



Issue - #22
Winter/Spring 2019

The SDHA *Edge*

Saskatchewan Dental Hygienists' Association

Striving for optimal oral and overall health for the people of Saskatchewan, and a dynamic dental hygiene profession.



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The SDHA *Edge* is the newsletter publication for dental hygienists in Saskatchewan. The newsletter is circulated in November, March and July each year to inform members about issues that affect their dental hygiene practice. It has been designed to be a tool and resource for members to keep current on news, programs and services of the SDHA, new technologies and research, and a forum for discussion about current topics of interest.

Story ideas, articles and letters are always welcome. Please send your submission to sdha@sasktel.net.

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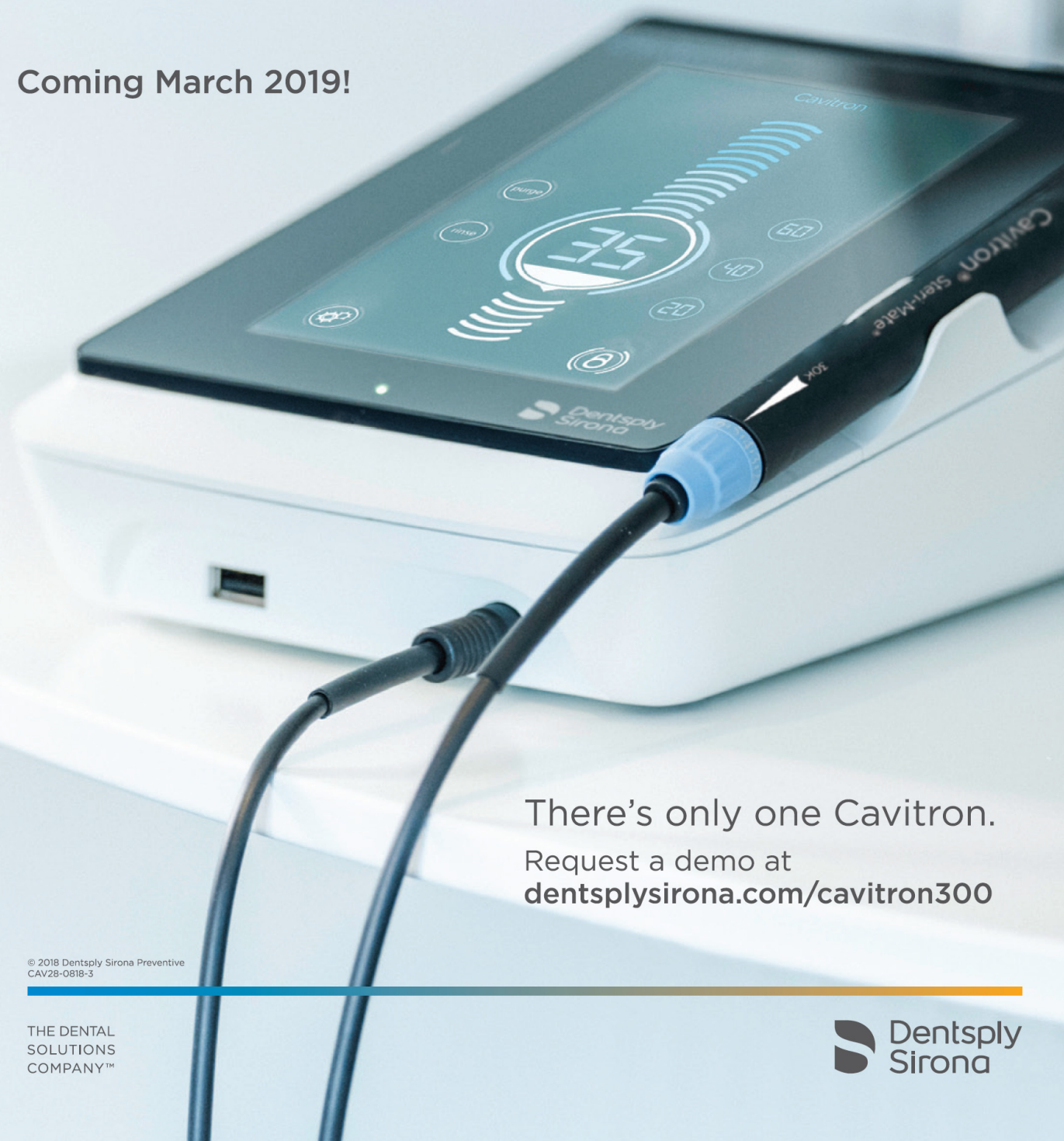
Sessions to Include:

Energy Management for the Dental Professional
Why digestive health is key to your overall health
Optimal and Predictable Outcomes for Patients with Periodontitis
Ultrasonics from Start to Finish
Pilates Practice (bring comfy clothes)
RDH Billing & Recordkeeping
Love the Life you Lead
Cannabinoids 101
Yoga Practice (pack your mat)
Think Outside the Tray (Hands-On)
Oral Products Update
Innovative Approach to Xerostomia
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President's Message

Alyssa Boyer, RDH

I hope this message finds you warm, happy and healthy. I write this during the polar vortex and am dreaming already of spring sunshine. I am excited to be again representing the Council as SDHA President for the term of 2018-2019. What an honour to be voted in for a second term in this position as I enter my third year serving on the board. I look forward to working alongside fellow Council Members, the SDHA Staff, and our Governance coach as we continue to advance the profession of Dental Hygiene within the province of Saskatchewan.

I would also like to extend a warm welcome to the newest SDHA Staff member, Shelby Hamm! The Council looks forward to what Shelby will bring to the SDHA team in this newly developed role. I would also like to acknowledge Karen McDonald and all of the hard work she has dedicated over the past 5 years as the SDHA Coordinator as she enters the next chapter of life; retirement. Thank you for all of your hard work, positive energy, and dedication to the SDHA, Karen! You will be missed at the office and SDHA events.

Council has already been working hard this term, with our first meeting in November, an Ownership Linkage Workshop in January, and another meeting scheduled in March. Between meetings, we are connected through e-mail and virtual meetings. Technology makes it so easy for us to connect from across the Province and allows us to welcome council members from all parts of Saskatchewan. Kellie and I connect on all SDHA matters with regular "blueberry fog" tea dates between meetings.

Your SDHA Council consists of 6 dental hygienists, 3 public representatives appointed by government, and a Saskatchewan Polytechnic program representative. The minimum term to serve on Council is 3 years, and is considered a volunteer position.

As some councillor terms reach an end, there will again be vacancies to be filled on the board. The SDHA needs you, the members, to get involved and be part of the council. I often hear of rumblings from the membership on where we as an organization can improve, and the best way to have a voice for your profession is to volunteer in this role! I happily vouch for how rewarding this work is. You've probably volunteered in other aspects of your lives, but I invite you to give back to your profession and take a turn giving your time and energy back to the Dental Hygiene profession in Saskatchewan. Keep your eye open in both e-mails and newsletters for the upcoming opportunities, and feel free to contact the SDHA through e-mail or phone call with any questions you might have regarding these roles.

Please know the SDHA has an open door policy, and always welcomes feedback on any matter from our members. Any question or concern can be quickly answered with a simple phone call or e-mail to the SDHA office. I can assure you that all Staff and Council members are hardworking, kind, and professional individuals that will be happy to engage in a discussion with you regarding any matter. Membership concerns will always be placed on the council meeting agenda. Council meets 3-4 times per year and cannot always provide immediate feedback or resolution to a concern, but will always ensure that each members voice will be heard.

