Joint Replacement — Should I Premedicate?

Recent Changes to the Regulated Health Professions Act, 1991

What To Do When Your Sterilization Quality Assurance Monitoring Fails?
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.
Summer is here and is a beautiful season in Ontario. Hopefully, you will have the opportunity to visit some of Ontario’s magical destinations this summer. Some beautiful places that come to mind, such as Spencer Smith Park in Burlington, Killarney Provincial Park, Manitoulin Island, Bonnieheath Lavender Farm, Niagara Falls Botanical Gardens, Kawartha Lakes Conservation Area, Hendrie Park in Hamilton, Stone Ruins in Beaverton, Inglis Falls in Owen Sound and Gatineau Park in Ottawa are all worth visiting.

The second Council meeting of the year was held recently on June 1, 2018. The College of Dental Hygienists of Ontario (CDHO) Council is proposing some changes to the CDHO bylaws. The details of these changes can be found on the CDHO website for public and registrant review. Council continues to strategize and develop the Ownership Linkage Plan and will be implementing a pilot survey during the summer months as the first phase of the plan.

Council meetings are open to the public, where anyone is permitted to attend to observe how Council debates and makes decisions.

The College of Dental Hygienists of Ontario regulates the profession of dental hygiene in the best interest of the public to ensure Ontarians are receiving safe and high quality oral health services. The College’s governing Council includes dental hygienists throughout Ontario who have been elected by their peers, and public members that have been appointed to Council by the provincial government. The Council’s role is to make decisions in the interest of the public and policy decisions to regulate the profession of dental hygiene. Council decisions are guided by legislation, Council bylaws and governance policies. Council meetings are open to the public, where anyone is permitted to attend to observe how Council debates and makes decisions. Council members have a fiduciary responsibility to follow the legislation, bylaws, governance policies and the Council Code of Conduct at all times. The CDHO operates under the Policy Governance Model providing strategic leadership, obligation of accountability, self-monitoring and rigorously evaluates the accomplishments of the organization. The Council continues to recognize that self-regulation is a privilege and is committed to uphold the College mandate of regulating the dental hygiene profession with public interest in the forefront.

Cont’d on p. 5...
The other day I was asked by a recently registered dental hygienist what she should do to become a Council member. I explained that she would need to be elected in the district she works in and suggested she go to the College website to see when her district election was coming up. I explained a bit about what Council members do on Council. To that, she asked if I thought she was smart enough. I was amused by the question and without hesitation answered in the affirmative.

Later on I thought about her question. Surely to be a dental hygienist you would have already proven you are smart. But is that all it takes to be a Council member? My first response to that is no. There are so many qualities more important than that. The first is a willingness to put self and professional interest aside and make decisions that put public interests first. With this comes the maturity to recognize the bias that you come to the table with and make every effort to acknowledge it and overcome the temptation to let it lead you. Sometimes it means you will leave a discussion because you find yourself in a conflict of interest. This requires you to be honest with yourself and have regard for the perception of others even when you believe you can put feelings aside.

Thus to act with integrity, Council members also must have a strong moral compass and the moral courage to follow it.

Another key quality is that as a Council member, you must act with integrity. Acting with integrity means understanding, accepting, and choosing to live in accordance with one’s principles, which will include honesty, fairness, and decency. A person of integrity will consistently demonstrate good character by being free of corruption and hypocrisy. Council members demonstrate integrity when they act virtuously regardless of circumstances or consequences.

Thus to act with integrity, Council members also must have a strong moral compass and the moral courage to follow it. Indeed, integrity is the critical connection between ethics and moral action. It is doing the right thing not only when no one is looking but when everyone else seems to be doing the wrong thing.

Passion for the client’s right to safe, ethical dental hygiene care is also one of the top qualities of a good Council member. It is important as a Council member to believe in what you are doing and know who you are doing it for. It is that passion that will ensure
you are fully engaged when working as a Council or committee member. Why would you take up a seat on Council if you did not believe that dental hygiene clients have a right to safe ethical and effective dental hygiene care? Or that dental hygienists need to be competent to provide that care?

Respect is probably next. Being respectful means exhibiting care, concern, or consideration for the needs or feelings of others. As a Council member, this will be important in two ways. You must always give respect and you will always act in ways that earn respect of others. Even when Council members find themselves on different sides of an issue, discussions are productive when respect and respectful behaviour is honoured. A respectful Council is one where you will find more engaged and productive members.

Another quality is thoughtfulness. Council members must have the ability to really consider the issue at hand and weigh its ramifications for the public and the College. The best Council members ask questions that cause themselves and others to think through your/their own responses as well. If a Council member can’t stop to think about why she or he is in favour or against an initiative, then it is likely that she or he is allowing personal past experiences or the influence of another to automatically have a vote, regardless of where those experiences or influencers have led.

Finally, Council members must be able to envision the future and think beyond today. So many decisions affect both today and tomorrow. It is short sighted to think that today’s issues do not have a ripple effect on the future. Considering only today’s issue jeopardizes the future. A good Council member will ask questions that consider the long term cause and effect of issues at hand.

So, if I could go back to the conversation I had with the dental hygienist who worried she was not smart enough, I would have said so much more about the qualities required of good Council members. I would have encouraged her to self-reflect on her ability to put public interest first, to recognize her own biases, to act with integrity, to have passion for clients’ rights, to behave in respectful ways and to practise thoughtfulness. I would have asked her if she can see beyond the issue at hand to the bigger picture. Hopefully, she and others like her are reading this today and I hope they are encouraged to run for a position on Council. You do not need to know all the issues of today or be fluent in regulation. We will help you with all those things. What is really important is that you have the qualities that make for a good Council member. We will teach you the rest. For those of you in districts 4, 7 and 8, take the summer to think about this. There will be district elections in November and I’d love to see you on Council.

Enjoy the summer!
At the June 1, 2018 Council meeting, Council approved the **Policy on Fragrance-Free Meeting Spaces** in an effort to create a fragrance-free environment so that those with chemical sensitivities will not be hindered access to the College or College activities.

An amendment to **s. 3.4 (3) of Bylaw 5** that defines the number of seats allocated to each district was proposed and approved for circulation to stakeholders for feedback. Feedback will be brought to the September Council meeting for consideration.

**S. 16.4 of Bylaw No. 5** that outlines exam fees was subject to a proposed amendment which will be circulated among registrants of the College and other stakeholders for comment and brought back to Council for final review and/or approval.

