records Regulation.

It is important to note that challenging and rechallenging the sterilizer in three consecutive cycles using a BI PCD must be done annually and under the following conditions: (2)

i) The purchase and installation of a new sterilizer
ii) The relocation of a sterilizer
iii) After a sterilizer is repaired
iv) A loaner sterilizer
v) Unexplained sterility failures

“For dynamic air removal and gravity displacement sterilizers, the test shall be run in an otherwise empty chamber.” (2) This test should be done for all cycles.

Chemical Indicator PCD test pack

A Chemical Indicator PCD test pack measures 2 or more variables for the area in the sterilizer in which it is placed. If your sterilizer has a printer/USB, and you are unable to quarantine your instruments, you need to place a CI PCD test pack containing a chemical indicator strip (Class V or higher) in every subsequent load after the BI PCD test pack load. (1, 2)

If your sterilizer does not have a printer/USB, plan to replace it with one that does. In the meantime, evaluate and document the physical parameters (time, temperature, pressure) manually, and use a Class V chemical indicator in each package. (2)

The easiest way to make your own chemical indicator test pack is to, once again, choose the instrument pack that is most challenging to sterilize (containing lumens or with the most instruments) and insert a chemical indicator strip (Class V or higher) in the area of the package where steam would have most difficulty penetrating. Seal the package and label it “PCD”. (4)

Once the load containing a chemical indicator PCD test pack has been sterilized, check to see that the Class V or VI chemical indicator within the PCD has passed and all physical parameters (time, temperature, pressure) have been met. Once confirmed, the instruments may be released for use. As soon as the CI PCD test pack has been opened, it is no longer sterile and therefore, all items within the PCD test pack should be repackaged with new indicators and resterilized. (2)

Robust and detailed procedures for documenting the entire reprocessing process, and for recalling items that have been released prior to knowing the BI results, should be a part of your office infection control policy. (5)

This information is current as of the date of publication.

References


To ensure you are using the required indicators for your sterilizer process, check out the CDHO Decision Tree available on next page and on our website under “IPAC Guidelines and Resources.”
**Decision Tree for Use of Chemical Indicators**

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No need to run a Class 2 indicator.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Run a Class 2 (Bowie Dick) indicator daily.</td>
<td>Plan to retrofit your sterilizer with a printer or USB, or purchase one that has either feature. Insure there is a policy in place for recording physical parameters.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a pre-vacuum autoclave?</td>
<td>No need to run a Class 2 indicator.</td>
<td></td>
</tr>
<tr>
<td>A BI contained within a PCD shall be used with a full load every day that the sterilizer is used and for each type of cycle. A Class 5 should also be placed inside this PCD. Instruments should be quarantined until the BI results are available.</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you quarantine load/instruments until BI results are available?</td>
<td></td>
</tr>
<tr>
<td>Use a Class 1 CI on the outside of plastic/peel pouch or wrapped cassette. Use a Class 4 internal CI on the inside of plastic/peel pouch or wrapped cassette.</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your sterilizer have a printer or USB?</td>
<td></td>
</tr>
<tr>
<td>Use a Class 1 CI on the outside of plastic/peel pouch or wrapped cassette. Use a Class 4 internal CI on the inside of plastic/peel pouch or wrapped cassette, and use a Class 5 in the load via a PCD.</td>
<td></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If spore test fails, take the sterilizer out of service and reprocess all quarantined instruments.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once the cycle is completed and has completely dried, log your physical and chemical parameters, and record results in your log book.</td>
<td></td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have a recall protocol in place in the event of a failed biological spore test.</td>
<td></td>
</tr>
</tbody>
</table>
Setting the Record Straight 2018

Infection Prevention and Control (IPAC) Edition

Upcoming Presentations

**Barrie**  ■ Tuesday, April 17, 2018  ■ 7:00 p.m. to 9:00 p.m.
Holiday Inn Barrie Hotel & Conference Centre, 20 Fairview Road, Barrie, ON  L4N 4P3

**Niagara/Welland**  ■ Saturday, April 21, 2018  ■ 10:00 a.m. to 12:00 p.m.
Niagara College – Welland Campus, 300 Woodlawn Road, Welland, ON  L3C 7L3

**Timmins**  ■ Tuesday, May 1, 2018  ■ 7:00 p.m. to 9:00 p.m.
The Senator Hotel and Conference Centre, 14 Mountjoy Street South, Timmins, ON  P4N 1S4

**Thunder Bay**  ■ Saturday, June 2, 2018  ■ 10:00 a.m. to 12:00 p.m.
Valhalla Inn, 1 Valhalla Road, Thunder Bay, ON  P7E 6J1

**Sudbury**  ■ Saturday, September 15, 2018  ■ 10:00 a.m. to 12:00 p.m.
Cambrian College, Room 2226, 1400 Barrydowne Road, Sudbury, ON  P3A 3V8

**London**  ■ Tuesday, October 23, 2018  ■ 7:00 p.m. to 9:00 p.m.
Four Points by Sheraton, Bristol Ballroom A/B, 1150 Wellington Road South, London, ON  N6E 1M3

**Windsor**  ■ Wednesday, October 24, 2018  ■ 7:00 p.m. to 9:00 p.m.
Fogolar Furlan, Friuli Hall, 1800 North Service Road, Windsor, ON  N8W 1Y3

**Toronto**  ■ Saturday, November 10, 2018  ■ 10:00 a.m. to 12:00 p.m.
Bloor Hot Docs Cinema, 506 Bloor Street West, Toronto, ON  M5S 1Y3

To register, send an email to savemeaseat@cdho.org with the city where you’d like to attend the presentation as the subject line, and provide your name and registration number in the email.

