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SDHA EDGE

WINTER ISSUE

NOVEMBER 2021

CEO Report - Catherine Folkersen



Dear SDHA Members,

My time with the SDHA has reached the end. It has been a real pleasure to meet and talk with so many dedicated dental hygiene professionals during my employment at SDHA. Shelby Hamm is a great colleague that never let me misunderstand oral health issues. The SDHA membership and council is fortunate to have her as the new CEO-Registrar. She is patient and witty. I respect her intelligence and dedication to the profession and her passion for ensuring this regulatory

body remains on the path of continuous improvement. Congratulations Shelby on this achievement!

Karalee Emmerson has been an administrative powerhouse organizing current and past files and processes. Her work is largely unseen but she has worked steadily to create a more efficient office that hums on most days. It was a pleasure to work with you. Thanks for your ability to connect with and help the membership when they need help with Alinity! I bow to your considerable skill in this area.

The mandate of ensuring the public has access to safe and competent dental hygiene care is not always what comes to mind when one thinks of an Association but it is the role given by government to this Association through legislation. The SDHA is happy to see that the government is amending that legislation in the upcoming year and the role for dental hygienists in society will change even without a change in scope. Independent practice will be truly independent. I wish to thank all the past and current Council members for their considered thoughts, guidance and great discussions as the organization worked to see this change be championed by the government. The future for your profession evolves constantly. Stay in touch with your regulatory body and pitch in to help them when you can.

May your holidays be merry and bright. All the best in 2022.

Catherine Folkersen

Incoming CEO/Registrar - Shelby Hamm

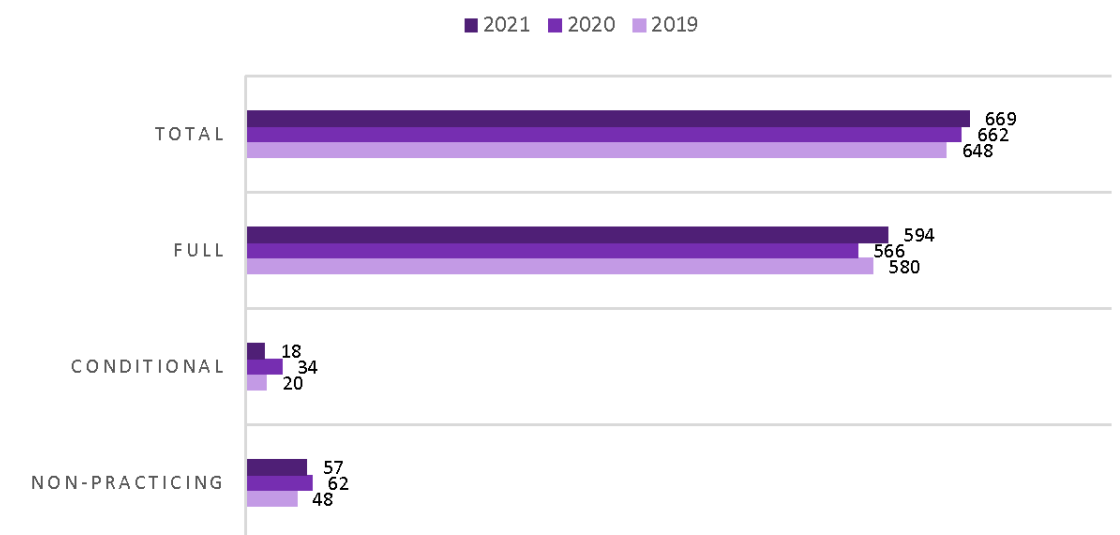


Thank you to all the members that completely the 2021-2022 licensure renewal process in a timely and organized fashion. Our records show that 97% of members completed renewal on or before October 20th with 3% incurring a late fee of \$100. In accordance with Section 47 of the Regulatory Bylaws, notice was sent to members by mail of the 2021-2022 licence fee and day on which fee was due without penalty. We facilitate renewal for almost 700 members and would be unable to provide the assistance needed if members deferred renewal

until the time of expiry, we thank you for your promptness! I would like to extend sincere appreciation to SDHA Administrator, Karalee, for her efforts and organization during this process. Thank you, Karalee!