The firm of **Hilborn, LLP**, was reappointed as auditors of the College of Dental Hygienists of Ontario for the fiscal year of 2018.

The **Annual and Comprehensive Assessment of the External Auditor** by the Executive Committee tool was approved to be tested over the coming months by the Executive Committee.

The **Executive Committee** reported that Mr. Vinay Jain and Ms. Roma Czech were approved to attend the IPGA conference in Savannah, Georgia June 21–23, 2018.

The **Inquiries, Complaints and Reports Committee (ICRC)** reported that since the March 9, 2018 meeting, it has received 8 complaints and began 7 Registrar Report investigations. In total, the ICRC is currently investigating 72 matters including 9 formal complaints, and 63 Registrar Report investigations.

The **Quality Assurance Committee** reported sending out ‘Welcome to the Profession’ letters to a total of 355 registrants who registered between August 23, 2017 and April 30, 2018 as an effort to promote quality practice and to increase awareness of the CDHO resources available.

The **Registration Committee** reported that of the 103 new applications for registration received since the last report to Council, one application required detailed review by the Registrar. Following review of information submitted by the Applicant, a general certificate of registration was granted. As of May 18, 2018 the Registration Committee reported that 158 new applicants were registered to practise, 9 previous registrants of the College were re-registered, 5 registrants were reinstated (from suspended), 12 registrants resigned, and 76 were authorized to self-initiate.

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

There was a special meeting of Council on June 1, 2018 called under articles 3.8(5) and 4.4 of Bylaw No. 5 to consider whether there had been a breach of duties by Council member R. Czech. The Council voted that Ms. R. Czech did not violate Council’s code of conduct nor breach her duties.
Three Positions on Council Open January 2019
Seeking Candidates

**District 4**  **Central**: The regional municipalities of York and Metropolitan Toronto
**District 7**  **Northeastern**: The territorial districts of Algoma, Cochrane, Manitoulin, Muskoka, Nipissing, Parry Sound, Sudbury and Timiskaming
**District 8**  **Northwestern**: The territorial districts of Rainy River, Thunder Bay and Kenora

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

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

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

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

If this resonates with you and you are a registered dental hygienist in good standing with the College, who works in district 4, 7 or 8, and can **attend a minimum of eight meetings a year in Toronto**, we are interested in having you join us.

The call for **nominations will go out Monday, September 21, 2018**. You require five nominators from your district to sign your application. You have plenty of time to seek the support of dental hygienists in your district. The **election will take place November 21, 2018**.

Professional Council members are paid a per diem of $300. Travel expenses to attend meetings are also covered.


Please visit our website at [www.cdho.org](http://www.cdho.org) to learn more.
Improper Cleaning of Instruments

Cleaning involves the removal of debris and organic material from an instrument prior to sterilization. This type of debris may shield microorganisms from being properly destroyed and ultimately hinders an item from being effectively sterilized.

Improper Packaging Materials or Packaging Technique

The type of packaging you choose needs to be compatible with both the items to be sterilized and the chosen method of sterilization. Items need to be packaged according to the manufacturer’s instructions for use for both the packaging and items being sterilized. Packaging material must be able to withstand the temperature of your sterilization method. Some common errors include:

- placing a folded peel pouch inside another peel pouch;
- using excessive wrap which may affect steam penetration;
- failure to disassemble instruments; or
- failure to leave hinged instrument in the open position during cleaning and sterilization.

Choosing the Incorrect Monitoring Tests for Your Method of Sterilization

Another common error is choosing the incorrect chemical indicators or incorrect biological indicator process challenge device for the method of sterilization used. Once you have chosen the correct monitoring tests for your sterilization process (e.g. *G. stearothermophilus* spores for steam sterilization), plans should be in place in the event of any monitoring failures.

Choosing the Incorrect Cycle for Load Contents

Choosing the correct parameters (time, temperature and pressure) for each load is very important. This information can be found in the manufacturer’s instructions for the instruments being processed and the type of packaging being used. Inadequate temperature being reached or insufficient time at the recommended temperature could result in incomplete sterilization. Alternatively, temperatures over and above what is recommended by the manufacturer’s instructions for the items being sterilized, may adversely affect the integrity and functionality of instruments. Inadequate temperatures may also result from human errors if, for example, the sterilizer door is opened prior to cycle completion. Some sterilizers will have specific cycles for instruments containing lumens, such as a cycle designated for hand pieces.
Improper Loading of the Sterilizer

Read the manufacturer’s instructions for use for both the sterilizer and packaging you are using. Overloading the sterilizer, placing packages too close together, or incorrect orientation inside the autoclave may prevent adequate air removal and steam penetration around and through the load. If using racks, instrument pouches should be placed on edge and all facing the same direction. Failure to follow proper loading instructions for the method of sterilization may result in incomplete sterilization.

Wet Bags from a Completed Cycle

Wet bags can be a result of inadequate drying of instruments prior to wrapping/packaging, overfilling packages, overloading the sterilizer or removing instruments prior to completing the dry cycle. Bags that have come out wet from the sterilizer are not considered sterile and need to be reprocessed.

Proper Maintenance of Sterilization Equipment

This includes running appropriate qualifying tests prior to the initial use of a sterilizer in addition to requalifying tests after the sterilizer has had a failure or was sent for repairs. Other issues with maintenance may involve clogged drain lines, clogged steam lines, pressure gauges calibration, worn out door gaskets and seals, and/or malfunctioning valves. If this is the situation, you should check the owner’s manual to troubleshoot the problem or send the sterilizer for repairs by a certified technician.

Lack of Training for Sterilization Procedures

Anyone involved in processing of reusable medical equipment and devices needs to have device-specific training for any equipment being used and adequate training for the volume and type of instruments to be sterilized. They need to be knowledgeable and trained in how to read sterilization monitoring systems, and to be accountable for logging all necessary monitoring parameters after each load. Lack of knowledge or failure to follow appropriate policies and procedures in any one of the reprocessing steps may result in sterilization failure.
The College has received many calls by dental hygienists seeking advice on whether antibiotic prophylaxis is required prior to invasive dental hygiene procedures for clients who have had a total joint replacement. The question whether to premedicate or not has been a controversial topic for healthcare practitioners and their clients for several years. In an attempt to help practitioners make an informed decision, the Canadian Dental Association (CDA), the Canadian Orthopaedic Association (COA) and the Association of Medical Microbiology and Infectious Disease (AMMI) collaborated to develop the most recent consensus statement.

