



COLLEGE OF DENTAL
HYGIENISTS OF ONTARIO

Clinical Competency Evaluation for Quality Assurance & Registration — Information to Applicants and Dental Hygienists Completing the Evaluation

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GENERAL INFORMATION

The Clinical Competency Evaluation will give you the opportunity to demonstrate that you are practising safely and competently and within the scope of practice of dental hygienists in Ontario. You will be responsible for obtaining a client for this evaluation which will be completed by a trained evaluator in a clinical setting. Full details regarding the evaluation are contained in this document. You are advised to read it thoroughly.

If you are taking the Clinical Competency Evaluation for **Quality Assurance** purposes, please call the Manager, Quality Assurance at 416-961-6234, toll-free 1-800-268-2346, or email at qualityassurance@cdho.org if you have any questions.

If you are taking the Clinical Competency Evaluation for **Registration** purposes, please call the Manager, Registration at 416-961-6234, toll-free 1-800-268-2346, or email at registration@cdho.org if you have any questions.

1. DATE AND TIME

Your evaluator will contact you to arrange a mutually convenient time for your evaluation and will make the appropriate arrangements with the evaluation site location. The clinic is available for booking Monday to Friday only.

2. LOCATION

Oxford College of Arts Business and Technology
670 Progress Avenue
Scarborough, Ontario M1H 3A4

3. CLINICAL COMPETENCY EVALUATION FEES

This information can be found on your application form. Where applicable, fees are due upon approval of the application and must be paid prior to the evaluation. Payment can be made online by Visa or MasterCard (including Visa Debit and MasterCard Debit) after the application has been approved, or you can submit with your application a certified cheque or money order payable to CDHO in Canadian funds. CDHO cannot accept personal cheques or cash. Failure to make payment may result in the cancellation of your application and loss of your reserved space for the evaluation.

4. PROFESSIONAL LIABILITY INSURANCE / CPR

All registrants must show proof of current CPR certification as well as professional liability insurance that meets the criteria set out in CDHO Bylaw No. 5 Article 7.3

- (a) minimum of no less than \$1,000,000 per occurrence;
- (b) annual aggregate coverage of no less than \$5,000,000;
- (c) a deductible of no more than \$4,000 per occurrence;
- (d) run-off coverage (sometimes called enduring or tail coverage) for a minimum of two years;
- (e) provided by an insurer licensed with the Financial Services Commission of Ontario or the office of the Superintendent of Financial Institutions Canada; and

- (f) a sexual abuse therapy and counselling fund endorsement that,
 - (i) provides coverage for therapy and counselling for every person eligible for funding under subsection 85.7(4) of the Code; and
 - (ii) provides coverage, in respect of each such eligible person, for the maximum amount of funding that may be provided for the person under the Act, for therapy and counselling as a result of sexual abuse by the Registrant.

Your evaluator will request that these two documents be sent to them prior to the evaluation date. See *Appendix 7*.

5. IDENTIFICATION

You will be required to present photo identification issued by a federal or provincial authority, such as a passport, driver's licence, etc., prior to and during the Clinical Competency Evaluation. See *Appendix 7*.

6. CLINICAL ATTIRE

You will be expected to wear appropriate clinical attire (i.e. uniforms, scrubs), including shoes with closed toe and heel. Clinical attire must **NOT** be worn outside of the office or worn home. See *Appendix 5*.

7. INSTRUMENTS AND SUPPLIES

You should bring properly packaged and sterilized instruments. Instruments must be wrapped, labelled and have appropriate indicators as described in the CDHO Infection Prevention and Control (IPAC) guidelines. Your instruments should be sharp as sharpening must not be conducted chairside. Bringing your own instruments ensures that you have your personally preferred instruments for use during the evaluation. Instruments must be sharp and safe throughout the evaluation. Post treatment sterilization will be available as time permits. Hand pieces and consumable supplies will be provided by the facility. **You must provide your own PPE:** latex-free gloves, gowns and/or lab coats and facial protection (i.e. protective glasses, masks, face shields).

Bring blood pressure monitoring equipment (Automatic Monitor is accepted), if available. Also, you must provide your own Daisy Chain, client's safety glasses and Vaseline. **If you require a left-handed unit, please indicate this on your application form and discuss with your evaluator when booking the evaluation date.** Instruments can be rented from the facility; however, Oxford College and the CDHO take no responsibility for the condition, sharpness or contents of the rented equipment. Rented equipment may not have what you are accustomed to using in practice. If you need to rent some equipment, you are required to discuss this with your evaluator when booking the evaluation date.

8. CLIENTS

Clients **will not** be provided for the Clinical Competency Evaluation. You are required to supply your own client following the criteria outlined in Section 9. Your spouse can be an acceptable client if they meet the following criteria as defined in the RHPA;

- (a) a person who is the member's spouse as defined in section 1 of the *Family Law Act* (i.e., a person to whom the member is married) or
- (b) a person who has lived with the member in a conjugal relationship outside of marriage continuously for a period of not less than three years.

A romantic partner is not acceptable as a client. You are **strongly advised to secure and bring a back-up client** in case the first client is not accepted. You may present a maximum of two (2) clients for screening. Only clients who have a **completed** Medical and Dental Health History and Consent forms will be screened for eligibility.

You will present your client to your evaluator who will determine if the client meets the published acceptance criteria. If so, you will be permitted to begin treatment. If not, the client will be dismissed.

(a) Client Consent Form

All clients are required to complete the CDHO Consent Form. It is essential that you clearly explain the nature and purpose of the Clinical Competency Evaluation and the dental hygiene procedures to be performed to your client. The evaluator may discuss the evaluation with your client to ensure that she or he clearly understands and has given informed consent.

(b) Medical and Dental History Forms

You are to complete the client's medical and dental health history before arriving for the Clinical Competency Evaluation. Full details of clients who may not be considered acceptable for the purpose of this Evaluation are provided in Section 9.

(c) Client Record Forms

The client record forms (consisting of an Extra- and Intra-Oral Assessment form, a Hard Tissue and Periodontal Assessment form and a Progress Notes form) are to be completed as part of the Clinical Competency Evaluation. Candidates must use the forms supplied by the evaluator and return these to the evaluator as part of the evaluation. Clients should be instructed that they can request that a copy of their record be transferred to their dental hygienist of record following the evaluation. Samples of forms to be used during the evaluation can be viewed in Appendix 1. These forms are not to be completed in advance. Forms must be legible to be evaluated, therefore you are requested to print clearly.

9. CLIENT SELECTION

Clients must meet the following criteria:

- Not a romantic partner
- Over the age of 18 years
- Have a minimum of 20 teeth with some anterior and posterior teeth present in each arch
- Have an uncomplicated health history

Health History: The health history questionnaire must be completed prior to the examination for each client. This form may be completed prior to the evaluation date; however, a health history that reflects the client's health as of the day of the evaluation must be presented to the evaluator at the time of client evaluation. You must explore all positive responses with the client and adequately explain these on the Health History Form. A screening blood pressure reading should be taken when the client is selected and **must** be retaken and recorded on the day of the evaluation. In addition, on the day of the evaluation, you must update all medications or supplements taken within the last 24 hours. This medical history update must be recorded in the progress notes. If the health history indicates conditions requiring an alteration in treatment, pre-medication, or a need to consult with the client's physician, the client will be rejected. As per the [Ontario Regulation 501/07, Part III DHA 1991](#), persons with a history of the following may be considered unsuitable as clients in the Clinical Competency Evaluation:

- myocardial infarction
- infective endocarditis
- congenital heart disease
- cardiac surgery
- coronary arteriosclerosis
- tuberculosis
- recent chemotherapy or radiation therapy
- diabetes
- blood disorders
- kidney disease
- stents, shunts
- joint replacement
- infectious diseases
- asthma
- a medical or oral health condition that you are unfamiliar with or that could affect the appropriateness or safety of planned interventions
- oral or IV Bisphosphonate medication
- a drug or combination of drugs that the clinical evaluator(s) is unfamiliar with or that could affect the appropriateness or safety of planned interventions
- active oral herpetic lesion(s)

Pregnancy: Pregnant clients may be considered as appropriate if they are in good general health and do not have any other medical or oral complications. Beware that clients are expected to remain in the chair in a reclined position for extended lengths of time. There will be no additional considerations given to a pregnant client.

Vital Signs: The blood pressure must be taken and recorded on the Health History Form and confirmed **on the day of the examination**. The blood pressure should be taken with the client seated with arm extended and supported on the chair arm rest. Clients with a blood pressure reading less than 140/90 may be considered as a suitable client as long as no other health conditions are present. Vital signs readings will be verified by the evaluator.

Additional: You should not select a client who is apprehensive, hypersensitive or uncooperative.

The following criteria are in accordance with the DD2–DD3 category outlined in the client classification system agreed upon by the CDHO and the Ministry of Training, Colleges and Universities (MTCU):

- a) evidence of removable stain is not required;
- b) supragingival calculus must be present on at least 30% of the teeth;
- c) subgingival interproximal calculus must be present on most posterior teeth;
- d) periodontal status to include periodontitis with 4–6 mm sulcus depth in three or more areas.

Clients must meet the qualifications of a definite DD2 (Class 2) or a light DD3 (Class 3) category in order to provide an appropriate experience in which you can demonstrate debridement and evaluation skills. (A client that is too difficult or too easy may not allow you to demonstrate your skills. Therefore, the evaluator may not accept a client that presents as a DD1 or a DD4.)

DEGREE OF DIFFICULTY CATEGORIES

	DD1	DD2	DD3	DD4
STAIN	<ul style="list-style-type: none"> None or minimal 	<ul style="list-style-type: none"> Stain in 1–2 areas (2–3 teeth/area) 	<ul style="list-style-type: none"> At least 2–3 areas 	<ul style="list-style-type: none"> More than 2–3 areas
SUPRAGINGIVAL CALCULUS	<ul style="list-style-type: none"> Less than 30% of teeth 	<ul style="list-style-type: none"> Present on 30–40% of teeth covering 1/3 of tooth surface 	<ul style="list-style-type: none"> Present on 30–50% of teeth, covering at least 1/3 of tooth surface 	<ul style="list-style-type: none"> Present on more than 50% of teeth and covering 1/3 of tooth surfaces
SUBGINGIVAL CALCULUS	<ul style="list-style-type: none"> Less than 30% of teeth 	<ul style="list-style-type: none"> Present on at least 30% of teeth 	<ul style="list-style-type: none"> Present on 50–75% of teeth 	<ul style="list-style-type: none"> Present on more than 75% of teeth
PERIODONTAL STATUS	<ul style="list-style-type: none"> Within normal limits (1–3 mm) No bleeding 	<ul style="list-style-type: none"> 4 mm pockets in 2–3 areas (including pseudo) Bleeding on Probing (BOP) 	<ul style="list-style-type: none"> 4–6 mm pockets in 3 or more areas (2 or more teeth per area) BOP 	<ul style="list-style-type: none"> Moderate to advanced periodontal disease, 6 mm+ pockets BOP

10. CLIENT ACCEPTABILITY

Any client who does not meet the above-stated criteria will not be accepted. **The ability to select a client that meets the selection criteria is an integral part of the Clinical Competency Evaluation. Consequently, failure to identify a client that meets the published criteria will be considered as part of the Clinical Competency Evaluation.** It is the dental hygienist’s/applicant’s responsibility to select and present a client in accordance with the stated criteria.

