COLLEGE OF DENTAL HYGIENISTS OF BRITISH COLUMBIA

ACCESS

The latest news from CDHBC | Winter 2012

Quality Assurance Program

Moving Forward – A Positive View

When the College embarked on the journey to develop a Quality Assurance Program to meet its requirements under the *Health Professions Act* it became apparent early-on that there was no "Perfect Recipe" for quality assurance.

Quality assurance initiatives spanning across many industries and professions were investigated; it was found that there are many variations and options for systems and processes that can assist in the pursuit of quality.

Therefore, it was determined that the first step for the College was to establish Guiding Principles to direct the development of a Quality Assurance Program (QAP) for BC dental hygienists.

These QAP Guiding Principles are as follows:

1. The Goal of the QAP is public protection.
2. The QAP will be evidence-based and cost effective.
3. Maintaining and enhancing competence is the responsibility of the registrant.
4. All dental hygienists registered in practicing categories will be required to participate in the QAP.
5. The materials that inform registrants about the QAP will be clear, concise and accessible.
6. Participation in the QAP is intended to be reasonable and manageable for registrants.
7. The QAP will be evaluated regularly.

The QAP decisions and developments to date are aligned with these Principles. Dedicated dental hygienists and College staff have given careful consideration to developing a program that is appropriate for the profession of dental hygiene.

(cont. on p.4)

Message from the Registrar

HEATHER BIGGAR, ACTING REGISTRAR

Under the Lens: Reflecting on Professional Standards

As we contemplate the growth and development of our profession, it is valuable to consider the standards that we set for ourselves and by which we measure our professional successes and failures. There are five lenses through which we can inspect our professional standards and in so doing, we may gain a better insight as to what truly defines the dental hygiene professional.

Responsibility and Accountability

As professionals, we recognize that there are certain standards to which we are responsible. These help to ensure quality care is provided to our clients and that safety remains a focal point in our practice. The College of Dental Hygienists of BC (CDHBC) maintains a set of Practice Standards that outlines the standard expectations of care provided by a Registered Dental Hygienist (RDH). Within this framework, an RDH will assess, diagnose, plan, implement and evaluate in a way which maintains accountability to the standards of the profession, the needs of the client and collaboration with interdisciplinary health care colleagues. To assist in delineating certain of these standards with respect to infection control, a set of parameters entitled the *Infection, Prevention and Control Guidelines* was recently published, which is applicable to hygienists, dentists and assistants alike. This consistent set of standards further supports the goal of ensuring a notable level of responsibility and accountability among oral health care professionals in BC.

Specialized Body of Knowledge

Each health profession, by virtue of its role, encompasses a distinctly specialized set of clinical care activities. The Dental Hygiene Scope of Practice serves to provide a framework for the body of care that is provided to clients and is intended to guide hygiene practitioners in their efforts to provide client-centered care aimed at preventing and minimizing oral disease. The distinct scope of practice of one health care profession is not intended to stand independently, but to complement the scopes of other health care professions. Among interdisciplinary care providers, collaboratively delivered care allows each specialized body of knowledge to build on the next so that clients are able to receive comprehensive, evidence-based treatment that seamlessly spans a variety of professions. Through this lens, it is valuable to consider how the DH Scope of Practice complements and supports the care of other health care professionals.

Competent Application of Knowledge

The standard for registration to practice in British Columbia is safe, entry-level competence. This standard has been established and promoted through the educational requirements of the Canadian accrediting agency (CDAC), the National examining agency (NDHCB) and the *National Entry-To-Practice Competencies*. The CDHBC however encourages its registrants to continue their professional growth and development beyond entry level and to strive towards a standard of high quality, current and evidence-based care. In support of this vision for professional growth, the CDHBC Quality Assurance Program provides a foundation for registrants to build on an assessment of their clinical knowledge, to develop a dually guided and self-directed learning opportunity. This two-phased program ensures that a minimum standard of clinical knowledge is being maintained while concurrently supporting a path of continuous learning and professional growth for dental hygienists in this province.