After reviewing the most current available research regarding antibiotic prophylaxis, this consensus statement supports that there is evidence to suggest that premedication is not routinely required for clients with total joint replacement. This also supports the clinical practice guideline released in January 2015 by the American Academy of Orthopaedic Surgeons (AAOS) and the American Dental Association (ADA) published in the Journal of the American Dental Association. The guideline concluded that evidence failed to demonstrate an association between dental procedures and prosthetic joint infection or any effectiveness for antibiotic prophylaxis. This information in conjunction with the potential harm from antibiotic use, led to the conclusion that, in general, using antibiotics before dental procedures is not recommended to prevent prosthetic joint infection (with the caveat that the dental practitioner and client should consider possible clinical circumstances that may suggest the presence of a significant medical risk in providing dental care without antibiotic prophylaxis).
It is important to note that the consensus statement should not be used as a replacement for professional dental or medical advice.

Given the recommendations stated in the consensus statement, the most current position of the College is that each dental hygienist must use his/her professional judgment to decide if it is safe to proceed with scaling and root planing for a client who has had a joint replacement. The need for antibiotic prophylaxis for the prevention of hematogenous joint infection should be considered on an individual basis in conjunction with the healthcare provider most familiar with the client’s specific condition. Treatment decisions should be made in light of all circumstances presented by the client. Treatments and procedures applicable to the individual client rely on mutual communication between client, physician, dentist, and other healthcare practitioners. The College entrusts dental hygienists to use their professional judgment to determine who they feel is in the best position to advise whether prophylactic antibiotics are required for their clients with total joint replacements. In order to make a truly informed decision, the dental hygienist must be confident that the healthcare professional they choose to consult with:

- fully understands what is involved with the procedure in question (e.g. scaling and root planing including curetting surrounding tissue);
- has an understanding of the current literature and evidence-based recommendations around the topic; and
- is familiar with the client’s specific health condition and history of complications associated with their joint replacement.

Ultimately, the dental hygienist must act in the best interest of the client and be comfortable providing rationale for their decision like in any dental hygiene procedure.

Not only are dental hygienists responsible for the decisions they make, but they are also responsible for the consequences associated with those decisions. [CODH]

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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
In response to the rising concerns about infection control following the high-profile closures of offices in Ontario, the CDHO has been travelling the province to provide dental hygienists with up-to-date information regarding proper IPAC practices. The presentations have been well attended. The CDHO would like to thank those attending for taking the time to provide us with feedback in the post-presentation survey.

“Been practicing since 1990 and have heard many speakers over the years. I did all the IPAC modules and infection control webinars. Very pleased overall. Confirmed what my college expects from me.”

The feedback submitted by attendees has been particularly useful for “tweaking” the upcoming presentations in areas where registrants have noted questions or concerns.

“Samples and explanations of the different types of class sterilizing indicators. It can get confusing, class 1, class 2, class 5 etc. Which ones are which?”

“From my perspective, I’m not sure anything needs to be changed. Infection control was a major part of my learning goals for 2017, so this was a good review of my learning and the lecture did clarify a few things I was still unsure about (e.g. the use of gowns, PCD’s etc.). I though[sic] Giulia spoke well, was well-organized and delivered the material really well, to the point but thorough enough to ensure understanding. I’m glad I went!”

Setting the Record Straight – IPAC Edition has proved to be popular, with 1787 dental hygienists and dental hygiene students participating in the live interactive presentation in seven cities across the province. Another four presentations will be taking place in the fall according to the schedule on opposite page. In addition to the presentations, a live interactive webinar was broadcast on June 13, 2018. For those unable to attend in person or view the webinar live, a copy of the webinar is available for on-demand viewing at cdho.org in My CDHO / Guidelines / Infection Prevention and Control (IPAC).

“Great job by the speaker and CDHO representative. I think the information was incredibly important and timely. This is a “must attend” and I’d recommend for all RDH’s in Ontario.”
Upcoming Presentations

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 Federation of Dental Hygiene Regulators of Canada (FDHRC) is a federation of organizations which have a statutory responsibility to regulate the profession of dental hygiene within their respective provinces.

Its mission is to provide national leadership in Dental Hygiene regulation for the protection of the public.

The group works together to:

- provide national leadership on issues concerning the protection of the public interest with respect to the profession of dental hygiene;
- provide a forum for networking and information exchange among Canadian dental hygiene regulatory authorities;
- develop quality benchmarks for dental hygiene accreditation standards and processes;
- ensure that valid, reliable examination mechanisms for assessing dental hygiene competencies are available to Canadian dental hygiene regulatory authorities;
- promote and monitor labour mobility and workforce planning for dental hygiene.

The website offers information and resources for registering to practise in Canada.

www.fdhrc.ca
Looking for Educators Interested in Providing Remediation Courses

The College is looking for educators interested in providing courses for remediation/refresher purposes. The objective of a remedial/refresher course is to correct or improve deficient skills in a specific subject area to help practising dental hygienists to meet the College’s standards of practice.

The College refers individual dental hygienists in need of additional education to facilitators, institutions, or agencies who offer remedial, and/or refresher courses. To facilitate the referrals, the College keeps a list of approved courses and may refer registrants to those facilitators/institutions/agencies when a need for remedial learning by a practising dental hygienist is identified.

It must therefore be demonstrated that the course includes verifiable knowledge and/or clinical skills learning outcomes equivalent to the relevant CDHO standards of practice.

To be eligible for inclusion on the referral list, course designers must submit a course outline that meets the approval criteria. In accordance with the Policy on the Approval of Remedial/Refresher Courses, course approvals are valid for one year unless significant changes are made to the course outline or there is a change in the course facilitator. In such case, a new submission for approval will be necessary.

In addition to complete refresher courses for re-entry into practice, the most common areas of specific remedial studies are:

- Dental Hygiene Process of Care
- Record Keeping
- Infection Control
- Radiography
- Evidenced-Based Practice
- Instrumentation and Clinical Skills
- Instrument Sharpening

Please note that CDHO approval is only required for remedial/refresher courses that are prescribed by the Registration, Inquiries, Complaints and Reports, and Quality Assurance Committees. If you provide courses that are not designed for this purpose, CDHO approval is not required and will not be considered.

If you are interested in submitting a course for remediation/refresher purposes, please contact Jane Keir, for the course submission policy, application, and checklist.