On November 1st, we noted an attrition rate of 6% of our membership due to retirement, relocation, change in profession or fitness to practice. We were made aware of three members that neglected to renew their licence, who have been instructed to make an application for reinstatement. As of November 1st, 2021 our current registry reflects the numbers found below in comparison to 2019 & 2020:

MEMBERSHIP STATISTICS



From November 2020– November 2021 the SDHA has received three formal written complaints and three informal concerns. Thank you to the Professional Conduct Committee for their professionalism in the determinations of these complaints.

It is an honor to have been the selected as the successor to Ms. Catherine Folkersen, who will be leaving her position of CEO at the end of November. It has been a pleasure being mentored in management and financial operations by her over the past 2.5 years. Catherine is well versed in organizational leadership and assisted this organization in completing legacy projects in her time here. I wish her the best of luck in future endeavors or new found free time and anticipate her golf score to reflect it. Thank you, Catherine!

I would like to use this opportunity to share that the SDHA will be in search of a Deputy Registrar in hopes to be in place for the new year. If this interests you, please see our [job board](#) for more details.

Respectfully submitted,
Shelby Hamm, RDH



September 30th was a day of education and discussion regarding Truth and Reconciliation for the staff at SDHA. The office was closed to support recognition of the historical damage that the Residential School system in Canada perpetrated upon our Indigenous population over many generations.

We remain humbled by the scope of damage and acknowledge that our education is only the beginning of a path towards a more equitable and just society where health care outcomes are not determined by a social construct such as race. The staff attended a webinar in the Indigenous Cultural Safety Collaborative Learning Series titled Race and Privilege in the Everyday. (<https://www.icscollaborative.com/webinars>)

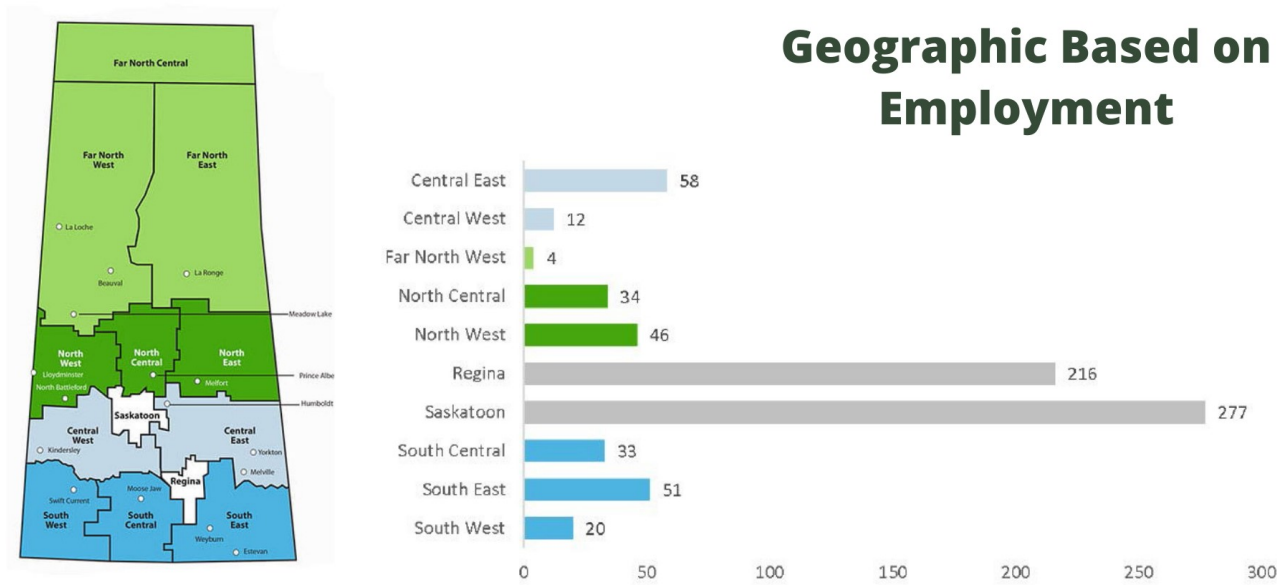
This introductory webinar is the beginning of a series designed to aid health care workers in understanding the roots and effects of racism in our society. It was effective in how to open our minds on managing our thoughts and behaviours to others that we interact with that we believe to be racially different than us.

