



College of
Dental Hygienists
of Ontario

Protecting your health and your smile

Quality Assurance Regulation and Registrants' Policies and Procedures Manual

ONTARIO REGULATION 167/11

made under the

DENTAL HYGIENE ACT, 1991

Made: March 30, 2011

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Amending O. Reg. 218/94

(General)

Note: Ontario Regulation 218/94 has previously been amended. For the legislative history of the Regulation, see the Table of Consolidated Regulations – Detailed Legislative History at <https://www.ontario.ca/laws>.

1. Part VI of Ontario Regulation 218/94 is revoked and the following substituted:

PART VI QUALITY ASSURANCE

GENERAL

16. In this Part,

“assessor” means a person appointed under section 81 of the Health Professions Procedural Code;

“Committee” means the Quality Assurance Committee required by subsection 10 (1) of the Health Professions Procedural Code and includes a panel of that Committee;

“program” means the quality assurance program required by section 80 of the Health Professions Procedural Code;

“stratified random sampling” means a sampling where groups of members are,

- (a) removed from the pool of members to be sampled, or
- (b) weighted to increase or decrease the likelihood of their being selected.

17. (1) The Committee shall administer the program.

(2) The program shall include the following components:

- 1. Continuing education or professional development designed to,
 - i. promote continuing competence and quality improvement among the members,

- ii. address changes to practice environments, and
 - iii. incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council.
2. Self, peer and practice assessments.
 3. A mechanism for the College to monitor members' participation in and compliance with the program.
- (3) All members shall participate in the program.

18. (1) A panel of the Committee shall be composed of at least three persons, at least one of whom shall be a member of the Council appointed by the Lieutenant Governor in Council.

(2) Two members of a panel of the Committee constitute a quorum if at least one of the two members is a member of the Council appointed by the Lieutenant Governor in Council.

SELF-ASSESSMENT, CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT

19. (1) Each year, members shall participate in self-assessment, continuing education and professional development activities in order to maintain the knowledge, skills and judgment required to practise the profession in accordance with the standards of practice and ethics set by the College.

(2) Members shall keep records of their participation in self-assessment, continuing education and professional development activities in the form and manner approved by the Committee and for the period of time specified by the Committee.

(3) At the request of the Committee, an assessor or an employee of the College, a member shall provide to the Committee accurate information about the member's participation in self-assessment, continuing education and professional development activities and the member's records described in subsection (2).

PEER AND PRACTICE ASSESSMENT

20. (1) Each year, the Committee shall select members to undergo a peer and practice assessment in order to assess the members' knowledge, skills and judgment.

(2) A member may be selected by the Committee to undergo a peer and practice assessment,

(a) at random, including by stratified random sampling;

(b) if a request is made under subsection 19 (3) and the member does not provide accurate information or the member's records do not demonstrate that the member has engaged in adequate self-assessment, continuing education or professional development activities; or

(c) on the basis of criteria specified by the Committee and published on the College's website at least three months before the member is selected on the basis of that criteria.

(3) A peer and practice assessment shall be carried out by an assessor.

(4) A peer and practice assessment may include but is not limited to the following:

1. Reviewing the member's records required by subsection 19 (2).

2. Inspecting the premises where the member practises.

3. Inspecting the member's records of the care of patients.
4. Requiring the member to provide information in respect of the care of patients or in respect of the records of the care of patients.
5. Conferring with the member about the member's practice.
6. Using an evaluation tool designed to help assess the member's knowledge, skills and judgment, if requested by the Committee.

(5) The assessor shall prepare a written report about a peer and practice assessment and shall provide the report to the Committee.

(6) If, after considering the assessor's report and any other relevant information, the Committee is of the opinion that the member's knowledge, skills or judgment are not satisfactory, the Committee shall provide to the member,

- (a) notice of the Committee's opinion;
- (b) a copy of the assessor's report;
- (c) notice of the member's right to make written submissions to the Committee within 14 days of receiving notice of the Committee's opinion or within such longer time period as may be specified by the Committee; and
- (d) any other relevant information the Committee used to form its opinion.