I look forward to seeing more fresh faces at the SDHA's ever-revolving table. Be well,

Alyssa Boyer, BA RDH
SDHA President 2017-2019

Welcome - Shelby Hamm, Deputy Registrar

It is with great pleasure that I announce the hiring of an SDHA Deputy Registrar.

Shelby (Bowerman) Hamm was born and raised in Saskatoon SK. She completed her dental hygiene diploma at the Canadian Academy of Dental Hygiene in 2008. Shelby was an SDHA Council member from 2009 to 2012, she instructed in pre-clinical instrumentation at the U of S College of Dentistry and most recently has ventured into Independent practice.

Shelby began the role of Deputy Registrar in February 2019. Her primary responsibilities will be maintaining and developing professional practice standards and guidelines, overseeing the programs and services of the SDHA, including professional development/conferences, assisting the Registrar in matters dealing with quality assurance, registration and licensure, including complaints and discipline, the Jurisprudence Education Module and more.

Shelby is a very proud dental hygienist, appreciative of how far this profession has come and is very excited to see the growth that is yet to come.





Registrar-CEO Report

Kellie Glass, RDH, MBA

The SDHA 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.

It has been almost 8 years since I began at the SDHA. It will be impossible for me to forget the beginning, because it perfectly coincides with the birth of my second daughter, Maddie. Some of you may remember a meeting I spoke at that spring at the Willows. I was extremely pregnant and very out of breath. Maddie was born on May 30, 2011 and my job with the SDHA started on June 1st.

It was a quick turnaround, but we managed. I brought her to the office with me. She slept in the file room, and as she grew, I had a jolly jumper hanging in the doorway for her. Luckily, I didn't get a lot of phone calls back then.

In 2011, I had just moved back from Manitoba where I had been Registrar-Executive Director for the newly established - College of Dental Hygienists of Manitoba. Dental hygiene had just become self-regulating in Manitoba, and it was an honor to be their inaugural Registrar. I took over for Barbara Long at the SDHA, and before her, Charlene Hamill, each who had served for 8 years respectively in this role. These were big shoes to fill.

The SDHA has grown significantly in that time. Not only in numbers - 506 members in 2011 to almost 700 now, but also in what kind of work we were involved in and what programs and services are provided. Just as I am a proud mom of Maddie as I watch her develop and mature over the years, I am also very proud to share in SDHA's accomplishments in that time.

- We have an interactive website that allows for online renewal, registration for conferences, and up-to-date CCP Transcripts.
- We have our very own conference with dental hygiene focused education and an opportunity to celebrate the accomplishments of our members.
- We have a newsletter that addresses topics that affect your dental hygiene practice. It has been designed to be a tool and resource for members to keep current on news, programs and services of the SDHA, new technologies and research, and a forum for discussion about current topics of interest.
- There are increased resources for members, like position statements and practice guidelines that assist you to ensure safe, competent dental hygiene practice.

- We have fantastic office space where 3 staff members work, Council meetings are held, and we host other related stakeholder meetings.
- Members have opportunities for alternative practice settings and the ability to utilize a broader scope of practice
- Through significant community outreach and health promotion, the public has an increased recognition and value for dental hygienists.
- More people, especially underserved populations, have increased access to dental hygiene care and oral health information.
- A wide range of private, public and not for profit entities seek the professional expertise and comprehensive services that dental hygienists provide.
- We developed a wonderful Jurisprudence Education Module that will ensure members are familiar with our legislation and scope of practice.
- And above all else, we have been ensuring that the public receives safe, competent dental hygiene care.

The staff and Council have worked very hard over the years to achieve this growth. I am extremely proud to have been your fearless leader during this time - maybe not fearless all the time, but definitely dedicated and passionate.

Times have certainly changed. We now see a significantly increased number of complaints, we have a vast number of meetings and conferences that we attend, and we spend much time scanning our environment here in Saskatchewan, as well as nationally to ensure we are prepared for what lies ahead.

I am certain there are times you may question processes or decisions, but I can assure you that the SDHA staff and Council have developed these after thorough research and considerable thought. Our door is always open, and we welcome questions and comments.

One of my main priorities in my time as Registrar has been fostering strong, positive relationships with everyone around me - members, staff, Council, other regulatory bodies, government...you name it.

I think I have accomplished that and I am happy to call colleagues and friends.



The Federation of Dental Hygiene Regulators of Canada (FDHRC) has a new **Website** which offers information and resources for registering to practice in Canada. www.fdhrc.ca



The FDHRC is a federation of organizations which have a statutory responsibility to regulate the profession of dental hygiene within their respective provinces. Their **Mission** is to provide national leadership in Dental Hygiene Regulation for the protection of the public.



See the CDHA Position Statement: **Filling the Gap in Oral Health Care**. The statement speaks about the need for a multi-skilled, dually trained oral health professional to meet the oral health needs of Canadians who have difficulty accessing oral care. The SDHA, SDTA, CDSS, and University of Saskatchewan, College of Dentistry are currently discussing a "Made in Saskatchewan" model. We will provide updates as more information is available. www.cdha.ca/fillingthegap



Impaired in the Chair? Cannabis and the Dental Hygiene Process of Care

by Melanie Martin, RDH, MA • mmartin@cdha.ca

With the recent legalization of cannabis in Canada, many dental hygienists have been asking about the impact of cannabis on the dental hygiene process of care. Cannabis use has many side effects that vary based on the person and potency. These can have implications for both oral health and dental hygiene treatment. In some cases, dental hygiene appointments may need to be rescheduled for safety.

Factors to consider when treating clients who use cannabis for recreational or medicinal purposes include:

- the client's capacity to provide consent
- the impact of the side effects of cannabis use on dental hygiene care and oral health
- the interactions of cannabis with local anesthetics and prescribed medications

First, let's look at cannabinoids, the components of cannabis that affect the cell receptors in the brain and may cause impairment. Cannabidiol (CBD) is a cannabinoid that has therapeutic uses but does not intoxicate. Delta-9-tetrahydrocannabinol (THC) affects the way the body and brain respond to cannabis and creates the feeling of being intoxicated or impaired. The concentration of THC determines how cannabis will affect the brain and body. Cannabis in dried forms can contain up to 30% THC. Cannabis oil, which may be used on its own or to produce edibles, can contain up to 3% THC. Edibles may also be made from extracts that may contain up to 90% THC.¹

Along with the levels of THC, the method of cannabis consumption will have an impact on how and when it affects the brain and body. Typically, effects will be felt immediately after smoking dried cannabis and last two to four hours. Side effects from vaping dry flower or oil will typically occur within five minutes and last three to six hours. The onset of side effects from edible cannabis tends to be delayed one to three hours due to digestion and these effects tend to last longer. Oral ingestion of oils tends to produce side effects within one to three hours and will last approximately 10 hours.²

Now, let's consider consent. How will you know if your client's ability to give consent is impaired? How do you determine capacity for consent? According to the *Dental Hygienists' Code of Ethics*, dental hygienists must "actively involve clients in their oral healthcare and promote informed choice by communicating relevant information openly, truthfully, and sensitively in recognition of their needs, values, and capacity to understand"³ to obtain informed consent. The considerations for informed consent for clients who use cannabis are the same as for clients who consume alcohol or take prescription medications that cause impairment. There are no explicit rules for determining the capacity of a client. You must perform an assessment and use your professional judgement.