For more information, please contact:
Jane Keir, Director, Professional Practice / Deputy Registrar at
416-961-6234 ext. 235
toll-free: 1-800-268-2346
or by e-mail: jkeir@cdho.org
On March 12th of this year, five percent of active registrants were selected to participate in the insurance audit for 2018. The purpose of the annual insurance audit is to protect the public of Ontario by ensuring that our registrants meet the conditions of registration by having liability insurance that complies with the College’s bylaws.

In order to comply with the audit, selected registrants were asked to submit a copy of their insurance policy. The majority of registrants submitted a copy of their policy within the first few days of the audit. By the final deadline of April 22nd, all but two submissions had been received and we were able to determine, once again, that most registrants currently have suitable insurance that meets the College’s bylaws.

Although most registrants met the requirements for insurance, some of the same issues that came up during the insurance audit last year were present, including inadequate insurance coverage, lapsed insurance coverage, and failure to respond.

Inadequate Coverage
Four registrants had insurance that did not meet all of the requirements set out in the bylaws. If you are not sure whether your current insurance policy covers everything, please refer to Article 7.3 of CDHO Bylaw No. 5 or contact your insurance provider directly. All registrants should be aware that CDSPI Insurance does not meet the requirements of CDHO Bylaw No. 5.

Lapsed Coverage
Eight registrants submitted an insurance policy that began on a date sometime after January 1, 2018 which indicates that they were not covered by their insurance for some period of time this year. If you renew with a general or specialty certificate of registration, you must have valid insurance even if you are not practising. In fact, the online renewal process asks registrants if they have insurance for the upcoming registration year. If a registrant responds “yes” to this question on the renewal, but do not already have an insurance policy in place for the following year, they are providing false information to the College on their renewal, which is considered professional misconduct. For this reason, you should always purchase your insurance for the upcoming registration year prior to completing your annual renewal online so that you can answer the renewal questions truthfully and accurately.

Failure to Respond
Two registrants did not submit a copy of their insurance policy by the deadline. It is considered professional misconduct to fail to respond to a request from the College within the timeline specified by the request. Moreover, we would have to conclude that any registrant who had failed to respond by the deadline did not have the required insurance. Accordingly, the registrants who did not respond were sent a notice of the College’s intention to suspend their certificate of registration for failure to meet a condition of registration. We have since received proof of insurance from both registrants.

CDHO will continue with the insurance audit in 2019 and beyond. In order to ensure that you receive notice when you are selected to submit your insurance, you should review your contact information in your Self-Service account and add the email address insurance@cdho.org to the list of safe senders in your email account. Not receiving notice is not a valid reason for not participating in the audit since it is always the registrant’s responsibility to ensure that they are receiving and promptly reviewing any communications from the College.

Please note, because selection for the audit is done entirely at random, you could be selected to participate in the insurance audit several years in a row. The good news is that it is very easy to comply – when you are selected, simply email a copy of your policy to insurance@cdho.org.

**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.
CDHO ACHIEVEMENTS at a glance

2017

Protecting the Public

12,493
REGISTERED
DENTAL HYGIENISTS

REGISTRATION
- 616 new registrants
- 6121 registrants are authorized for self-initiation
- 650 registrants hold a specialty certificate
- 1298 are authorized prescribers

QUALITY ASSURANCE
- 1453 selected in the QA program
- 98.3% met the program assessment guidelines
- EIGHT on-site practice assessments performed

PROGRAMS
- 800 completed the Jurisprudence Education Module + Exam
- 370 passed the Drug Module + Exam
- 37 Mentorship programs completed
- 127 total number of mentors
- 13 new mentors in 2017

COMPLAINTS & REPORTS
- 130 matters reviewed
  - 63 resolved
- 57% resulted in regulatory action
- ONE matter appealed to HPARB — in progress

DISCIPLINE
- TWO discipline cases concluded in 2017
- Both resulted in regulatory action

Connecting with the Public

270 000+
Website visits
810 000+
page views

FOUR
ACTIVE SOCIAL MEDIA CHANNELS

3260 total followers across all platforms
Gained 355 Facebook followers
8602 interactions on Facebook posts (clicks, likes, shares, comments) and over 137,000 impressions

BE PART OF THE CDHO COMMUNITY!
Follow us online:
- @cdhoohdo
- @cdho_ohdo
*Search for College of Dental Hygienists of Ontario

TWO new social media video campaigns for public safety
Update on 2018 Quality Assurance (QA) Assessments

In 2017, notice was sent to 1605 registered dental hygienists in the province requesting submission of their QA records for assessment due January 31, 2018.

- 1533 were selected because their registration number ended in a “3” or “8” (Regular Selection)
- 72 were selected for not completing their annual self-assessment (Self-Assessment Selection)

Of the 1605 records requested (as of June 9, 2018):

<table>
<thead>
<tr>
<th>Status</th>
<th>Number of Registrants from Regular Selection</th>
<th>Number of Registrants from Self-Assessment Selection</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met the assessment guidelines with initial submission</td>
<td>862</td>
<td>18</td>
<td>880</td>
</tr>
<tr>
<td>Assessed with deficiencies but met the assessment guidelines with an additional submission and/or remediation</td>
<td>240</td>
<td>9</td>
<td>249</td>
</tr>
<tr>
<td>Assessed with deficiencies and still participating in remediation</td>
<td>27</td>
<td>2</td>
<td>29</td>
</tr>
<tr>
<td>Still in assessment phase: On-site practice reviews</td>
<td>39</td>
<td>1</td>
<td>40</td>
</tr>
<tr>
<td>Still in assessment phase: QA test temporary suspension</td>
<td>201</td>
<td>7</td>
<td>208</td>
</tr>
<tr>
<td>Still in progress</td>
<td>25</td>
<td>8</td>
<td>33</td>
</tr>
<tr>
<td>Resigned</td>
<td>103</td>
<td>7</td>
<td>110</td>
</tr>
<tr>
<td>*Other: May include registrants who are currently suspended, revoked, referred to ICRC, currently under investigation, deferred to another assessment period or deceased.</td>
<td></td>
<td></td>
<td>*56</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td>1605</td>
</tr>
</tbody>
</table>

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

- **Not providing enough information in the Report on Learning**
  
  To demonstrate that learning has occurred, that changes were made to practice, and the resulting benefits clients received, each goal requires a Report on Learning (point form is acceptable).