(7) After receiving notice of the Committee's opinion under subsection (6), the member shall have 14 days or such longer time period as may be specified by the Committee to make written submissions to the Committee.

(8) If, after considering any written submissions made by the member, the Committee is still of the opinion that the member's knowledge, skills or judgment are not satisfactory, the Committee may exercise any of the powers listed in section 80.2 of the Health Professions Procedural Code.

(9) Regardless of whether the Committee provides notice of its opinion to the member under subsection (6), the Committee shall advise the member of the results of the peer and practice assessment.

2. This Regulation comes into force on the day it is filed.

Made by:

COUNCIL OF COLLEGE OF DENTAL HYGIENISTS OF ONTARIO:

LINDA JAMIESON
President

FRAN RICHARDSON
Registrar

Date made: March 30, 2011.

College of Dental Hygienists of Ontario

Registrants' Policies and Procedures Manual

Introduction

The Quality Assurance Program focuses on excellence rather than on minimum standards. The design of the Quality Assurance Program is based on the belief that dental hygienists are competent professionals whose goals include maintaining and improving their level of competence. The philosophy of the program is to facilitate and encourage rather than to discipline. For this reason, provisions are in place to safeguard the confidentiality of information gained within the Quality Assurance Program, from other parts of the College. The Quality Assurance Program must comply with the *Regulated Health Professions Act* and ministerial guidelines; consequently, there may be some intrusive and mandatory aspects within the Quality Assurance Program.

Confidentiality

Like all other parts of the College, the Quality Assurance Committee must keep all information that it learns through the quality assurance process confidential and, further, the Quality Assurance Committee and staff must keep most of the quality assurance information confidential from other parts of the College. This confidentiality provides dental hygienists with the assurance that their cooperation with the Quality Assurance Program will not normally result in disciplinary action. This provision is intended to foster cooperation with the Quality Assurance Program and to emphasize its non-punitive nature. **The contents of the Quality Assurance files are confidential and only authorized personnel will have access to the dental hygienist's information.**

1. Self-Assessment, Continuing Education and Professional Development

The CDHO Quality Assurance Program supports self-directed learning. Under this program, dental hygienists are valued participants in their own learning and are entrusted to identify their own learning gaps and solve their own learning needs. The QA online System for Managing Individual Learning (SMILE Portal) provides structure while empowering dental hygienists to assume responsibility for providing a record of their continuing quality improvement activities during their professional career. The CDHO Self-Assessment Tool, Standards of Practice and Code of Ethics, assist the dental hygienist in self-reflective practice, to identify areas of practice that require enhancement/improvement, and to customize continuing quality improvement activities that match personal situations and resources. The QA online System for Managing Individual Learning (SMILE Portal) provides an opportunity for dental hygienists to demonstrate the direct connection between learning activities and the application of new knowledge to their dental hygiene practice.

a) Annual Self-Assessment Requirement

The Quality Assurance Regulation Section 19(2) requires that dental hygienists keep records of their participation in self-assessment, continuing education and professional development activities in the form and manner approved by the Committee and for the period of time specified by the Committee. Each year, every dental hygienist shall participate by completing the Self-Assessment Tool and continuing quality improvement activities and/or assessments sufficient to indicate that she/he continues to have and to apply in his or her dental hygiene practice the knowledge, skills, judgment and attitudes required to practise dental hygiene. Every dental hygienist shall practise in a manner consistent with the College's Standards of Practice and Code of Ethics and Section 19(1) of the Quality Assurance Regulation which states that members shall participate in self-assessment, continuing education and professional development activities in order to maintain the knowledge, skills and judgment required to practise the profession in accordance with the standards of practice and ethics set by the College.