**NOTE:** The deadline to register is 4:30 p.m. the day before the presentation you want to attend.
The College of Dental Hygienists of Ontario (CDHO) receives numerous calls from dental hygienists who are preparing, reviewing and updating their written policies and procedures. The CDHO Standards of Practice state that “regardless of their practice setting, all dental hygienists must establish and maintain practice environments that have organizational structures, policies and resources in place consistent with legal, professional and ethical responsibilities that promote safety, respect and support for all persons within the practice setting.” The most significant way dental hygienists can meet this standard is by ensuring that all written policies and procedures are available and that they are based on current recognized standards and best practices.

What written policies and procedures should a dental hygiene practice have?

1. Privacy Policy

The primary duty of privacy comes from the Personal Health Information Protection Act, 2004 (PHIPA). This statute attempts to provide a comprehensive set of rules regarding the maintenance and privacy of personal health information. It requires that all healthcare practitioners, including dental hygienists, design, establish, and maintain a privacy policy specific to their practice.

A privacy policy should include the following:

- A specified “contact person” (privacy officer) who will facilitate compliance with the PHIPA, educate office staff of their duties, respond to inquiries, handle privacy complaints, and make available to the public written information practices
- Consent procedures for the collection, use and disclosure of personal health information
- Client access rights and correction of personal health information
- Securing and safeguarding personal health information including the process followed should there be a privacy breach

Although PHIPA does not stipulate how a privacy policy should be made public, it is a requirement that all healthcare providers make available to the public their privacy policy. Many dental practices display their privacy policy in the form of a poster or brochure in an area of their practice visible to all clients.

Some resources that can be useful while developing and reviewing your privacy policy are:

http://www.cdho.org/my-cdho/guidelines/privacy
2. Client Consent Policy

Obtaining informed consent is a process resting on the principle that clients must have all the information required to make their own treatment decisions. The Standards of Practice set out by the CDHO requires that all dental hygienists have a written policy on obtaining client consent to treatment. The client consent policy should include the following:

- Elements of informed consent such as
  - the nature of treatment
  - identification of the clinician providing treatment
  - reasons for treatment
  - risks and side effects of treatment
  - alternatives to treatment
  - declining treatment

- Withdrawal of consent

- Consent of incapable clients
  - determination of capacity
  - substitute decision makers

- Emergencies

A resource that can be useful when developing and reviewing your client consent policy is:


3. Infection Prevention and Control (IPAC) Policy

An IPAC policy and procedures manual is mandatory for all healthcare settings and are based on legislative requirements set out by the Provincial Infectious Diseases Advisory Committee (PIDAC), the Canadian Standards Association (CSA), and the Public Health Agency of Canada (PHAC). A comprehensive IPAC policy and procedures manual must be up to date with scientifically accepted IPAC protocols. The IPAC policy must be followed by all staff, reviewed at least once annually or more frequently as new information becomes available, and should address the following:

- Requirements for education and training of all staff, including a process for continual improvement, such as
  - recording and reporting of attendance at staff education and training

- Immunization and vaccination status of staff members

- Routine practices such as
  - hand hygiene
  - risk assessment
  - appropriate selection of personal protective equipment

- All aspects of the reprocessing (please see article The Facts About Reprocessing on page 10) of dental hygiene instruments/devices including
  - the employment of single-use items when dental equipment/devices cannot be cleaned and reprocessed according to the recommended standards
  - the removal of faulty instruments/devices until repaired or replaced
  - the documentation of maintenance and repair of all cleaning and sterilization equipment kept for 10 years as indicated in the Records Regulation
  - quality monitoring and documentation of the reprocessing procedure including biological spore tests, chemical indicator tests, and physical parameters – All test results should be logged, evaluated after each cycle, signed by the person responsible, and must be kept for 10 years as per the CDHO Records Regulation
  - information to be recorded on instrument packages which should include a sterilizer number, load number and date of sterilization, load contents, and person who assembled the package
  - a recall of improperly reprocessed equipment that includes notification of the principal dentist or dental hygienist, assessment of client/patient risk, and determining if additional notification of clients/patients, other facilities, and/or regulatory bodies or public health unit is required
  - a documented auditing process of competency of staff involved in reprocessing, including corrective measures if needed
  - a regular schedule for environmental cleaning of the reprocessing area that includes clearly defined responsibilities

- Managing hazardous waste (biohazardous, mercury, lead, sharps)

- Water and water use within the dental setting
  - for maintaining dental unit waterline quality
  - during a Boil-Water Advisory (Safe Drinking Water Act, 2002 ONTARIO REGULATION 169/03 regulatory standards for drinking water)

- Suction and suction line maintenance

- Procedure for immediate containment, cleaning and disinfection of spills of blood and body fluids