  Assessors are particularly interested in hearing **specifics** about what you have learned and the changes that you have made to your practice that were based on your learning and that have improved the treatment you provide to your clients. Often, what is reported in the Report on Learning is too vague, and it is difficult to assess what, if any, learning occurred and how it was applied. Providing specific details about what you learned, changes to practice, and benefits to clients decreases the chances of your Learning Portfolio requiring more information before it can be properly assessed. Your Report on Learning should be reflective of the time you spent completing your goal. Assessors are looking for quality of information in the Report on Learning as opposed to the quantity of information.
• **Missing information**

Self-learning requires a bibliography of learning materials. For courses and presentations, the title of the course/presentation, name of presenter(s), their credentials and sponsor (if applicable) must be included. Keep proof, such as certificates of attendance, biographies of presenters and receipts for all activities. For readings, the title of the journal, the title of the article, author and page numbers are required. All this information is important as assessors need to be able to verify the activity listed. This applies for *Additional Activities Unrelated to Your Goals* as well. It is not acceptable to list a journal with the notation that you read it cover to cover.

Many registrants will claim time for activities beyond the time that the activity has posted. For example, a webinar may list on its website that the time of completion is two hours. Often, a registrant may claim additional time beyond the two hours because he/she did additional readings associated with the webinar but failed to record these readings, or failed to provide appropriate bibliographies for the readings completed as part of the webinar.

Please note that 1 CE credit does not necessarily equate to 1 hour of time spent.

• **Missing, expired or unacceptable forms of CPR certification**

Maintaining current certification in CPR is a standard of practice for all practising registrants. Dental hygienists involved in clinical practice **must** hold current training in cardiopulmonary resuscitation (CPR) at the basic support level, including one-rescuer and two-rescuer CPR for adults, children, and infants; the relief of foreign body airway obstructions; the use of an automatic external defibrillator (AED); and the use of ambu-bags. Typically, Level “C”, Health Care Provider “HCP” CPR certification, recertification by the Heart and Stroke Foundation of Canada, the Canadian Red Cross, or an entity with equivalent requirements is acceptable. Level “A” or Level “B” CPR does not meet the College’s above specifications.

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

• **No emergency oxygen available on-site**

It is a standard of practice for dental hygienists to be able to ensure the provision of aid in medical emergency situations. Further, it is expected that they ensure that emergency medical equipment, supplies and drugs are current, stored according to manufacturers’ directions, and readily accessible for use in a medical emergency. Dental hygienists can administer drugs orally, by injection or by inhalation even though it is not within their scope of practice, in accordance with the *Regulated Health Professions Act, 1991*, in emergency situations only. Dental hygienists have a professional obligation to ensure the safety of clients in their care. This obligation is not dependent on the presence of another health professional within the facility in which the dental hygienist practises. In other words, if an employer does not have an emergency protocol, an up-to-date emergency kit or a source of oxygen, it is the responsibility of the dental hygienist to ensure that all are present or available for clients in her/his care.

Registrants who are not familiar with the College’s Continuing Competency Guidelines will find the document *Requirements of the Quality Assurance Program and Guidelines for Continuing Competency* to be very helpful in guiding continuing quality improvement activities, recording learning outcomes and completing their quality assurance records.
On May 1, 2018, a number of significant changes to the Regulated Health Professions Act, 1991 (RHPA) came into force which affect

- proceedings regarding sexual abuse of a patient (client) by a registrant, and
- the information a registrant must provide regarding charges and convictions / findings of guilt.

**Definition of Patient**

The definition of a patient for the purposes of the sexual abuse provisions of the Health Professions Procedural Code (Code) under the Regulated Health Professions Act, 1991 (RHPA) has been expanded to extend the person’s status as a patient by one year after it would otherwise have ceased. This means that a professional relationship must be formally terminated at minimum, 1 year before a sexual relationship can start.

Furthermore, for the purposes of the sexual abuse provisions in the Code, a person is a patient if:

- they are a person who received health care services from the registrants and payment is charged or received,
- the registrant made an entry in the person’s health record,
- they provided consent to a health care service recommended by the registrant, or
- the registrant prescribed a drug for the person.

It is clear that not all of these factors are needed in order for a Discipline panel to make a finding of sexual abuse and in fact, only one may be needed to make such a finding.

Funding for Counselling and Therapy for Sexual Abuse

A person is now eligible for funding for counselling and therapy for sexual abuse as soon as the report or complaint is made that the person was sexually abused by the registrant. Prior to this change, the funding was only available once and if the registrant was referred to the Discipline Committee for a hearing.

The College is required to review the request for funding quickly, but payment of funds is not determinative that sexual abuse occurred and is not the sole ground on which the Discipline Committee shall make its decision. In fact, any information regarding funding will not be reviewed or considered by the Inquiries, Complaints and Reports Committee when it decides whether to refer the complaint or report to the Discipline Committee.

**Charges and Convictions**

Now, as of May 1, 2018, information that comes to the attention of the College about any open charges a registrant currently has will be posted on the public register. The College does not have discretion in this regard, nor do registrants have discretion whether or not to report their open charges. This information is in addition to the information about any guilty findings the registrant may have that was already subject to mandatory reporting.

Furthermore, a panel of the Discipline Committee of the College shall find under section 51(1) of the Health Professions Procedural Code that a member has committed an act of professional misconduct if the member has been found guilty of an offence that is relevant to the member’s suitability to practise.

It is important to note that although a registrant may not have been found “guilty” through a trial, they may still be guilty of an offence. There are various process outcomes from charges that are findings of guilt, which include, but may not be limited to: convictions, discharges, conditional sentences or restitution orders.
WHAT SHOULD I DO?

If you are unsure as to whether you need to report your issue to the College, it is best to contact the College as soon as possible and provide any and all information you may have. Professional misconduct under the Dental Hygiene Act includes “failing to take reasonable steps to ensure that information provided by or on behalf of the member to the College is accurate.”

Mandatory revocation now applies to registrants who have been found guilty of any of the following offences under the Criminal Code:

- Sexual interference
- Invitation to sexual touching
- Sexual exploitation or sexual exploitation of a person with a disability
- Bestiality in the presence of or by a child
- Voyeurism
- Child pornography
- Parent or guardian procuring sexual activity
- Making sexually explicit material available to a child
- Luring a child
- Sexual assault
- Sexual assault with a weapon, threats to a third party or causing bodily harm
- Aggravated assault
Registants who wish to submit their Quality Assurance records via Path 2 or 3 will soon have access to complete the Quality Assurance Written Assessment (simply known as the QA Test). The goal is that the QA Test will be available in November 2018. However, the test will no longer be administered by the National Dental Hygiene Certification Board (NDHCB). The College found a new provider to administer the QA Test and registrants can take the QA Test directly in the SMILE Portal. There will no longer be a need to upload your test results into the SMILE Portal as they will automatically appear once the test is completed.