One speaker exemplified Race and Privilege in the Everyday. He was a white male that was encouraged to get his PhD in Indigenous Studies by a First Nations university professor. She encouraged him because she said that his stature in society means that he could deliver the messages and be heard because he was a white male and would get acknowledged for his education, opinion and expertise. As a First Nations woman she understood her message was not always given the same attention by an audience.

It is incumbent upon each of us to assess our knowledge and understanding of First Nations culture and lives in this province and then to assess our biases regarding our relationship with First Nations people as a starting point to plot a plan for improving our individual and collective responses to First Nations people.

The SDHA acknowledges the 6 treaties of Saskatchewan: Treaty 2, Treaty 4, Treaty 5, Treaty 6, Treaty 8 and Treaty 10. Wherever Register Dental Hygienists gather and practice in this province it is on Treaty land and the Homeland of the Metis. The Association pays respect to the First Nation elders and Metis ancestors and wishes to re-affirm the relationships we have with one another in this province in which we are honoured to live.

Geographic Based on Employment



Position details found on:

SDHA Job Board

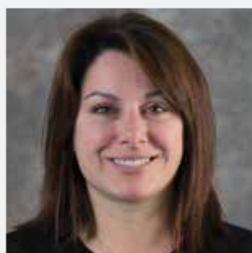
We're Hiring

✔ Deputy Registrar

Send your CV and Resume to : sdharegistrarsasktel.net

CDHA
CORNER**Hello friends and colleagues,**

I would like to begin by thanking the dental hygienists of Saskatchewan for electing me to CDHA's board of directors six years ago. It has been an amazing opportunity to be involved, and to contribute actively to the advancement of our profession.



I would like to congratulate Kaylen Anholt, the new CDHA representative from Saskatchewan. She brings years of experience and knowledge to this role, and she looks forward to her involvement at the national level.

With fall upon us, don't forget the upcoming CDHA annual general meeting, which will be held Saturday, October 16, as well as the national conference, which will be held October 29 and 30. Both will be virtual offerings this year and both are don't-miss opportunities for connection with the association and for premium professional development. Check out ALL the PD offerings currently available to CDHA members, listed in the right-hand column.

Our profession is in great hands. CDHA is a dynamic association that stays at the forefront of dental hygiene. CDHA is currently offering numerous webinars, resources, and a brand new free legal line for your employment-related questions. We are very fortunate to be a part of this association and all that they do for each of us.

Leanne Huvenaars
CDHA past president & board director, Saskatchewan
pastpres@cdha.ca

WHAT'S NEW AT CDHA?**PROFESSIONAL DEVELOPMENT****NEW webinars recently released:**

Vaping, Nicotine & Tobacco: Facts, Stats & Trends, sponsored by Waterpik

Up in Smokel Virtual Vaping Workshop, sponsored by Philips

AAP Clinical Applications & Case Studies, sponsored by Philips

Translating Uncertainty in Evidence-Based Practice, sponsored by Johnson & Johnson

Webinars coming soon:

2021 Job Market & Employment Survey, January 19

cdha.ca/webinars

Save the Date

CDHA Virtual Conference: Practices 360, October 29-30

cdha.ca/conferences

OTHER NEWS**Canada's Dental Hygiene Superhero Revealed!**

From 778 amazing entries, Canada's 2021 dental hygiene superhero is Natasha Kellett of British Columbia. She is joined by two deserving honourable mentions: Holly Rynard of Ontario and Mara Sand of British Columbia. Check out their stories at dentalhygienecanada.ca/superherowinners.

Membership Renewal

CDHA's membership renewal deadline is October 31. CDHA membership provides access to many great benefits. Check out the advantages in our infographic and video at cdha.ca/6reasons.

2021 Award Winners Announced

CDHA celebrates exceptional service through its award program, recognizing members who have made outstanding contributions to the dental hygiene profession, either in their communities or nationally through the association. Check out this year's recipients at cdha.ca/awards.