- Facilities maintenance (environmental cleaning, even if contracted out), such as
  - a detailed schedule of cleaning of each area of the clinic
  - sufficient equipment, supplies and technology for all areas requiring environmental cleaning
  - the maintenance of appropriate service schedules and service records
Some resources that can be useful while developing and reviewing your Infection Prevention and Control policy are:

http://www.cdho.org/my-cdho/guidelines/infection-prevention-and-control-(ipac)

http://www.publichealthontario.ca/en/Pages/default.aspx


http://www.csagroup.org/

4. Occupational Health and Safety Policy

According to the Health and Safety Act mandated by the Ministry of Labour, a Health and Safety program is required if your workplace has five or more employees. The act states that employers have a responsibility to ensure systems are in place to protect the health and safety of workers in their workplace. While the prevention of transmission of microorganisms is a client safety issue, the prevention of transmission to staff is an occupational health and safety issue. Your health and safety policy should include the following:

- A specified health and safety representative or committee to audit the health and safety program within the dental practice
- A written workplace violence and harassment policy
- A clear expectation that staff do not come to work when ill with symptoms of infection
- Worker training for all new employees, new equipment, and/or new job procedures
- Workplace inspections and hazard analysis
- Investigations of any accidents that may occur at the workplace, including the management of needle stick injuries with specific post exposure protocols
  - Knowing the immunization status of staff is important information for the physician to have in an event of an injury
- The prohibition of eating/drinking, storage of food, smoking, application of cosmetics or lip balm and handling of contact lenses in non-designated areas
- A health and safety budget
- A formal means of communication to promptly address the concerns of workers
- Material-handling practices and procedures (see Workplace Hazardous Materials Information System)
- Emergency procedures, including medical emergencies
- First-aid and rescue procedures
- Fire prevention and emergency procedures/evacuation plan

Some resources that can be useful while developing and reviewing your Occupational Health and Safety policy are:

https://www.labour.gov.on.ca/english/hs


https://www.ontario.ca/laws/regulation/070474

http://www.cdho.org/docs/default-source/pdfs/milestones/milestones_mar07.pdf

http://cdho.org/docs/default-source/pdfs/milestones/milestones_mar08.pdf

5. The Workplace Hazardous Materials Information System (WHMIS)

WHMIS is a national hazard communication standard set out by Health Canada. If your workplace uses any of the controlled products covered by WHMIS (all dental offices will have some, if not many), you must have a written policy on the use of these products. According to the WHMIS regulation, the employer (usually the owner of the practice) must include the following elements in their policy:

- Cautionary labelling of hazardous materials
  - Label must display the product identifier, safe handling precautions, and reference to the material safety data sheets (MSDS)
- Obtaining the most current MSDS for all hazardous substances, which shall be renewed every three years
- Worker education programs on how to use, handle, store and dispose of hazardous material
- Post exposure protocols

Some resources that can be useful while developing and reviewing your policy are:


http://whmis.org/

It is important to note that preventing the transmission of infection to clients is a shared responsibility and goal of all healthcare providers requiring a team approach to the designing and implementing of all mentioned policies and procedures. The above written policies and procedures are both a requirement by law and part of a dental hygienist’s Standard of Practice to maintain a safe and healthy office environment for clients and staff.
Insurance requirements

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

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

Complying with the audit

If you were selected to participate in the audit, simply forward a copy of your current insurance policy by email to insurance@cdho.org or by fax to 416-961-6028. Please include your six-digit registration ID number so that we can match the submission to the correct registrant.

There are serious consequences for failing to comply with this audit, including the suspension of your certificate of registration for failure to meet a condition of registration and/or referral to the Inquiries Complaints and Reports Committee for professional misconduct. If your certificate of registration is suspended, there is a penalty fee of $500 to reinstate.

As a reminder, having valid insurance is a condition of registration for any registrant who has a general or specialty certificate of registration, even if you are not currently in clinical practice.

If you are unsure whether your insurance meets the requirements set out in the Bylaw, or if you don’t know how to obtain a copy of your insurance, please contact your insurance provider directly.

WARNING

CDSPI Insurance does NOT meet CDHO requirements

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

You must take steps to obtain suitable insurance now or contact the College for more information.
On January 25, 2018, notifications were sent by email to over 2,100 registered dental hygienists in the province requesting submission of their Quality Assurance (QA) records in January 2019. These were all individuals whose registration number ended in either a “2” or a “6”. Registrants who were selected to submit their records in 2019 will notice their dashboard indicating that their QA Records are due Jan. 31, 2019 as in the picture below:

Exceptions:

- Registrants who submitted their Professional Portfolio / Quality Assurance records in 2015, 2016, 2017, or who participated in the 2018 peer review, were not selected to submit their information.
- Registrants who registered on or after July 1, 2016 were not selected to submit their information. This exception does not apply to individuals who resigned and re-registered with the College.

Infection Prevention and Control (IPAC) Practice Profile questions in SMILE Portal to change in 2018

The CDHO took part in a working group with Public Health Ontario and the RCDSO, by collaborating on new checklists for reprocessing of dental/medical equipment and devices, as well as the core elements of infection prevention and control in dental / dental hygiene practice settings. These checklists reflect the most current IPAC standards and guidelines which the CDHO expects all its registrants to follow. Given the development of these checklists, the IPAC questions asked in the Practice Profile will be updated to allow registrants to be able to provide answers that are more representative of their current IPAC practices and protocols.

Looking for acceptable goals for 2018?

