

## This Issue:

- President Report.....2
- Celebrations.....3
- Registrar/CEO Report.....4-5
- CDHA Report.....6
- Deputy Registrar Report.....7
- Silver Diamine Fluoride.....8-9
- Spotlight Hygienist.....10
- Travel Plans Interrupted?.....11
- Airborne Infection Isolation and Removal Device (AIIR).....12-13
- Innovative Technology for Dental Clinics.....14-15
- Continuing Education Resources.....16
- Upcoming CE.....17

## Welcome 2020/2021 SDHA Council



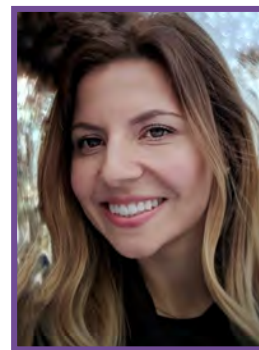
**President**  
Leah Wells  
(3 years March 2021)



**1st Vice-President**  
Nancy Newby  
(3 years March 2022)



**2nd Vice-President**  
Karen Ollivier  
(3 years March 2021)



**Councillor**  
Kaylen Anholt  
(March 2021)



**Member Elect**  
Stacie Beadle  
(3 year March 2023)



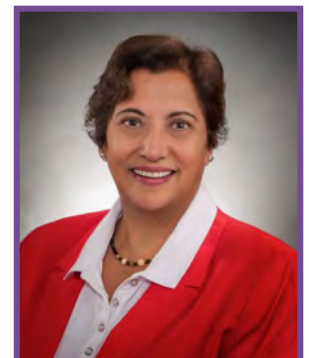
**Member Elect**  
Barbara Lacourciere  
(3 year March 2023)



**Member Elect**  
Brooke Pidwerbesky  
(3 year March 2023)



**Public Rep**  
Raymond Sass  
(3 years June 2021)



**Public Rep**  
Jyotsna (Jo) Custead  
(3 years September 2022)

# Message from President

I hope this message finds you happy and healthy, especially during this pandemic. It has been an eye-opening experience to represent Council as President during this uncertain time. Developing the Pandemic IPC Interim Protocol with best available information is extremely challenging when there is little evidence available. Thanks to you, the members, for your patience, understanding, and support as we slowly and responsibly re-open dental hygiene in Saskatchewan.

In June, the SDHA hosted a virtual AGM via Zoom. There was an excellent turn out with 100 members in attendance. With at least 5% of the membership in attendance, we were able to conduct our business. The platform also allowed members to ask questions via chat so everyone had the opportunity to have their voices heard. At the AGM, members were presented with three new logo options. The final vote result was tied between two logos so the decision went back to Council. Council submitted their votes to me and there is now have a winner. The new logo is revealed on page 3!



I would like to extend a warm welcome to the newest members of the Professional Conduct Committee and Discipline Committee. These members put their names forward to serve on these legislated committees. This means Council must populate these two committees to be in compliance with *The Dental Disciplines Act, 1997*.

If you were thinking of putting your name forward, but missed the deadline, please know that the Council is a revolving board and new positions open nearly every year. When you receive the call out form for Council, make sure to put your name forward! Council has pushed me far beyond the limits of my comfort zone and provided me with learning opportunities that I would not have experienced in private practice alone. It is a rewarding experience to serve our association and I know each member would benefit from this opportunity.

Wishing you continued health and happiness!

Sincerely,

Leah Wells  
SDHA Council President 2020

# Celebrations

## 50th Anniversary of SDHA



The first annual meeting of the SDHA was in November 1970 and 14 members attended. The Association currently lists 678 members in its 3 classes – full, conditional and non-practicing. Fifty years of dental hygiene in Saskatchewan will be celebrated in November of 2020. The celebration format is not known at this point but it is important to take the time to acknowledge this milestone and celebrate all of the past members who built this organization and contributed to its growth and development.

Three Registrars have come before me, and countless Council members and committee members have volunteered time and energy to building the profession of dental hygiene in our province. It is with this history in mind and our future ahead that we begin the next 50 years of improving oral health and overall health for Saskatchewan citizens.



# SDHA

## Saskatchewan Dental Hygienists' Association

And at this juncture we also announce the new logo for the Saskatchewan Dental Hygienists Association. The formats under consideration were unveiled during the virtual Annual General Meeting and the logo you see above was selected as the design to lead us into the SDHA's next 50 years. Thanks you to all who attended the AGM and voted to select a new logo for our association.