Scholarship Program

CDHA is proud to announce its new scholarship program for registered dental hygienists across Canada who have chosen to advance their education. Five awards are available at \$1,000 each; the application deadline is Friday, October 29, at 11:59 pm ET. Details at cdha.ca/scholarship.

New Fact Sheets

CDHA has updated its fact sheet about the profession and developed a brand new companion resource explaining independent dental hygiene practice. These great client handouts can be found at dentalhygienecanada.ca/yourdentalhygienist.

Amendment of the Dental Disciplines Act (1997)

The Legislature of the Government of Saskatchewan has begun the process to amend the Dental Disciplines Act (1997) by removing Section 25 Limitations on certain authorized practices! This is a huge victory for equity of the professions. No longer will therapists, hygienists and assistants be required by law to work for or be under contract to another oral health care professional. Saskatchewan oral health care has now aligned with other provinces allowing registered dental hygienists to independently practise. This achievement has been years in the works. I applaud the past Council members, current Council members, past Registrar/CEO Kelly Glass and others who have worked hard to show the benefit to oral and overall health when RDH's are able to provide their scope of practice independent of a dentist's oversight.

In case you are thinking of resigning and opening your own business as soon as the Act is amended, please continue reading. Nothing will change until the SDHA has:

- Updated the Regulatory Bylaws, and
- The Minister of Health has accepted the changes to the Regulatory Bylaw.

The SDHA is developing the new Regulatory Bylaws in anticipation of this amendment but is unable to begin the submission process until the amendment is fully passed in the Legislature, at this time it is only had first reading – 2 more readings to go. When the SDHA Regulatory Bylaws are passed by the Ministry of Health allowing Independent Practice, the SDHA will update members. The amendment to the DDA is good news for the profession and as an oral health care client I look forward to seeing my options to seek out dental hygiene professionals expanding.

In the Speech from the Throne on October 27, 2021, Lieutenant Governor The Honorable Russ Mirasty stated that the government will amend the Dental Disciplines Act (1997). [Watch the video to hear this announcement](#).

Catherine Folkersen, CEO

SOHC Newsletter

Through a unified voice, the Saskatchewan Oral Health Coalition Inc. 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.

[View our latest newsletter here](#)



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For more information, please contact
Kristy Charlton | 306-491-0355
Kristy.Charlton@dentsplysirona.com
@kristy.ds.sk

*World Health Organization Global Oral Health Database
 1. Gatchel RJ, Ingersoll BD, Bowman L, Robertson MC, Walker C. The prevalence of dental fear and avoidance: a recent survey study. J Am Dent Assoc. 1983 Oct;107(4):609-610. [PubMed]

Spotlight - Dr. Sheri McKinstry

Discusses Her Metis Roots and How it has Informed Her Career Goals



I had the pleasure of speaking with Dr. McKinstry about her education, career and hopes for Indigenization of the College of Dentistry at the University of Saskatchewan. “Dr. McKinstry is Anishinaabekwe from Treaty 1 territory, and proud member of Sagkeeng First Nation in Manitoba. She is an assistant professor in the College of Dentistry at the University of Saskatchewan. She is married with four children.” (UofS website)

To begin, Dr. McKinstry revealed that her academic endeavors were driven by Indigenous oral health inequities, with particular attention to the social determinants of health through a critical race theory lens. Given her lived experience, she endeavors to explore Indigenous history in Canada to help understand the contemporary Indigenous-Canadian relationship that impacts Indigenous health today. She maintains the commitment to making positive change in Indigenous communities.

As a high school dropout, her return to adult education as a pregnant teen revealed that the sciences excited her – especially physics. Having returned to academia to become a teacher, Dr. McKinstry instead chose to put her love of science into a career that would allow her to help others. Finally in 1997 with four young children, she completed the prerequisites to apply to dental school in 2001. After graduating from Dental School in 2005, she contracted with the federal government to provide dental service in rural northern Manitoba serving Indigenous communities.