Self-Regulation

In a country privileged to have the opportunity for professionals to regulate their own, this responsibility of self-regulation must be constantly grounded in the interest of public safety. While each profession has its unique vision for growth and development,

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Message from the Chair

MARILYNNE FINE, CHAIR

regulating professionals balance this vision with ensuring that the elements of public protection form the foundation for each decision-making process. Dental hygienists form the majority of each CDHBC Committee and Board, representing various geographic areas of the province; however, while serving in these capacities, public safety is granted precedent over the fundamental interests of the profession. This order ensures the integrity of self-regulation is preserved.

Regulation is not limited to the development and maintenance of standards, nor simply to the licensing of health care professionals. Another valuable function of a regulating body is to review and investigate complaints lodged against practitioners in the continued interest of public safety. The CDHBC Inquiry process serves to ensure that negligent or incompetent practice is identified and remediated in order to ensure that the public is protected from any form of sub-standard practice. The CDHBC does not directly monitor registrants, therefore any concern with respect to practice standards, scope of practice or quality of care is dependent on the reporting of the public, dental hygiene peers or other health professionals. The process of inquiry provides that while public safety is maintained, registrants are ensured a fair, transparent and equitable review of their practice, thereby supporting the purpose of self-regulating health professionals.

Code of Ethics

Principles of ethics exist in health professions to aid practitioners in differentiating between the core elements of "right" and "wrong." Health care practitioners find themselves in positions of authority and trust among patients and other colleagues, which demand that certain values be scrupulously maintained, including those of respect, honesty, kindness and fairness. The CDHBC Code of Ethics exists as bylaw, forming the regulatory expectation of registrants' behaviors and practice.

In conclusion, the profession of dental hygiene is more than simply a sum of its parts. It is an accountable, conscientious assembly of highly-skilled practitioners whose standards reflect a respect for competence, ethics and the principles of self-regulation.

So they tell me that I have completed the maximum number of terms that I can on the board of the College of Dental Hygienists. How can that be? Seven years seems to have gone by quickly. In this time, I have watched my children grow and the College evolve. Professionally, I have gone from having nine long term care facility contracts to fourteen.

Seven years ago, there were 2090 registered dental hygienists, we now have 3504. This is unprecedented growth. We have transitioned to online registration and continue to modernize the ways we conduct our business.

While the 365 Day Rule is still in place for most, there is a light at the end of the tunnel as more registrants are being welcomed to the new 365 Day Rule Exempt category of registration. Access to care has been improved for many, and will continue to be improved as more hygienists meet the requirements to join this category.

The new Quality Assurance Program has gone from being merely a requirement from Government, through 2 pilot groups and we are now ready for the first official group to start in January 2013. The QAP committee and Sarah Malerby (QAP Development Coordinator) need to be commended for all their hard work. Feedback from the 2 pilot groups was resoundingly positive – the QAP is fair, it makes sense and it is reasonable.

I can see that I am not the same wide-eyed woman who first started in 2006 on the board. I have learned much, given much but received much more. I look forward to passing the baton and waiting to see what the next seven years will bring . Thanks for trusting me!

Quality Assurance Program *(cont. from p.1)*

The Quality Assurance Program represents a positive change for dental hygiene in many ways:

A Positive Change for the Public

In recent years, the BC government has been increasing the accountability requirements for self-regulating health Colleges to promote increased protection of the public interest and public confidence. The requirement for health professions to establish Quality Assurance Programs is one example of a legislative change that is intended to support the government's vision in this regard.

The new CDHBC Quality Assurance Program provides a tangible and quantifiable statement to the public regarding the quality of BC dental hygienists.

The public can be assured and confident that BC dental hygienists are quality health practitioners because they are accountable through regular assessments which measure current practice knowledge and systems which provide support for remedial education and professional development.

A Positive Change for the Profession of Dental Hygiene

The Quality Assurance Program process and tools demonstrate that BC dental hygienists are proactive, modern practitioners, able to adapt to changes and emerging issues through following a recognizable process designed to enhance the quality of their practice.