## SDAA - Celebration Announcements

Susan Anholt has been Registrar for the Saskatchewan Dental Assistants Association for 39 years and has chosen to retire. The SDHA wishes her a long, joy filled retirement. It has been a pleasure to work with Susan and the SDHA looks forward to collaborating with the new Registrar at SDAA.

## CDSS - Celebration Announcements

The SDHA would like to congratulate Dr. Mitch Taillon on becoming the Registrar for the College of Dental Surgeons of Saskatchewan. Of course for that to happen we have to wish Dr. Bernie White a long and pleasant retirement. Dr. White was Registrar for 15 years.

# Message From Registrar/CEO



Dear Registered Dental Hygienists,

It is been slightly more than one year since I joined the SDHA. The past year has been instructive, interesting and filled with surprises, the most obvious one is the global pandemic. The pandemic created a perfect opportunity to learn and collaborate with other oral health care regulators to discuss how the dental team would approach care in this new era. Through the entire period the Deputy Registrar, Shelby Hamm has shown her tenacity and desire to ensure the professional skills and practices of registered dental hygienists are understood by all members of the oral health team and valued for their positive effect on oral and overall health. Her dedication to this profession is truly inspiring.

The professionalism of registered dental hygienists is crucial to ensuring a safe public which is the role of SDHA as stated in our mission statement “The Saskatchewan Dental Hygienists’ Association exists so that the public has safe, competent, knowledge based dental hygiene care and expertise that contributes to oral and overall health using cost effective stewardship of resources.”

In this role I have learned in discussion with members at conferences and meetings and during the various phases of the COVID-19 closing and re-opening that many are concerned professionals who wish to protect the health of the public and practice to the best of their abilities. Each year you pay fees to support a Registrar that upholds the Dental Disciplines Act (1997) and the SDHA bylaws. These fees are required because at times some hygienists are not on side with the Act, bylaws or practice standards. The SDHA must insist upon members renewing their license in the period outlined and/or upgrading to a full license prior to re-employment. Not being a licensed member and proceeding to work as an RDH is a clear infraction of the *Dental Disciplines Act (1997)*.

At times members take to social media, some members do inform our office of posts and discussions that they believe harm the professional image of dental hygiene. The SDHA expects any complaints that members have with the organization to be addressed through email, phone or letter not in a public forum.

During the last Personal Learning Tool Audit there was concern about the quality of some submissions reviewed by the audit team. The SDHA requires members to continuously update their knowledge of dental hygiene practice and to self-reflect on the learning by journaling in the Personal Learning Tool. This process provides a chance to evaluate the quality of the education experience and determine how it will improve your practice or increase your knowledge of dental hygiene. The auditors have been reviewing these tools for a few years and remarked that they always learned so much from their colleagues. This past year there was a bit of disappointment with a submission or two. I have reviewed the situation, our policies and guidelines. If you are requested to resubmit you are being given an opportunity to improve your learning tool. If a member chooses not to improve the quality of their submission this could be considered professional misconduct. Remaining current with the profession and its advances is a sign of your professionalism and ensures the public is being treated with evidence based practises.



# Message From Registrar/CEO...continued

This year the Federation of Dental Hygiene Regulators embarked on a review of the national Entry to Practice Competencies for Dental Hygienists. This was a national collaboration and resulted in a



document that will be more concise and current to your practice. Every registered dental hygienist in Canada is being asked to review the result and answer a survey about the draft competencies. I would ask you to please complete this survey. As a Association with a small membership if we want our voice to be reflected in the discussions for the final product we know that we need to have a high rate of participation in the [survey](#) to get our message to the national table.

The June 20<sup>th</sup> 2020 Annual General Meeting of the Council was well received by the members in

attendance and proved how adaptable we have become to all the platforms that make virtual meetings successful. This may signal a new phase for the SDHA AGM's in future and I would like to thank all attendees for ensuring we had quorum and could conduct business. I look forward to working with the new Council members: Stacie Beadle, Barbara Lacourciere and Brooke Pidwerbesky. The SDHA Council saw the completion of Alyssa Boyer's term. Alyssa, thank you for your help during my first year at SDHA. I appreciate your professionalism, your work ethic and your desire to see a strong association.

The autumn will see the Licence Renewals opening on September 8<sup>th</sup>, 2020 and continuing until the last Friday of October at noon. In 2019 the member portal was new as was the staff managing the process and therefore late fees for renewal were suspended. In 2020 late fees will be reinstated for those who register after October 20<sup>th</sup>, 2020. There will be a draw for any members who have completed registration by September 30<sup>th</sup>. Stay tuned form more renewal information in our mail-out (as required by our Bylaws) in September.