Every dental hygienist must provide the College with sufficient evidence of participation in the Quality Assurance Program by completing the Self-Assessment Tool by January 31st of the year for which the self-assessment applies. For example, the 2019 self-assessment must be completed by January 31, 2019. Those who fail to complete the self-assessment by the January 31st deadline each year will be automatically selected to participate in the following year's Quality Assurance Peer and Practice Assessment. In the case above, the dental hygienist would be asked to submit their quality assurance information in January 2020.

2. Peer and Practice Assessment

a) Selection for the Annual Quality Assurance Review

The Quality Assurance Committee will review selected dental hygienists' Quality Assurance information on an annual basis. A member may be selected to participate:

- at random, including by stratified random sampling using pre-determined demographic criteria;
- if a request is made of the registrant to provide the Committee with information on their participation in continuing quality improvement, and the registrant does not provide the requested information, accurate information or their records do not demonstrate that they have engaged in adequate self-assessment, continuing education or professional development activities;
- on the basis of criteria specified by the Committee and published on the College's website at least three months before the registrant is selected on the basis of that criteria.

This review will monitor and/or assess registrant participation in continuing quality improvement activities, practice profile(s), results of any written assessments and/or any onsite practice review. The effectiveness and relationship of these activities to the quality of their dental hygiene practice, and the knowledge, skills, attitudes and judgment of the dental hygienist will also be assessed.

When a Review of a registrant's Quality Assurance information is requested, the submission should include only the years requested. However, registrants must keep all Quality Assurance records for seven years including supporting documentation. Supporting documentation need not be submitted, unless where specified. If the Quality Assurance Committee requires supporting documentation they will request it separately.

The exception to this is that the College will require certificates of completion for anyone wishing to use the following activities as part of their Learning Portfolio:

- **CDHO Online Jurisprudence module and exam; and/or**
- **CDHO Drugs in Dental Hygiene Practice course and exam.**

A review of a dental hygienist's information may also be triggered by any direct contact from a member of the public and/or professional regarding the professional conduct of a dental hygienist and may constitute just cause for a review.

Failure to cooperate with a review, including failing to produce Quality Assurance information, constitutes professional misconduct.

b) Peer Quality Assurance Review Process

Initially, the review process will commence with a review of the registrant's Quality Assurance records. Where this review provides satisfactory evidence of the dental hygienist's knowledge, skills and judgment, further steps may not be required in the review. Where additional information is required, the assessment could continue with requests for further information and/or telephone inquiries and/or an Onsite Practice Review may occur if one has not already been conducted (see Appendix).

If the assessor's report of the review of a registrant's Quality Assurance information indicates deficiencies, the dental hygienist will be given a copy of the report and 30 days to make any submissions she/he wishes to make to the Quality Assurance Committee. After considering any submissions, the Quality Assurance Committee may do one or more of the following:

Extension: The Quality Assurance Committee may grant the dental hygienist an extension for a specified period of time to complete specific continuing quality improvement goals.

Exemption: The Quality Assurance Committee may grant the dental hygienist an exemption for some or all of the requirements for the year in question.

Recommend Specific Continuing Education Courses: The assessor must give a report to the Quality Assurance Committee and the dental hygienist if deficiencies are noted. The dental hygienist has 30 days to make a submission to the Quality Assurance Committee. When the Review indicates deficiencies in the dental hygiene practice, the Quality Assurance Committee may require the dental hygienist to complete a specific continuing education or remediation program.

The dental hygienist must complete the specified continuing education or remediation program as indicated by the Committee and provide documentation, including receipts, and evidence of successful completion in the form specified by the Quality Assurance Committee. Upon review of the submission, the Quality Assurance Committee will provide feedback to the dental hygienist.

Deficiencies Noted: If the review of a registrant's information indicates deficiencies in the dental hygiene practice, the assessor must give a report to the Quality Assurance Committee and the registrant. The dental hygienist has 30 days to make a submission to the Quality Assurance Committee.

c) Practice Enhancement / Remediation / Imposition of Terms, Conditions or Limitations to the Certificate of Registration

The Quality Assurance Committee may require the dental hygienist to successfully complete a remedial program within a specific time. The registrant must then show proof that corrective action has taken place and that it has made a difference in her/his dental hygiene practice.