During the initial interview look for signs and symptoms of cannabis use such as glassy or bloodshot eyes, lack of coordination, tachycardia, hypertension, lethargy, confusion or inability to focus. Remember that impairment can last for more than 24 hours after cannabis use, well after other effects may have faded.⁴



With the legalization of cannabis, people may be more open to talking about their use of cannabis products. Initiate a conversation. The medical history is a good place to start. A simple question such as "Do you use cannabis for medicinal or recreational purposes?" will allow you to assess and educate your client. The Ontario Pharmacists Association has developed a tool for initiating discussions about both recreational and medicinal cannabis use, which is available at www.opatoday.com/Media/Default/Tools%20and%20Forms%20-%20Cannabis/Cannabis_Recreational_DiscussionTools.pdf.



Next, what are some of the considerations when initiating treatment?

➤ **Potential drug interactions:**

Cannabis use may cause tachycardia and heighten anxiety. These side effects may worsen or be prolonged with local anesthetics containing epinephrine. Cannabis may also alter the effectiveness of prescribed medications such as antibiotics, antifungals, antidepressants, and medications for hypertension.



➤ **Increased bleeding:** Cannabis use may increase bleeding, which can complicate treatment. Healing may also be affected.



➤ **Xerostomia and food cravings:**

Cannabis use may lead to xerostomia. It also stimulates cravings and appetite. As a result, cannabis users have a higher risk of decay, gingivitis, periodontal disease, as well as oral lesions and infections. Educating clients about increased risks to their oral health is an important part of treatment planning. The information you provide should be based on scientific research and presented in a nonjudgemental way.



Documentation is key. Document your findings, including the dose and frequency of cannabis use, objective observations on capacity to provide consent, effects such as increased bleeding during scaling, and information provided to the client. If the dental hygiene care plan needs to be modified or cancelled for client safety, document the rationale.

The information presented here is an overview of this emerging but important topic. Watch for the CDHA webinar, “Cannabis in Canada,” sponsored by PHILIPS and featuring Betsy Reynolds, available January 30, 2019, at www.cdha.ca/webinars. Dental hygienists are encouraged to gain deeper knowledge about cannabis use and its effects on the process of care. Dental hygienists should also review their provincial health care consent act for guidelines regarding consent to treatment. •

RECOMMENDED READING

- CDHA has developed a one-page fact sheet, *Impaired in the Chair? Cannabis Use and Dental Hygiene Appointments*, that can be used to help educate your clients. This resource is found on page 23 and online at www.cdha.ca/cannabis
- The Canadian Pharmacists Association (CPhA) *Monograph on Cannabis*, available on CPS mobile, CPS online, and RxTx, provides information on warnings, side effects, and interactions with other drugs. CPhA has also published a series of resources on medical cannabis, including the *Cannabis for Medical Purposes Evidence Guide* and *Medical Cannabis Q&A*, both of which are available at www.pharmacists.ca/advocacy/medical-cannabis/
- The University of Waterloo School of Pharmacy has developed a *Cannabis 101* infographic and a great “5 Things to Know About Cannabis” short video as part of its Pharmacy5in5 project, available at www.uwaterloo.ca/pharmacy/cannabis-resources
- The Ontario Pharmacists Association’s “Beyond the Counter” blog has a post on recreational versus medicinal cannabis, written by Jennifer Pastore, BSc, RPh, and available at www.beyondthecounter.wordpress.com/2018/07/20/cannabis-medicinal-vs-recreational/

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Impaired in the Chair?

Cannabis Use and Dental Hygiene Appointments

Cannabis use has many side effects that vary based on the person and potency. These can have implications for both oral health and professional dental hygiene care. In some cases, dental hygiene appointments may need to be rescheduled to minimize risk. Consider the following side effects:

Fast heart rate and anxiety

Cannabis increases the heart rate and heightens anxiety. These side effects may worsen or last longer with anesthetics used for dental hygiene treatment.



Confusion and lack of focus

Cannabis use before a dental hygiene appointment may impair judgement and the capacity to provide consent to treatment.



Interaction with medications

Cannabis may alter the effectiveness of prescribed medications.



Dry mouth and the munchies

Cannabis reduces saliva, leading to dry mouth. It also stimulates food cravings, which increase the amount of time your teeth are exposed to sugars. As a result, cannabis users have a higher risk of cavities, gum disease, and oral infections.

Increased bleeding

Cannabis may increase bleeding and complicate dental hygiene care. Healing may also be affected.



Have a conversation!
Cannabis use is an important part of the health record review.

Volunteers Needed

Saskatoon Study Club Coordinator

The Saskatoon Study Club is looking for one or more dental hygienist (s) who would be willing to plan and coordinate study club events in Saskatoon. In the past, 3-5 events have been planned annually and responsibilities involve booking a speaker and venue, collecting fees and being at the events to facilitate them. Assistance is provided by the SDHA office. If interested, please contact: sdhadeputy@sasktel.net

Northern Oral Health Event

The SDHA is working collaboratively with various stakeholders to organize a 2nd Annual Northern Oral Health Event, similar to Dental and Dental Hygiene day at SK Polytechnic.

When: Likely September 27 & 28, 2019

Where: LaLoche and Clearwater River Reserve

We are looking for oral health professionals that are interested in volunteering their time to give back to the people of Saskatchewan that struggle to access dental care. Accommodations and food will be covered for volunteers.

If interested, please contact: sdhadeputy@sasktel.net



Webinar



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CANNABIS IN CANADA

Presenter: Betsy Reynolds, RDH, MS

Visit cdha.ca/CannabisWebinar

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Health Promotion Initiatives

The SDHA continues to provide many initiatives to promote the oral and overall health for the people of Saskatchewan. Here are some of the things we are up to.

GLOBAL GATHERING PLACE: As part of the semi-annual Women's Wellness Program, the SDHA was again asked to provide an oral health presentation to a group of new Canadians. Karla Yarie went to the GGP again this fall with information, oral health supplies and resources to those attending.

SASKATCHEWAN HEALTH AUTHORITY: Chris Gordon has been busy at Long-term care homes and facilities with the Saskatchewan Health Authority! The SDHA is continuing to collaborate with the Saskatchewan Health Authority to do presentations to Continuing Care Aides in the three Saskatoon hospitals.

HIGH SCHOOL EVENTS

Nicole Pingert represented the SDHA at Tommy Douglas Collegiate during their Wellness Week. The event was designed to educate students and raise awareness in their school community about the importance of mental, spiritual, physical, and emotional health.



The SDHA participated in the annual Career Fair/Post Secondary fair at Tommy Douglas Collegiate and Bethlehem Catholic High School. Amorita Hovorka and Karla Yarie represented the SDHA at this great event by providing an interactive display and discussion about “life in the real world” and “how to get into your occupation” which is always helpful to the students.



Are you making a difference in your community...

Through presentations, screenings, or donating oral health supplies? We encourage you to reach out and help those in need, educate others on the profession of dental hygiene and help to improve the overall health of the people of SK.

Spotlight: Dental Hygienists Working in Public Health



Jennifer Pituley SDT, RDH
Dental Health Educator – Moose Jaw

Community/region/organization that you work for:

Saskatchewan Health Authority in the former Five Hills Health Region. My title is Dental Health Educator. I am dually certified with diplomas in both Dental Therapy and Dental Hygiene.

What programs and services are you working on in your community?

We rolled out the Enhanced Preventive Dental Services Initiative in Fall of 2011. This initiative consists of various programs. One with a specific focus on the 0-5 age group with fluoride varnish and preventive oral health education for parents. Another component within the initiative is the Dental Sealant and Fluoride Varnish program which focuses on the grade 1 and 2 students who attend targeted at risk schools.