11. TREATMENT EXERCISE

You will be expected to follow the Dental Hygiene Process of Care and complete a full assessment, dental hygiene diagnosis, and treatment plan for your client. You will also be required to complete the implementation activities in the treatment plan including, in most cases, a full debridement for the client and any applicable evaluation of the treatment. The following should be noted:

- You may choose to use topical anesthetic if it benefits the client and there are no medical contraindications. This must be documented.
- Scaling may be completed by hand or mechanical instrumentation. A Cavitron will be available for your use if needed.
- You will perform the treatments in accordance to the RHP 1991 article 29 (b):
- fulfilling the requirements to become a member of a health profession and the act is within the scope of practice of the profession and is done under the supervision or direction of a member of the profession.

12. CLINICAL COMPETENCY EVALUATION SCHEDULE

The schedule for the Clinical Competency Evaluation is as set below:

	CANDIDATE	EVALUATOR
HOOR 1	Present your identification	Verify ID <i>See Appendix 7</i>
	Change into clinical attire	
	Orientation to facility and Emergency protocols	Provide orientation
	Set up unit	
	Approve the unit functionality <i>See Appendix 7</i>	Present the Unit functionality form
	Bring client to unit: present signed Consent form and Medical History form and any medical history updates to evaluator	Review Consent and Medical History forms to confirm client acceptability. Perform a screening assessment to confirm client acceptability.
	If client is acceptable, complete the Extra- and Intra-Oral Assessment and the Hard Tissue and Periodontal Assessment forms	Provide the client record forms: <ul style="list-style-type: none"> • Extra- and Intra-Oral Assessment • Hard Tissue and Periodontal Assessment • Progress Notes • Record of Deposits
	Return to reception area	Complete pre-treatment assessment forms: <ul style="list-style-type: none"> • Extra- and Intra-Oral Assessment • Hard Tissue and Periodontal Assessment

HOUR 2-4	Complete Process of Care including your self-evaluation and recording the location of deposits and tissue condition on the Record of Deposits form	Evaluate: <ul style="list-style-type: none"> ● Selection of instruments ● Instrumentation ● Ergonomics ● Pain management ● Professionalism ● Infection control ● Health & Safety
	Return to the reception area	Complete post-treatment assessment and the Record of Deposits form
	Upon evaluator request return to the unit and dismiss your client	
	Clean and disinfect work area	
	Complete the Progress Notes	
	Return to the reception area	

- (a) The maximum time for the evaluation process is **4 hours**: 3 hours to complete client care. Under no circumstances will this time allowance be extended.
- (b) Mounted radiographs may be brought to the evaluation (if available); however, radiographs are not mandatory.
- (c) There are no scheduled nutrition breaks during the Clinical Competency Evaluation process. It is permissible for you or your client to take a few minutes from the clinic for a quick break – to visit the washroom or for light refreshment. You must notify your evaluator prior to leaving the clinic.
- (d) Once the client has been dismissed, please make sure that the unit is clean/disinfected, the chair and countertop have been sprayed with disinfectant and wiped, all barriers have been removed, garbage has been emptied, and the walls are free of splatters. The lines need to be flushed and the line cleaner needs to be turned off before leaving. It is expected that you leave the unit spot-free, disinfected, and ready for use as per CDHO IPAC guidelines. This will be assessed as part of the Clinical Competency Evaluation.

13. EVALUATORS

The evaluators completing the Clinical Competency Evaluations have at least three years' clinical dental hygiene experience. All evaluators participate in training sessions and participate in calibration exercises conducted by the College. All evaluators are calibrated to recognize entry-to-practice competency.

14. EVALUATION PROCESS AND CLIENT RECORDS

You will be evaluated on your ability to demonstrate entry-to-practice competency in the following areas:

- Client selection
- Case management
- Infection control
- Record keeping
- Adherence to the Process of Care

Appendix 2 contains the Clinical Competency Evaluation Tool which provides details of the criteria used to complete the evaluation. You are encouraged to review this tool closely as it describes the areas upon which you will be evaluated. Treatment provided must be provided in a manner that complies with all CDHO Standards, Regulations, Guidelines, and the Code of Ethics as described in the relevant documents. The evaluator will retain the complete client record from the evaluation and submit it with her/his report which will include the evaluation tool and pre/post treatment assessments. Following processing of the report, the record will be transferred to a healthcare provider if requested in writing by the client. Otherwise, the client record will remain as part of the candidate’s Registration or QA records.

15. RESULTS

The evaluator’s report will be forwarded to you in writing by mail or email within three weeks of the Clinical Competency Evaluation. The CDHO **will not** release results over the telephone. Results will not be discussed with a third party, other than another dental hygiene regulatory body, unless written consent to do so has been from you and submitted to the CDHO in advance. Following your review of the evaluation report, your results along with any submissions you may choose to make will be presented to the Quality Assurance or the Registration Committee for their review.

16. HEALTH AND SAFETY INFORMATION

The evaluation site maintains all required safety equipment, as well as having policies/procedures and protocols for medical emergencies and infection control. Please familiarize yourself with these policies, procedures and protocols.

The following are available at the end of this manual:

- Appendix 3: Oxford College – Safety Equipment
- Appendix 4: Oxford College – Medical Emergency Procedures
- Appendix 5: Infection Control Policies and Procedures

17. PRIVACY CODE

The CDHO Privacy Code applies to all information collected and used during this evaluation and complies with the Privacy Legislation: PHIPA and PIPEDA. The Privacy Code can be reviewed in Appendix 6.

CHECKLIST OF ESSENTIAL ITEMS

Items Required	
	Photo identification (Government issue)
	Proof of professional liability insurance
	Proof of CPR certification
	Appropriate clinical attire, includes latex-free gloves, gowns and/or lab coats and facial protection (i.e. protective glasses, masks, face shields)
	Sharpened, sterilized and packaged instruments
	Client’s Consent Form (signed)
	Completed Client Medical and Dental Health History
	Radiographs (if available)
	Blood pressure equipment (if available)
	Daisy chain, client’s safety glasses and Vaseline

NOTE: The CDHO reserves the right to change or add to these instructions and requirements before the Clinical Competency Evaluation.

APPENDIX 1 – CLINICAL COMPETENCY EVALUATION FORMS

The following chart forms are exact duplicates of those to be used during the Clinical Competency Evaluation. Feel free to print and use the Medical and Dental Health History form as well as the Client Consent form. All other forms will be provided by the evaluator during the Evaluation.

Clinical Competency Evaluation Health History Form

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.				Date of Birth: _____ / _____ / _____	
Last: _____		First: _____		Middle: _____	
Address (Home): _____			Phone: _____		Occupation: _____
City: _____			Postal Code: _____		Business Phone: _____
Height: _____	Weight: _____	Blood Pressure: _____	Pulse: _____	Resp: _____	Temp: _____
In case of emergency, we should notify:					
Name: _____		Relationship: _____		Phone: _____	
Family Doctor: _____		Phone: _____		Medical Specialist: _____	
Other Health Provider: _____ <small>(e.g., Occupational Therapist, Dietitian, Naturopath, Chiropractor)</small>		Area of Specialty: _____		Address/Phone: _____	

Your safety and optimal oral health are our priorities. The following information enables us to provide you with the best oral health care services safely and effectively. **Please complete the entire form.** During your visit, you will be asked questions regarding your questionnaire responses. All information is confidential and treated in accordance with applicable provincial and federal privacy legislation.

A. DENTAL INFORMATION	1. Do your gums bleed when you brush?	Y	N	9. Are you nervous during dental treatment?	Y	N
	2. Have you ever had orthodontic or orthotropic treatment (e.g., braces)?	Y	N	10. What is the reason for your dental visit?		
	3. Have you had any periodontal (gum) treatment?	Y	N	11. Date of last dental examination:		
	4. Are your teeth sensitive to hot, cold, sweets, or pressure?	Y	N	12. Date of last dental x-rays:		
	5. Have you ever had an injury to your head, face, or jaws?	Y	N	Please explain any YES answers:		
	6. Do you suffer from frequent headaches?	Y	N			
	7. Do you have earaches or neck pains?	Y	N			
	8. Do you have removable dental appliances? Implants?	Y	N			

B. GENERAL INFORMATION	1. When was your last medical checkup? Date: _____			WOMEN	Do you have or have you ever had:			
	2. Are you being treated for any medical condition or have you been treated within the past year?	Y	N		12. Ear or hearing problems?	Y	N	
	3. Has there been any change in your general health in the past year?	Y	N		13. Eye problems (e.g., require corrective lenses, glaucoma)?	Y	N	
	4. Have you ever been hospitalized for any illnesses or operations?	Y	N		14. Sleep disorders?	Y	N	
	5. Do you have a prosthetic or artificial joint (e.g., hip, knee)?	Y	N	15. Are you or could you be pregnant? If yes, expected delivery date: _____	Y	N		
	6. Have you ever been advised to take antibiotics before dental treatment?	Y	N	16. Are you breastfeeding?	Y	N		
	7. Have you ever had a peculiar or adverse reaction, including allergies, to any medications or injections?	Y	N	17. Are you taking hormone replacement therapy?	Y	N		
	8. Do you have any allergies to any foods or materials (e.g., latex or metals)?	Y	N	Please explain any YES answers:				
	9. Do you have any other allergies (e.g., hay fever, animals)?	Y	N					
	10. Cancer?	Y	N					
	11. Dry mouth?	Y	N					

18. Are you taking medications of any kind? Include prescribed drugs, over-the-counter medications (e.g., cold and flu remedy), and natural health products (e.g., vitamins, herbal, and diet supplements). If yes, please list.