Enjoy your summer and stay well.

Catherine Folkersen,  
Registrar.CEO

## CDHA CORNER

### **Hello friends and colleagues,**

Wow, the new normal! A lot has changed in the last few months for everyone around the world. I would like to thank all the regulators, their staff, and all the professional association boards. The tireless hours that they have all worked to understand and articulate this new normal for dental hygienists across the country is so greatly appreciated.



It has been very exhausting trying to sift through all the information coming at us while isolating at home, participating in all the Zoom meetings, and doing our best to figure out the unknown future. I want to take this opportunity to remind you about the many resources that CDHA has, such as the Member & Family Assistance Program, the webinar on our professional liability insurance, the COVID resources, and more. Please visit [www.cdha.ca](http://www.cdha.ca) and take some time to see if there is anything there to help you through this pandemic.

I want to thank every CDHA member across Canada for their trust in all that we are doing to help with the safety of the public, ourselves, and our families. We heard your concerns, your fears, and your desires for the future of our profession. We will continue to strive to exceed your expectations, as we know how hard this time has been for everyone.

Please continue to be proud to be a dental hygienist in Canada! We need to stay informed, be professional, and seek out our regulators and associations for any information that we do not know.

Keep well,

Leanne Huvenaars  
CDHA president & board director, Saskatchewan  
[president@cdha.ca](mailto:president@cdha.ca)



### **Tame That Sweet Tooth**

Use CDHA's new fact sheets for adults and kids to educate clients about sugar reduction.  
[www.dentalhygienecanada.ca/sugar](http://www.dentalhygienecanada.ca/sugar)

## WHAT'S NEW AT CDHA?

### PROFESSIONAL DEVELOPMENT

#### NEW webinars recently released:

CDHA Professional Liability Insurance  
Take Control: Caries Prevention & Management, sponsored by Oral Science  
Redefining IPAC: It's All About the New Routine, sponsored by Colgate  
Leaving Your IPC Policy Up in the Air?, sponsored by Hu-Friedy

#### Re-releases:

CDHA re-released six webinars "From the Vault," which will be available FREE until November 1.

#### Webinars coming soon:

Oral-Systemic Link, sponsored by Johnson & Johnson, August 19  
The Evidence on Interdental Cleaning, sponsored by Waterpik, September 16  
[www.cdha.ca/webinars](http://www.cdha.ca/webinars)

#### Postponements:

CDHA's Summit in Whitehorse, Yukon, scheduled for October 2-3 has been rescheduled to October 2022. The AAP workshop in Ottawa has been rescheduled to November 14, 2020.

### OTHER NEWS

#### COVID-19 Support for Members

CDHA has developed interim guidance for dental hygienists returning to work during the pandemic. This includes a complete handbook, videos, tip sheets, and more. [www.cdha.ca/covidreturntwork](http://www.cdha.ca/covidreturntwork)

To support you in maintaining and improving competence in coronavirus-related issues and evidence-based practice, CDHA has compiled free, credible continuing quality improvement activities on our website. [www.cdha.ca/covid-19learning](http://www.cdha.ca/covid-19learning)

In partnership with Crest + Oral-B, CDHA oversaw distribution of a donation that provided \$2,000 in monetary support to 25 CDHA members who experienced extraordinary financial hardship as a direct result of the pandemic.

A large volume of CDHA-developed COVID-19 related resources can be found at [www.cdha.ca/safetyalerts](http://www.cdha.ca/safetyalerts)

#### SYNCA Loupes Membership Benefit

Take advantage of a \$75 to \$200 discount on all ExamVision magnification loupes and/or lighting systems from SYNCA. Visit [www.cdha.ca/membershipbenefits](http://www.cdha.ca/membershipbenefits) under the More Discounts & Savings tab.

#### CDHA Facebook Group

We have still not resolved the technical issue with the CDHA Facebook page so have set up a temporary group at [www.facebook.com/groups/CDHADentalHygienists/](http://www.facebook.com/groups/CDHADentalHygienists/)



[www.cdha.ca](http://www.cdha.ca)



[info@cdha.ca](mailto:info@cdha.ca)



[@thecdha](https://twitter.com/thecdha)



[www.facebook.com/theCDHA](http://www.facebook.com/theCDHA)

# Message from Deputy Registrar



## COVID-19 Impact on the Dental Hygiene Profession

Since my last submission in April, the SDHA's strategic workforce planning remains to be navigating the COVID-19. We continue to collaborate with health organizations and government officials to ensure our guidance remains current, while ensuring an ability to provide safe oral health care to the people of Saskatchewan, including the safety of our membership.