Every 5 years the Public Health, Oral Health Programs in Saskatchewan conduct a Provincial Dental Screening with grade 1 and 7 students across Saskatchewan. The 2018/2019 school year is a provincial dental screening year. The Dental Health Educators and Dental Therapists employed by Saskatchewan Health Authority have been busy this year completing the dental screenings in their areas.

The purpose of dental screening is to:

- monitor trends
- identify students with unmet dental needs
- track schools that are at high risk for tooth decay
- monitor the effectiveness of the preventive oral health programs in place
- provide needs-based data for the Saskatchewan Health Authority.

How many or what other oral health professionals work in your community?

My “community” includes a large area (former Five Hills Health Region). Our team consists of one dental assistant and myself. There are many private practice dental offices within the different communities.

Kelly Fuchs, RDH
Senior Health Educator, Dental - Regina

Community/region/organization that you work for:

Population Public Health Services, Health Promotion, Oral Health Program - Saskatchewan Health Authority, Regina Area – Oral Health Program. My title is Senior Dental Health Educator



What programs and services are you working on in your community?

This year we are conducting a dental screening of children in all schools in our area in grades 1 and 7. This screening occurs across the province every 5 years and it is used to collect data on the oral health status of children in SK. With the data collected we can determine which schools/areas have high needs and where we need to focus our programming. Currently in the Regina Area, we offer a Dental Sealant Program to students in grades 1 with follow up in grade 2 in our area's high risk schools as well as fluoride varnish clinics to students in prekindergarten and kindergarten in these same schools. Throughout the city of Regina and in rural communities we have several fluoride varnish clinics as well as numerous clinics held in daycares and preschools for children under the age of 5. We also provide support to prenatal and nutrition. Last year we were able to apply sealants to 1500 students and we applied over 6000 fluoride varnishes.

How many or what other oral health professionals work in your community?

Our program consists of 2 Health Educators and 3 Dental Assistants

Finger on the Pulse - SDHA Update

Karen MacDonald, SDHA CCP & Registration Coordinator

It fascinates me to see so many of us living lives based on patterns. We hardly have to touch the pulse and we already know the BPM. License renewal, Christmas, Annual Conference, summer vacation, repeat. Notwithstanding several thousand items tucked in between each comma, we often do roll from one year to the next relying on these patterns to guide us. We are creatures of habit and change sucks. Right?! But change is inevitable ... in all aspects of life.

I recently lunched with a small group of people whom I worked with for many years and somehow the topic of conversation turned to 'remember how we use to do that'. The younger generation (are they Generation Z?) would roll their eyes and think we were talking about the Dark Ages but thanks to change, technology and tools, the way we do things does evolve and in fact is always in motion.

When I started at the SDHA in September of 2013, the SDHA office was a one-person show with Kellie single-handedly holding down the entire fort! She posted a position for two days per week and fortunately for me the stars aligned and I was hired. Over the next five and a half years, my position grew from two days per week to half time, we relocated the office to 8th Street East, hired Tracy Hoey in September of 2017 and we now have a Deputy Registrar in place. With Kellie leading the pack we birthed the annual Live, Love, Learn Conference, the Jurisprudence Education Module got up and running in November 2018 and a new database will soon be introduced to our membership that will truly take us from the Dark Ages to the 21st Century! This is only to mention a few of the milestones during my time here at the SDHA. No doubt about it, some of this change has been painful in the making, but oh ... so worth it in the end.

I put my finger on my own pulse this past year and realized it was time for me to write a new chapter and hopefully I will have time to do that in my retirement.

It has been such a pleasure and a privilege to have worked alongside you, our members and stakeholders, throughout the past five and a half years. I can say that I truly enjoyed interacting with this amazing group of professionals whose common thread is a passion for overall health. I understand the value of service and my hope is that in some small way I was able to provide you with good service.

Although I continue to call Kellie 'boss', she has been an encouraging teacher, a role model, a brave pioneer of change, and very much a supportive friend. Thank you for everything, Kellie!

I wish everyone the very best and may our paths cross again.

Respectfully Yours,

Karen MacDonald





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DISCOVER

CDHA National Conference 2019

October 3-5 | St. John's, Newfoundland & Labrador

Call for Abstracts

Abstracts will be considered for both oral and poster research sessions.

Submission deadline: March 29, 2019

www.cdha.ca/Conference

SAVE
THE DATE

Registration opens
spring 2019!



Continuing Competency Program Corner Supporting Professional Development

The SDAA, SDTA and SDHA are partnering for future professional development events. Events organized by the SDAA are listed in green below, and SDHA events, blue. Registration will be through each respective organization. SDHA SDAA

2018/2019
March 29 & 30, 2019 Live, Love, Learn Conference (SDHA AGM) The Radisson Hotel, Saskatoon
April 26, 27 & 28, 2019 (SDHA, SDAA, SDTA) The Delta, Regina
September 12-14, 2019 CDA/CDSS National Conference TCU Place, Saskatoon
September 28, 2019 Saskatoon Inn, Saskatoon

Are you looking for Online CCP Opportunities and Resources?

- CDHA: www.cdha.ca
- www.oralhealthed.com
- www.caseyhein.com
- RDHU: www.rdhu.ca
- Dentsply: www.cavitronworld.com
- Dimensions of Dental Hygiene: <https://ce.dimensionsofdentalhygiene.com/courses.asp> (Belmont)
- American Dental Hygienists Association: www.adha.org/careerinfo/continuing_education.htm
- Crest Oral B/Procter and Gamble: www.dentalcare.com
- I Need CE: www.ineedce.com (Penwell, Hu-Friedy)
- Colgate Oral Care (Forsyth Inst): <http://www.colgateoralhealthnetwork.com/>
- Free Interactive and Self-Study CE: www.premierdentallearning.com

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opportunity independent
habits countless focus
informal-learning self-motivated evolving practise limitless
changing technology creativity future
fluid fast-paced inquiry network
extend beyond enthusiasm adapt digital attention

On-Line Courses & Webinars (available 24/7)

The Dental Hygiene Process of Care: Is Your Practice on Track? **6 CE**

Exploring the Medical History **1 CE**

Oral Pathology Refresher Course **2 CE**

What Does EVERY RDH Need to Know About Pharmacology? **6 CE**

The Top 10 Medically Compromised Clients **1 CE**

Assessing Anesthetic Options **3 CE**

Advanced Instrumentation I - Where to invest in a perio program? **6 CE**

Achieving Clinical Confidence with Ultrasonics & Airpolishing **6 CE**

Maintain Your Edge - An Instrument Management and Sharpening Workshop **3 CE**

Managing the Orthodontic Client in the General Practice; The Integral Role of the Dental Hygienist **4 CE**

Smoking Cessation **0.5 CE**

Smoking Cessation: A Dental Hygiene Perspective **6 CE**

To Polish or Not To Polish? That is the Question!! **4 CE**

Topical Fluoride for Caries Prevention **0.25**

Buzz in a Bottle **1 CE**

The Diary of a Dental Hygienist **1 CE**

Documentation:

Best Practice Guidelines for Documentation **1.5 CE**

Documentation of Oral Lesions: A Guide to Descriptive Terminology **0.5 CE**

Infection Control:

Clinical Contact Surface Management **0.5 CE**

Dental Unit Water Quality & Testing **0.5 CE**

Processing Critical and Semi-Critical Instruments **0.5 CE**

Risk Assessment, Hand Hygiene and Personal Protective Equipment **0.5 CE**

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Professional Liability Insurance 101 from CDHA Insurance Partner Getting to Know Your “Claims-Made” Policy

There are two different categories of professional liability insurance policies in Canada: “occurrence based” and “claims-made.” Recognizing the fundamental differences between the two will help you better understand your policy and any future insurance requirements.