Drug Name	Amount, Dose, Frequency (e.g., One 80 mg tablet 3 times per day)	Reason	Date Prescribed and Prescriber

C. CARDIO/RESPIRATORY	Do you have or have you ever had:		
	1. Cardiovascular diseases? If yes, specify below:	Y	N
	<input type="checkbox"/> Angina	<input type="checkbox"/> Heart attack	
	<input type="checkbox"/> Arteriosclerosis	<input type="checkbox"/> Heart murmur	
	<input type="checkbox"/> Artificial heart valves	<input type="checkbox"/> High or low blood pressure	
	<input type="checkbox"/> Congenital heart defects	<input type="checkbox"/> High or low cholesterol	
	<input type="checkbox"/> Congestive heart failure	<input type="checkbox"/> Mitral valve prolapse	
	<input type="checkbox"/> Coronary artery disease	<input type="checkbox"/> Pacemaker/defibrillator	
	<input type="checkbox"/> Damaged heart valves	<input type="checkbox"/> Rheumatic heart disease/fever	
	2. Chest pains upon exertion?	Y	N
	3. Shortness of breath?	Y	N
4. Asthma?	Y	N	
5. Chronic bronchitis or emphysema?	Y	N	
6. Sinus trouble or nasal congestion?	Y	N	
7. Tuberculosis?	Y	N	
8. A persistent cough for more than 3 weeks?	Y	N	
9. Cough that produces blood?	Y	N	
Please explain any YES answers			

D. ENDOCRINE/DIGESTIVE	Do you have or have you ever had:		
	1. Malnutrition?	Y	N
	2. Eating disorder?	Y	N
	3. Dietary restrictions (self-imposed or doctor prescribed)?	Y	N
	4. Night sweats?	Y	N
	5. Slow healing or recurrent infections?	Y	N
	6. Thyroid or parathyroid disease?	Y	N
	7. Diabetes? If yes, indicate type:	Y	N
Please explain any YES answers:			

E. GASTROINTESTINAL/GENITOURINARY	Do you have or have you ever had:		
	1. Hepatitis, jaundice, or liver disease?	Y	N
	2. Difficulty swallowing?	Y	N
	3. G.E. reflux/persistent heartburn?	Y	N
	4. A stomach ulcer?	Y	N
	5. Gall bladder problems?	Y	N
	6. Kidney or bladder trouble?	Y	N
	7. Excessive urination?	Y	N
Please explain any YES answers:			

F. HEMATOLOGIC	Do you have or have you ever had:		
	1. Prolonged or abnormal bleeding with a simple cut or following surgery, extraction, or an accident?	Y	N
	2. A blood transfusion? If yes, date:	Y	N
	3. A tendency to bruise easily?	Y	N
	4. Any blood disorder (e.g., anemia or hemophilia)?	Y	N
Please explain any YES answers:			

G. IMMUNE SYSTEM/INFECTIOUS DISEASES	Do you have or have you ever had:		
	1. Systemic lupus erythematosus?	Y	N
	2. Painful swollen joints or rheumatoid arthritis?	Y	N
	3. HIV/AIDS?	Y	N
	4. Other diseases or conditions that affect your immune system (e.g., sarcoidosis, Epstein-Barr, radiotherapy, chemotherapy, steroid therapy)?	Y	N
	5. Sexually transmitted diseases (e.g., herpes)?	Y	N
	6. Have you ever had an antibiotic resistant infection (e.g., MRSA)?	Y	N
Please explain any YES answers:			

H. NEUROLOGICAL/MUSCULOSKELETAL	Do you have or have you ever had:		
	1. A stroke?	Y	N
	2. Convulsions or seizures (e.g., epilepsy)?	Y	N
	3. Mental health disorders?	Y	N
	4. Arthritis?	Y	N
	5. Osteoporosis or osteopenia?	Y	N
	6. Chronic pain?	Y	N
Please explain any YES answers:			

I. OTHER	1. Do you smoke, chew, or snort tobacco products?	Y	N
	If yes: Frequency (daily, weekly)?		
	Number of years use?		
	Have you ever tried to quit?	Y	N
	Are you interested in quitting?	Y	N
	2. Do you have a drug or alcohol dependency?	Y	N
	3. Other diseases or medical problems that run in your family?	Y	N
	4. Other conditions or medical problems not listed?	Y	N
5. Other special needs that will affect your dental care?	Y	N	
Please explain any YES answers:			

To the best of my knowledge, the above information is correct.

Client/Parent/Guardian Signature: _____ Date: _____

Reviewed by: _____ (DDS, RDH) Date: _____

Notes

ASA CLASSIFICATION: I II III IV V E

Comments on client interview concerning health history.

Significant findings from questionnaire or verbal interview.

Considerations for the care plan.

Evaluation Date: _____

Client Name: _____

Candidate: _____

Clinical competency evaluation

CONSENT FORM

NAME OF CLIENT: _____

NAME OF DENTAL HYGIENIST: _____

I, _____ understand that _____
(Name of Client) (Name of Dental Hygienist)

is participating in a Clinical Competency Evaluation for the College of Dental Hygienists of Ontario.

Having had the nature and purpose of the evaluation and the procedures to be followed explained to me, I hereby authorize the above-named dental hygienist to perform those procedures for the purpose of this Clinical Competency Evaluation. I have had the opportunity to ask questions and they have been answered to my satisfaction.

I have been advised that I can request that a copy of my record of treatment be forwarded to a healthcare provider of my choice following the evaluation.

I acknowledge that at the Clinical Competency Evaluation, I may not be deemed to be acceptable as a client by the assessor. In that case, I will not be able to act as a client for the above-named dental hygienist. I also acknowledge that the decision of the assessor is final.

DATED AT _____ THIS _____ DAY OF _____ 20____

(Client's Signature)

(Dental Hygienist's Signature)

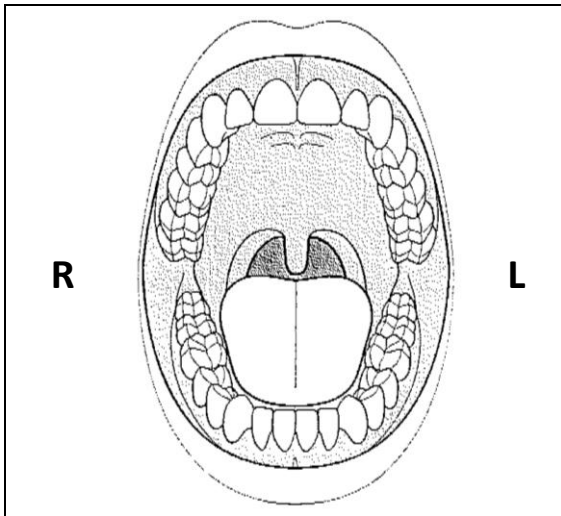
CDHO Clinical Competency Evaluation Extra- and Intra-Oral Assessment

Evaluation Date: _____

Client Name: _____

Candidate: _____

CANDIDATE



Risk Factors

Hard and Soft Deposits

	G = Generalized G	L = Localized L
Plaque	L M H	L M H
Stain	L M H	L M H
Supra Deposits	L M H	L M H
Sub Deposits	L M H	L M H

Dental Hygiene Diagnosis

Treatment Plan

Extra Oral		
	<input checked="" type="checkbox"/> if within normal limits	(Description of location of clinical finding)
Skin and Facial Symmetry	<input type="checkbox"/> WNL or	
Lymph Nodes: Head and Neck	<input type="checkbox"/> WNL or	
Thyroid and Salivary Glands	<input type="checkbox"/> WNL or	
TMJ	<input type="checkbox"/> WNL or	

Intra Oral		
Salivary Flow	<input type="checkbox"/> WNL or	
Lips	<input type="checkbox"/> WNL or	
Buccal Mucosa	<input type="checkbox"/> WNL or	
Cheeks	<input type="checkbox"/> WNL or	
Hard Palate	<input type="checkbox"/> WNL or	
Soft Palate	<input type="checkbox"/> WNL or	
Tonsils	<input type="checkbox"/> WNL or	
Pharynx	<input type="checkbox"/> WNL or	
Tongue	<input type="checkbox"/> WNL or	
Floor of Mouth	<input type="checkbox"/> WNL or	
Oral Cancer Screen:	<input type="checkbox"/> WNL or _____	<input type="checkbox"/> Referral Required

Gingival Assessment				
	G	L	G = Generalized	L = Localized
Colour:	<input type="checkbox"/>	<input type="checkbox"/>	pink _____	
	<input type="checkbox"/>	<input type="checkbox"/>	red _____	
	<input type="checkbox"/>	<input type="checkbox"/>	blue _____	
	<input type="checkbox"/>	<input type="checkbox"/>	purple _____	
	<input type="checkbox"/>	<input type="checkbox"/>	pigmented _____	
Contour and Size	<input type="checkbox"/>	<input type="checkbox"/>	recessed _____	
Margins:	<input type="checkbox"/>	<input type="checkbox"/>	flat _____	
	<input type="checkbox"/>	<input type="checkbox"/>	snug _____	
	<input type="checkbox"/>	<input type="checkbox"/>	rolled _____	
	<input type="checkbox"/>	<input type="checkbox"/>	enlarged _____	
Papillae:	<input type="checkbox"/>	<input type="checkbox"/>	pointed _____	
	<input type="checkbox"/>	<input type="checkbox"/>	bulbous _____	
	<input type="checkbox"/>	<input type="checkbox"/>	blunt _____	
	<input type="checkbox"/>	<input type="checkbox"/>	cratered _____	
Consistency:	<input type="checkbox"/>	<input type="checkbox"/>	firm _____	
	<input type="checkbox"/>	<input type="checkbox"/>	spongy _____	
	<input type="checkbox"/>	<input type="checkbox"/>	retractable _____	
	<input type="checkbox"/>	<input type="checkbox"/>	fibrotic _____	
	<input type="checkbox"/>	<input type="checkbox"/>	edematous _____	
Texture:	<input type="checkbox"/>	<input type="checkbox"/>	smooth _____	
	<input type="checkbox"/>	<input type="checkbox"/>	shiny _____	
	<input type="checkbox"/>	<input type="checkbox"/>	stippled _____	