It is with gratitude to the people of Saskatchewan that we are moving in the direction of 'normal' when it comes to dental hygiene services. We encourage our members to use professional and clinical judgement when implementing recommended protocols and remain

cautious for the potential of a second wave of COVID-19. I would encourage you to take time to reflect and challenge you to self-assess the way in which you provide care. Dental hygiene is not a series of services but a process of care. For example, is that prophylaxis necessary? As a self-regulated professional you must make decisions based on the best interest and individual needs of your clients. The SDHA (regulatory body & professional association) exists so that the public has safe, competent, evidence based dental hygiene care and expertise that contributes to the oral and overall health of the people of Saskatchewan.

As a dental hygienist, navigating this pandemic has enhanced my perspective of the dental hygiene profession. I have attended countless webinars, meetings, and forums in the last few months to ensure that dental hygiene has a voice in health care both provincially and nationally. What have I determined? **We are Essential!!!!**

Those who are of high-risk for severe illness as a result of COVID-19, are those with underlying conditions such as diabetes, obesity and hypertension, which deactivate mechanisms of the body's immune system. As dental hygienists we know these underlying conditions are affected by chronic inflammatory periodontal disease. Our role is to educate and treat those experiencing a systemic burden from persistent periodontal inflammation and reduce their risk of subsequent infections, improving their overall health.

Throughout the pandemic all health care providers are encouraged to do their part in keeping people out of urgent care, giving front line workers the ability to use resources appropriately during this time. Does this mean dental hygienists should stop the fight against periodontal disease?

- ◆ P.Gingivalis & T.Forsunthia have been found in arterial walls, all bloods clots associated with heart attacks and strokes and some cancers.
- ◆ T.Denticola & P. Gingivalis are found in 93.7% of brains of Alzheimer patients.
- ◆ F.Nucleatum has the ability to increase the permeability and weaken the protective endothelial lining of arteries, is found on colorectal and pancreatic cancers and contributes to thrombosis and cardiovascular disease.
- ◆ Those with periodontal disease are almost 2x more likely to suffer from coronary artery disease as those without
- ◆ Men who have periodontal disease have 63% higher risk of developing pancreatic cancer.

Thank you for being an essential health care provider.

Respectfully submitted,

Shelby Hamm,  
RDH Deputy Registrar



# Silver Diamine Fluoride by Carla Ofstie, RDH

**Silver Diamine Fluoride:** A Must-Have Caries Management Tool for all Dental Hygienists.

As Dental Hygienists, our job is to primarily focus on oral disease prevention through education and therapeutic dental hygiene services. When it comes to caries management, we as dental professionals need to shift our focus from a restorative phase care approach and take more modern preventative actions. Dental Hygienists should consider Silver Diamine Fluoride (SDF) as another preventative adjunct in their toolbox to help patients achieve and maintain optimal oral health.

## What is Silver Diamine Fluoride?

Silver Diamine Fluoride (SDF) is a liquid substance that can be applied onto the tooth surface to reverse and arrest dental decay. Not only does it arrest decay but it treats the decay-causing bacteria and biofilms. This minimally invasive dental procedure takes less than five minutes to apply, requires no anesthetic and does not produce any aerosols.

## History of SDF

The use of silver in dentistry isn't anything new, and in-fact the precursor to SDF, Silver Nitrate, has been used for decades in dentistry to treat dental decay. Many other countries, including Japan, China and Australia, have been using SDF as a caries arresting product for nearly 80 years.

In 2017, SDF first came to the Canadian market as Advantage Arrest - Silver Diamine Fluoride 38% from Oral Science. It has the Health Canada indication to arrest the progression of an already formed cavity in permanent and primary teeth, but also has FDA approval for dentinal hypersensitivity.

## How Does Silver Diamine Fluoride Work?

The chemical composition of 38% SDF is a unique blend of 25% Silver, 5% Fluoride and 8% Ammonia. The remaining 62% is water.

The most common side effect of SDF is black staining. The staining is a positive indicator of the antimicrobial effectiveness. The silver oxide binds to diseased tooth structure permanently turning it dark in color, yet another indicator of its long-lasting antimicrobial effect. While The fluoride acts to re-mineralize not only the tooth where it was applied but also to surrounding teeth. SDF will only stain decay or demineralize sites and NOT healthy tooth structure.

## Clinical suggestions for Dental Hygienists:

SDF has been shown to be especially advantageous for young children, older populations, special needs and phobic patients, all while helping patients to potentially avoid treatments involving injections, dental drills and even general sedation.