Having provided dental service in First Nations communities for over a decade, Dr. McKinstry became frustrated as she perceived herself to be failing at making the difference in the communities that she set out to accomplish at the beginning of her career. Knowing that there was more to Indigenous oral health than brushing and flossing, Dr. McKinstry furthered her education to better understand the complexities of Indigenous oral health inequities. This led her to explore many avenues, particularly in academia for explanations as to why life is the way it is for Indigenous people in Canada, including that for her and her family.

Her initial return to academia following dental school was in 2012 when she began her journey in Native Studies at the University of Manitoba. Serendipitously, an opportunity to join the University of Victoria to pursue a Master of Public Health (MPH) degree, specifically in Indigenous Peoples' Health presented itself; she joined the MPH program in 2014. The knowledge gained from this program helped her to better understand the effects of centuries of colonialism on health outcomes of Indigenous people. Her, and her family's lived experience with colonialism and racism facilitated these understandings, however processing this information proved and continues to prove a painful part of her learning and life journey.

During her time in the communities, an Elder mentioned that to make a difference in the communities, we need to start with the children. The wisdom and sincerity of those words resonated with her and her Indigenous worldview, it was something that she took to heart. So while in the MPH program, she applied to the Master of Dentistry program at the University of Manitoba to specialize in pediatric dentistry. Upon graduating from the MPH program in May, 2017, she moved onto a Master of Dentistry at the University of Manitoba pediatric residency program.

Fortunately for the University of Saskatchewan, Dr. Doug Brothwell had been at the University of Manitoba and knew Dr. McKinstry when she had studied there – he invited her to join the College of Dentistry where she had the opportunity to chair the Indigenization Working Group at the College of Dentistry.

The short term the goal is to develop a series of recommendations for the College to enable a blueprint to be developed that would result in long term Indigenization of the College. I asked for help understanding the end goal. "What does Indigenization look like in a College of Dentistry?" The answer surprised me. Indigenized space would feel and look safe for everyone, where colonial baggage carried by society is unpacked and relationships are respectful and reciprocal. To do this, a space should feel inclusive while avoiding cultural appropriation, with signage in appropriate languages, artwork should reflect Native communities and materials should be local and specific to Saskatchewan. Why install Italian marble when equally strong and locationally effective materials exist here? The inclusion of holistic health principles and a respect for Indigenous knowledge is sought. The College is altering curriculum and "Reconciliation in Dentistry" will be taught this year. In a short time with the College, Dr. McKinstry is leading change in the profession of dentistry and hopes to share her lived Indigenous perspectives and worldview with all the dental professions.

It was a pleasure to speak with Dr. Sheri McKinstry and the province is lucky she has chosen to share her skills within our communities. I thank her for the time she provided during the interview and to review (and improve this article).

Healthy Practices.
Healthy Smiles.



Pump Up the Volume! The RDH's Guide to an HVE System

by Dani Botbyl  [dani.ultrasoniccoach](https://www.instagram.com/dani.ultrasoniccoach)



Dani Botbyl, RDH

Dani Botbyl is a registered dental hygienist and has been the National Clinical Educator for Dentsply Sirona Canada for 21 years. She enjoys engaging with her social media community and presents dozens of virtual and in-person workshops each year.

The risk of dental aerosols to dental health care professionals (DHCP) and the use of high volume evacuation (HVE) to control aerosols can be traced back seven decades.¹ My interest in the evolving research and subsequent use as a dental hygienist who was a single person operator, started in the late 1990's. I quickly learned that not only was HVE needed to control fluid and create a visible field, it was key to capturing aerosols when implementing procedures such as ultrasonics, rubber cup and air polishing or use of air-water syringes. Even though HVE has long been suggested as important element in a layering approach of protection for DHCPs, its interest in examining this tool's value beyond water control was not a top priority for many until the COVID-19 pandemic.

The outbreak of COVID-19 offers a reminder; diligence is required to stop the spread of infection as transmission of the novel virus from dental procedures which create droplets and aerosols is possible.^{2,3} Due to the HVE's ability to reduce splatter, droplets and aerosols before particles leave the oral cavity, this tool has been propelled, like no other time in history, into the practice of dental hygienists. All DHCPs need to realize that in order to maximize the full potential of HVE, one must look beyond the use of a lone device that simply fits onto the HVE hose/line. Rather, the benefits of HVE in dental chair units (DCU) should be looked at as a system. This article will provide an overview of the elements of an **HVE system** including: an effective HVE device, best positioning of an HVE device and a proper main vacuum unit.