Under the new QAP, all dental hygienists are accountable to the same professional standards and the QAP encourages and provides opportunities for colleagues to have open conversations regarding practice currency and knowledge.

A Positive Change For Registrants

The new QAP represents a different way of thinking about, planning and managing professional development. The College acknowledges that this period of change, transition and learning may be challenging for some registrants, however the new QAP also brings many positive benefits and outcomes to registrants.

You are Not Alone

Dental hygienists often work in isolation from other dental hygienists. The new QAP provides a common goal and an opportunity for members of the profession to work together and support each other in the pursuit of quality practice. The new QAP has already promoted increased communication among the profession, as seen through the formation of study groups and the development of new continuing education opportunities.

The College will provide support and assistance to registrants during the implementation of the new QAP by ensuring staff resources and professional advisors are available.

QAP Assessment Tool Increases Confidence

The QAP Assessment Tool is designed to give registrants feedback about their current knowledge and to encourage proactive learning.

Though it can be uncomfortable to complete an assessment, an increase in confidence may result from knowing that the level

(cont. on p.5)

Quality Assurance Program – First Cohort Starts QAP Cycle on January 1, 2013

The College is seeking confirmation from all registrants selected for the January 2013 QAP Cohort. Please check your email correspondence and/or contact the College office immediately if you have not yet confirmed your participation. Thank you.

QAP Quick Facts:

- All registrants will gradually phase into the new Quality Assurance Program over the next five years.
- Approximately 500 registrants will begin a QAP Cycle every January.
- Registrants may be randomly selected to begin a QAP Cycle at the natural end of their current Continuing Competency Cycle.
- Registrants selected to begin a QAP Cycle will be notified in June, 6 months prior to their QAP start date.

of measured knowledge meets or exceeds the standard for the profession. Registrants will now have an awareness of practice areas where their knowledge is not as strong, and can choose to take action to address those concerns.

More Time to Meet Requirements

Registrants are provided with two additional years to complete 75 hours of continuing competency credits. The cycle length was increased from 3 years to 5 years, with the intention being to balance the preparation time and cost of the QAP Assessment Tool.

Great New Professional Development Tools

The QAP has enabled the College to provide valuable professional development tools to registrants.

Online Learning Plan (OLP)
The Online Learning Plan provides a professional development planning tool and record keeping system for registrants to use throughout their careers. The OLP is designed to help registrants develop learning plans, track activities, measure results, and reflect on learning.

Jurisprudence Education Module (JEM)
The JEM is a modern, interactive education module that is designed to inform and educate registrants and applicants about the regulation and laws that govern dental hygiene practice in BC. The JEM will be available on the College website and can be accessed and referenced at any time. Completion of the JEM is optional for registrants with CC Cycles while completion will be required for new registration applicants and for existing registrants once in every 5 year QAP cycle. Registrants who choose to complete the JEM will be granted CC Credits. More information on the JEM is located in this issue of Access.

QAP Evaluation – Future Developments

For the first time, there will be compiled and evidence-based information that can be used to assist in the advancement of the dental hygiene profession by identifying areas where dental hygienists need support and/or development of education modules in the future.

In accordance with the Guiding Principles, all elements of the QAP will be regularly monitored for effectiveness and efficiency. Information, resources and tools will be updated regularly to ensure currency and applicability.

QAP information will continue to be posted on the College website – registrants are encouraged to check the website regularly for updates, and to contact the College if they have any questions.

Election 2013

We congratulate those who have been nominated for election to the College Board in the Cariboo North, Kootenays, Okanagan and Vancouver Island/Coast electoral districts, and thank all those who participated in the nomination process.

We congratulate Rae McFarlane and Tammy Servizi, who have been elected to the Board by acclamation. Rae was elected in the Kootenay district and will begin serving a three year term on March 1, 2013. Tammy Servizi was elected in the Vancouver Island/Coast district and will serve a second term beginning on March 1, 2013.

As a result of nominations, registrants who reside in the Cariboo North, Okanagan and districts will receive an election ballot form early in January 2013. Please complete and return the ballot form without delay as ballots must be received in the College office by February 7th in order to be counted.