- Special Needs, Behaviour Management and or Medically Frail Patients
- Recurrent Decay around Existing Restorations
- Incipient Inter-proximal Lesions
- Root Surface Lesions
- Patient Wait listed for Sedation or OR Care
- Patients with Failing Prosthodontic Work
- Difficult to Treat Lesions (crown margins, furcation decay)
- Dentinal Hypersensitivity
- Patients who are at an elevated risk of dental decay (Oncology Patients, Salivary Dysfunction Patients, etc.)



# Silver Diamine Fluoride ...continued

## Points to Consider when using SDF

A collaborative approach between the dental hygienist and dentist is often considered prior to placing SDF and like all decisions in dentistry, clinical judgement must be applied. This minimally invasive procedure has few contra-indications and no post-operative instructions and can be applied the same day as dental hygiene therapy. Although SDF will not cure caries disease, it can have a huge impact on helping patients to control and prevent dental decay. As Benjamin Franklin once said "an ounce of prevention is worth a pound of cure".

For more information on Silver Diamine Fluoride, including directions for use, clinical suggestions and scientific research, **please contact Carla Ofstie, Registered Dental Hygienist** and Oral Education Consultant. You can also visit [www.oralscience.com](http://www.oralscience.com) for online resources and education.



Time: 0

Time: 1 Day



Time: 1 Week

Typical SDF Stains

**Photo Credits:** Dr. Jeremy Horst

# Hygienist Spotlight - Leanne Higgs, RDH

"I am the only licensed practicing dental hygienist in the country."

"Oh. You mean the COUNTY?"

"No. The country."



My name is Leanne Higgs and the above was a conversation I had in 1998. I wonder how many of my fellow colleagues can say this? Let me back up a bit....

Born in Saskatchewan, at age 14 I knew that I wanted to be a dental hygienist, though, at the time, I thought all the job entailed was teaching people how to brush and floss. I also did not realize that in order to get my diploma in dental hygiene, I would have to complete a 2-year diploma in dental therapy and that the entrance to attain the dental hygiene program was random selection.

Here I am today, 34 years later, writing to tell you the journey of moving to a Caribbean Island nation called Turks & Caicos Islands. In 1996, after practicing dental hygiene 10 years in Canada, both in private practice and public health, I found myself unable to find work in a country that did not have any dental hygienists. Public health dental clinics were not hiring. There was only 1 private

dental clinic and with a bit of convincing, my "foot was in the door." The regulatory body created a category for me for licensing based on the requirements to maintain my license in Saskatchewan. There were challenges, starting with convincing the dentist that 60 minutes was required for appointments. Eventually, the dental hygiene program expanded to need another hygienist. Over the years, the practice expanded and now includes a visiting orthodontist as well as 2 visiting periodontists.

Continuing education has always been important to me. In 2017, along with the Ministry of Health, I organized an inter-disciplinary



health conference on the correlation between oral health and systemic diseases. Conference attendees included dentists, doctors, dental hygienists, nurses and pharmacists. The speaker was from USA and all 45 seats were filled. It was around this time that the dental hygiene community had expanded to 5 and it was the first time all the hygienists from the entire country were together.



Shortly after that conference, under the mentoring of 2 amazing Canadian dental hygienists, ProActive Dental Hygiene Ltd. was born. Leasing space from a team of orthodontists was a great starting place. Currently, I am in the process of opening an independent dental hygiene clinic. Covid-19 threw a curveball that hit just 2 weeks to planned opening date. Living on

an island has taught me to be patient and persistent. Opening day has been delayed but these are the hurdles to be faced when one is a "pioneer in the dental hygiene field".

Introducing preventive dentistry to an entire country is like trying to turn around a big ship....it takes time and patience. Considering where we started, we have come a long way. Clients book in advance their 3, 4 and 6 month wellness visits, bring their entire family for appointments and recognize that it is more than "just a teeth cleaning" it is about overall health and wellness.. Would I do it all again if given the chance to redo? YES.....in a heartbeat.

# Travel Plans Interrupted?

Summer travel plans may have changed. In this issue we are encouraging travelling the internet to see what others in far away places are experiencing during COVID19.

This first article gives insight into what dental hygiene patients are thinking as Britain re-opens services... [read more](#)

The International Federation of Dental Hygienists surveyed RDH's in 5 countries about the impact of COVID. Read the results here... [read more](#)

Italian dental hygienists have many issues to consider as they return to practice...[read more](#)



Photo Credit: Leanne Higgs, RDH

# Airborne Infection Isolation and Removal Device (AIIR)

The Airborne Infection Isolation and Removal Device (AIIR) developed by Care Health Meditech Developments Inc. enables local elimination of airborne infection in an open environment. This makes AIIR unique and different from other isolation and elimination devices. More details about the uniqueness will be discussed below after introducing the working principle of AIIR.