CDHO Clinical Competency Evaluation Hard Tissue and Periodontal Assessment

Evaluation Date: _____

Client Name: _____

Candidate: _____

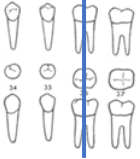


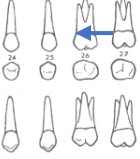

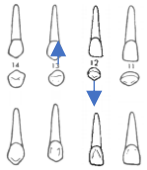
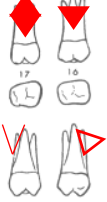
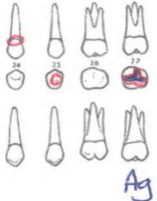
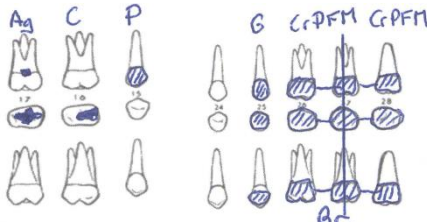
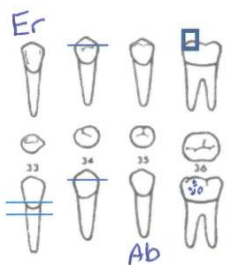
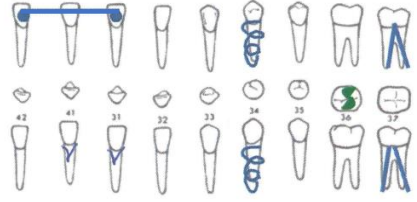
CANDIDATE

Mobility																												
BOP																												
CAL																												
Recession																												
Pocket Depth																												
F A C I A L																												
L I N G U A L																												
Pocket Depth																												
Recession																												
CAL																												
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F A C I A L																												
Pocket Depth																												
Recession																												
CAL																												
BOP																												
Mobility																												

AAP CLASSIFICATION		Stage:	Grade:		
OCCUSION	Class I:	<input type="checkbox"/>	Div I:	<input type="checkbox"/>	Overjet: _____ mm
	Class II:	<input type="checkbox"/>	Div II:	<input type="checkbox"/>	Overbite: _____ mm
	Class III:	<input type="checkbox"/>	Div 0:	<input type="checkbox"/>	Midline Shift: _____ mm
				Crossbite:	
				Mutilated:	

CDHO Clinical Competency Evaluation Hard Tissue and Periodontal Assessment Charting Guide

<p>Missing Tooth (Blue, All Views)</p> 	<p>Unerupted, Incomplete Eruption (Blue, Facial & Lingual Views)</p> 	<p>Over-Eruption (Blue arrow, Facial View)</p> 																																			
<p>Drifting (Blue arrow, Facial View)</p> 	<p>Tipped (Blue, Facial View)</p> 	<p>Facial or Lingual Version (Blue arrow, Facial or Lingual View)</p> 																																			
<p>Pocket Depth (Blue = <4mm, Red = 4mm or more)</p> <table border="1" data-bbox="243 745 560 892"> <tr> <td>BOP</td> <td>•••</td> <td>•</td> <td>•</td> </tr> <tr> <td>CAL</td> <td>356</td> <td>664</td> <td>444</td> </tr> <tr> <td>Recession</td> <td>-111</td> <td>120</td> <td>010</td> </tr> <tr> <td>Pocket Depth</td> <td>445</td> <td>544</td> <td>434</td> </tr> </table> <p>Recession (Blue, recorded in recession box on Facial & Lingual where it occurs)</p> <table border="1" data-bbox="243 924 560 1071"> <tr> <td>Pocket Depth</td> <td>545</td> <td>544</td> <td>434</td> </tr> <tr> <td>Recession</td> <td>020</td> <td>220</td> <td>022</td> </tr> <tr> <td>CAL</td> <td>565</td> <td>764</td> <td>456</td> </tr> <tr> <td>BOP</td> <td>•••</td> <td>•</td> <td>••</td> </tr> </table> <p>Clinical Attachment Level (CAL) (Blue, Recession + Pocket depth = CAL or Pocket depth - hypertrophic tissue = CAL)</p> <p>Bleeding on Probing (BOP) (Red dot in BOP box on surface it occurs)</p>	BOP	•••	•	•	CAL	356	664	444	Recession	-111	120	010	Pocket Depth	445	544	434	Pocket Depth	545	544	434	Recession	020	220	022	CAL	565	764	456	BOP	•••	•	••	<p>Furcation (Red, on surface it occurs)</p> <p>Class I – ^</p> <p>Class II – △</p> <p>Class III – ▲</p> <p>Class IV – ◆</p>  <p>Mobility: Class 1, 2 or 3 (Blue, record in mobility box)</p> <table border="1" data-bbox="820 966 1039 1039"> <tr> <td>Mobility</td> <td>1</td> <td>3</td> </tr> </table>	Mobility	1	3	<p>A) Decay: Red, open on surface</p> <p>B) Recurrent Decay: Red, outline area on previous restoration in Blue</p> 
BOP	•••	•	•																																		
CAL	356	664	444																																		
Recession	-111	120	010																																		
Pocket Depth	445	544	434																																		
Pocket Depth	545	544	434																																		
Recession	020	220	022																																		
CAL	565	764	456																																		
BOP	•••	•	••																																		
Mobility	1	3																																			
<p>Existing Restoration (Blue, Closed, on surface it occurs, Including Abbreviation of Restorative Material)</p> <ul style="list-style-type: none"> Ag = Amalgam C = Tooth coloured restoration (e.g., composite, GI) G = Gold P = Porcelain Cr = Abbreviation of material in front of 'Cr' (e.g., PFM, ZN, G) Br = Bridge connect with Blue line 	<p>Non-Carious Lesion (Blue, on surface it occurs)</p> <ul style="list-style-type: none"> Abfraction = Ab Abrasion = double line on surface affected Attrition = single line on both facial and lingual Wear Facet = Blue box on affected area Erosion = Er Hypoplasia = multiple dots on surface affected 	<p>Other:</p> <ul style="list-style-type: none"> Sealant = Green "S" on surface Lingual bar = Blue line with attachment area Stilman's Cleft = Blue on surface it occurs Root Canal/endo = Blue line in root(s) Implant = Blue on root 																																			

CDHO Clinical Competency Evaluation Record of Deposits

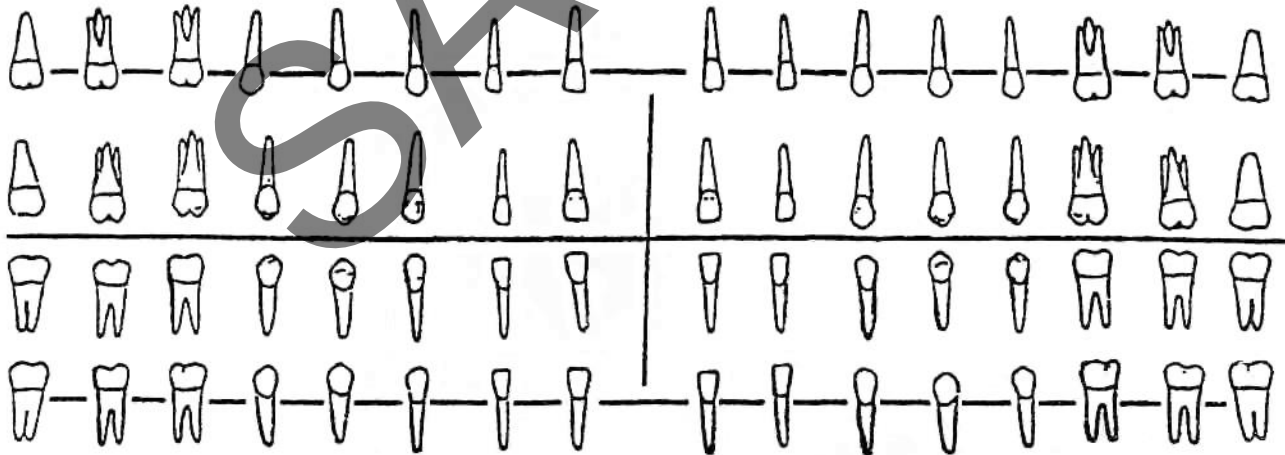
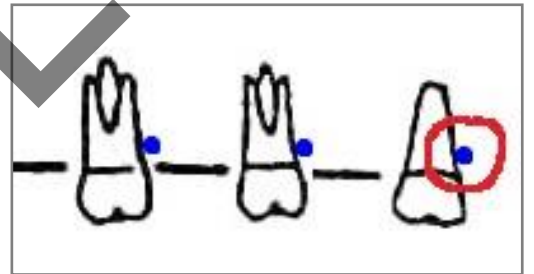
Evaluation Date: _____

Client Name: _____

CANDIDATE

Instructions:

- Chart presence of all supra and subgingival calculus using blue ink or black ink.
- Circle any remaining in red ink.



FACIAL
LINGUAL
LINGUAL
FACIAL



CDHO Clinical Competency Evaluation
Progress Notes

Evaluation Date: _____

Client Name: _____

Candidate: _____

Progress Notes

SAMPLE

Progress Notes

SAMPLE



CDHO Clinical Competency Evaluation

Candidate/ID: _____

Evaluator: _____

Date of Evaluation: _____

Location of Evaluation: _____

1. Process of Care: Medical History

Item	Yes	No		Yes	No
Did the candidate complete the medical/dental history in ink?			Did the candidate fully complete the medical/dental history?		
Did the candidate accurately complete the medical/dental history?			Did the candidate and client both sign the medical/dental history?		
Did the candidate explore all positive responses with the client?			Did the candidate take vital signs (BP, Resp, Pulse)?		
Was the systolic blood pressure accurate to within 10 mm Hg?			Was the diastolic blood pressure accurate to within 10 mm Hg?		
Was the respiratory rate accurate to within 5 respirations?			Was the pulse rate accurate to within 5 bpm?		
Were modifications to dental hygiene treatment related to medical/dental history noted?					
Comments: _____					

2. a) Process of Care: Assessment (Extra and Intraoral)

Did the candidate accurately and thoroughly assess the following areas and recognize/document all normal, abnormal and atypical conditions?