Results of the election will be posted on the College website in February.

2013 Insurance Confirmation Reminder

Registrants that renewed their membership with the Canadian Dental Hygienists' Association (CDHA) this year may have noticed some new wording on their confirmation notice and receipt of purchase:

"If you plan to hold a license in British Columbia (CDHBC) or Manitoba (CDHM) it is your responsibility to submit the attached professional liability certificate to your college as proof of insurance."

For members of CDHA, please forward your proof of insurance to the College office via email, fax or mail as it is your responsibility to ensure that your insurance information is received by the CDHBC. This will enable successful registration renewal in 2013. The CDHBC will continue to work collaboratively with the CDHA in order to import registrants' insurance information however this process still requires each registrant to ensure their insurance information has been received by the College. Thank you for your cooperation.

Root of the Matter: Documentation

Jacqueline Guyader, Senior Dental Hygiene Advisor and Melissa Sedgwick, Dental Hygiene Advisor

Does your documentation meet CDHBC Practice Standards?

The first client of the day has arrived fifteen minutes late for their continuing care appointment and they require local anesthetic for debridement. The appointment runs late in order to complete the area that was anesthetized. Due to this, the second appointment of the day is late even before it starts ... and so the day goes. In the hectic pace that develops daily in a clinical setting, it is easy to overlook proper documentation standards, which underscores the importance of reviewing the CDHBC practice standards and their interpretation. This article will serve as a reminder of documentation requirements that must be incorporated into practice, including accurate and thorough documentation as per the Practice Standards outlined in Tab 5 of the CDHBC Handbook.

Documentation of dental hygiene care should be thorough enough for another practitioner to easily review the records and proceed with the care of the client as required.[1] Not only is it the legal obligation of a dental hygienist to maintain accurate client records, but proper documentation also facilitates quality care of the client.[2] This would include recording data pertaining to the following elements of the dental hygiene process of care: assessment, diagnosis, planning, implementation and evaluation (ADPIE).

Registrants are encouraged to review Tab 5 in the CDHBC *Registrant's Handbook* in order to ensure adherence to Practice Standard #8 regarding documentation. These Practice Standards form part of the CDHBC Bylaws that govern the practice of dental hygiene in British Columbia and must be upheld. The client chart, including all attached forms, is considered legal documentation and must represent the treatment provided for the client.

Prior to completing chart entries, it may be useful to consider the following: entries should be chronological, objective, and concise but still provide enough detail for another dental hygienist to continue with the client care.

Table 1 outlines the documentation policy standards and provides interpretation notes for each. It is important to remember that these documentation standards apply to traditional hard copy records as well as to electronic records.

TABLE 1: Practice Standard Policy #8

POLICY:	INTERPRETATION NOTES:
8.1 Dental hygienists must label all client records with the client's name and date.	Comprehensive labeling should include all client records and forms. • For example: radiographs, study models, client forms and referral letters.
8.2 Dental hygienists must record accurate details of the dental hygiene care provided, including: • **baseline assessment data**	**Baseline assessment data** includes: • medical history • dental history including current oral hygiene habits • client's chief complaint • evaluation of the teeth • intra-oral and extra-oral examination • assessment of current radiographs periodontal assessments including: probing, recession, furcation involvement, mobility, presence of exudates, clinical attachment levels, marginal defects and bleeding on probing.[3,4]