IPAC is a trending topic for 2018. Given the development of the new checklists, it is a good opportunity to consider investigating one of the following goals to determine if current guidelines are being met:

- Learn about required policies and protocols for infection prevention and control, managing hazardous waste, assess my current policies and protocols, and make modifications as needed to ensure my practice meets all requirements.
- Learn about breaches and lapses in infection prevention and control in dental hygiene practice, as well as ways to prevent any breaches and lapses.
- Investigate current scientifically accepted infection prevention and control guidelines, assess my current practice, and make modifications as needed to ensure my practice meets guidelines.

Potential activities that are currently available free of charge to help you meet your IPAC goals:

- CDHO’s Setting the Record Straight Infection Prevention and Control (IPAC) Edition – CDHO Practice Advisor and in-house infection control expert, Giulia Galloro, will be travelling across the province offering a fun, informative and interactive presentation where your IPAC questions will be answered. You can find the list of cities and dates on page 15.
• Public Health Ontario’s *Reprocessing in Community Health Care Settings Course* – Intended for health care providers who perform reprocessing tasks (cleaning, disinfection, and sterilization of reusable medical equipment/devices) in community settings.

http://www.publichealthontario.ca/en/LearningAndDevelopment/OnlineLearning/InfectiousDiseases/Reprocessing/Pages/default.aspx

• Public Health Ontario’s *IPAC Core Competencies Course* – Basic knowledge and skills all health care workers in Ontario need to possess about infection prevention and control regardless of their role or position, education, experience, or culture.

http://www.publichealthontario.ca/en/LearningAndDevelopment/OnlineLearning/InfectiousDiseases/IPACCare/Pages/default.aspx

• Public Health Ontario’s *“Just Clean Your Hands”* – Training videos for hospitals and long-term care homes.


• Public Health Ontario’s *Best Practice in Hand Hygiene in All Health Care Settings: 4th edition* –


Since a dental hygienist’s Quality Assurance information is confidential, only authorized personnel within the College have access to a registrant’s QA information. If you have any questions about the QA Program or your specific situation, you are welcome to contact the QA department at the College at 416-961-6234 / toll-free: 1-800-268-2346, or by email at qualityassurance.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

Giulia Galloro  RDH, BSc(DH)  ext. 226  ●  advice@cdho.org

Roula Anastasopoulos  RDH, BEd  ext. 253  ●  advice@cdho.org
The CDHO has recently noted an increase in persons engaging in the illegal practice of dental hygiene. Persons who provide dental hygiene services or treatment when not registered with a general or specialty certificate of registration with the CDHO are engaging in illegal practice. This includes those registrants who practise with a suspended or inactive certificate of registration and those registrants who practise in contravention of terms, conditions and limitations on their certificate of registration.

The CDHO’s mandate is to protect the public. Part of that mandate includes ensuring that persons who are not registered or properly registered with the CDHO do not provide dental hygiene services or treatment. Dental Hygiene is a designated health profession under the Regulated Health Professions Act, 1991.

Why is illegal practice a concern?

Persons who are not registered with the CDHO with the proper licensure may not have the required skills, knowledge or judgment to provide dental hygiene services or treatment. Those who are not registered with the CDHO may provide incorrect or incomplete advice or treatment, which may result in less than favourable outcomes for a client or clients. Persons who are not registered are therefore not regulated and not subject to the standards and requirements of a registrant. Persons who are not registered may not follow appropriate protocols for sterilization and infection control, subjecting their clients to an increased risk of infection and blood-borne diseases. Persons who are not registered with the CDHO are also unlikely to be insured. This may cause a client to have difficulty seeking recourse for any damages they may suffer or incur as a result of services or treatment performed by persons practising illegally.

What does illegal practice look like?

Illegal practice can take a number of forms:

No training in dental hygiene

A person who has no training whatsoever in dental hygiene may seek to provide dental hygiene treatment. The CDHO does not encounter this type of illegal practice very often.

Training as a dental assistant

Though it may seem easy or natural once a person is trained as a dental assistant to do the “easy”, “light”, or “simple” scaling or other dental hygiene treatment, to do so, is engaging in illegal practice.

Foreign-trained persons not registered with the CDHO

Foreign-trained dental hygienists may seek registration in Ontario. The CDHO does not encounter this type of illegal practice very often. However, the CDHO’s mandate is to protect the public. Part of that mandate includes ensuring that persons who are not registered or properly registered with the CDHO do not provide dental hygiene services or treatment. Dental Hygiene is a designated health profession under the Regulated Health Professions Act, 1991.

Foreign-trained persons not registered with the CDHO

Persons who are not registered with the CDHO with the proper licensure may not have the required skills, knowledge or judgment to provide dental hygiene services or treatment. Those who are not registered with the CDHO may provide incorrect or incomplete advice or treatment, which may result in less than favourable outcomes for a client or clients. Persons who are not registered are therefore not regulated and not subject to the standards and requirements of a registrant. Persons who are not registered may not follow appropriate protocols for sterilization and infection control, subjecting their clients to an increased risk of infection and blood-borne diseases. Persons who are not registered with the CDHO are also unlikely to be insured. This may cause a client to have difficulty seeking recourse for any damages they may suffer or incur as a result of services or treatment performed by persons practising illegally.

