



ISSUE 32 / JULY 2022

SDHA EDGE

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



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FROM THE DESK OF THE REGISTRAR/CEO

"We cannot say goodbye to a problem until we at first have said hello" -Elder Gerry Oleman. Cultural safety is not a tip sheet or checkbox but rather a lifelong journey of intentional work. As healthcare providers, cultural competence is at the forefront of discussions among health regulators. I recently completed the San'yas Indigenous Cultural Safety Training Program, which explores the means to provide service in a way that shows respect for culture and identity while incorporating the person's needs and rights free of discrimination. Indigenous Cultural Safety is a continuum that includes:

- Cultural Awareness: understanding there are cultural differences between groups while not assigning a value to those differences.
- Cultural Sensitivity: being aware of how your experiences and values may impact others while recognizing that there are legitimate differences.
- Cultural Competence: knowledge, skills and awareness exist to create culturally safer places and services.

A key component of cultural safety is examining historical and political factors that create power imbalances between Indigenous and non-Indigenous peoples. I encourage you to embark on your own journey of cultural competence and recommend the San'yas training to those interested.



SAN'YAS ANTI-RACISM
INDIGENOUS CULTURAL
SAFETY TRAINING
PROGRAM

On June 23rd, 2022 the SDHA held its first Discipline Hearing. Notice is available to the public, employers and members on our website. The Discipline Hearing was based on an uncontested submission that



while providing professional services the member was guilty of professional misconduct as defined in Section 27 of the ACT in that they:

1. Acted in a manner which they knew or ought to have known was harmful to the best interest of the public and was harmful to the standing of the dental hygiene profession.
2. Failed to demonstrate professionalism, integrity and beneficence while providing services and therefore breached Regulatory Bylaw section 54(1) in failing to comply with the Code of Ethics and Competencies and Standards.

The penalties awarded to the member include:

- Suspension of Licensure for 30 days
- Professional Boundaries Remediation
- Fine of \$2000
- Public Notice of Hearing

The SDHA has begun work to update our provincial Standards of Practice and are looking across the nation for methods to include cultural competence into our professional standards. In February of 2022, the College of Physicians and Surgeons and College

of Nursing and Midwives approved a new practice standard: Indigenous Cultural Safety, Cultural Humility, and Anti-racism. We will also be evaluating the need to enhance a professional boundaries standard as a result of the discipline hearing. Please stay tuned for consultation opportunities in the development of these Standards of Practice.