TABLE 1: Practice Standard Policy #8

POLICY:	INTERPRETATION NOTES:
• an **interpretation** of dental hygiene assessment findings (or a dental hygiene diagnostic statement)	Once **interpretation** of the assessment information is completed, the client must be informed of the dental hygiene diagnosis, proposed treatment options, risks and responsibilities.[1,3] This includes informing the client of their periodontal condition along with their caries risk and any associated factors that are contributing to the status of the client's oral health. • For example: the implications medications or systemic disease may have on the client's periodontal condition. The **dental hygiene diagnosis** for the periodontal condition may be a description of the tissues or may align with the Academy of Periodontology Classifications: • For example: generalized moderate marginal redness and edema with 4-5 mm pockets in the interproximal of posterior teeth or, • AAP classification of Generalized Moderate Chronic periodontal disease.
• notes about the services provided (in a clinical setting this would include **pain control method**(s) used and the type and amount of any agents used)	When administering **pain control** through the delivery of local anesthetic the following should be recorded: • local anesthetic drug • vasoconstrictor (if any) • volume administered • injection technique and location • client's reaction – For example: R-PSA, 4% Articaine + 1:200,000 epi, 3/4 carp, topical benzocaine. No complications.[5,6] Documentation of pain control methods would also include the names of desensitizing agents used and the location of application. • For example: the use of Lidocaine2.5%/Prilocaine 2.5% gel (Oraqix®), or Potassium Fluoride Varnish (Protect®).
• the **length of appointment** needs to align with the dental hygiene services provided	The **length of time** spent with a client must align with the procedures billed.
• **evaluation of findings** and next appointment planning details	An **evaluation of findings** would include but is not limited to the following: comparing probing readings, BOP, home care technique effectiveness, changes in assessment data from one continuing care appointment to the next, or making the appropriate adaptations within the care plan to address any areas still requiring additional care. This may also involve recommending a referral.
• **precautions and instructions** given (if any), possible risks (if any) of services planned and of not receiving the recommended services	When a client refuses a recommended treatment it is important to discuss the implications related to this decision. The conversation must be documented in the treatment records including an indication that the client has made an **informed decision when refusing treatment**.
• **recommended referrals**	All **referrals** to other health care professionals must be documented.
• **a plan for services**, particularly if the client needs or desires more than one appointment	**The plan** may include any areas in the mouth that were incomplete at the initial appointment and would require additional appointments, root planing or scaling or further oral health education.
8.3 Dental hygienists must make legible and objective **record entries**, in ink, initial or sign entries and corrections and make corrections so that the original entry is still legible.	The use of pencil or whiteout is prohibited as original entries must be permanent and remain legible. Black ink is the preferred choice for legal documentation, as coloured ink does not duplicate well when copies of documentation are required.

TABLE 1: Practice Standard Policy #8	
POLICY:	INTERPRETATION NOTES:
8.4 Dental hygienists must **record details of pertinent discussions and communications** with the client and other health professionals and maintain copies of correspondence.	It is essential that all **communications be documented in a sufficient manner**, including all verbal communication between parties. • For example, if a telephone conversation took place with the client's physician, the following would need to be documented: date, physician's name and key elements of the conversation. It is important to note that permission must be obtained from the client when discussing care options with other health professionals to comply with the *Freedom of Information and Protection of Privacy Act*. These conversations must be documented. Practice Standard #1 in Tab 5 of the CDHBC Handbook defines informed consent. The parameters for documentation of informed consent are further covered within Practice Standard #8. The registrant must document the client's verbal informed consent for treatment at every dental hygiene appointment. However, the verbal consent may be linked to the discussion had with the client regarding the dental hygiene diagnosis (DHD). This would include documenting informed consent after discussing the DHD and any interventions relating to the DHD with the client.
8.5 Dental hygienists must **document and initial the client's informed refusal** to consent to any recommended aspect of care (the client may give a physical indication or verbal statement of refusal).	It would also be acceptable to have the client initial in the chart to indicate informed refusal. At a minimum, the discussion should be documented in the treatment record indicating that the client was made aware of the risks and declined recommended treatments.
8.6 When the dental hygienist owns the client records, the **dental hygienist must retain the records in a secure manner** for no less than 10 years after the last client appointment.	Dental hygienists who own a dental hygiene practice should be aware of the BC Limitations Act. This Act governs the retention of dental records and requires the retention of medical/dental records for 30 years after the last client appointment (Section 8,1c). Refer to the BC *Limitations Act* for rules that apply to minors and adults with disabilities.[7]
8.7 If **electronic records** are kept, the entries should be non-erasable and secure with the registrant's name or initials included in the entry.	Proper measures need to be incorporated to ensure only qualified dental personnel have access to a client's electronic records.