New Exam Format
The new QA Test will be a 100-question multiple-choice, open-book test. It is designed to ensure that registrants have sufficient knowledge of dental hygiene theory and practice by asking them to answer knowledge, application and critical thinking questions in each of the following ten-question categories:

- Community Health
- Special Needs / Medically Compromised
- Pharmacology
- Jurisprudence/Ethics/Record Keeping
- Emergency Protocols
- Health & Safety/WHMIS
- Infection Control
- Process of Care
- Radiography (Exposure and Interpretation)
- Professionalism/Communication

Registrants will be permitted up to two hours to complete the QA Test which will need to be finalized online. The test will have new enhanced security features.

The QA Test will only be available to registrants for six months during any given year from September 1st to March 1st. Please note that a maximum of three (3) attempts to successfully complete the QA Test is permitted and the cost will be $150/attempt. Every attempt will provide you with a “Performance Profile” of whether you met or fell below the standard in each of the ten-question categories. This information can be used to help you identify areas of relative strengths and weaknesses if you need to prepare for another attempt. The feedback should also be used to help you identify areas to explore when setting your future continuing education goals and planning your activities.

What Constitutes a Pass?
The passing score will be set through a systematic process by subject matter experts, and will represent the knowledge, skills and judgment expected from a minimally competent dental hygienist who is able to provide safe, competent, and ethical care. Registrants will not receive a score or percentage, but will receive an overall exam result (successful or unsuccessful). Additional feedback will include whether the standard was met or not in each of the ten-question categories.

A psychometrician is working with the College and the test provider to ensure the validity, reliability, and fairness of the QA Test. When more information is available, it will be shared via the College’s E-Brief.
How Do I Prepare for the QA Test?

Since taking the QA test replaces the need to submit a Learning Portfolio, it is expected that preparation to write the QA Test will take 75 hours over a three-year period. The questions will be based on knowledge, skills and judgment needed to practise dental hygiene. Therefore, any current dental hygiene textbook and CDHO document available on the website would be useful in helping prepare for the QA Test (e.g. Registrants’ Handbook, CDHO Knowledge Network, College Guidelines, etc.)

Please note: The QA test 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, thus, questions regarding local anaesthetics may be encountered when completing the Quality Assurance assessment.

Fran Richardson Leadership Development Award

The Fran Richardson Leadership Development Award honours outstanding and innovative dental hygienists who are passionate about the dental hygiene profession and who seek through education, community involvement and/or other activities, to enhance their leadership abilities and to improve the quality of dental hygiene care provided to the people of Ontario.

CDHO defines leadership through the following criteria:

- A demonstration of exemplary values;
- The ability to engage people and effect positive and sustainable change; and
- A commitment to the public interest through dental hygiene.

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

Applications are now being accepted. [http://www.cdho.org/my-cdho/continuing-education/awards-and-grants](http://www.cdho.org/my-cdho/continuing-education/awards-and-grants)

- The Fran Richardson Leadership Development Award comes with a financial grant of $5,000
- Applications will be accepted until 1:00 p.m. EST Monday, September 24, 2018
- Guidelines, Applications and Nomination Forms can be found on the CDHO webpage under the tab ‘My CDHO/Continuing Education/Fran Richardson Leadership Development Award’

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

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

2 0 1 7

The College congratulates

AMANDA ACKER

for being selected as the 2017 Peer Mentor of the Year.

“I especially learned to have confidence in myself, and be more thorough in my work. I developed new skills and abandoned bad habits.”

“Despite her busy schedule, she has never failed to listen to me even outside our weekly meeting hours.”

“...always did her best to clarify my incomprehension, as well as helped me find solutions in some cases”

“It is with greater enthusiasm and pride that I now practise my job as a dental hygienist.”

The Peer Mentor of the Year award celebrates an experienced dental hygienist who volunteers her/his time to support the professional growth and development of another less experienced dental hygienist through the CDHO Peer Mentorship Program.

Amanda was nominated by her mentee, Anihougbè Hounkpè. In her nomination letter, Anihougbè credits Amanda’s availability and great enthusiasm throughout the entire program that helped her to stay focused on her goal of becoming authorized to self-initiate and gain confidence as a professional.

Peer Mentors are the foundation of the College’s Peer Mentorship Program where Amanda and Anihougbè’s story is just one of many successful outcomes. The College appreciatively recognizes the contributions of each and every one of our Peer Mentors.
CALL FOR Quality Assurance Assessors

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 31, 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.

CDHO
Dental hygienists are required to establish, document and maintain policies and procedures for the reprocessing and/or recall of reprocessed medical devices that may not have been sterilized. This includes quality assurance monitoring of the reprocessing procedure using biological indicator (BI) and chemical indicator (CI) process challenge devices (PCDs), as well as physical parameters. Each of these tests plays a critical role in monitoring the sterilization process and need to be evaluated after each cycle. Results of sterilizer monitoring must be fully documented and signed by the person(s) responsible.

It is important to realize that each of these tests has its limitations. The physical parameters indicate that time, temperature and pressure have been reached inside the sterilizer for the required duration, however, they do not exactly indicate if the desired temperature has been reached inside the centre of each package. External chemical indicators identify a processed package from an unprocessed package. Internal chemical indicators measure a number of variables inside the package which highlights the importance of placing these indicators in the least likely area to be penetrated by steam in order to verify if the centre of the package has been penetrated. The BI PCD is indicative of the most challenging test that proves highly resistant bacterial spores have been destroyed in the location of the test.

The CDHO practice advisors are often asked, “If the BI PCD test pack is the gold standard, why are we not placing a BI spore test inside every package.” While this would truly be the only way we could know with certainty that no matter where your package is located in the sterilizer that viable microorganisms have been killed, it is not practical, and for this reason, CI are used inside all packages instead. All of these tools are used to alert you of any failures in your process.

Your CI PCD Failed and/or Physical Parameters Were Not Reached, Now What?