## I. Working Principle

Figure 1a schematically shows the working principle of the AIIR, which involves airflow dynamics and multiphase flow physics. A suction pump connected to the hose creates and maintains a negative pressure (pressure lower than ambient pressure) inside the suction nozzle. Driven by the pressure inference, ambient air flows into the dome and then the suction inlet, forming a suction air-flow. The suction airflow exists inside the dome (the collection "dome" shaped head) and also outside but close to the opening of the dome, with varied distributions of velocity and pressure. Velocity increases with location moving radially toward the center and also moving vertically upward to the suction inlet, whereas the pressure distribution is opposite. When AIIR is brought close to a source of airborne infection, such as the dental operation shown in Fig. 1b, the suction airflow field forces and facilitates the infection air and particles to follow the suction flow. In addition to directing the suction airflow, the dome geometry causes flow acceleration inside the dome, and the accelerate airflow provides constant drag force for droplets and particles to overcome gravity and continue to move toward the suction inlet. As a result, infection is removed before it spreads to the ambient. The suction power, orientation angle, and height can be adjusted to change the local suction airflow so that sufficient drag force can be produced to change the trajectory of droplets and particles to follow the suction flow.

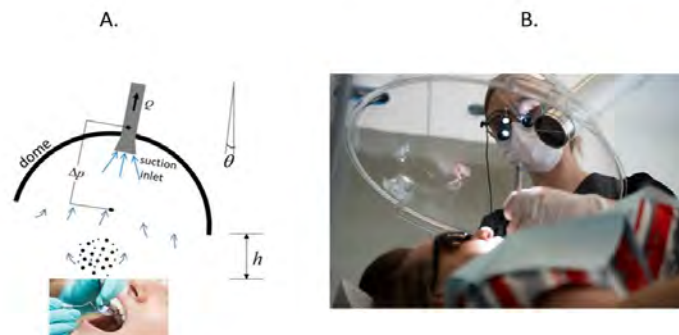


Figure 1: (a) Working principle of AIIR; (b) Application of AIIR.

## II. Uniqueness of AIIR

Traditional suction devices terminate at intake orifice and do not incorporate the optical head unit (the dome) developed for AIIR. The detriment of which is that suction intake ends must be placed in close proximity to the source of the aerosol in order to be effective, as only the airflow close to the orifice can have sufficient velocity to produce enough drag force for capturing droplets and aerosols. This provides for ergonomic and patient comfort issues. Examination of Computational Fluid Dynamic models completed on AIIR provide indication that the "dome" shaped head unit of AIIR contains the low pressure required within the dome, allowing the negative pressure orifice to be moved further away from the patient (150-200mm) while retaining efficacy. This provides the healthcare worker with the ability to conduct procedures as they would normally and also increasing patient comfort as they are not in as close proximity to the suction intake.



# Airborne Infection Isolation and Removal Device (AIIR)....continued

## III. Research & Development

Professor Sunny Li and his colleagues at UBC are conducting research and development of AIIR in order to develop future iterations of the device. The goal of this is to develop devices that can be used in various healthcare settings, both protecting the healthcare workers and other patients from known or unknown dangerous aerosolized particles while simultaneously reducing the need for Protective Equipment. The R&D team applies numerical simulation and experimental testing to investigate the complex fluid mechanics of airflow and multiphase flows involved in AIIR and to establish the relationship between AIIR performance and design parameters including dome design (size and geometry), suction inlet design, required suction power (negative pressure, flow rate), and positioning (orientation angle and height).