In the event that a complaint or inquiry is ever filed against a registrant, the documentation in the client chart provides evidence of the dental hygiene care rendered. If there is no documentation noted it could be assumed that portions of the ADPIE process never occurred. Therefore, diligence is necessary when incorporating the required protocols of documentation into dental hygiene practice.

As day-to-day practice becomes busier, it is important to remember that complete and accurate documentation is not only a professional obligation but also a legal requirement as outlined in the CDHBC Practice Standards. Please visit the CDHBC website at http://www.cdhbc.com/PDF-Files/Tab-5-Practice-Standards-Jul-12.aspx to review all eight practice standards to ensure understanding and compliance with all chart entry requirements.

References:

1. **CDHBC. Registrant's Handbook. Practice Standards and Practice Standard Policies. Tab 5; p. 1, 11-12.**
2. **Charangowda, B.K., Journal of Forensic Dental Science. Dental Records: An overview. Jan-Jun: 2 (1):5-10.**
3. **American Academy of Periodontology. Parameter on Comprehensive Periodontal Examination. J Periodontol 2000; 71:847-848.**
4. **Nield-Gehrig JS, Willman DE. Foundations of Periodontics for the Dental Hygienist. 3rd ed. Philadelphia: Lippincott Williams and Wilkins; 2011. Chapter 19.**
5. **Malamed SF. Handbook of Local Anesthesia. 6th ed. St. Louis: Elsevier; 2013. Chapter 11, Basic Injection Technique; p. 167.**
6. **Logothetis DD. Local Anesthesia for the Dental Hygienist. St. Louis, Elsevier; 2012. Chapter 11, Basic Injection Techniques; p.215.**
7. **Limitation Act, R.S.B.C. 1996, c.266**

Jurisprudence Education Module

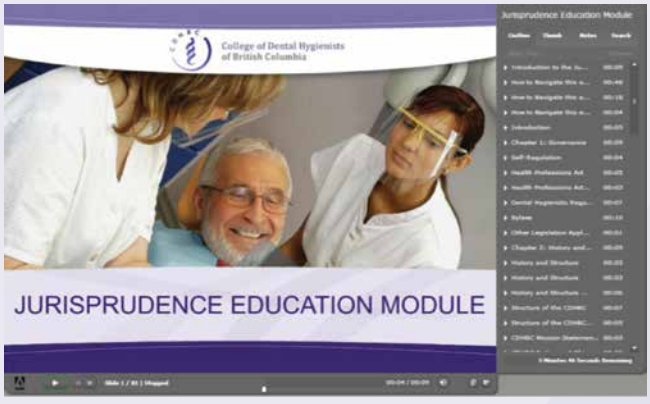
Jacqueline Guyader, Senior Dental Hygiene Consultant

In 2005, the *Health Professions Act (HPA)* was amended, requiring the College of Dental Hygienists of BC (CDHBC) and all other health colleges to establish a Quality Assurance Program. In response to these changes in the *HPA*, the CDHBC developed a new Quality Assurance Program (QAP) that aligns with the CDHBC Mission statement:

> *The mission of the College of Dental Hygienists of British Columbia (CDHBC) is to protect the public by developing, advocating, and regulating safe and ethical dental hygiene practice in British Columbia.*

The CDHBC values and supports the ongoing professional development of its registrants and recognizes the importance of having accessible and applicable educational opportunities. To this end, the CDHBC Jurisprudence Education Module (JEM) was developed. This module was created to offer dental hygienists in BC a means to obtain a clear understanding of the legal framework that governs dental hygiene practice. This module is intended to inform registrants of the bylaws, practice standards and ethical obligations surrounding the profession in order to promote safe and ethical dental hygiene practice.

The JEM is organized in a way that complements the CDHBC Registrant's Handbook. There are eleven chapters and each one relates to the corresponding tab in the handbook. As such, the CDHBC Registrant's Handbook should be used as a companion document while completing the JEM and referenced accordingly.