Item	Yes	No		Yes	No
Skin and face			Hard and soft palate		
Lymph nodes			Oral pharynx including tonsillar pillars		
Thyroid and salivary glands			Tongue and floor of mouth		
Temporomandibular joint (TMJ)			Gingival condition		
Mucosa/lips/cheeks			Hard tissue		
Comments: _____					

2. b) Process of Care: Assessment (Perio and Deposits)

Item	Yes	No		Yes	No
Did the candidate accurately and thoroughly measure all probing depths at a level that would support the development of an acceptable dental hygiene diagnosis?			Did the candidate accurately record the plaque index?		
Did the candidate accurately and thoroughly measure furcations and mobilities?			Did the candidate accurately record the calculus index?		
Did the candidate accurately and thoroughly identify bleeding sites?			Did the candidate accurately record the staining present?		
Did the candidate record all recession and calculate CAL at a level that would support the development of an accurate dental hygiene diagnosis?			Did the candidate assign the proper AAP classification?		
Comments: _____					

3. Process of Care: Case Presentation and Screening

Item	Yes	No		Yes	No
Did the client meet all of the following criteria? <ul style="list-style-type: none"> • Not a romantic partner • Over the age of 18 • Minimum of 20 teeth • Some anterior and posterior teeth • Have an uncomplicated health history • Deposit must be removable in one appointment (completed during the evaluation) 			Did the candidate present a client who met the qualifications of a definite DD2 or DD3 as per the Degree of Difficulty Categories as set out in the candidate guide (calculus calculations below)? If "No" candidate cannot proceed to the remainder of the evaluation and will be recorded as a "Unsuccessful".		
% <u>subgingival calculus</u> calculation $= \frac{\# \text{ surfaces with sub } \times 100}{4 \text{ surfaces } \times \# \text{ of teeth }} = \underline{\hspace{2cm}}\%$ $= \frac{\underline{\hspace{2cm}} \times 100}{4 \times \underline{\hspace{2cm}}}$ $= \underline{\hspace{2cm}}\%$			% <u>supragingival calculus</u> calculation $= \frac{\# \text{ surfaces with supra } \times 100}{4 \text{ surfaces } \times \# \text{ of teeth }} = \underline{\hspace{2cm}}\%$ $= \frac{\underline{\hspace{2cm}} \times 100}{4 \times \underline{\hspace{2cm}}}$ $= \underline{\hspace{2cm}}\%$		
Comments: _____					

4. Process of Care: Dental Hygiene Diagnosis

Item	Yes	No		Yes	No
Has the candidate synthesized and analyzed the assessment data within the dental hygiene diagnosis?			Has the candidate accurately classified gingival and periodontal conditions based on data collected?		
Has the candidate identified contributing factors (i.e. pregnancy, habits, OH, etc.)?			If applicable, has the candidate identified conditions that require referral?		
Comments: _____					

5. Process of Care: Treatment Plan

Item	Yes	No		Yes	No
Is there evidence of client-centered goal statements?			Is there evidence of client participation in the creation of the treatment plan?		
Are all planned dental hygiene interventions and sequence of activities listed?			Is there written evidence that informed consent or refusal has been given (i.e. after options, risks and benefits also explained verbally)?		
Are planned dental hygiene interventions appropriate given the assessment findings?			Are self-care information, techniques and devices included in treatment plan?		
Comments: _____					

6. a) Process of Care Implementation: Provision of Interventions

Item	Yes	No		Yes	No
Did the candidate provide services within the scope of practice?			Did the candidate provide oral health and health advice using appropriate educational theories, theoretical frameworks, communication/mediation techniques and/or psycho-social principles to initiate change at an individual level?		
Did the candidate select appropriate instruments?			Did the candidate consistently use a stable fulcrum?		
Did the candidate appropriately use indirect and direct vision?			Did the candidate adapt and activate instruments properly as well as use the proper pressure (i.e. to avoid tissue trauma/scale effectively, etc.)?		
Did the candidate work in a systematic sequence?			Did the candidate maintain a clear working area (i.e. rinse and suction as needed)?		
Did the candidate effectively manage client pain and/or anxiety?			Did the candidate provide appropriate pre- and post-intervention advice to include pain management, oral self-care, use of therapeutic and preventive agents and follow-up/recare appointments?		
Did the candidate avoid using unnecessary or inappropriate interventions or interventions that had been refused by the client?					
Comments: _____					

6. b) Process of Care / Implementation: Debridement

Item	Yes	No		Yes	No
Did the candidate remove at least 95% of the subgingival calculus? See calculation below.			Did the candidate remove at least 95% of the supragingival calculus? See calculation below.		
Subgingival calculus remaining: = $\frac{\text{\# of surfaces with sub remaining}}{\text{\# of surfaces in scaling assignment}} \times 100$ = _____%			Supragingival calculus remaining: = $\frac{\text{\# of surfaces with supra remaining}}{\text{\# of surfaces in scaling assignment}} \times 100$ = _____%		
Subgingival removed: = 100 – Subgingival Calculus remaining = _____%			Supragingival removed: = 100 – Supragingival Calculus remaining = _____%		
Comments: _____					

7. Infection Control

Item	Yes	No		Yes	No
Did the candidate use proper hand hygiene and/or put on gloves properly prior to and following touching client?			Are items packaged according to CDHO Infection Prevention and Control (IPAC) Guidelines?		
Did the candidate <i>and</i> client wear protective eyewear during all clinical treatment procedures?			Did the candidate open sterilized bags/unwrap instruments in front of the client?		
Did the candidate change gloves and masks as needed?			Did the candidate use all available tools to minimize splatter?		
Did the candidate maintain asepsis throughout the appointment as described in the CDHO Infection Prevention and Control (IPAC) Guidelines?			Did the candidate wear an overgown for procedures where splatter was anticipated?		
Did the candidate dispose of sharps and contaminated items safely and appropriately according to the CDHO Infection Prevention and Control (IPAC) Guidelines?					
Comments: _____					

8. Health & Safety / Case Management

Item	Yes	No		Yes	No
Did the candidate ensure that nothing was passed over the client's face (i.e. adjusting overhead light with instruments in hand)?			Is the candidate's equipment, instruments and supplies sufficient to support the selection and implementation of appropriate dental hygiene services?		
Did the candidate maintain the sharpness, integrity and original design of her/his instruments?			Did the candidate ensure that the environment supported safe, quality care?		
Comments: _____ _____					

9. Record Keeping

Item	Yes	No		Yes	No
Did the candidate label all records with client's name and date?			Did the candidate provide full details about every controlled act performed including the source of the authority to perform the controlled act?		
Did the candidate record full details about the examination/clinical findings/assessment?			Did the candidate record details of informed consent to any/all aspects of care obtained and have it documented and signed by candidate and client?		
Did the candidate record full details about the treatment plan?			Did the candidate record recommendations regarding the next steps (i.e. referrals, next visit, etc.)?		
Did the candidate provide full details about services provided including pain control methods used?			Were candidate entries legible, in ink, signed and were corrections made appropriately?		
Did the candidate record full details about any advice given including any pre-treatment or post-treatment instructions?			Did candidate take appropriate steps to ensure that the integrity, privacy and security of the client record was protected?		
Comments: _____ _____					

10. Tissue Care / Instrumentation

The following definitions apply:

Minor tissue trauma: Any mild injury that is inconsistent with the procedure. Examples of mild trauma include small lacerations, tissue fraying, tissue tags, slight/minor bruising or burning, soft tissue abrasion.

Major tissue trauma: Any moderate to severe injury that is inconsistent with the procedure or three or more avoidable surfaces of minor tissue trauma. Examples of moderate and severe injury include moderate to severely lacerated soft tissue, moderate to excessive bruising/abrasion/burning, amputated papilla, trauma to teeth and restorations, an unreported broken instrument tip found in the sulcus.

Choose ONE only.

Item	Yes
No minor or unavoidable trauma	
2 minor avoidable tissue traumas	
Major tissue trauma or 3+ minor avoidable	
Comments: _____ _____ _____	

11. Professionalism, Ethics & Jurisprudence

(Demonstration of a professional demeanour, which includes conduct, behaviour, and performance.)

Choose ONE only.

Item	Yes
Incompetent: Blatantly unprofessional, breaches privacy, disregards client needs, discriminatory, <i>or</i> disregards workplace values	
Unsatisfactory: Unprofessional, disregards privacy, client-centered care not implemented, <i>or</i> disregards diversity in others	
Borderline incompetent: Somewhat unprofessional, disrespects privacy, infrequently implements client-centered care, <i>or</i> disrespects diversity in others or workplace values	
Minimally Competent: Somewhat professional, maintains privacy, occasionally implements client-centered care, <i>and</i> respects diversity in others and workplace values	
Satisfactory: Professional, maintains privacy, implements client-centered care, <i>and</i> respects diversity in others and workplace values	
Highly Competent: Consistently professional, maintains privacy, consistently implements client-centered care, <i>and</i> respects diversity in others and workplace values	
Comments: _____ _____	

General Comments

Evaluator:

Evaluator's Signature:

APPENDIX 3 – OXFORD COLLEGE – SAFETY EQUIPMENT

EMERGENCY KIT

The Emergency Kit is located on the wall in the front of the clinic directly in front of Unit #1

- The contents of this kit are as follows:
- Epinephrine injection USP 0.3 mg (adult)
- Epinephrine injection USP 0.15 mg (child)
- Salbutamol inhaler HFA 100mcg
- Nitroglycerine 0.3mg tablet
- Nitroglycerine 0.4mg spray
- Diphenhydramine HCl injection USP 50mg ampoule
- Insta-glucose (tablet form)
- Advil® and Tylenol® (adult and child)
- Benadryl® (adult and child)
- Disposable syringes 1cc

OXYGEN

A portable Oxygen tank and mask is located in the dispensary.

FIRST AID KIT

A complete First Aid Kit that includes Magill forceps and a Laedral Pocket-Mask with one-way valve is located on the back wall of the clinic facing Units 17, 18 and 19.

EYEWASH STATIONS

Eyewash stations are located in the Clinic Sterilization Area and Radiography Lab Darkroom.

APPENDIX 4 – OXFORD COLLEGE – MEDICAL EMERGENCY PROCEDURE

POTENTIALLY LIFE THREATENING

In any situation in which a loss of consciousness or other potential medical emergency is suspected, the following procedures are to be instituted in sequence. The protocol is posted around the clinic and updated annually:

Never leave client (only if alone, leave only to call 911 and return immediately to the client).

Advise nearest person to call 911

1. Client placed in a supine position, except in cases of congestive heart failure (CHF).
2. Airway opened, and oxygen administered (except for hyperventilation).
3. Vital signs taken, pulse, respiratory rate, and blood pressure.
4. Call for appropriate Medical Assistance. * Telephone is located near the entrance of the main clinic.
5. Provide symptomatic treatment.
6. Client transported only when stable or by EMS personnel.

** In cases of Cardiac Arrest or other life-threatening Emergency, activate the EMS system by calling 911. State the nature of the problem, therapy instituted (e.g. CPR) and the exact location of the emergency, 670 Progress Avenue as well as identify the meeting place at the north east corner of Progress Ave and Consillium Road at the clinic emergency exit door.*

State that a person will meet the EMS there and escort them to the site of the emergency. Stay on the line to allow the dispatcher to ask questions; let the dispatcher hang up first. **DO NOT LEAVE THE CLIENT UNATTENDED; SOMEONE MUST BE WITH THE CLIENT AT ALL TIMES.** Ensure that evaluator is notified of any emergency, clinic instructors are responsible to dismiss students and clients. Ensure complete and accurate documentation of the incident is in the client's chart.