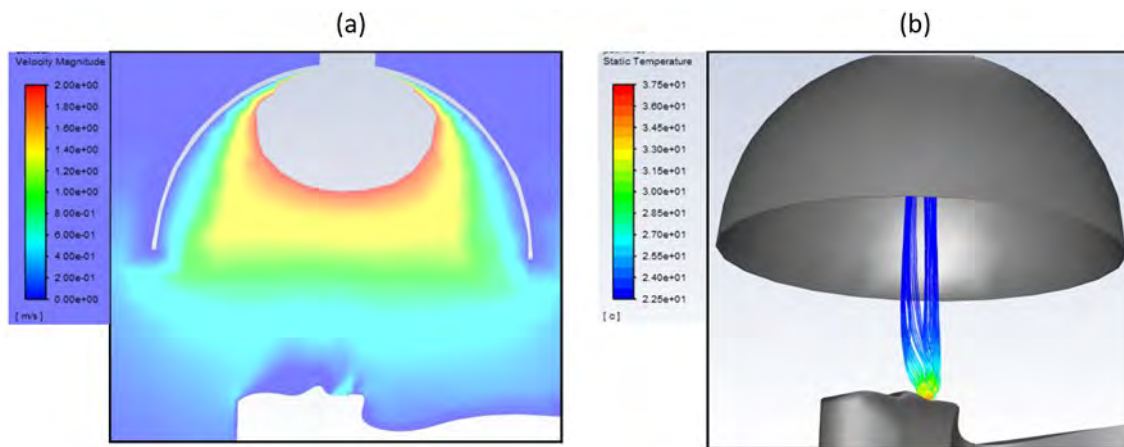


Figure 2: Preliminary CFD results of AIIRD. (a) velocity distribution; (b) pathline of airflow representing breathing.

Two numerical simulation models based on computational fluid dynamics have and are being developed. Simu-AIIR-A simulates the airflow of a single AIIR as shown in Fig. 2. The suction of AIIR and the breathing of patient are simulated. Simu-AIIR-B simulates an entire dental room with AIIR installed. The model includes the suction of AIIR, the breathing and thermal-gravitational airflows from the patient and the doctor, and ambient airflow due to HVAC (heating, ventilation, air-conditioning).

For experimental testing, state-of-the-art flow diagnostics equipment including Particle Imaging Velocimetry and High-speed & High-resolution Shadowgraphy are used to study and test the flow dynamics of air, micro droplets, and particles in AIIR.

For some recent press on the device please follow the links below

- [UBC Media Release July 2020](#)

# Innovative for Technology for Dental Clinics

**Did you know that according to OHSA that the #1 at risk profession for contracting COVID-19 is Dental Hygienist?**

The COVID-19 Pandemic has reminded us of the aerosol and air quality challenges presented by working in a modern Canadian Dental Practice. Additionally, as we typically operate “solo” as



hygienists in our operatories it is difficult to deploy common aerosol abatement strategies such as High-Volume Evacuation (HVE). As such, the pandemic has reminded us across the country that there is a need for additional layers of airborne infection control. Several solutions exist however this article describes one in particular, the 100% Made in Canada, AIIR portable.

Distributed Exclusively in Canada and the USA by Patterson Dental, AIIR from Kelowna BC Based Care Health Meditech ([www.carehealthmeditech.com](http://www.carehealthmeditech.com)) is designed and engineered for use by dentists and

hygienists during Aerosol Generating Procedures (AGP). It contains and helps eliminate both droplet and aerosol particles, pathogens and aerosolized mercury from the field, providing improved safety, peace of mind and visible security for both patients and teams. Its use, alongside compliant infection control protocols, patient flow adjustments, Personal Protective Equipment and Sterilization allows for isolation precautions to be deployed all 365-days of the next normal.

Proudly assembled in Canada, AIIR was conceptualized and tested by Canadian dentists and dental practice operators to meet the demands and requirements of your practice. AIIR is not a “COVID Contraption”. It is designed to be deployed as a universal precaution, all 365-days of the next normal.

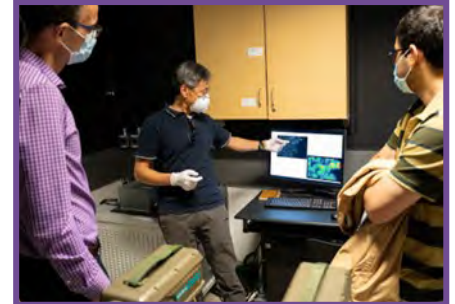
There are a number of features of the device that are of interest to Registered Dental Hygienists.

1. **Class Exclusive Foot of Chair Positioning.** The base cabinet of the device is placed in the “dead-space” at the foot of the chair and as such fits in most standard dental operatories. Dentists can still conduct “4-handed dentistry” and the noise generated by the device (+/- 60 Db) is located away from the patient and does not add to their anxiety.
2. **Class Exclusive Collection Dome.** The collection dome provides not only aerosol protection, as it is a physical barrier, it provides absolute protection from droplets. With droplets being the #1 transmission vector of COVID-19, this additional precaution makes it less likely that we will take a day at work home with us to a more vulnerable family member. Additionally, as collection dome has been shown by computational fluid dynamic modelling to contain the negative pressure generated by the fan blower, the intake orifice can be moved 15-20 cm away from the patient’s mouth while still maintaining effectiveness. AIIR uses science, not horsepower to achieve the desired effect. This is optimal versus standard extra-oral suction units where the intake orifice must be placed 2-5 cm from the patient’s mouth to maintain efficacy.
3. **Class Exclusive 360-degree Modular Arm.** The modular arm is FDA-medical powder-coated white, which is not only durable and beautiful, it is the same shade of white as every other piece

## Innovative for Technology for Dental Clinics... Continued

of equipment in the operatory. Also like every other piece of equipment in the operatory the modular arm is set up to clinician preferred height at the start of the day and then swung in and out of the field between patients. This allows clinicians to not have to change their preferred ergonomics or work-flow in order to use the device.