Persons who are not registered with the CDHO with the proper licensure may not have the required skills, knowledge or judgment to provide dental hygiene services or treatment. Those who are not registered with the CDHO may provide incorrect or incomplete advice or treatment, which may result in less than favourable outcomes for a client or clients. Persons who are not registered are therefore not regulated and not subject to the standards and requirements of a registrant. Persons who are not registered may not follow appropriate protocols for sterilization and infection control, subjecting their clients to an increased risk of infection and blood-borne diseases. Persons who are not registered with the CDHO are also unlikely to be insured. This may cause a client to have difficulty seeking recourse for any damages they may suffer or incur as a result of services or treatment performed by persons practising illegally.
Dental hygiene students practising prior to registering with the CDHO

Though practising with the required skills for dental hygiene services and treatment is part of dental hygiene training, it is illegal practice to do so outside of the parameters of the educational environment. “Practising” on friends and family, or working beyond the scope of already completed training (such as dental assisting) prior to registration with the CDHO is illegal practice.

There may be a lag between completion of dental hygiene training and registration with the CDHO. It takes approximately 10 business days for registration with the CDHO to be completed from the date of application. Practising in the intervening days is illegal practice.

Persons who have been registered with the CDHO

In some instances, former registrants of the CDHO have had their registration revoked through a discipline process or due to non-payment of fees following a suspension. To practise after having had one’s registration revoked is illegal practice. It may seem enticing to practise while suspended for non-payment of fees, perhaps, in order to obtain the funds required to practise. However, such conduct is likely to be referred to the Inquiries, Complaints and Reports Committee (ICRC) and possibly to the Discipline Committee, for a hearing.

Registrants who hold an Inactive Certificate of Registration

If you hold an inactive certificate of registration, you are not permitted to practise dental hygiene. While this may seem obvious, the CDHO deals with many investigations of registrants who registered as inactive thinking they could upgrade quickly if they found a job (upgrading also takes approximately 10 days), or who have forgotten they registered as inactive and returned to practice from a leave part way through the calendar year. Registrants who hold an inactive certificate of registration may not be insured or have valid insurance.

Registrants with Terms, Conditions and Limitations not to practise

Some registrants of the CDHO are registered, but have Terms, Conditions or Limitations on their registration that prohibit them from practising dental hygiene or providing dental hygiene services unless and until they have fulfilled particular requirements. In most of these situations, the registrant requires remediation or has not complied with their Quality Assurance requirements, and therefore, cannot practise until they have undertaken or completed the requirements.

What can and has the CDHO done with regard to illegal practice?

Persons who practise prior to registration with the CDHO will likely have strict Terms, Conditions and Limitations placed on their registration. Persons who practise while suspended or while registered as inactive may be referred to the ICRC for an investigation and may be further referred to the Discipline Committee.

For illegal practice of non-registrants, the CDHO can apply to the courts for an injunction to restrain a person from practising dental hygiene, or posing as a College registrant. The CDHO has recently been granted an injunction against Omar Anwar of Ottawa (please see page 27 for details). The CDHO had also asked that Cheryl Rutherford of Kingston, to cease and desist the practice of dental hygiene (please see page 27 for details).

The CDHO is not able to provide or award funds to clients who have received dental hygiene services or treatment by someone practising illegally.

If you suspect or are aware of someone engaging in illegal practice, please contact the CDHO. Please direct your communication to Eva Rosenstock, Manager, Complaints and Investigations, or Andrea Lowes, Director, Professional Conduct.

The legislation that governs the CDHO permits the levying by a court of a fine up to $25,000 for the first offense and $50,000 for the second offense if you are an unregulated practitioner.
Conclusion of the Clinic Regulation Project

Since early 2016, the College has been part of a partnership with 11 other regulatory Colleges (the “Clinic Regulation Working Group”) to explore risks associated with a gap we identified in clinic oversight in Ontario. The Clinic Regulation Working Group conducted research into the issue and held consultations to gather input from a variety of stakeholders. We developed a range of potential approaches that might help to address our concerns.

In September 2016, the Working Group submitted a report to the Minister of Health and Long-Term Care and recommended that the government establish a forum for further examination and discussion of how best to ensure that Ontarians receive safe, patient-centred care in all settings.

Since submitting the report in September 2016, the Working Group has had ongoing discussions with the Ministry in an effort to ensure that Ministry is aware of the gap and its associated risks and engage in discussions about next steps. Throughout, Ministry staff have indicated interest in our work and have been receptive to further discussion.

However, it is our understanding that the Ministry is currently focused on other priorities, and cannot make concrete commitments to take action to address the clinic regulation issue at this time.

Accordingly, the Working Group believes that any further action at this time would not be fruitful, and has agreed to formally conclude the project.

The Working Group members are very pleased with the collaboration on this important project to pursue the public interest.

Notice of By-Election in District 2 – May 14, 2018

The College of Dental Hygienists of Ontario (CDHO) is now accepting nominations for eligible registrants to serve on the College Council in the electoral District 2 – Central Western (North) (the counties of Wellington, Simcoe, Dufferin and the regional municipalities of Halton and Peel). There is one position open for District 2 due to a recent vacancy.

The by-election will take place on May 14, 2018. The term of office for this electoral position will be approximately 2 years and 6 months, from June 1, 2018 to January 2021.

Should you wish to run for election or nominate another eligible registrant in your electoral district, please download the complete nomination package at: http://www.cdho.org/council/elections/information-for-upcoming-elections

Original nomination forms and required supporting documentation must be complete and returned to the College no later than 4:30 p.m. EST Thursday, April 19, 2018.