Table 1: Dental Devices and Procedures Known to Product Airborne Contamination

Device and/or Procedure	Contamination
Ultrasonic and Sonic Scalers	Considered the greatest source of aerosol contamination; use of a high-volume evacuator will reduce the airborne contamination by more than 95%
Air Polishing	Bacterial counts indicate that airborne contamination is nearly equal to that of ultrasonic scalers; available HVE will reduce airborne contamination by more than 95%
Air-Water Syringe	Bacterial counts indicate that airborne contamination is nearly equal to that of ultrasonic scalers; high-volume evacuator will reduce airborne bacteria by nearly 99%
Tooth Preparation with Air Turbine Handpiece	Minimize airborne contamination with rubber dam or other isolation types and HVE
Tooth Preparation with Air Abrasion	Minimize airborne contamination with rubber dam or other isolation types and HVE

From: Harrel SK, Molinari J. Aerosols and splatter in dentistry: A brief review of the literature and infection control implications J Am Dent Assoc. 2004;135:429-437. [https://jada.ada.org/article/S0002-8177\(14\)61227-7/pdf](https://jada.ada.org/article/S0002-8177(14)61227-7/pdf)

An Effective HVE Device

Effective HVE devices are dependent on their ability to pull large volumes of air. Many manufactures creatively position their devices to suggest that if it attaches to an HVE adaptor/hose, a device can be expected to effectively collect aerosols. Don't be fooled; such claims are inaccurate. A device that has good suction but does not remove a high enough volume of air is not HVE. HVE devices in dentistry that can pull a large volume of air have a single opening of $\geq 8\text{mm}^2$ or at the widest bore size of the operating hose.⁴ Studies show that HVE devices have been found to capture 90-99% of aerosols.^{1,2,5-15}

Best Positioning of an HVE Device

Ultimately, the goal is to collect aerosols, droplets and splatter at the source, before they enter the space outside the oral cavity and before they reach the DHCP. To do this, an intra-oral evacuator is highly effective.¹⁶ Capturing aerosols at the source requires placement of opening of the HVE device a close as possible to the aerosol generating device (AGD). (Figure 1 and 2). There have been suggestions that the opening of the HVE should be



Figures 1 & 2: Effective positioning of HVE device opening for ultrasonic debridement and the use of 3-way air-water syringe.

continued on next page...

Healthy Practices. Healthy Smiles.



positioned 6-15mm away from the AGD but a scientific reference supporting the claim of this exact distance could not be found. Desarda et al, concludes that an HVE with a ≥ 8 mm held 12 inches away does not provide any aerosol reduction.¹⁷ The aerosol reduction results from Jacks et al, are at lower end (90%) of the 90%-98% reduction range. In this study, the ≥ 8 mm HVE opening appeared to be held within two inches of ARD.¹⁰ In their 2021 paper, which showed a 99% reduction in particles, Agostini-Walesch et al suggests that 6-15mm distance may be ideal.¹⁵ It is worth noting, if the AGD creates heat (such as an ultrasonic scaler), the HVE opening should not be positioned too close to the AGP, so not to prevent water from flushing and cooling before it is suctioned away. Ideal positioning of traditional HVE tips attached to stiff, heavy hoses presented a challenge to single person operators in the past but new product designs have combined function with improved ergonomic features (Figure 3).



Figures 3: In addition to a ≥ 8 mm single opening, Purevac HVE (Dentsply Sirona) offers a light extension hose, 360° rotation, reduced noise and autoclavable mirror suction tips.