HOW DOES AN OCCURRENCE BASED POLICY WORK?

With an occurrence based policy, the insurance you had in place when an incident occurred is the policy that would respond, regardless of when the claim is reported. In other words, if a client was injured while undergoing treatment with you in 2013 but only filed a claim yesterday, it would be your 2013 insurance policy that would respond to the claim, not the insurance you have in place today.

WHAT IS A CLAIMS-MADE POLICY?

A claims-made policy responds to claims as they are reported. Using the same example above, it would be your current policy that would respond to the claim, despite the incident’s occurrence in 2013.

A claims-made policy is the type of professional liability insurance you hold through CDHA, and it has a number of advantages. Think of how your coverage limits have changed over the past few years. Today’s \$1M, \$2M, and \$5M per claim policy limits are significantly higher than in the past. With a claims-made policy you don’t have to worry that your old policy limits were too low to protect you adequately or that your old policy had exclusions that would deny you coverage.

WHAT SHOULD I KNOW ABOUT THE “RETROACTIVE DATE”?

Many claims-made policies have a “retroactive date”, which is usually the inception or start date of the first claims-made policy held by the insured person. Any claims produced by wrongful acts that took place prior to the retroactive date would not be covered, even if the claim is first made during the policy period.

For newly registered dental hygienists who join the CDHA program, the retroactive date is indicated as the *Policy Period from* date on the members’ first professional liability insurance policy. For those already registered and practicing, the retroactive date is the date upon which the dental hygienist first purchased an uninterrupted professional liability insurance policy.

THINGS TO CONSIDER WITH YOUR CLAIMS-MADE POLICY:

1. *Claims need to be reported when you first find out about them*

With the CDHA claims-made policy, your insurer needs to hear about any claim the moment you are made aware of it. In fact, your policy states that you must report a claim within 30 days and, if this window is missed, your coverage may be compromised. Early reporting allows the insurer to start managing the situation. It also gives you the peace of mind that comes from knowing insurance experts specialized in professional liability are working with you to achieve the best possible outcome for all involved.

And remember, reporting a claim will NOT jeopardize your ability to secure coverage in the future. It’s not like car insurance — your rate won’t go up just because a claim has been made.

So what happens if you don’t report the claim?

Some of your colleagues have experienced the repercussions of failing to report a claim against them.

Often this is because the issue seemed like a small matter, easily resolved without involving the insurance company. Consider this: a dental hygienist receives a letter of complaint from their regulatory college and decides to handle the issue themselves. But what seemed small initially turns into something more substantial and the dental hygienist decides it is time to hire a lawyer. By then, the 30-day reporting period has passed and the dental hygienist has to secure and pay for legal representation and other associated fees out of pocket because the claim is not accepted.

You should also know that any costs incurred while managing your claim before you report it (for instance, legal fees) may not be covered. There is a standard claims process that must be followed whereby the policy and the allegations are reviewed to determine coverage. You jeopardize your potential for recovery of expenses if the insurer disagrees with the actions you took prior to reporting the claim.

2. *You should have tail coverage in place to protect you upon retirement or when leaving the profession*

“Tail coverage” (also called “extended reporting period” coverage) provides coverage to respond to claims made against you for insured incidents that occurred before retirement, but that were not reported until after your active policy expired. Securing tail coverage means that you are extending the coverage from your previous policy to provide protection for the future. This is important to consider when you retire or leave the profession because claims may arise months, or even years, after care was provided. Many regulatory colleges also require that their members continue to hold professional liability insurance for a certain number of years after providing client care. By securing tail coverage, you can rest easy knowing that you and your clients are protected.

CDHA TAIL COVERAGE

While most insurance policies do not automatically provide coverage for claims that arise after the policy has expired, the CDHA program provides retired members with free, unlimited coverage upon retirement. All formerly insured members who have permanently discontinued practice and surrendered their license to practice are automatically eligible for this coverage.

Even if you are only taking a temporary leave of absence from the profession, the CDHA program has you covered. The CDHA policy automatically protects all formerly insured members with up to two years of tail coverage at no charge. That’s one less thing to worry about when taking maternity leave, temporarily working in another field, traveling, or in cases of illness.

But remember, tail coverage only provides protection against potential future claims arising from prior incidents and exposures that occurred during your past practice as an insured dental hygienist. You must have an active insurance policy in place if you want to return to professional practice.

GENERAL LIABILITY INSURANCE, PROPERTY, AND CRIME COVERAGE

Dental hygienists who operate their own business or who are self-employed can protect their business assets with commercial general liability insurance (CGL). This policy insures you against bodily injury and/or property damage to a third party that is not caused by professional negligence. CGL is commonly referred to as “slip and fall” insurance. Property insurance and crime protection can also be secured for insurance against property and crime incidents such as damage to office contents and theft.

Unlike your claims-made professional liability insurance policy, most CGL, property and crime policies are “occurrence based.” This means that an active policy must be in place to respond to any incident that occurs in that policy year. If your clinic sustains an insured property loss today (for instance, your clinic contents need to be replaced due to flood damage), you must have an active policy in place to respond to the claim. Or alternatively, if someone was injured because they slipped on your wet clinic floor in 2013, but they only filed a claim against you today, it would be your 2013 CGL policy that would respond.

With an occurrence based policy, you do not need to secure additional coverage upon retirement.

THE BOTTOM LINE

- Consider your personal and business insurance circumstances and select the coverage option(s) that best suit your needs;
- Maintain active insurance policies (both professional liability and CGL/business) if you are in active practice;
- CDHA’s tail coverage is free and automatically included for all formerly insured members who are taking a temporary (up to 2 years) or permanent leave of absence from the profession. Be sure to secure an active insurance policy if you decide to return to professional practice.



For further information about CDHA’s insurance program, please contact BMS Group at 1-855-318-6557 or cdha.insurance@bmsgroup.com, or visit

www.cdha.bmsgroup.com.

The BMS team are experts in healthcare professional liability insurance products and services, and are the exclusive professional liability and clinic insurance brokers for CDHA.

RDH SPOTLIGHT:

Irene Buzash, RDH



Education:

- Wolseley High School 1967
- Diploma in Dental Hygiene University of Manitoba, 1969
- Bachelor of Adult Education University of Regina, 1999

Professional Highlights

I feel so fortunate to be a member of a truly wonderful health care profession, whether it be in private practice educating patients on oral health/overall health or teaching, mentoring and contributing to the professional development of close to 800 students.

- Private practice experience – 1969-1993
- Educator/Instructor in the Dental Hygiene program at SK Polytechnic – 1988-present
- 1969-1970 member of BC Dental Hygiene Association
- 1973-1978 member of Manitoba Dental Hygiene Association
- 1970-present member of the SK Dental Hygiene Association and the Canadian Dental Hygiene Association
- SDHA positions include: President, 2 terms, CDHA Board Member, Constitution Chair, Membership Chair, Continuing Education Chair as well as a member of other committees.
- Being published in the CDHA Journal, then called the Probe, on Infection Control Guidelines.
- Being a member of the team that developed our Saskatchewan IPC Standards, effective as of Dec. 2013. Recently the team, which this time included a dentist, revised these standards and the new document will be effective as of June 1, 2019.

One of the greatest professional highlights was event planner for the 14th Annual CDHA Professional Conference held in Regina in 2003, with Sheila Petrollini. In training for this huge task, Sheila and I were guests at the 13th Annual CDHA Professional Conference in Moncton, NB in 2002. When conference time came, I remember how great things turned out except for one slight bump in the road; our Keynote speaker did not show up. Fortunately, CDHA staff and delegates in attendance came to the rescue. Salme Lavigne, Laura MacDonald, Susanne Sunell and Patricia Johnson stepped up, showing true leadership and their wealth of knowledge.