Need More Info?

For more information regarding the district elections, academic selection, eligibility to run/vote, nominations, terms of office and electoral districts, please refer to the associated documentation provided below:

Elections Bylaw – Excerpt from CDHO Bylaw No. 5: http://www.cdho.org/council/elections/eligibility-criteria


Should you have any other questions, please contact the office of the Registrar at 416-961-6234, ext. 223, or email registrar@cdho.org.

The College encourages the registrants of District 2 to get involved in the upcoming by-election. By participating, either as a candidate or through voting, you are demonstrating your commitment to self-regulation and the protection of the public.

More information on College elections at www.cdho.org.
The College of Dental Hygienists of Ontario (CDHO) will require Quality Assurance (QA) Assessors to assist the College with QA records assessments and practice assessments within the QA Program. QA Assessors work under the direction of the Manager of Quality Assurance and reflect the diversity of the registrants, electoral districts and practice environments. Assessors will be required to sign a contracting services agreement.

Role of the Assessor

The Assessor will:

- Review registrants’ QA records/practices using CDHO assessment guidelines;
- Conduct telephone interviews as required during the assessment process;
- Coordinate and carry out scheduled on-site practice reviews with assigned registrants;
- Ensure that the assessment of QA records and practice reviews are completed within the specified timelines; and
- Complete written reports describing key observations and findings.

Selection criteria

Potential Quality Assurance Assessors will:

- Be a member in good standing with the College;
- Not be a member of Council;
- Be authorized for Self-Initiation;
- Demonstrate ethical and professional practice;
- Demonstrate a commitment to their own professional development;
- Possess the skills, knowledge, judgment, and attitudes required for specific dental hygiene practice environments and related roles / area of responsibility;
- Be familiar with the Regulated Health Professions Act in general, the Dental Hygiene Act, and the CDHO Quality Assurance Program;
- Have a working knowledge of dental hygiene processes, the CDHO Standards of Practice and Code of Ethics;
- Have successfully completed the CDHO Jurisprudence Education Module and the CDHO Drugs in Dental Hygiene Practice course;
- Be current in Infection Prevention and Control (IPAC) protocols by having successfully completed the Medical Device Reprocessing in Community Health Settings + Dental Settings course offered by the CSA Group;
- Have good interpersonal/communication skills—oral and written;
- Have excellent computer skills and be proficient navigating the SMILE Portal;
- Be capable of objective observation and reporting;
- Have a degree of flexibility with their work schedule; and
- Be available for occasional travel.

Registrants interested in becoming Quality Assurance Assessors may apply by sending a letter of interest and current curriculum vitae by email to qualityassurance@cdho.org no later than August 1, 2018. Please mention ‘Application – QA Assessor’ in the subject line.

References and your Quality Assurance records are to be available on request. Only candidates who are selected for interviews will be contacted.
Ms. Judy Villanueva

Ms. Judy Villanueva, a registrant of the College of Dental Hygienists of Ontario (the College), was alleged to have contravened a term, condition or limitation on her certificate of registration imposed by the Registrar as directed by the Quality Assurance Committee. The term, condition or limitation prohibited Ms. Villanueva from practising dental hygiene until she successfully completed a directed Remediation Program which included Process of Care, Record-keeping and Professional Portfolio Development. Ms. Villanueva was also required to successfully complete the Online Jurisprudence Education Module. It was alleged that Ms. Villanueva practised dental hygiene when prohibited from doing so. Ms. Villanueva was referred to the Inquiries, Complaints and Reports Committee (ICRC). The ICRC referred specified allegations to the Discipline Committee.

On January 26, 2018, a panel of the Discipline Committee of the College of Dental Hygienists (the “panel”) held a public hearing and found that Ms. Judy Villanueva had engaged in professional misconduct including failing to co-operate with the Quality Assurance Committee, contravening a term, condition or limitation period imposed on her certificate of registration, failing to respond appropriately and responsively to a written inquiry made by the College, Committee or Panel, failing to cooperate with an investigator, and unprofessional conduct and conduct unbecoming of a dental hygienist. The panel directed the Registrar to immediately revoke Ms. Villanueva’s certificate of registration and Ms. Villanueva was ordered to pay costs of $8,500 to the College. For more information, please go to www.cdho.org to read the full decision of the Discipline Committee regarding Ms. Villanueva.

Upcoming Hearings

The Inquiries, Complaints and Reports Committee (Complaints Committee) is a screening committee that reviews all public complaints and reports about registered dental hygienists.

The Complaints Committee has the power to refer cases for a hearing by the Discipline Committee. Discipline hearings are public and the outcomes are published under the dental hygienist’s profile on the College register (known as “Find a Registered Dental Hygienist”).

In February 2018, the Complaints Committee referred two cases to the Discipline Committee. The allegations, or claims, that the College has to prove at a hearing are published both on the register as well as on the College website on the Upcoming Hearings page. The date and location of the hearings, once known, will be listed on that webpage.
Protecting the public is at the core of the College’s work. We protect public interest by ensuring that only competent practitioners are registered with the College. Dental hygienists must successfully complete rigorous entry-to-practice requirements and provide ongoing evidence of continuing competency throughout their careers, and in turn, the College grants them the authority to provide dental hygiene services to the public.