At the end of each chapter questions are provided to allow the registrant to assess their own knowledge of the content. All questions must be answered correctly prior to advancing to subsequent chapters. At the end of the JEM, the registrant will be guided through the process of confirming completion of the module, which will then provide the CDHBC with evidence of a registrant's successful completion of the JEM.

To ensure that each registrant remains current with changes pertaining to the CDHBC Dental Hygienists' Regulation and Bylaws, the JEM must be completed once during every 5 year QAP cycle. Completion of the JEM will entitle the registrant to claim 2 continuing competency credits.

In order to encourage new applicants to BC to become familiar with the jurisprudence standards of this province, all dental hygienists applying for new registration in BC or converting from non-practicing to practicing registration will be required to complete the JEM as part of their registration process.

Additional information on the JEM will be posted on the CDHBC website by the end of 2012.

Oral Cancer Screening: Follow-up to March 2012 Article

In the March, 2012 edition of ACCESS, a document was published entitled 'The Role of the Dental Hygienist in Oral Cancer Screening.' Further to the information contained within this article, we wish to emphasize the importance of a collaborative approach between dental hygienist and dentist in the private practice setting. In this environment, registrants are encouraged to collaborate with the attending dentist upon identification of an oral pathology in order to select the best avenue for follow-up and potential referral. Decisions made should be client-centered and should reflect current best practice for the prevention of oral cancer.

Infection Prevention and Control Guidelines

In June, 2012, the CDHBC Board reviewed and approved the newly completed '*Infection Prevention and Control Guidelines*.' This document was the product of a collaborative project with the College of Dental Surgeons of BC (CDSBC) and a group of experts representing the fields of epidemiology, research, clinical practice and education. These Guidelines reflect current knowledge of the transmission of infection, its prevention and control, as well as the expectations of the public and government. Wherever possible, the recommendations are based on data from well-designed scientific studies. In the absence of scientific evidence, certain recommendations are based on strong theoretical rationale, suggestive evidence or opinions of respected authorities. Some requirements are provincially and federally legislated.

The content contained in the *Infection Prevention and Control Guidelines (IPC)* is the same in the version that has been published by each of the two Colleges. The context is framed from the perspective of each regulatory College, as the target audience includes different oral health professionals. Each College commits to the ongoing collaborative nature of this document and will undertake future revisions with input and consultation with the other College.

All dental hygienists in BC have been provided with a USB drive containing this document and hard copy versions were distributed to all dentists. The Guidelines are a living document and oral health professionals will be expected to use professional judgment in implementing them.

The IPC Guidelines present a combination of "must" and "should" statements which are intended to guide practitioners in their appropriate implementation. "Must" statements reflect the minimum standard for infection prevention and control measures to be implemented in a safe and effective manner. "Must" statements are mandatory. "Should" statements reflect best practice recommendations but are not mandatory. The following is a list of some of the *must* statements which appear in the IPC document:

- RDH's must ensure that recommended infection control procedures are carried out in their office.
- RDH's must maintain current knowledge of IPC procedures and apply them appropriately and consistently.
- Gloves: Must *not* be used for more than one patient
  Must *not* be washed and reused
- All DH practices must have an exposure management protocol in place.
- RDH's must continually update their knowledge and education about exposure prevention.
- All instruments must be cleaned, rinsed and dried before sterilization.
- Critical* items must be processed and packaged in such a way that will maintain sterilization during storage.
- Semi-Critical** items that are processed unpackaged must be used *immediately*.
- Each package must have external chemical monitors.
- Biological indicators must be used at least once a week for each sterilizer used.
- Dental handpieces and intraoral devices attached to air or waterlines must be sterilized after each patient.
- Accessories for intraoral radiographs must be sterilized between each patient (film holders, positioning devices, etc).

Critical items include: items that penetrate soft tissue or bone, enter into or contact normally sterile tissue or the bloodstream (e.g. surgical instruments and surgical burs, implantable devices, periodontal instruments).