Greatest Joy

I enjoy spending quality time with my family and extended family. This includes my husband Steve, our son Jeremy, our border collie, Dom, as well as stepchildren, grandchildren and great grandchildren. I also enjoy working with an awesome faculty (all former students) and our first class of students of the 3 year advanced diploma at Saskpolytech.

Greatest Challenge

Trying to manage the demands of work life, family life, me time and still be the best wife, parent, co-worker, and teacher (similar to being a parent). Taking care of me seems to be a hard thing to learn.

Another challenge for me was transitioning from being a full time clinician in private practice to being a full time instructor at SIAST, now Saskpolytech. It took time and experience for my comfort zone to be teaching instead of the dental office. Performing dental hygiene skills and teaching others to do them is very challenging. Having many years of clinical experience was not enough, so I attended university part-time for 6 years to learn how to best teach adults. A person never knows the adventures in store when walking through the door of opportunity.

Outside work, love to:

I love spending quality time with family whether it's travelling, shopping (especially Costco, Winners and IKEA), entertaining guests and cooking at home, taking Dom for a walk, going to movies or watching one at home, going out to eat, taking pictures, catching up with family/friends, or just hanging out in the backyard.

My biggest love has always been our son's music. He started playing violin at age 2 and when he lived at home, we attended every performance no matter where it was. He continues to make us so proud. Today, he is the Principle of 2nd Violin of the Winnipeg Symphony Orchestra, a sessional instructor at the University of Manitoba, and most recently the producer of Podcasts through his company, Past Bedtime Studio.

Favourite inspiration quotes

- People will forget what you said, people will forget what you did but people will never forget how you made them feel.
- As a teacher, you are the most important part of a young student's life. Your love of learning can be infectious and inspiring. You are a tutor, an enabler and a caregiver and you can and will make a difference.
- A person who feels appreciated will always do more than is expected.
- Growing old, having good health and still being able to work is a privilege denied to many
- I love what I do and I do what I love.

Final words:

I have always loved being a dental hygienist in varying capacities, and have never once thought of changing careers. I worked hard to make a difference and have been touched by some amazing people and made some amazing friendships. I believe that change is good. I believe in lifelong learning.

I will be forever grateful for my chosen career path considering I had no idea what a dental hygienist was or did when I applied and got accepted to the University of Manitoba so many years ago.

I have worked in this amazing and rewarding profession for almost 50 years. I am still very passionate about teaching and feel I have lots to offer to faculty and students, so do I have plans to retire, NONE AT THIS TIME!!! This procrastination surprises me and the actual "letting go" of my profession will be difficult. Everyone keeps saying I will know when I am emotionally and physically ready to set a firm date. I do know that when the time comes, I will look back with pride and forward with pleasure.

My final words: Be kind, be humble, be thankful and NEVER STOP LEARNING!



Irene at graduation



Very first patient - Penticton



SASKATCHEWAN DENTAL HYGIENISTS' ASSOCIATION

1024 8th Street East
Saskatoon, SK. S7H0R9

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E-mail: sdharegistrar@sasktel.net

SDHA Laser Policy Position Statement - 2018

In February 2014, the Saskatchewan Dental Hygienists' Association (SDHA) first established a position statement regarding the use of lasers by registered dental hygienists for periodontal treatment. At that time, a commitment to perform a bi-annual review of this policy as it related to current research and practice was made. A review of literature and best practice was subsequently performed in 2016 and 2018.

It is the SDHA's primary responsibility to ensure the public receives safe, competent dental hygiene care, and thus the establishment of policies/guidelines relating to scope of practice falls within the SDHA's Council's mandate.

In the spring of 2018, a working group was struck that included SDHA Council members, and other SDHA dental hygiene members. The following review was performed:

- Consultation with all SK Periodontists
- Consultation with the Director of the School of Dental Hygiene, SK Polytechnic
- Consultation with the Dean of Dentistry, University of Saskatchewan
- Consultation with laser experts/companies across Canada
- Consultation with the College of Dental Surgeons of Saskatchewan
- Review of the position statements from the American Academy of Periodontology (AAP)
- Review of the position statements from the Canadian Academy of Periodontology (CAP)
- Review of the current research in the field
- Review of policy statements of other Canadian Dental Hygiene Regulatory Authorities

Based on this review, the SDHA's position statement regarding the use of lasers by dental hygienists for periodontal treatment remains unchanged: The SDHA does not allow the use of lasers in the treatment of periodontal disease, or other oral conditions (aphthous ulcers, geographic tongue, etc).

The SDHA has adopted this position through the review of research and consultation with experts. There continues to be a lack of scientific evidence on the efficacy of lasers in the treatment of periodontal disease and there is potential to cause permanent thermal damage to bone and tooth root structure if used inappropriately. In addition, laser technology is not utilized or supported for the treatment of periodontal disease by Saskatchewan Periodontists, nor is it taught as part of the curriculum of either the dental hygiene or dentistry programs. It is important to note that The Canadian Academy of Periodontology (CAP) and the American Academy of Periodontology (AAP) do not recommend or support the use of lasers in the treatment of periodontal disease.

The SDHA Council respects that current research and practice must continually be considered. As such, this policy and related literature will be reviewed bi-annually (next review in 2020).

If you have any questions regarding this policy, please contact Kellie Glass, Registrar-Executive Director at sdharegistrar@sasktel.net or 306-931-7342, extension 3.



THE CANADIAN DENTAL
HYGIENISTS ASSOCIATION
L'ASSOCIATION CANADIENNE
DES HYGIÉNISTES DENTAIRE

CDHA CORNER

Dear friends and colleagues,

Happy New Year to each and every one of you! I am happy to report that CDHA has recently launched the 2nd annual Dental Hygiene Superhero competition. Championed by CDHA and sponsored by Sensodyne®, the competition runs until April 30. We all do amazing things for our clients, community, and for each other. If you know anyone who deserves this recognition, please nominate them for a chance at the title. The winner will be featured on the cover of Oh Canada! magazine and will receive a \$1000 prize. Other prizes are available for the runners up.
www.dentalhygienecanada.ca/healthcaresuperhero



If you are interested in professional development opportunities, look no further than CDHA for courses and webinars. We have a great selection of free webinars in our inventory at www.cdha.ca/webinars so you are sure to find something that meets your needs.

Please take some time to visit CDHA's website at www.cdha.ca. It is a great source of information and resources for you as a dental professional and for your clients. There is always something new to see.

All the best to you for 2019.

Sincerely,

Leanne Huvenaars, RDH
CDHA board director, Saskatchewan
directors@cdha.ca



2ND ANNUAL SUPERHERO COMPETITION

We're recognizing dental hygienist superheroes across Canada. Nominate a colleague at www.dentalhygienecanada.ca/healthcaresuperhero

WHAT'S NEW AT CDHA?

PROFESSIONAL DEVELOPMENT

CDHA is committed to supporting your ongoing professional development with webinars that are now available to members for FREE, saving you hundreds of dollars.