Individuals who are not registered with the College of Dental Hygienists of Ontario are not entitled to practise dental hygiene or hold themselves out as persons qualified to practise in Ontario as a dental hygienist. It is illegal for a person to pretend to be a dental hygienist and to treat patients or clients. It is also illegal for a person to use the title “Registered Dental Hygienist”, the abbreviation “RDH”, or the equivalent. This title is reserved solely to dental hygienists who are registered with the CDHO.

On occasion, the CDHO receives information from the public and dental hygienists about persons who are illegally providing dental hygiene services or pretending to be dental hygienists. The College takes this very seriously, investigates all such cases, and may prosecute persons who are unauthorized practitioners or persons who hold themselves out as dental hygienists.

The following two individuals were reported to the College. Neither registrants were ever registered with the College or had ever completed a dental hygiene program.

Ms. Cheryl Rutherford

The College of Dental Hygienists of Ontario (CDHO) advises that between approximately 1983 and 2016, Ms. Cheryl Rutherford of Kingston, Ontario, held herself out to be a Registered Dental Hygienist and performed controlled acts. Ms. Rutherford is not and was not a Registered Dental Hygienist. Persons who received “treatment” from Ms. Rutherford are advised to seek assessment by a Registered Dental Hygienist if they wish. All persons performing dental hygiene treatments in Ontario must be Registered Dental Hygienists registered with the CDHO. To find out whether the person providing your treatment is a Registered Dental Hygienist, you may access the public register of the CDHO at https://publicregister.cdho.org.

Mr. Omar Anwar

On January 12, 2018, legal counsel for the College of Dental Hygienists of Ontario (CDHO) obtained an Order and Costs as against Mr. Omar Anwar of Ottawa, Ontario. It is alleged that Mr. Anwar may have held himself out to be a Registered Dental Hygienist and may have performed controlled acts. Mr. Anwar is not and was not a Registered Dental Hygienist. Persons who received “treatment” from Mr. Anwar are advised to seek assessment by a Registered Dental Hygienist if they wish. All persons performing dental hygiene treatments in Ontario must be Registered Dental Hygienists registered with the CDHO. To find out whether the person providing your treatment is a Registered Dental Hygienist, you may access the public register of the CDHO at https://publicregister.cdho.org.
Canadian Performance Exam in Dental Hygiene Results for November 2017

The clinical competency examination is a provincial performance-based examination. It is offered once a year in Ontario, however, there is an agreement between the provinces to share and accept the results of examinations taken in other provinces. Currently, only Ontario, Alberta and British Columbia offer a clinical examination.

Applicants who graduate from a Canadian or American accredited program are exempted from sitting the clinical competency exam. Presently, all dental hygiene programs in Ontario are accredited and the demand for the clinical competency examination has declined over the last number of years as unaccredited programs closed. It is anticipated that future demand for the clinical competency evaluation will be from foreign-educated dental hygienists.

The most recent performance-based examination was held on Saturday, November 4, 2017 and five candidates presented for testing. The results can be found in the chart below. The College permits four attempts where by a failure on the fourth attempt means non-eligibility for registration.

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<th>2017</th>
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Take the **Drugs in Dental Hygiene Practice Examination** for **Free until September 30, 2018**

- Complete the self-study course and guide
- Log in to the **Self-Service Portal** (registrant’s login)
- Click on the link to the Drugs in Dental Hygiene Practice Examination (DDHPE)
- Ensure you have set aside 2 hours to complete the examination
- Have your study guide and drug references with you

**Success** = authorization to prescribe/dispense/sell designated drugs

**= name included on prescribers list**
# Updates to the Public Register

**New Registrants**

**Oct. 16, 2017 to Feb. 28, 2018**

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<td>018092</td>
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<tr>
<td>Johnston-Donato, Sarah Elizabeth</td>
<td>009023</td>
</tr>
<tr>
<td>Johnstone, Jill</td>
<td>011420</td>
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<tr>
<td>Juric, Katarina</td>
<td>015823</td>
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</tbody>
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Milestones

Authorized for Self-Initiation

Oct. 16, 2017 to Feb. 28, 2018

Abbey, Helen Marie 007600
Ahmed, Sadia Safia 016183
Alam, Tamanna 016374
Alvarez, Nancy Janeth Mora 012809
Alves, Candace 011934
Barker, Karen 009479
Bouret, Erin Elizabeth 014807
Brenner, Mihaela 011203
Foster, Jackie 011386
Grainger, Simone 011649
Guarino, Christine 011713
Hafner, Jessica 011742
Hayes, Sabrina 011742
Hayes, Sabrina 011742
Heffernan, Mandy 011742
Hill, Jessica 011742
Hill, Jessica 011742
Jackson, Alanna 011742
Jenkins, Elizabeth 011742
Jones, Rachel 011742
Keller, Sarah 011742
Kim, Hunter 011742
Kraker, Stephanie 011742
Kreitner, Collette 011742
Lafferty, Andrea 011742
LeBlanc, Michelle 011742
Lobach, Ashleigh 011742
Lombardo, Taylor 011742
Loustalot, Mary 011742
Mack, Emily 011742
Martens, Kari 011742
McGuire, Ashley 011742
McGilvray, Alanna 011742
McKay, Jessica 011742
Melville, Karli 011742
Morris, Jennifer 011742
Murphy, Ashley 011742
Nahas, Morgan 011742
Nelson, Jordan 011742
O'Connor, Madison 011742
Peters, Erica 011742
Pollock, Rachel 011742
Quinlan, Kaitlyn 011742
Rayner, Jessica 011742
Ridley, Lauren 011742
Rivard, Leslee 011742
Rogers, Kristen 011742
Rose, Alanna 011742
Shelley, Jennifer 011742
Smith, Jordan 011742
Stauffer, Alison 011742
Swanson, Catherine 011742
Thompson, Jennifer 011742
Tolman, Colleen 011742
Underwood, Abigail 011742
Ward, Lauren 011742
West, Rachel 011742
Wheeler, Kaitlyn 011742
White, Kallie 011742
Wilson, Elizabeth 011742
Wong, Sarah 011742
Young, Emily 011742
Zimmerman,空中 011742