NON-LIFE THREATENING, NON-BODILY FLUID EXPOSURE

Use First Aid kit, if necessary. Contact personal healthcare provider in other serious, but not immediately life threatening, situations. If indicated, the client can be transported to the closest Emergency Department of Scarborough General Hospital, located at McCowan Ave and Lawrence Ave. Please ensure that the client also sees their medical doctor.

AFTERCARE PROCEDURE

1. In all cases of Medical Emergencies, clients should receive an appropriate level of follow-up care by the client's physician.
2. The client and/or the client's family shall be contacted when appropriate, following the medical emergency to ensure the resolution of the situation related to the emergency and to express concern for the client and/or family.
3. Accurate documentation and details of the incident **MUST** be documented in the client's chart in the Progress Notes.

CLINICIAN INJURIES

Any person who receives puncture wounds, lacerations or lesions with instruments or devices contaminated in the client care process, or experience splatter in the eyes with body fluids from a client shall initiate appropriate first aid.

4. Immediately remove soiled clothing and wash exposed area with soap and water. (Use eyewash station in case of eye exposure.)
5. Notify the evaluator.
6. Note the severity and type of exposure and assess likelihood that client is at risk for HIV.
7. Seek further medical attention when indicated; the closest Emergency Department is located at Scarborough General Hospital, located at McCowan Ave and Lawrence Ave. Inform them of the nature of your injury.

APPENDIX 5 – INFECTION CONTROL POLICIES AND PROCEDURES

These guidelines were designed by Oxford College to help protect the clients, clinicians, staff and faculty as well as the public while engaged in activities in the clinical setting while using standard precautions. Dental hygienists completing the Clinical Competency Evaluation will be expected to adhere to Oxford College protocols.

CLINIC ATTIRE

- Accessories such as rings and watches are highly discouraged.
- Hair must be tied up and off of the neckline.
- No chewing gum.
- No excessive perfume or cologne.
- No excessive makeup.
- ACRYLIC NAILS ARE NOT PERMITTED IN CLINIC.
- Nametag MUST be worn at all times.
- Safety glasses MUST be worn at all times.
- Personal hygiene MUST be maintained.
- Uniforms must be pressed and clean.

BEFORE ENTERING THE CLINICAL AREA

- Be sure to have all the necessary materials or supplies with you (glasses, nametags, pens, Medical and Dental Health History form, Client Consent Form, etc.).
- Obtain the remaining client chart forms from your evaluator.

UPON ENTERING THE CLINICAL AREA

- Put your lab jacket on; be sure to button it up completely.
- Put safety glasses on.
- Complete a full hand scrub at your unit.

PREPARE THE UNIT AND WORKSTATION

- Complete a thorough inspection of your unit to make sure there are no visible contaminants present (blood, saliva etc.).
- If you find that the unit was not decontaminated properly, report this incident to the dispensary and pick up a pair of nitrile (utility) gloves to complete a full decontamination of the unit (the last person to use the unit will be held responsible for leaving the unit contaminated).
- Purge all the water lines; this includes the high-speed hand piece and the air-water syringes. All lines must be purged for 2 minutes at the beginning of the day and for 30 seconds in between clients; the lines should be disinfected after they have been purged.
- Place all the appropriate barriers (including faucets, etc.).
- Prepare your unit so that it is easily accessible by the client.
- Turn all switches on.
- Remove your lab jacket and your safety eyewear.
- Proceed to the reception area.
- Escort your client back to your unit and seat them in an upright position.
- Replace your lab jacket and safety eyewear.

PUTTING ON PERSONAL PROTECTIVE EQUIPMENT

- Perform hand hygiene.
- Put on gown or lab coat.
- Put on mask.
- Put on eye protection.
- Put on face shield.
- Put on gloves.
- Place the client's bib using a daisy chain.
- Provide the client with a pair of CLEAN safety glasses.
- Prepare all the supplies needed for the procedure (instruments, hand pieces, etc.), be sure to open the instrument kit and other sterile equipment in front of your client. Keep the counter top and bracket table free from clutter.
- Position yourself on the dental stool, maintain correct client and/or clinician positioning and posture.
- Place your pens and papers in an area where they are easily accessible.
- Place your over gloves in an area where they can be easily retrieved, somewhere where you will not breach the chain of asepsis.
- If an item drops on the floor, leave it on the floor. If the item is critical in providing/completing client care, then use appropriate infection control techniques to retrieve it.

DURING CLIENT CARE

- When reviewing the client's medical history form and obtaining vital signs, only safety glasses are required, for all other procedures, you must wear your protective eyewear and mask.
- When you begin intraoral procedures, ensure that your client is wearing protective eyewear.
- Follow a barrier protocol when handling items that do not enter the client's mouth.
- During the process **you are NOT to go into the dispensary or the Sterilization room**. You must ask your evaluator and they will retrieve it for you.
- During a procedure, if you must leave your unit for any reason, follow the guidelines listed below:
 - Remove all gloves, glasses, and lab jacket prior to exiting the clinic and upon returning to the clinical area, follow the opening procedure.
 - You **MUST** always ensure that your evaluator is aware of your whereabouts **AT ALL TIMES**.
- Biohazardous material (item contaminated with blood or saliva) must be placed in the brown paper bag that is taped to your counter. Place items that are contaminated with blood or saliva in this bag.
- Materials that are not contaminated, i.e., wrapping paper, bibs, masks, paper towels, should be disposed of in the regular garbage.
- Bloody gauze and/or floss should be out of the client's line of vision. Keep your instrument and unit well organized, clean, and free of debris.

AT THE END OF THE APPOINTMENT

- Bring client into an upright position; ensure the client's face is free from blood or debris.
- Remove the client's bib and glasses.

REMOVING PERSONAL PROTECTIVE EQUIPMENT

- Remove gloves.
- Remove gown or lab coat.
- Perform hand hygiene.
- Remove face shield.
- Remove protective eye protection.
- Remove mask.
- Perform hand hygiene.
- Return personal belongings to the client.
- Give the client post-op instructions, if necessary.
- Accompany client to the reception area.
- Return to your unit to begin clean up.
- Put on glasses and new examination gloves/utility gloves.
- Items that are not autoclavable must be disinfected using the moisten wipe moisten technique and returned to their designated location or dispensary if they were signed out.
- Contaminated instruments that have been signed out from the dispensary must be signed back in at the sterilization area.
- Remove disposable suction tips.
- Using the supplied solution, run a minimum of one litre of solution through the high and low volume hoses.
- Using the appropriate product, use the moisten wipe moisten technique on the following areas:
 - Counters
 - Sinks
 - Dental unit
 - Cuspidor
 - Light handles
 - Hoses
 - Glasses/name tags
 - Dosimeter badge (if applicable)
 - Dental chairs
 - Dental stools
 - Ultrasonic scalers unit
 - Floor in your cubicle.
- Verify that all decontamination has been completed.
- Raise chair 4–6 inches above normal position.
- Place garbage from unit in a large garbage bag and leave it in the unit.
- Ensure that nothing has been damaged during the appointment. If there is any damage, report it to your evaluator.
- Wash your hands before leaving the clinical area.

STERILIZATION DUTIES

Duties will be completed by the students on sterilization duty and the dispensary technician.

APPENDIX 6 – PRIVACY CODE

PREAMBLE

Dental hygiene is a self-governing health profession in Ontario under the *Regulated Health Professions Act, 1991* (RHPA). Under the RHPA, it is the duty of the Minister of Health and Long-Term Care to ensure that health professions are regulated and co-ordinated in the public interest.

The College of Dental Hygienists of Ontario was established by the *Dental Hygiene Act, 1991* and has the following objects as set out in the Health Professions Procedural Code (being Schedule 2 to the RHPA) (RHPA Procedural Code):

1. To regulate the practice of the profession and to govern the members in accordance with the health profession Act, this Code and the Regulated Health Professions Act, 1991 and the regulations and by-laws.
2. To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
3. To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
4. To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence, and improvement among the members.
 - 4.1 To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance interprofessional collaboration, while respecting the unique character of individual health professions and their members.
5. To develop, establish and maintain standards of professional ethics for the members.
6. To develop, establish and maintain programs to assist individuals to exercise their rights under this Code and the *Regulated Health Professions Act, 1991*.
7. To administer the health profession Act, this Code and the *Regulated Health Professions Act, 1991* as it relates to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College.
8. To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public.
9. To promote inter-professional collaboration with other health profession colleges.
10. To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.
11. Any other objects relating to human health care that the Council considers desirable.”

In carrying out its objects, the College has a duty to serve and protect the public interest.

The legal powers and duties of the College are set out in the RHPA, the RHPA Procedural Code and the *Dental Hygiene Act, 1991*. The activities of the College are subject to a number of oversight mechanisms including both general and specific oversight by the Ontario Minister of Health and Long-Term Care and specific oversight by the Health Professions Appeal and Review Board (HPARB), the Health Professions Regulatory Advisory Council (HPRAC), the Fairness Commissioner of Ontario and the Courts.

In the course of fulfilling its mandate, the College may collect, use and disclose personal information regarding applicants for registration, registrants, registrants' patients/clients and persons employed, retained, elected or appointed for the purpose of the administration of the Legislation. The personal information being collected is critical to the College's ability to effectively regulate the profession in the public interest.

Individuals who are employed, retained or appointed by the College as well as every registrant of College Council or a College Committee are required by section 36 of the RHPA to maintain confidentiality with respect to all information that comes to their knowledge. Individuals who breach this provision face fines of up to \$25,000 for a first-time offence and up to \$50,000 for a second or subsequent offence. (Section 36 of the RHPA is attached as Schedule 1 to this Privacy Code.) In addition, personal information handled by the College is subject to the provisions of this Privacy Code.

The College's collection, use and disclosure of personal information in the course of carrying out its regulatory activities are done for the purpose of regulating the profession in the public interest. These regulatory activities are not of a commercial character. Accordingly, the performance of the College of its statutory duties is not covered by PIPEDA. The College has adopted this Privacy Code voluntarily to provide a voluntary mechanism through which the College can provide appropriate privacy rights to individuals involved in the College's activities while still enabling the College to meet its statutory mandate under the RHPA, the RHPA Procedural Code and the *Dental Hygiene Act, 1991*.

DEFINITION OF TERMS

The following terms used in this Privacy Code have the meanings set out below:

"Board" means the Health Professions Appeal and Review Board (HPARB).

"By-laws" means the by-laws of the College passed under the authority of section 94 of the RHPA Procedural Code.