NEW webinars recently released:

Homewood Health: Member & Family Assistance Program

Fundamentals of Educational Assessment

Identifying Product Hazards in the Dental Setting,
sponsored by Johnson & Johnson

Cannabis in Canada, sponsored by Philips

How to Put Your Purple On! for NDHW™

Webinars coming soon:

Understanding Cardiovascular Conditions, March 20
sponsored by Crest + Oral-B

Noise Levels in the Workplace, April 17

www.cdha.ca/webinars

2019 Conference:

Save the date! CDHA will host its next national conference, **October 3-5**, in St. John's, Newfoundland & Labrador. Make plans now to join us on the rock! Registration will open in early spring. www.cdha.ca/conference

NEW MEMBERSHIP BENEFIT

In response to your feedback, we have added a new member and family assistance program to our suite of premium member benefits! You and your family can now receive confidential counselling for any challenge including workplace, stress, and family issues. Details at www.cdha.ca/homewood

POSITION PAPER AND STATEMENT ON SILVER DIAMINE FLUORIDE

CDHA's position paper on silver diamine fluoride (SDF) was published in the October 2018 issue of the *Canadian Journal of Dental Hygiene*. To learn more about the short- and long-term effectiveness, safety, and acceptance of SDF therapy for children and adults with carious lesions and/or dental hypersensitivity as it applies to dental hygiene practice, download the position paper and statement at www.cdha.ca/positionstatement

NATIONAL DENTAL HYGIENISTS WEEK™

Save the date, **April 6-12**. Watch for details at www.cdha.ca/NDHW

JOIN THE CANNABIS CONVERSATION

CDHA has developed several resources on this important topic including a client information sheet and an article on consent and process of care (www.cdha.ca/factsheets). Watch the spring issue of *Oh Canada!* magazine for more.



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* Véronneau & al, 2018



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Resilience: The Art (and Science?) of Loving the Life you Lead

Jana Danielson, MBA - Lead

Have you ever found yourself in a situation where a friend or family member says “I have no idea how you do all the things that you do?!” I have, and in a sick way, these words were like food for my soul. That’s right everyone – look what I can manage, look how easy I can make all the roles I am juggling look. But at some point, things start to crack.....

For the past five years, we have used the tag line at our business “Love the Life you Lead.” It is of course a play on words with our business name but, it also has another important meaning which is the literal meaning of loving the life that you are leading. I have been reflecting a lot over the past three months about this tag line and what it means and how because of some health issues we have been dealing with in my family (which included a trip to the Mayo Clinic in Rochester, MN before Christmas), the balancing act of work and life, it was time for a reset.

You have heard a flight attendant before take off say, “in the case of a loss in cabin pressure, breathing masks will fall from the roof, be sure to put on your own mask before helping others.” Well, I am here to challenge you and ask - what do you do on a daily basis to ensure that your mask is securely fastened before you head out to win another day? The fundamental requirements of water (hydration), air (diaphragmatic breathing), fuel for our body and movement are often after thoughts until the needs of our family, work, friends are met. This just cannot be.

I am excited to be sharing my story of being a wife, mom, business owner with you in March at your conference. I will be talking about the lessons that I have learned and have shared with the thousands of people who have walked through the doors of the studio and the clinic, who have read our blogs, attended our workshops. I hope that something in my message resonates with you, I am looking forward to gifting you tools that have provided me with the resilience that is required on those days where you feel like you are in the middle of a tornado and you just don't know when to jump out. I am also looking forward to moving with you in a specially designed Pilates based mat class. Until I see you in March.....



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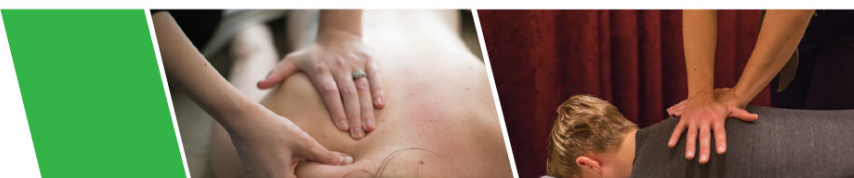
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Creating the Right Financial Plan as a Dental Hygienist

Chris Friesen, B.Comm, RRC. Consultant
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As Wealth Management consultants who are active within the dental and health care community, we have seen firsthand the lack of attention and planning that is currently being provided to Dental Hygienists within Saskatchewan.

Through proper education of financial planning and personal insurance needs, you can be assured you are making the right decisions going forward to maximize your career and your retirement.

What is most important is finding the gap between what is currently being provided by your employer or bank, and what is required to create a solid financial and retirement plan. This can be achieved through the right understanding of investment, risk management, and taxation strategies.

The foundation of our business is based on establishing long and successful relationships. We create holistic financial plans that allow clients to maximize investment strategies, while minimizing risk during the most important years of their career.

We are always available to sit down and review your current situation and make sure you are on the right track. Please call or email with any questions you might have.

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Thank you, Karen

For over 5 years, Karen MacDonald has had a huge role with the SDHA. She started in September of 2013 as our Administrative Assistant, handling all things related to CCP credits, registration and licensing. In 2017, she progressed into the Registration and CCP Coordinator role and has excelled with planning the conference, connecting with members and community organizations to promote oral health and dental hygiene.

I remember during her interview, she told me that the position at the SDHA was “meant for her”. And she was right!

Karen has been a true gift to the SDHA, our profession and to me, both personally and professionally. Her dedication and loyalty is second to none. She is kind-hearted, humble, genuine and so much fun to be around.

Karen...thanks for all you have done over the years. You will be sincerely missed, but we wish you all the happiness and adventure in your retirement. *Best wishes my friend.*



Better Oral Health in Long Term Care: Best Practice Standards for SK

Written by Kerrie Krieg, Long Term Care Oral Health Coordinator



Research indicates that more than ever before, the majority of residents who live in LTC have their natural teeth and have spent thousands of dollars maintaining their oral health. The research also shows that many residents have difficulty with their daily mouth care, depend on others to help them and that the mouth care provided is often inadequate or completely absent.

The LTC Oral Health Coordinator (OHC) provides education and training for the *Better Oral Health in LTC: Best Practice Standards for Saskatchewan*. The training is provided to continuing care aides, nurses, licensed practical nurses and management/administrators. The goal is to provide and assist with daily mouth care for the LTC Residents.

The *Better Oral Health (BOH) in LTC* program was implemented in 2 Saskatoon LTC Homes in 2017. An evaluation was completed after six and then twelve months of its implementation. The evaluations followed 177 long term care (LTC) residents, from their initial (baseline) assessment to their six-month assessment and twelve-month assessments. The evaluation was designed to monitor how oral health improved for residents with natural teeth and for those with dentures. All of the *Better Oral Health in Long Term Care* resources and the *Oral Health Status of Long Term Care Residents: Two Evaluations Following the Implementation of the Better Oral Health in Long Term Care Program* report can be viewed on the Saskatchewan Oral Health Coalition web site at www.saskohc.ca; click on Resources then "Other Resources" then one more click to "Other"

A few of the significant oral health improvements are noted below: After twelve months of care there were:

- 54.99% more residents with healthy lips
- 13.57% more residents with healthy saliva
- 41.97% more residents with healthy tongue
- 67.23% more residents with healthy oral cleanliness
- 70.56% more residents with healthy teeth
- 34.42% more residents with healthy denture
- 34.18% more residents with healthy gums
- 3.10% more residents who were healthy with regard to dental pain in 12 mos follow-up compared to the initial assessment.

Conclusion:

Within the limitations of this study, residents who received daily oral care and/ or treatment showed an improvement in their oral health status after 12 months. The results also signify the importance of the multidisciplinary approach and role of LTC-OHC, who works collaboratively with the LTC team, in improving the oral health care.