Resignations

Oct. 16, 2017 to Feb. 28, 2018

Acton, Christine Mary 000770
Atten, Sharon Marie 001176
Alexander, Lisanne Theresa 008098
Al-Soultani, Afnan 014596
Anderson, Donna Kate 001388
 Arcuri, Francesco 007588
Asselin, Michael 006369
Cecile, Danielle 011386
Fraser, Kyle 001742
Lang, Rachel 010683
Lunn, Barbara Ruth 001774
Mansi, Maurice Lorenzo 018730
Menheere, Kathleen Penney 015083
Muir, Sarah Louise 017088
Murphy, Grace Rosemarie 014147
Naseery, Maniza 010896
Nelson, Andrea Lynn 009955
Oct. 16, 2017 to Feb. 28, 2018

Authorized for Self-Initiation

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Al-Soultani, Afnan 014596
Anderson, Donna Kate 001388
 Arcuri, Francesco 007588
Suspended/Revoked

In accordance with section 24 of the Regulated Health Professions Act (Code), the following registrants have been suspended or revoked for non-payment of the annual renewal fee. These registrants were forwarded notice of the intention to suspend and provided with two months in which to pay the fee. If a registrant who has been suspended for non-payment does not reinstate her or his certificate of registration, that certificate is deemed to be revoked two years after the failure to pay the annual fee.

Suspended

Effective January 19, 2018
Campbell, Denise Francine 010736

Revoked

Effective January 2, 2018
Beltrano, Andrea Sabrina 015779
Bobic, Radojka 012327
Campbell, Ayndrea Ailleen 015753
Carcasole, Anita Connie 006409
Caul, Crystal Dawn 008883
Christofi, Elizabeth 013928
Dalrymple, Kayla Jean Selena de la Portilla, Eva Tereisa 009520
Fasken, Wendy Yvonne M 002908
Frattaroli, Denny Denise 007122
Ghewondian, Alla 016068
Gold, Hamarjun Singh 016844
Igreda, Leeladika Milagros 013568
Kwaitkowski, Sabrina 013919
Leng, Xinyang 013445
Mazanek, Shandel Lee 016135
McGee, Rachel Alexandra 015043
Medina, Rosy 017868
Mithani, Sadaf 013919
Mulyk, Irene Orsida 003680
Nguyen Le, Jennifer Anh Trang 015947
Oshana, Rawa Francis 012817
Pister, Batsheva Ritka 012825
Plommer, Kimberley Anne 003697
Randall, Kathryn Margaret 001592
Rinaldi, Jennifer 017407
Sullivan, Tracy Joanne 012561
Uwimbabazi, Providence Marie 011873
Willer, Eva Maria 004597
Wo, Xiao Rong 014572

Please Note

Milestones 2017 | Issue 3 incorrectly listed Angelita Maramag, registration number 012995, as “Deceased”. Ms. Maramag should have appeared only under the heading “Interim Suspension With Cause” effective August 19, 2017, and reinstated as of September 6, 2017.

The College apologizes for this error.
Policy Governance is the model of governance that the CDHO Council has adopted. Through policy governance, the Council is responsible for determining the strategic direction of the College and ensuring its implementation. In doing so, the Council has set broad directions for the College through a series of outcomes or ends statements. End statements set a high-level goal and the Registrar of the College is charged with the duty to achieve that goal. Below are the College’s strategic ends as approved by Council on December 8, 2017.

**Overall Ends Policy**

All Ontarians have access to safe, high quality oral health services.

1. The College of Dental Hygienists of Ontario (CDHO) exists so that people who access dental hygienists in Ontario receive safe, ethical, quality dental hygiene services where the worth of results justifies expenditure of available resources.

   1.1 Dental hygienists provide safe, effective care consistent with current standards of practice.

      1.1.1 Dental hygiene practice reflects the evolving needs of the public and supports access to care.

      1.1.2 Registered dental hygienists actively participate in continuous quality improvement that aligns with the current scope of practice.

      1.1.3 Registered dental hygienists demonstrate professional judgment in their practice.

      1.1.4 Dental hygienists engage with their clients for optimal oral health outcomes and client-centered care.

1.2 Dental hygienists engage other professionals to achieve optimal health outcomes for Ontarians.

1.3 Decision makers have evidence-informed and actionable information, particularly in the areas of:

   - Dental hygiene practice
   - Regulating the practice of dental hygiene
   - Access to essential oral health services in Ontario

1.4 The public has access to information about the benefits of the regulated dental hygiene practice, the role of the CDHO, and the CDHO’s regulatory processes.