If the dental hygienist's knowledge, skill and judgment have been assessed and reassessed under section 82 and have found to be unsatisfactory or if she/he fails to cooperate with a reassessment ordered by the Committee, or does not successfully complete a remediation program, the Quality Assurance Committee may direct the Registrar to impose and to record on the Register terms, conditions, or limitations on the dental hygienist's certificate of registration. In this case, the Committee must give the dental hygienist written notice of its intention to impose terms, conditions or limitations on her/his certificate of registration. This notice includes the reason for the decision as well as copies of all written records and documentation related to the decision. The dental hygienist is then given at least 14 days to make a written submission to the Committee.

These terms, conditions or limitations on the certificate of registration of a member are directed by the Registrar for a specified period to be determined by the Committee, or until the dental hygienist provides the Quality Assurance Committee with satisfactory evidence of having fulfilled the Quality Assurance requirements. The Quality Assurance Committee may appoint an assessor for a follow-up assessment.

3. Ongoing Support

The CDHO has made available tools and guides to assist dental hygienists in fulfilling their QA requirements. Among others, these include the online System for Managing Individual Learning (SMILE Portal), the [Overview of the Quality Assurance Program](#), the [Guide to the Online System for Managing Individual Learning \(SMILE Portal\)](#) and the [Requirements of the Quality Assurance Program and Guidelines for Continuing Competency](#). Articles regularly appear in *Milestones* with suggested areas for learning. Two full-time practice advisors are also available by phone or email to assist registrants. The Quality Assurance Committee also recommends remediation programs and oversees the review and approval of remedial courses as well as facilitating mentoring programs.

The Quality Assurance Program strives to be as transparent as possible. The following appendices support these efforts. For example, the following Appendices are duplicates of the criteria used by the assessor in completing a Quality Assurance onsite review of a dental hygiene practice. These appendices may be helpful in the completion of your Quality Assurance information.

Assessment Guidelines for Quality Assurance Practice Review (On-Site)

Registrant's Name: _____ Reg. N^o: _____

Practice Address: _____

Date of Assessment: _____

Assessor's Name: _____

Work Environment

Assessment Guidelines for Identified Deficiencies	Standard	Yes	No	N/A	Comments
1. The office has a written policy for the collection and maintenance of client information.	#1, 2, 5				
2. Current scientifically accepted infection control procedures are in place.	#6, 8				
3. Emergency protocol, emergency supplies, equipment and oxygen are in place.	#6, 8				
4. Registrant has proof of current CPR certification.	#8				
5. Exposing and processing of radiographs and radiation hygiene are consistent with the <i>Healing Arts Radiation Protection Act</i> .	#1				
6. Equipment is current and in good repair.	#6				
7. Instruments are sharp and the original design has been maintained.	#6				
8. Equipment, instruments and supplies are sufficient to support the selection and implementation of appropriate dental hygiene services.	#3, 6				

Chart Audit

Assessment Guideline for Identified Deficiencies	Standard	Yes	No	N/A	Comments
9. An initial medical history and updates are in client record.	#8				
10. The clinical assessment is complete* and supports the dental hygiene diagnosis. *client interviews, health, dental and pharmacological history, clinical and radiographic examination.	#8				
11. An individual dental hygiene treatment plan has been established and includes: a) goals/objectives b) sequence of activities c) client participation	#5, 8				
12. The client's informed consent for treatment has been obtained.	#1, 5				
13. The date and particulars of each professional contact with the client is documented in accordance with the CDHO record keeping regulation.	#1, 2, 8				
14. A clinical re-assessment is performed and the dental hygiene treatment plan is reviewed and modified as required.	#8				
15. The client has received appropriate recommendations and instructions in oral self-care.	#8				
16. The registrant consults and/or refers to other health professionals as required.	#1, 5, 7, 8				
17. Other					