"College" means College of Dental Hygienists of Ontario (CDHO).

"Discipline Committee" means the Discipline Committee of the College as required by the RHPA Procedural Code.

"Inquiries, Complaints, and Reports Committee" (ICRC) means the Inquiries, Complaints and Reports Committee of the College as required by the RHPA Procedural Code.

"Legislation" means the RHPA, RHPA Procedural Code, Profession Specific Act, Regulations and By-laws.

"Member" means a member of the College (CDHO uses the term "Registrant" to differentiate from membership in an association).

"organization" includes an individual, a corporation, an association, a partnership, and a trade union.

"client" is deemed to include an individual to whom an applicant or registrant of the College has purported to

provide professional services.

"**personal information**" means information about an identifiable individual but does not include the name, title, or business contact information of an individual.

"**Privacy Committee**" means the Executive Committee.

"**Profession Specific Act**" means *Dental Hygiene Act*.

"**Registration Committee**" means the Registration Committee of the College as required by the RHPA Procedural Code.

"**Regulations**" means the regulations made under the RHPA and/or regulations made under the Profession Specific Act.

"**RHPA**" means the *Regulated Health Professions Act, 1991* as amended from time to time.

"**RHPA Procedural Code**" means the Health Professions Procedural Code (being Schedule 2 to the RHPA).

PRINCIPLE 1 - ACCOUNTABILITY

The Registrar is accountable for compliance with these policies and procedures. Complaints or questions regarding the manner in which personal information is being handled by the College should be directed to the Registrar who can be reached at registrar@cdho.org or 416-961-6234.

The College will provide orientation and training to all new employees and appointees as well as all members of Council, committees or working groups regarding their obligations pursuant to section 36 of the RHPA and this Privacy Code.

The College's policies regarding privacy and information management are available on the College's website at www.cdho.org and on request by phone at 416-961-6234 or 1-800-268-2346 or by mail at 175 Bloor Street East, North Tower, Suite 601, Toronto, ON M4W 3R8.

PRINCIPLE 2 - IDENTIFYING PURPOSES

The purpose for which the College collects, uses and discloses personal information is to administer and enforce the Legislation.

INFORMATION ABOUT REGISTRANTS

The College collects and uses personal information regarding its registrants for the following purposes:

- to assess whether a registrant continues to meet the standards of qualification for a certificate of registration;
- to investigate complaints regarding the conduct or actions of a registrant of the College;
- to investigate whether a registrant has committed an act of professional misconduct or is incompetent and to resolve such matters including through the imposition of a specified continuing education and remediation program and through undertakings;
- to inquire whether a registrant is incapacitated;

- to negotiate and implement informal resolutions, including acknowledgements and undertakings and specified continuing education and remediation programs (a SCERP) that provide for reviewing samples of client records;
- to hold a hearing of allegations of a registrant's professional misconduct or incompetence or of allegations that a registrant is incapacitated;
- to carry out the quality assurance program of the College, including an assessment of the records and practice of its registrants; this may include an on-site visit at the registrant's place of practice;
- to administer the program established by the College to provide funding for therapy and counselling for persons who, while clients, were sexually abused by registrants of the College;
- to investigate reports filed about registrants of the College under the RHPA Procedural Code;
- to assess whether a former registrant's certificate of registration should be reinstated;
- to provide statistical information for human resource planning and demographic and research studies for regulatory purposes including providing that information to the Ministry of Health and Long-Term Care (MOHLTC) and other appropriate agencies;
- to provide information about registrants to the public for regulatory purposes on the public register which is located on the College's website;
- to administer or enforce the Legislation.

The College may collect personal information regarding a registrant from the registrant, employers and colleagues of the member, clients of the registrant and other persons, for the purposes set out above. Personal information regarding registrants is collected by the College from time to time and at regular intervals.

The College discloses personal information regarding its registrants only as permitted by section 36 of the RHPA or as required by law. For example, the College is required under the RHPA Procedural Code to maintain a register containing information about its registrants. Such information includes, but is not restricted to: registrants' qualifications and practice information; court findings of professional negligence or malpractice made against the registrant unless the finding is reversed on appeal; referrals to the College's Discipline Committee until the matter has been finally resolved; and the result and a synopsis of the decision for every finding made against a registrant as a result of a disciplinary or incapacity proceeding. The RHPA Procedural Code and the By-laws require the College to post the register on the College's website.

INFORMATION ABOUT EMPLOYERS, COLLEAGUES AND CLIENTS

The College collects and uses personal information regarding the employers, colleagues and clients of registrants of the College for the following purposes:

- to investigate complaints regarding the conduct or actions of a registrant of the College;
- to investigate whether a registrant has committed an act of professional misconduct or is incompetent;
- to inquire whether a registrant is incapacitated;
- to hold a hearing of allegations of a registrant's professional misconduct or incompetence or of allegations that a registrant is incapacitated;
- to negotiate and implement informal resolutions, including acknowledgements and undertakings or specified continuing education and remediation programs that provide for reviewing samples of client records;
- to carry out the quality assurance program of the College, including an assessment of the records and

- practice of its members; this may include an on-site visit at the registrant's place of practice;
- to administer the program established by the College to provide funding for therapy and counselling for persons who, while clients, were sexually abused by registrants of the College;
 - to investigate reports filed about registrants of the College under the RHPA Procedural Code;
 - to assess whether a registrant continues to meet the standards of qualification for a certificate of registration;
 - to assess whether a former registrant's certificate of registration should be reinstated;
 - to provide information about members to the public for regulatory purposes such as public register information and information about discipline hearings;
 - to administer or enforce the Legislation.

The College may collect personal information regarding an employer, colleague and client of a registrant of the College from the employer, the colleague, the client, the registrant and other persons, for the purposes set out above.

The College discloses personal information regarding the employers, colleagues, clients of registrants of the College only as permitted by section 36 of the RHPA or as required by law. For example, hearings of the Discipline Committee are required, subject to certain exceptions, to be open to the public. Evidence at a hearing of the Discipline Committee may include personal information regarding the registrant of the College who is the subject of the allegation of professional misconduct or incompetence, as well as personal information regarding the registrant's clients related to the allegations of professional misconduct or incompetence. Another example of disclosure of personal information about clients of registrants of the College relates to complaints regarding the conduct or actions of registrants of the College. Where a complainant, who is frequently a client of a registrant, or a registrant does not agree with a decision of the ICRC, subject to certain exceptions, either person can request a review by the Board. The RHPA Procedural Code requires that the College disclose to the Board a record of the investigation and the documents and things upon which the decision was based. This disclosure of personal information about a client of a registrant to the Board is required under the RHPA Procedural Code.

INFORMATION ABOUT APPLICANTS FOR REGISTRATION AND POTENTIAL REGISTRANTS

The College collects and uses personal information regarding applicants and potential registrants and the clients of applicants and potential registrants to assess whether an applicant or potential registrant meets, and continues to meet, the standards of qualification to be issued a certificate of registration and to administer or enforce the Legislation. The College discloses personal information regarding applicants and potential registrants, references about them and their clients only as permitted by section 36 of the RHPA or as required by law. For example, the RHPA Procedural Code provides a procedure for an applicant who does not agree with a decision of the Registration Committee to request a review or a hearing by the Board. The RHPA Procedural Code requires that the College disclose to the Board a copy of the order and reasons of the Registration Committee and the documents and things upon which the decision was based. This disclosure of personal information to the Board is required under the RHPA Procedural Code.

INFORMATION RELATED TO UNAUTHORIZED PRACTICE AND HOLDING OUT

The College collects and uses personal information regarding individuals who may be practising the profession of dental hygiene, using protected titles or holding themselves out as practising the profession and their clients to investigate whether the individual has contravened or is contravening the Legislation and to administer or enforce the Legislation. The College discloses personal information regarding such individuals only as permitted by section 36 of the RHPA or as required by law.

INFORMATION RELATED TO ADMINISTERING THE LEGISLATION

The College collects and uses personal information regarding individuals who are retained, elected or appointed for the purpose of the administration of the Profession Specific Act including the following:

- to review prospective candidates and retain or appoint persons for the purpose of the administration of the *Act*;
- to maintain records to ensure accurate remuneration and payment of expenses, and all documentation required by law and by the various levels of government in accordance with sound accounting practices;
- to communicate with the person (e.g., home contact information);
- to maintain accurate and fair accounts of any disputes, possible conflicts of interest or misconduct involving a person retained or appointed for the purpose of the administration of the *Act* or a member of the Council or committee of the College;
- for purpose of making payments and providing benefits.

The College discloses personal information regarding the individuals referred to above only as permitted by section 36 of the RHPA or as required by law.

SPECIFYING THE IDENTIFIED PURPOSE

Where practicable, the College will make a reasonable effort to specify the identified purposes to the individual from whom the personal information is collected, either at the time of collection or after collection but before use, except where to do so would defeat the purpose of the Legislation or be inconsistent with the Legislation.

The College will state the identified purposes in such a manner that an individual can reasonably understand how the information will be used or disclosed.

Where personal information is collected for one purpose, the College has the right to use and disclose the information for another regulatory purpose where it is in the public interest to do so. For example, the ICRC will receive all information, documents and reports concerning a registrant, no matter what the originating source. Further, the ICRC is required to review and consider the prior history (i.e. previous complaints or reports), including prior decisions dismissing a complaint or concern. In certain situations, the complainant may also obtain access to the registrant's prior history.

PRINCIPLE 3 - CONSENT

The College collects personal information for purposes related to its objects (see Preamble for the College's objects) including for the purpose of the proper administration and enforcement of the Legislation and for other related regulatory purposes. In carrying out its objects, the College has a duty to serve and protect the public interest.

Where practicable, the College will make a reasonable effort to specify the identified purposes to the individual from whom the personal information is collected as described in Principle 2. However, obtaining consent of the individuals would, in many cases, defeat the purposes of the College's collecting, using and disclosing the personal information. Personal information will only be collected, used and disclosed without the knowledge and consent of the individual for the purpose of the administration or enforcement of the Legislation and in accordance with any applicable provisions of the Legislation. For example, personal information about a client may be collected and used without the client's consent for the purpose of the College's quality assurance program regarding the assessment of a registrant's practice in accordance with the RHPA Procedural Code and the Regulations. Another example is that personal information about a client may be collected and used without the client's consent for the purpose of an investigation of a registrant in accordance with the RHPA Procedural Code and the Regulations.

PRINCIPLE 4 - LIMITING COLLECTION

The College collects only the personal information that is required for the purposes identified in Principle 2 of this Privacy Code. The College collects personal information using procedures that are fair and lawful.