1. Inform the supervisor/owner of the practice.
   - The supervisor/owner will want to know the time and date of failure, sterilizer and load/cycle number in question, CI results, results of physical monitoring, BI results if available and any other information that may be useful in determining the problem.

2. The sterilizer should be taken out of service.

3. The cause of the failure should be investigated.

4. If the failure is confined to one load and can be immediately corrected, simply correct the problem and reprocess the load.
   - If a failed chemical indicator is found in one package, the contents of the package shall be reprocessed before use.
   - If a failed chemical indicator is found in multiple packages, the entire load should be reprocessed.

5. If the failure cannot be immediately corrected, recall and reprocess all items back to the last passed CI test.

6. If a major repair is done, requalify the sterilizer (see yellow box near end of this article for instructions).

7. Keep a log of all maintenance associated with any failed tests.
What To Do If Your Biological Indicator Process Challenge Device (BI PCD) Fails?

In the event a biological indicator process challenge device (BI PCD) yields positive results for bacterial growth (a failed test), the oral healthcare practitioner should follow the steps below to ensure the safety of your clients:

1. Inform the supervisor/owner of the practice.
   - The supervisor/owner will want to know the time and date of failure, sterilizer and load/cycle number in question, CI results, results of physical monitoring, BI results if available, and any other information that may be useful in determining the problem.

2. Investigate the problem.
   - Review cycle parameters (mechanical and chemical indicators) since the last negative biological indicator results to check for any operator errors such as overloading, failing to provide acceptable package separation, and using incorrect and/or excessive packaging material.

3. Temporarily quarantine all instruments back to previous negative BI test.

4. Retest the sterilizer with a second BI PCD test.
   - While waiting for the test results, the sterilizer should remain out of service.

5. If the repeat BI PCD test is negative for growth (successful test) and chemical and mechanical indicators indicate adequate processing, the sterilizer may be put back into service.
   - All items from the failed load should be resterilized.

6. If the repeat BI PCD test is positive for growth (failed test) and all sterilization procedures have been performed accurately, the sterilizer should remain out of service and be inspected and repaired. Prior to returning the sterilizer to service, it must be challenged with three biological indicator tests in three consecutive empty chamber cycles. All three tests must yield negative results.
   - Initiate recall protocol. All items from suspect loads dating back to the last negative BI should be recalled, to the extent possible, and reprocessed.

7. There must be a procedure for notification of the client in the event of a recall (e.g. positive biological indicator PCD).

8. Consult with your local public health unit for risk assessment and to determine if client notification is necessary.

9. Keep a recall log of all maintenance associated with a positive BI PCD test.

Recalling Instruments and Equipment

In the event that any one of the quality assurance indicators fails (physical parameters, biological indicator, external or internal chemical indicators), items in the package(s) must not be used until after investigation, the problem is corrected, and the package(s) are reprocessed.

A written protocol must be established to recall all inadequately sterilized devices and instruments. All items being reprocessed should be recorded and tracked in the event of any failed quality assurance indicators.

Recall Log

If the biological indicator is positive, loads are recalled back to the last successful BI, and the positive test is investigated. A Log should be kept of biological indicator results including all failed tests outlining the procedures for the recall of improperly reprocessed items. The recall log should include the following:

1. Circumstances (i.e. failed tests) that prompted a recall order

2. A list of medical devices, sterilizers, loads included in the recall

3. A list of supervisors, owners or public health units that were notified of the recall

4. A list of items that were ordered for recall but not collected (i.e. those that were already used on clients)

5. The corrective actions taken to resolve the issue and procedures implemented to prevent re-occurrence

6. The client notification procedures

Cont’d...
Qualifying and Requalifying Your Sterilizer

Sterilizers must be rigorously challenged on installation and rechallenged following disruptions to their normal activity. They should be installed according to the manufacturer’s instructions by a qualified technician and must pass three consecutive cycles with the appropriate biological and chemical challenges placed in an empty load. Finally, the sterilizer should be challenged with at least one full test load, before the sterilizer can be put into routine service. A sterilizer should not be approved for use if any indicator(s) yield a failed test on any of the tests conducted for the purposes of qualifying or requalifying the sterilizer.

Sterilizers must be monitored with a test load and be fully requalified annually and under the following circumstances:

i) The purchase and installation of a new sterilizer or loaner sterilizer

ii) After construction or other environmental changes in the area

iii) The relocation of a sterilizer

iv) After the sterilizer is repaired or modified

v) After unexplained sterility failures

As you can see, reprocessing is a sophisticated process and failure in any one of the reprocessing steps can put your clients at risk. It is important to be knowledgeable of the reprocessing policies and procedures in your office and understand how and when to implement your recall protocols in the event of failure in any one of those steps.

Do not use any reprocessed instrument if there are any doubts about the sterility of instruments.

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.

You can reach our CDHO practice advisor by phone at 416-961-6234 or 1-800-268-2346, ext. 226 or by email at advice@cdho.org
Recent Discipline Decision

The college recently held one discipline hearing.

Mr. Alexandru Tanase

In or about April, June, September, December 2015 and March, June, August 2016, Mr. Alexandru Tanase, who had been a registrant of the College of Dental Hygienists of Ontario (the College) since October 2012, treated a client with whom he was engaged in a sexual relationship.

On April 23–24, 2018 the Discipline Committee of the College conducted a discipline hearing regarding this conduct. Mr. Tanase raised a Constitutional question in which he challenged the constitutionality of s.51 of the *Health Professions Procedural Code*, which requires revocation of a health professional’s registration where the health professional is found to have sexually abused a patient.

The Panel found the provision above to be constitutional. The panel then found that Mr. Tanase had committed acts of misconduct, in that he treated the client while engaged in a sexual relationship with that client.

The Discipline Committee delivered a written reprimand to Mr. Tanase and directed the Registrar to revoke Mr. Tanase’s certificate of registration immediately. After a period of five (5) years, Mr. Tanase may apply to the College to reinstate his certificate of registration.

For more information, please go to [www.cdho.org](http://www.cdho.org) to read the full decision of the Discipline Committee regarding Mr. Tanase.