Assessor's Signature:

Date

Infection Prevention and Control (IPAC) Checklist

	✓	Criteria	Comments
Written policies and procedures for infection prevention and control	<input type="checkbox"/>	Does my office have written policies and procedures for infection prevention and control?	<ul style="list-style-type: none"> • Is there a policy for education and training of staff? • Is there a policy for the recall of improperly reprocessed and faulty equipment including tracing of clients potentially infected as a result? • Is there a policy for disposal and storage of sharps? • Is there a policy for management of needlestick injury? • Is there a policy for scheduled preventive maintenance of cleaning (ultrasonics, automatic washer/disinfectors) and sterilization equipment (autoclaves, sterilizers)? • Is there a policy for the cleaning of spilled bodily fluids (vomit, urine etc.) • Is there a policy for maintaining and updating Materials Safety Data Sheets (MSDS) in accordance with WHMIS? • Is there a policy for the management of hazardous waste? • Is there a policy for suction line maintenance? • Is there a policy for waterline maintenance? • Is there a policy for environmental cleaning (e.g. reception area, toys)?
Are biohazardous wastes segregated and disposed of in accordance with provincial regulations?	<input type="checkbox"/>	Are there puncture-resistant sharps containers at point-of-use AND/OR are sharps transported to the reprocessing area in a covered container (e.g., plastic tray with hard plastic cover) or cassette?	<ul style="list-style-type: none"> • Sharps containers are not overfilled past the fill line and are appropriately labelled
	<input type="checkbox"/>	Is a biohazardous waste receptacle available for blood-soaked gauze?	
Does the reception area meet Public Health guidelines?	<input type="checkbox"/>	Is there 60%–90% alcohol-based hand rub available at reception?	<ul style="list-style-type: none"> • Alcohol-based hand rub and hand soap cannot be topped up
	<input type="checkbox"/>	Is there appropriate signage to alert clients to report symptoms of illness (e.g. influenza, fever, cough, vomiting, diarrhea or bad cold) displayed prominently in the reception area?	
Are water and suction lines being properly maintained?	<input type="checkbox"/>	Are water lines being purged when required?	
	<input type="checkbox"/>	Are suction lines being maintained as required?	
Are clinic areas and high-touch surfaces being cleaned?	<input type="checkbox"/>	Are barriers used when needed?	
	<input type="checkbox"/>	Are approved and appropriate disinfectant products (low-intermediate level) available and used according to manufacturer's instructions?	