4. Researched and Studied. AIIR portable has been modelled, and continues to be researched at UBC. Please see attached white-paper from UBC outlining both the science and the operating principles of AIIR. This modelling provides clinicians who use air some confidence that there is proof of concept in terms of efficacy.
5. AIIR was conceived and conceptualized by dentists and dental practice owners to meet the challenges of Canadian dental practices. Nobody knows what goes on, what works, and what doesn't, more than us. That's who designed AIIR, it was not concocted in a marketing boardroom.
6. PPE Burn rate reductions. As the collection dome prevents droplets and larger spatter from soiling PPE, PPE can be more safely reused between patients (in-line with Health Canada PPE use extension guidance). Hygienists previously not comfortable with reusing PPE have described that after using AIIR and experience the droplet protection and inherent PPE burn-rate reduction ability of the collection dome, that they now are ok to extend PPE use and provide care to their valued patients.



S. Munro / Care Health Meditech (left)  
Dr. S. Li PhD, P.Eng. UBC Faculty of Engineering (center) & M. Zabhini PhD UBC (Right)



For some recent press on the device please follow the links below

- [Radio Interview July 22 / 2020 Vancouver](#)
- [Global News Canada Story July 15 2020](#)

To learn more about AIIR please visit [www.carehealthmeditech.com](http://www.carehealthmeditech.com)



# Continuing Education Resources

- [CDHA](#)
- [Oral Heath](#)
- [Casey Hein](#)
- [RDHU](#)
- [Dentsply](#)
- [Crest Oral B / Procter and Gamble](#)
- [Colgate Oral Care](#)
- [Free Interactive & Self Study CE](#)
- [Dimensions of Dental Hygiene](#)
- [Hu-Friedy](#)
- [Dental Academy of CE](#)

## Please Note for Self Submission CE:

As per the CCP Guide lines: There is no limit to online courses completed, however only one credit per hour can be earned online.

## How to Enter CE on Learning Page

1. Log onto Member Portal
2. Click My Learning
3. Click > current reporting year
4. Scroll to bottom, click ADD
5. **Please note if you have more than one submission ADD them all before clicking submit. Once you submit the ADD button will disappear until the SDHA has reviewed your submission. You can make more than one submission at a time but click ADD for as many submissions as you have before submitting!!**
6. Fill in appropriate fields. Refer to CCP Guidelines if uncertain of category CCP Guidelines
7. Upload supporting document. Refer to guideline on what is appropriate.
8. SUMBIT- or SAVE. Submit sends to SDHA to review. Save allows you to go back and make changes/additions before submitting.



**PHYSICAL  
THERAPY**

Do you have patients with pain and stiffness arising from the temporomandibular region that affects their quality of life?

Let us help your patients  
Move Better...Live Better.

#19 - 2105 8th St. East  
Saskatoon, SK  
(T) 306.343.7776  
(F) 306.343.7780

24/7 online booking at:  
[www.north49therapy.ca](http://www.north49therapy.ca)





# Upcoming Continuing Education

## Upcoming Events:

- [HQC's Panel Discussion on Virtual Care - August 6, 2020](#)
- [2020 ODHA Re-energize Virtual Conference - September 24-25, 2020](#)
- [ACFF World Cavity-Free Future Day 2020 Video Competition](#)

**Your Voice  
Your Profession**

**SDHA** **CDHA** **ACHD** THE CANADIAN DENTAL HYGIENISTS ASSOCIATION L'ASSOCIATION CANADIENNE DES HYGIÉNISTES DENTAIRES

**Education**  
Unlimited **FREE** webinars

**Insurance**  
Coverage up to **\$5M** aggregate

**JOB BOARD**  
Over **700** positions posted annually

**Counselling**  
Workplace, stress, and family issues

View all benefits at [www.cdha.ca/Benefits](http://www.cdha.ca/Benefits)

**Renew now**  
at [www.sdha.ca](http://www.sdha.ca)