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The CDHO Knowledge Network

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

63 Advisories, 93 Factsheets on conditions from the following groups:

- Addiction
- Brain and Nervous System
- Cardiovascular System
- Chemotherapy and Radiation Therapy
- Endocrine Disorders
- Gastrointestinal System
- Genetic Disorders
- Hemic and Lymphatic Diseases
- Immune System
- Infectious Diseases
- Mental Illness
- Musculoskeletal System
- Nutritional and Metabolic Disorders
- Oral Conditions
- Physiological Conditions
- Respiratory System
- Urogenital System
- Other
Updates to the Public Register

New Registrants
March 1, 2018 – June 15, 2018

Adams, Kendra 019395
Adhikari, Kamal 019383
Allison, Trinity 019297
Anwar, Sehrish 019391
Asghar, Naseem 019332
Aziz, Nadia 019385
Bareng-Aquino, Pinky 019315
Bayawon Domingo, Arianne 019384
Beyea, Alexandra 019364
Bhatia, Aditi 019358
Bhatti, Maninder 019364
Boettger, Natasha 019271
Brunner, Kaitlin 019377
Bundoc, Mischell 019363
Burns, Sabrina 019290
Camacho Zeballos, Danitza 019337
Carvalho, Veronica 019299
Colakovic, Tamara 019272
Commisso, Esther Vanessa 019277
Cortez, Czarina 019342
Cullen, Nora 019322
Da Silva, Kathrine 019307
Decodato, Kallysta 019321
Di Marco, Angela 019381
Downey, Shayna 019401
Duarte, Jessica 019355
Dumaplin, Laurimer 019327
Dunkley, Alysa 019340
Evangelista, Kristine 019352
Fadel, Shareen 019275
Fairbairn, Courtney 019324
Fletcher, Serena 019313
Fordigne, Tanisha 019369
Francoeur, Natasha 019353
Freeman, Tori 019273
Freeman, Jenean 019362
Gadway, Marlee 019304
Galindez, Bethany Joy 019293
Garcia, Myrel 019323
Garcia Diaz, Laura 019390
Gees, Ashley 019278
Goldhawk, Brittany 019298
Gomez De Pinedo, Ana 019308
Gray, Elizabeth 019296
Green, Emily 019393
Guthrie, Carley 019328
Gutierrez, Marilyn 019348
Hart, Caitlin 019317
Henry, Amanda 019314
Hirdes, Samantha 019370
Huang, Zhao 019311
Huard, Jaime 019374
Hyton, Brynna 019325
Ishani, Valdieh 019376
Jackson, Emily 019291
Jackson, Stefanie 019360

Jalbert, Janique 019331
Jobb, Riekie 019295
Kamali, Afsoon 019341
Karimi, Sharareh 019345
Kawai, Carleen 019396
Kennedy, Anna 019405
Kim, Hyemi 019398
Krappe, Kera 019302
Kun, Ernese 019338
Kwentalo, Obiageli 019294
Lavery, Stefanie 019382
LeBoeuf, Concepcion 019265
Lee, Yeonsoo 019404
Lim, Rachel 019312
Luelo, Chelsea 019351
Manolakos, Stephanie 019287
Marlow, Makayla 019292
Marsdin, Jenna 019300
Martins, Sharon 019274
McCann, Jessica 019326
Mercier, Kayla 019344
Mistry, Bina 019392
Mohammad, Rana 019339
Monteo Hernandez, Guadalupe 019343
Moreau, Chantal 019282
Murat, Amanda 019359
Muthucumaru, Jayawardathni 019349
Nadeem, Humaira 019310
Nemeth, Alexa 019403
Ng, Andrew 019361
Nolasco Vasquez, Santhia 019286
Patel, Jimlyben 019346
Pearce, Samantha 019380
Pipe, Kristen 019334
Pipe, Marissa 019331
Power, Brittany 019305
Quiazon, Guila 019378
Raposo, Amanda 019375
Rathod, Aditi 019350
Rattanachan, Tiffany 019372
Regis, Danielle 019306
Rekar, Hailey 019288
Remington, Chelsea 019303
Richards, Jessica 019318
Rivera Mesinas, Arely 019309
Roes, Ashley 019281
Roi, Kelsey 019336
Rosales, Maria 019309
Rowbottom, Stephanie 019397
Royan, Anyan 019356
Shahzadi, Iram 019284
Sahaiya, Chirag 019397
Sharma Devkota, Isha 019335
Simmons, Danielle 019389
Simmons, Danielle 019399
Singer, Riponjot 019316
Smith, Kelly 019367
Smith, John 019276
Somers, Jessica 019354
Straitman, Tianna 019357
Taghi Zadeh, Raman 019280
Tanti, Jessica 019279
Tapp, Stephanie 019402
Teutau, Leilani 019373
Todd, Rebecca 019329
Torrez, Shana 019277
Tu, Kathy 019366
Tu, Shelley 019367
Voss, Gillian 019365
Welford, Carolyn 019323
Xie, Yu 019289
Yang, Xiaowei 019368
Yazdani, Sahar 019333
Yebra, Yveygny 019386
Young, Lexi 019320

Authorized Prescribers List
March 8, 2018 – June 15, 2018

Adouri, Sema 017273
Ahmed, Sabeen 016297
Ahkil, Naini 016471
Alpajora, Kriska 018492
Annsen, Karina 016166
Arbuckle, Alisa Leanne 007596
Asrani, Shireen 011850
Asselstine, Fiona Rae Ur all 015012
Avelar, Stephanie 014749
Bahnam, Sandy 015197
Balf, Kelly Anne 007404
Bareng-Aquino, Pinky 019315
Bayawon Domingo, Arianne Jane 019384
Bayne-Loucks, Leanne Patricia 005120
Beaudry, Chelsea 018885
Beck, Stephanie 009679
Belliveau, Katie 019262
Bhardwaj, Gulshanddeep 016373
Bhimji, Farzana 013493
Blais, Rachelle 010826
Bodnaruch, Elvira Divina 001445
Bonselina, Olha 011102
Brennen, Siobhan Shannon 014445
Brot, Yana 013308
Cajiquiruan, Cherrielyn 012983
Campbell, Caitlin 014051
Carinci, Apollonia 007426
Cashpave, Caitlin 016757
Chana, Samata 007716
Ciarrocca, Patricia C 005387
Coggin, Monica 007777
Cooper, Elizabeth Marie 016934
Cooper, Melissa Elizabeth 008562
Corby, Jane Elizabeth 001920
Cordova, Monica Valeska 015931
Cvetkovik, Sonja 012926
<table>
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<td>Craig, Nicole Doris</td>
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**Reinstated**

*March 1, 2018 – June 15, 2018*

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**Resignations**

*March 1, 2018 – June 15, 2018*

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