	✓	Criteria	Comments
	<input type="checkbox"/>	Is there a dedicated hand washing sink and/or is there 60%–90% alcohol hand-based rub used in each operator?	<ul style="list-style-type: none"> Alcohol-based hand rub and hand soap cannot be topped up
Is appropriate personal protective equipment (PPE) available and appropriately used?	<input type="checkbox"/>	Is appropriate PPE available for client care?	<ul style="list-style-type: none"> Safety glasses, masks, gloves (latex alternative if required), disposable gowns (if applicable)
	<input type="checkbox"/>	Is appropriate PPE available for the client?	<ul style="list-style-type: none"> Safety glasses
	<input type="checkbox"/>	Is clinic attire being worn for direct care being removed before leaving the office?	<ul style="list-style-type: none"> Masks removed and disposed of after each client
Is the reprocessing area following appropriate IPAC principles?	<input type="checkbox"/>	Is there a one-way work flow from dirty to clean?	<ul style="list-style-type: none"> Reprocessing area is in a designated area that is physically separate from direct client care areas
	<input type="checkbox"/>	Is there a dedicated hand washing sink and/or 60%–90% alcohol hand-based rub available in the reprocessing area?	<ul style="list-style-type: none"> Alcohol-based hand rub and hand soap cannot be topped up
	<input type="checkbox"/>	Are PPE supplies available and accessible?	<ul style="list-style-type: none"> Not stored under sink
Are instruments being pre-cleaned and cleaned according to IPAC principles?	<input type="checkbox"/>	Are critical and semi-critical instruments either single-use and disposed of, or sterilized?	
	<input type="checkbox"/>	Is gross soil being removed from instruments during or immediately after client care at point of use?	<ul style="list-style-type: none"> If gross soil is not removed immediately, the instruments are kept moist
	<input type="checkbox"/>	Are instruments being cleaned?	Method: <ul style="list-style-type: none"> Scrubbing? Washer/Disinfectant? Ultrasonic Washer?
	<input type="checkbox"/>	If scrubbing, is the brush used disposed of or sterilized at the end of the day?	<ul style="list-style-type: none"> Metal brushes not appropriate to use
	<input type="checkbox"/>	Are instruments rinsed and dried prior to packaging?	<ul style="list-style-type: none"> Dried with a lint-free cloth
	<input type="checkbox"/>	Are instruments being disassembled and hinged instruments opened?	<ul style="list-style-type: none"> e.g. handpieces and mirrors separated e.g. ortho pliers opened MIFU's being followed
Are items packaged according to IPAC principles?	<input type="checkbox"/>	Are appropriate packages being used and not overloaded for sterilization?	<ul style="list-style-type: none"> Pouches or wrapped cassettes Packaging disposed of after use
	<input type="checkbox"/>	Is there an appropriate external chemical indicator being used for each package?	<ul style="list-style-type: none"> Type 1 (minimum)
	<input type="checkbox"/>	Is there an appropriate internal chemical indicator being used for each package?	
	<input type="checkbox"/>	Is there an appropriate label on every package?	Packages appropriately labeled with: <ul style="list-style-type: none"> Date processed Sterilizer used

	✓	Criteria	Comments
			<ul style="list-style-type: none"> • Load number • Contents (if not visible) • Initials of individual who processed the package
Is sterilizing being done according to IPAC principles?	<input type="checkbox"/>	Are items appropriately loaded in the sterilizer?	<ul style="list-style-type: none"> • Racks being used if applicable • Packages not overlapping
	<input type="checkbox"/>	Are instruments run for the full sterilization cycle and are they completely dry before removing?	
Are packages being stored according to IPAC principles?	<input type="checkbox"/>	Are packages stored securely in a manner that keeps them clean, dry and prevents contamination?	<ul style="list-style-type: none"> • Packages are not punctured • Stored away from heat or moisture • Not stored under sink
Are solutions being discarded, monitored and logged appropriately, according to IPAC principles?	<input type="checkbox"/>	If high level disinfectant (i.e., cold soak) is being used, is it being used appropriately?	<ul style="list-style-type: none"> • Changed every day and logged
	<input type="checkbox"/>	If an ultrasonic is being used, is it being used appropriately and tested?	<ul style="list-style-type: none"> • Solution changed daily or more often as required and logged • Ultrasonic is tested weekly and logged
	<input type="checkbox"/>	Are biological indicators (BI) being used each day the sterilizer is in use, and for each cycle type and logged appropriately?	<ul style="list-style-type: none"> • Done in a Process Challenge Device with an appropriate chemical indicator strip inside. Refer to decision tree.
	<input type="checkbox"/>	Are instruments being quarantined pending BI results?	
	<input type="checkbox"/>	Are sterilizer mechanical parameters or USB or printout checked, verified and signed for each cycle by the individual sterilizing the instruments?	
Miscellaneous	<input type="checkbox"/>	Are instruments being transported to the reprocessing area in a covered container (e.g., plastic tray with hard plastic cover) or cassette?	
	<input type="checkbox"/>	Is there a plumbed or self-contained eyewash station within a 10-second walk (16 to 17 metres [55 feet]) of the reprocessing area?	
	<input type="checkbox"/>	Is food stored in a separate refrigerator from medications and or client care items.	<ul style="list-style-type: none"> • e.g. alginate impressions