An Effective Main Vacuum System

Whether you suspect the existing power of your HVE in your dental chair units (DCH) is weak or you are considering regular use of HVE in a treatment room where it has not been used in the past, the office's main vacuum system needs to be considered. Using inadequate suction makes it difficult for the DCHP to isolate and view treatment, to maintain client's airway

and control aerosol production.^{1,6,18} Dental service technicians are likely resources for measuring air flow rates at the end of the opening of the HVE tip. They can also consult on the best type of main vacuum system (e.g. wet or dry). With more treatment rooms simultaneously using HVE, it seems dry vacuum systems can better offer practices the power and performance needed.¹⁹ Regardless of the type of main suction unit in your practice, to keep your DCU suction working efficiently, lines need to be cleaned and disinfected daily or twice daily and flushed with clean water between clients. Suction system filter components (aka - suction traps) should also be cleaned and disinfected daily and replaced if damaged or torn.²⁰ In practice, the process involves aspirating a volume of disinfectant through the suction hoses. (Figures 4 and 5). If the suction filter system can't be reached during the aspiration disinfection, it should be removed and cleaned. Refer to the manufacturer's instructions for use (IFU) for specific details.

There are multiple protective layers which can be adopted as methods of reducing potential airborne contamination but equipment that can effectively capture droplets, aerosols and splatter before they can escape into ambient air offers significant benefits in dentistry. An effective **HVE system** can do just that but to maximize this system, consideration must be given to the selection of an effective HVE device, ideal positioning of the HVE device and a proper main vacuum unit.



Figures 4 & 5: Aspiration disinfection equipment required for cleaning and disinfecting suction lines/hoses and filters.

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Sask Polytechnic Health & Wellness Day March 26, 2022

Hello! We are dental hygiene students at Saskatchewan Polytechnic in Regina and are the co-organizers of Health and Wellness Day 2022. We are seeking Registered Dental Hygienists to volunteer their time to help provide free hygiene services to groups in Regina, specifically those who face access barriers to dental/health care. This is a very rewarding opportunity to give back to the community and help those in need!

All treatment will be completed at the Dental Clinic at Saskatchewan Polytechnic in Regina. A detailed package with a timeline will be sent out to those who are interested. We expect that the event will take place from approximately 8:00 a.m. to 3:00 p.m. Each hygienist will see approximately two clients in total.

Additional incentives for volunteering include continuing education points. There will also be lunch and snacks provided!

If interested, please contact:

Taylor: lehman9746@saskpolytech.ca or text 306-821-2883

or

Brooklyn: macleam5349@saskpolytech.ca or text 306-552-9430





The SDHA Council may have up to 7 elected registered dental hygienists and 3 public representatives appointed by government, serving as the council.

The Council is extending a **Call for Nominations**. Up to **two (2)** Registered Dental Hygienists who are interested in serving on the SDHA Council for a three (3) year term (2022-2025). The election to Council will occur at the AGM on April 2nd, 2022.

If you are interested in contributing your time, talent and wisdom to the SDHA, the self-nomination process is easy:

- Submit the [Nominations Form](#) found on the SDHA website and
- A photograph (self-portrait) no later than Monday February 12, 2022 (email sdharegistrar@sasktel.net)

The SDHA Council is seeking individuals who:

- Support the goals and core values of the organization
- Understand that council members, individually and collectively, are stewards for the organization
- Will discuss the values underlying the actions taken in the organization
- Value reasonable risk and innovation to further the organization
- Will delegate the operational detail to staff
- Embrace long-term thinking to see the big picture
- Will participate assertively in deliberation, while respecting the opinions of others
- Will uphold council policies and decisions
- Will engage in the orientation, training and ongoing study and application of the Policy Governance® model of governance.

Now is a great time to consider the difference your participation could make on the SDHA Council!

Note From Registrar: Continuing Education

Members appear to have growing comfort with inputting continuing education into the “My Learning” page of the member portal. We have received several inquiries about making multiple entries at one time. In order to make multiple submissions, members must ADD all of the submissions prior to hitting submit. Once the submit button is hit the SDHA gains control of the form for approval. The approval process can take a couple of days but is typically handled very timely. Please keep this in mind when making future submissions.

We encourage members to review the [Continuing Competency Program Guidelines](#) to ensure the supporting documentation meets the requirements set out in this guideline and that the education obtained is categorized appropriately.

Other common issues are; time-stamping of online credit that do not reflect hour-per hour credit, missing critical information on supporting documentation, credit requests that have not been approved by the SDHA or bulk submissions from conferences.

Please reach out to us if you are looking for more guidance on this topic!
Shelby Hamm, RDH



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