***Semi-Critical items include: items that contact mucous membranes or non-intact skin (e.g. mouth mirrors, amalgam condensers, facebow forks, reusable impression trays, X-ray film holders).*

This document is not a step-by-step manual on how to implement specific infection control practices or procedures, nor does it endorse the use of specific infection control products or manufacturers. Rather, it is intended to provide dental hygienists with the knowledge of principles and standards to inform and properly implement necessary infection prevention and control measures in a safe and effective manner.

The Darlene Thomas Award for Vision and Leadership in Dental Hygiene 2013

A nomination form for the *Darlene Thomas Award for Vision and Leadership in Dental Hygiene* has been posted on the College website at www.cdhbc.com.

The College is very proud to offer this award annually. Nominations are being sought for someone who, like Darlene Thomas, demonstrates vision and leadership in the profession of dental hygiene and makes a profound impact on the profession in British Columbia.

Darlene Thomas was a member of the first CDHBC Board of Directors, and was elected by her fellow Board members as the first Chair of the Board in 1995. She was a leader in the dental hygiene profession at the local, provincial and national levels, practicing for 34 years before succumbing to breast cancer at age 54, in 1999. Darlene had a progressive vision for dental hygiene, which she communicated through her many professional activities and her constant encouragement of others. She was also a dedicated wife, mother, and community leader.

Is there someone you would like to nominate? Visit the CDHBC website, look under Forms & Resources and click on alpha letter *D* to learn more about this prestigious award and to download a nomination form.

Important 2013/14 Registration Renewal Reminder for All Registrants:

All CDHBC registrations expire on the last day of February each year, which is also the deadline for registration renewal. The online registration renewal system will be available through the College website: www.cdhbc.com, opening at 9am on Monday, January 7, 2013. Log-in to your personal online profile through the website to access the online registration renewal system which will accept Visa or Mastercard for payment. In 2012, 93% of CDHBC registrants renewed their registration using the online system.

For registrants renewing in a practicing class of registration (Full Practicing, Full (365 Day Rule Exempt) or Conditional), please ensure you have submitted or completed the following items in order to be able to renew your registration by the deadline:

- Proof of insurance for the 2013 year submitted to the College office via email, fax or mail.
- Submission of a minimum of 75 Continuing Competency Credits for those with a CC Cycle which ends on December 31, 2012.
- Completion of the QAP Assessment Tool prior to February 28th, 2013. **Please note this is for those starting a QAP Cycle in 2013 only**. All those starting a 2013 QAP cycle have been notified.

If you are registered in the Non-Practicing class and wish to renew your registration in a practicing class, please contact the CDHBC Registration Office for assistance after renewal opens on January 7, 2013.

Failure to Renew Your Registration on Time Results in Revocation of Your License to Practice

Failure to renew your registration by the deadline: February 28, 2013, will result in removal from the register effective March 1, 2013 and revocation of your license to practice dental hygiene legally in B.C. It is illegal to practice dental hygiene in B.C without being registered with CDHBC.

Registrants who miss the renewal deadline and wish to reinstate their registration with CDHBC on or after March 1st will have until April 30th to submit a reinstatement application to the Registrar and pay an additional $161 to the renewal fee of $460, for all practicing classes of registration. Non-Practicing reinstatement will be an additional $80.50 to the Non-Practicing renewal fee of $230.

The CDHBC Registration Office staff are available full time, Monday through Friday to assist you with your Registration Renewal. Please contact the CDHBC office should you require assistance with your Registration Renewal.

Moving?

It is a bylaw requirement that registrants of the College ensure that their mailing address is always current on the CDHBC register. Incorrect or out-of-date addresses can lead to missed mailings that may include important notices and documents. Address changes can be submitted online at *www.cdhbc.com* or via email to *cdhbc@cdhbc.com* and should include the following information.

- Name
- Registration Number
- Old Address
- New Address
- Email
- Telephone
- Effective Date

Contact Us

Mail

College of Dental Hygienists of British Columbia
Suite 219 – Yarrow Building
645 Fort Street
Victoria, BC V8W 1G2

Phone

800-778-8277 Toll Free within B.C.
250-383-4101

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Postmaster Please Send Undeliverable Copies to

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