Personal information regarding clients must be collected as part of the College's regulatory function. This information is typically obtained by the College as part of an investigation or quality assurance program. The focus of these inquiries is the conduct, competence or capacity of the registrant and the protection of the public. The College only collects personal information regarding clients to satisfy this regulatory purpose.

PRINCIPLE 5 - LIMITING USE, DISCLOSURE OR RETENTION

The College uses personal information only for the purposes identified in Principle 2 and in accordance with the provisions of the Legislation. Personal information is only disclosed in accordance with the provisions of section 36 of the RHPA or as required by law.

The RHPA Procedural Code and By-laws clearly designate the information regarding members that is publicly available and the By-laws can be accessed from the College website at www.cdho.org or by contacting the College at 416-961-6234 or 1-800-268-2346. In addition, under the RHPA Procedural Code, the College is required to publish certain information regarding discipline hearings conducted by the Discipline Committee.

Under the RHPA Procedural Code, discipline hearings conducted by the Discipline Committee are usually open to the public. Evidence at a discipline hearing may include personal information regarding the registrant and the registrant's clients, employers and colleagues related to allegations of professional misconduct or incompetence. Under the RHPA Procedural Code, the panel of the Discipline Committee has discretion to close a hearing under certain prescribed circumstances and/or restrict the publication of personal information where appropriate. Under the RHPA Procedural Code, reviews of decisions of the ICRC and Registration Committee by the Board are open to the public. Similarly, the Board has discretion to restrict the disclosure of personal information in its review process. The objective of these regulatory processes is always the protection of the public.

The College has a record retention policy in place and conducts regular audits to ensure that personal information that is no longer required to be kept is destroyed, erased or made anonymous. Specific information regarding the record retention policy can be obtained by contacting the Director of Administration at the College.

PRINCIPLE 6 - ACCURACY

It is in the best interest of the public that the College collect, use and disclose only accurate personal information in regulating the profession. The College therefore uses its best efforts to ensure that the information it collects, uses and discloses is accurate. However, in order to be accountable for its collection, use and disclosure of information, the College makes corrections to information without obliterating the original entry.

Registrants are required to provide the College with current name, contact and employment information and to advise the College of changes within fourteen (14) days of any change. This information is updated annually when registrants renew their registration with the College.

PRINCIPLE 7 - SAFEGUARDS

The College ensures that personal information it holds is secure.

The College ensures that personal information is stored in electronic and physical files that are secure. Security measures are in place to safeguard this information which includes restricting access to personal information to authorized personnel, ensuring that physical files are under lock and key and ensuring that electronic files are password protected. The College reviews its security measures periodically to ensure that all personal information is secure.

Employees of the College receive an orientation and ongoing training regarding the information safeguards required for personal information and their importance.

The College ensures that personal information that is no longer required to be retained is disposed of in a confidential and secure fashion (i.e. shredding).

PRINCIPLE 8 - OPENNESS

The College's personal information management policies and procedures are available to the public and its members via the College's website at www.cdho.org or can be requested by phone at 416-961-6234 or 1-800-268-2346 or by mail at 69 Bloor Street East, Suite 300, Toronto, ON M4W 1A9. Inquiries concerning the College's policies and practices for collecting, using and disclosing personal information may be directed to the Registrar at registrar@cdho.org.

PRINCIPLE 9 - INDIVIDUAL ACCESS

Access

Where the College holds personal information about an individual, upon written request, the College shall allow access to the information to that individual, unless providing access could reasonably be expected to interfere with the administration or enforcement of the Legislation or it is impracticable or impossible for the College to retrieve the information.

Examples of situations where access may be denied include:

- Information contains references to another individual(s) that cannot be severed;
- Disclosure may result in significant risk of harm to the requestor or a third party;
- Information was collected or created in the course of an on-site visit, investigation, inquiry, assessment or similar procedure;
- Disclosure may defeat the purposes for which the information was collected;
- Information cannot be disclosed for legal, security or commercial proprietary reasons;
- Information is subject to solicitor-client or other privilege;
- Information was generated in the course of a dispute or resolution process;
- The request is frivolous, vexatious, made in bad faith or otherwise an abuse of process.

In cases where the personal information forms part of a record created by another organization, the College may refer the individual to the organization that created the record (unless it is inappropriate to do so) so that the individual may obtain access to the personal information from the organization rather than the College.

Subject to the same exceptions as described above, the College will also provide a list of organizations to which the College has provided personal information when requested to do so by the individual.

While the College's response will typically be provided at no cost or minimal cost to the individual, depending on the nature of the request and the amount of information involved, the College reserves the right to impose a cost recovery fee. In these circumstances, the College will inform the individual of the approximate cost to provide the response and proceed upon payment by the individual of the cost.

The College will make reasonable efforts to respond to the request within thirty (30) days and to assist the individual in understanding the information.

Individuals should send their written request for access, with contact information and sufficient information about themselves to identify them, to the Registrar at registrar@cdho.org.

In the event the College refuses to provide access to all of the personal information it holds, then the College will provide reasons for denying access. The individual may then choose to file a complaint with the Registrar.

CHALLENGING ACCURACY AND COMPLETENESS OF PERSONAL INFORMATION

An individual has the right to request a correction of what in his or her view, is erroneous information. Where the information forms part of a record created by another organization, then the College may refer the individual to the organization that created the record (unless it is inappropriate to do so) so that the individual may challenge the accuracy or completeness of the information.

Where an individual is able to successfully demonstrate that the personal information of a factual nature (not, for example, the expression of an opinion) is inaccurate or incomplete, the College will amend the information (i.e., correct, or add information). In addition, where appropriate, the College will notify any third parties to whom the College has disclosed the erroneous information. In some cases, a correction may be inappropriate (e.g., where the fact that a person made or recorded such a statement is the primary focus of the record rather than whether the statement is, in fact, accurate, the College does not have an accurate record of the disclosure, such as verbal disclosure in the course of an investigation).

Where there is a dispute between the individual and the College as to the accuracy or completeness of the information, then the College will document the details of the disagreement, and, where appropriate, will advise any third party who received the contested information from the College, of the unresolved disagreement.

PRINCIPLE 10 - CHALLENGING COMPLIANCE

Complaints or questions regarding the College's compliance with this Privacy Code should be directed to the Registrar who can be reached at registrar@cdho.org.

If the Registrar cannot satisfactorily resolve a complaint, the College has a formal privacy complaints procedure which includes:

- acknowledging the complaint;
- review of the complaint by the College's Privacy Committee;
- providing a written decision and reasons to the complainant; and
- taking appropriate measures where the complaint is found to be justified.

Please note that there is a different process for handling complaints about the conduct or actions of a registrant of the College. Please contact the Deputy Registrar if you wish to file a complaint about the conduct or actions of a registrant of the College.

SCHEDULE 1

**Section 36 of
the *Regulated Health Professions Act, 1991*, as amended
(as of March 2011)**

CONFIDENTIALITY

36. (1) Every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* and every member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person except,

(a) to the extent that the information is available to the public under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*;

(b) in connection with the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, including, without limiting the generality of this, in connection with anything relating to the registration of members, complaints about members, allegations of members' incapacity, incompetence or acts of professional misconduct or the governing of the profession;

(c) to a body that governs a profession inside or outside of Ontario;

(d) as may be required for the administration of the *Drug Interchangeability and Dispensing Fee Act*, the *Healing Arts Radiation Protection Act*, the *Health Insurance Act*, the *Independent Health Facilities Act*, the *Laboratory and Specimen Collection Centre Licensing Act*, the *Ontario Drug Benefit Act*, the *Coroners Act*, the *Controlled Drugs and Substances Act* (Canada) and the *Food and Drugs Act* (Canada);

(e) to a police officer to aid an investigation undertaken with a view to a law enforcement proceeding or from which a law enforcement proceeding is likely to result;

(f) to the counsel of the person who is required to keep the information confidential under this section;

(g) to confirm whether the College is investigating a member, if there is a compelling public interest in the disclosure of that information;

(h) where disclosure of the information is required by an Act of the Legislature or an Act of Parliament;

(i) if there are reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons; or

(j) with the written consent of the person to whom the information relates. 2007, c. 10, Sched. M, s. 7 (1).

Reports required under Code

(1.1) Clauses (1) (c) and (d) do not apply with respect to reports required under section 85.1 or 85.2 of the Code. 1993, c. 37, s. 1. 1998, c. 18, Sched. G, s. 7 (2).

Definition

[\(1.2\)](#) In clause (1) (e),

“law enforcement proceeding” means a proceeding in a court or tribunal that could result in a penalty or sanction being imposed. 1998, c. 18, Sched. G, s. 7 (2); 2007, c. 10, Sched. M, s. 7 (2).

Limitation

[\(1.3\)](#) No person or member described in subsection (1) shall disclose, under clause (1) (e), any information with respect to a person other than a member. 1998, c. 18, Sched. G, s. 7 (2); 2007, c. 10, Sched. M, s. 7 (3).

No requirement

[\(1.4\)](#) Nothing in clause (1) (e) shall require a person described in subsection (1) to disclose information to a police officer unless the information is required to be produced under a warrant. 1998, c. 18, Sched. G, s. 7 (2); 2007, c. 10, Sched. M, s. 7 (4).

Confirmation of investigation

[\(1.5\)](#) Information disclosed under clause (l) (g) shall be limited to the fact that an investigation is or is not underway and shall not include any other information. 2007, c. 10, Sched. M, s. 7 (5).

Not compellable

[\(2\)](#) No person or member described in subsection (1) shall be compelled to give testimony in a civil proceeding with regard to matters that come to his or her knowledge in the course of his or her duties. 1991, c. 18, s. 36 (2).

Evidence in civil proceedings

[\(3\)](#) No record of a proceeding under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, no report, document or thing prepared for or statement given at such a proceeding and no order or decision made in such a proceeding is admissible in a civil proceeding other than a proceeding under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* or a proceeding relating to an order under section 11.1 or 11.2 of the *Ontario Drug Benefit Act*. 1991, c. 18, s. 36 (3); 1996, c. 1, Sched. G, s. 27 (2).

APPENDIX 7 – ESSENTIAL ITEMS CHECKLIST AND FUNCTIONALITY OF UNIT CONSENT

ESSENTIAL ITEMS VERIFIED

ITEM	ASSESSOR SIGNATURE
Photo Identification	
Proof of professional liability insurance	
Proof of CPR certification	

FUNCTIONALITY OF UNIT

I, _____, confirm that all areas of my assigned work station are in good working order.

Candidate signature

Assessor signature