Since the inception of the BOH program, 113 staff members have been trained in six LTC homes. I work with staff members' within the homes every day to encourage, support and remind them about the importance of daily oral care for their 850 plus LTC residents. LTC staff should be educated continuously to deliver a standard care of service. Theoretical and practical oral health education of LTC staff improves the residents' oral health. However, a single educational session or workshop is not sufficient to establish a long term results. After some time, the education effect diminishes and the residents' oral health declines.

In addition to the 10 recommendations related to oral health in LTC homes, which were previously developed and endorsed by Saskatchewan Oral Health Coalition (SOHC) and Saskatchewan Oral Health Professions (SOHP) for consideration and action by the Saskatchewan Ministry of Health, nine additional recommendations are included in the twelve month evaluation report, including this one pertaining to other oral health professionals.

- **Expand the use of other dental professionals in oral health service delivery:** The provincial government and dental regulatory bodies should renew the role of the dental therapist, review the use of dental hygienists, and explore the use of alternative providers of oral health care to ensure that cost-effective care is provided in settings not currently served by dental professionals. For example, the expansion of the scope of practice for dental hygienists will allow them to bridge the gaps in service.

Oral health professionals from several other health regions within the province have travelled to Saskatoon to receive training. They have taken their knowledge and training to their own LTC homes in four of our Saskatchewan Health Authority's health areas and trained front line staff to provide daily oral care.

Within the next few months of 2019 there will be three more LTC homes within the Saskatoon area moving forward with implementing the BOH program into their homes. If you have any questions, contact me: kerrie.krieg@saskheathauthority.ca

Huddle-time - Engaging the Resident

Oral Health Care and Responsive Behavior

Residents, especially residents suffering dementia, can respond in ways that make it difficult to provide daily oral health care.

They may display responsive behavior, such as the following:

- fear of being touched
- not opening the mouth
- not understanding or responding to directions
- biting the toothbrush
- grabbing or hitting out



Overcoming Fear of Being Touched

- The resident may respond fearfully to intimate contact when the relationship with you has not been established.
- This process may need to be staged over time until the resident becomes trusting and ready to accept oral care.
- Start by slowly introducing a small amount of toothpaste on the resident's top lip so that it can be tasted.
- Then, gently try introducing a toothbrush to the mouth and progress with other types of oral care.

Bridging

- Bridging aims to engage the resident's senses, especially **sight** and **touch**, and to help the resident understand the task you are trying to do for him or her.
- Undertake this method only if the resident is engaged with you.
- Describe the toothbrush and show the toothbrush to the resident, give them time to focus and think about what the toothbrush is.
- Mimic brushing your own teeth so the resident sees physical prompts, and smile at the same time.
- Place a toothbrush in the resident's preferred hand.
- The resident is likely to mirror your behavior and begin to brush his or her teeth.

Modelling

- If the resident does not initiate brushing his or her teeth through bridging, gently bring the resident's hand and toothbrush to his or her mouth,
- Describing the activity and then letting the resident take over and continue.

Hand over Hand or Hand under Hand

- If modeling does not work, then place your hand over the resident's hand and start brushing the resident's teeth so you are doing it together
- Or place the resident's hand over your hand to help them feel they are still apart of the oral care



Distraction

- If the hand over hand method is not successful, place a toothbrush in the resident's hand while you use the other toothbrush to brush the resident's teeth.
- Alternatively, place a familiar item such as a towel, cushion or activity board in the resident's hands to distract the resident's attention from the oral care.
- Familiar music may also be useful to distract and relax the resident during oral care.
- If your relationship with the resident is not working and attempts at oral care are not going well, then tell the resident that you will leave it for now.
- Ask for help and have someone else take over the oral care.

Did you know?

We need to assist people who have Alzheimer's disease or Dementia with their oral health.

Seniors' Health and Continuing Care

People with Alzheimer Disease or Dementia require some assistance with daily oral care in the early and mid-stages of the disease. They require total care in the advanced stages.

How can I assist an individual with their oral health when they have Alzheimer's or dementia?

- Brush teeth twice a day.
- Floss teeth once a day. If flossing becomes too difficult, a small tufted end toothbrush may replace flossing.
- Clean cheeks, tongue and roof of the mouth with a soft toothbrush at least once a day.
- Assistance to guide the brush to areas of the mouth may be required, such as the caregiver placing their hand on top of the individual's hand or having the individual's hand over your hand (hand over hand technique).
- In later stages, the caregiver may need to provide all of the daily oral hygiene.

What else should I know about oral care?

- Strong tasting toothpaste may irritate gums, so mild antibacterial gel products (like Perivex) are recommended. Ask an oral health professional or pharmacist about these products.
- In the late stages of the disease, an individual may be frightened by the sound of an electric toothbrush.

What should I know about denture care?

- In the early and middle stages of the disease, reminders and coaching to remove and clean dentures may be required.
- In the later stages of the disease, the caregiver will need to provide all of the care including removing the dentures at night.
- Dentures should be labeled with owner's name in case the individual misplaces them. A dentist or denturist can provide this service.
- Full or partial dentures that are loose can prevent proper chewing and speaking.
- Oral Tissues need to be gently brushed with a regular toothbrush after dentures are removed from the mouth.

What should I know about visits to the Oral Health Professionals?

- Inform the oral health professional early of the disease diagnosis, to allow for any changes that may be needed in treatment planning.
- Shorter and more frequent dental appointments may be needed.
- Sedation may be required for some treatment.



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Oral Care – Responsive Behavior

Huddle Talk #4

Care givers are reluctant to provide oral care because of many reasons:

- ☐ Not enough time
- ☐ Not the right dental supplies
- ☐ Fear of being bitten
- ☐ Challenging behaviors
- ☐ Lack of confidence that oral care is being done properly

Your Home does have the right dental supplies, please make sure you know where they are stored

Oral Health & Responsive Behavior Strategies:

- Use your Gentle Persuasive Approach and Purposeful Interaction skills
- Timing of daily oral care may have to be adjusted to achieve daily care some times 2 care givers are needed
- Develop ways to improve access to the resident's mouth: overcoming the fear of being touched, modeling, hand over hand, distraction, and/or alternative provider
- Be mindful of your body language – ensure it's approachable.
- Establish effective verbal and non-verbal communication
- Treat your residents the way you would want to be treated. It's not acceptable to skip mouth care just because the resident does not request it.
- Take the time to figure out what is bothering the resident

Oral health is as important as skin integrity in protecting the body against infection. When this defense barrier is broken because of poor oral health, the bacteria in dental plaque can enter airways and the bloodstream causing:

➤ Pneumonia, Heart attack, Stroke, Lowered immunity, Poor diabetic control

For more information please contact:
Kerrie Krieg CDA – 306-655-431
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The Saskatchewan Oral Health Coalition:

Through a unified voice, the Saskatchewan Oral Health Coalition works collaboratively with dedicated partners to improve the oral and overall health of Saskatchewan residents.

As an inter-disciplinary group, we strive to identify and address the needs of vulnerable populations, and by using evidence based decision making, promote advocacy, education, prevention and standards.

FUTURE MEETING DATES:

- **Monday, May 27, 2019**
German Cultural Club, Saskatoon
- **Monday, October 21, 2019**
Travelodge South, Regina

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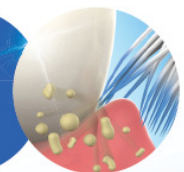
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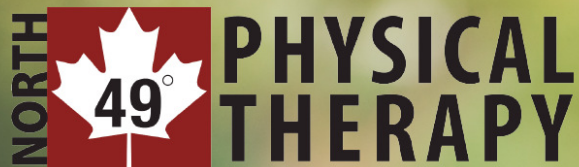
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