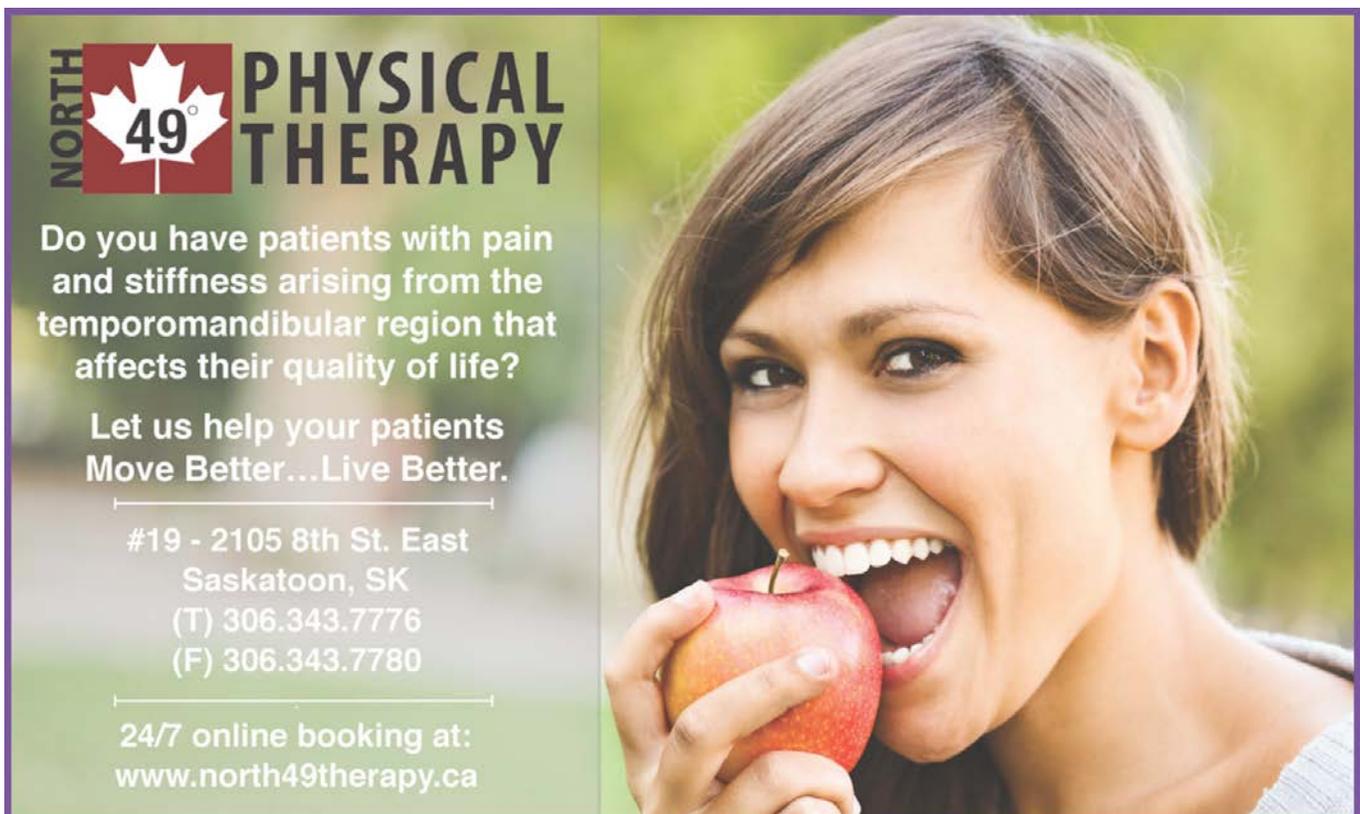
In accordance with Regulatory Bylaw Section 47, we are preparing for our annual mailout notice to members regarding the renewal process, schedule and fees. Please take the time to review this correspondence in detail to ensure details and deadlines are not missed. In efforts to reduce our carbon footprint and remain fiscally responsible, we will not be mailing out licences following renewal. A licence will be available to members on the member portal for individual printing. Following reflections from the pandemic and the modernization of our systems, the public, employers, agencies are now able to verify licensure status directly from our website and licences will no longer be required to be displayed in a conspicuous

place of work. If you require a printed copy directly from the SDHA, please reach out to our office for assistance.

We have received several inquiries on the latest interim IPC protocols. A committee composed of representation from all the oral professions are in the final stages of completing a recommendation to present to the applicable councils. We appreciate your patience in this important work and encourage you to remain as diligent as possible.

Finally, we would like to welcome the new graduates of the Saskatchewan Polytechnic class! Welcome to the profession of dental hygiene and we look forward to your efforts to help achieve optimal oral and overall health for the people of Saskatchewan!

Respectfully submitted,
Shelby Hamm, RDH
Registrar/CEO



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SDHA PRESIDENT'S MESSAGE

On behalf of the SDHA, I would like to welcome all new Dental Hygiene Graduates. Congratulations! What an exciting time to join the profession. Council has been working hard on updating the Regulatory Bylaws in response to Bill 62, which proposes an amendment to section 25 of the Dental Disciplines Act. Council is in favor of this legislation to pass in order to reduce regulatory barriers currently limiting providers who can deliver care in rural and remote settings. Council is confident that legislative changes will positively impact Saskatchewan Dental Hygienists; providing more opportunities for Independent Dental Hygienists to meet the needs of underserved populations and providing more oversight to the SDHA.



a dental hygienist wanted to give back to my profession. With the global pandemic taking up most of the conversation for the last couple of years, I am happy to report that committee work is starting to become a priority once again for the council. If you share curiosity on what is involved with being a council member, there is a link here for more information.

I would like to Welcome our two new council members Carla Ofstie and Kayla Bakken. I am excited to see everyone's faces, as our meetings are being held in person again after two years of virtual meetings. The council works with a great staff: Shelby Hamm was hired November 2021 as our CEO/Registrar with Alyssa Boyer hired in March 2022 as the Deputy Registrar. Karalee Emmerson is our Association Administrator. I am lucky to start my term with such a supportive, knowledgeable staff

On April 2nd the SDHA held a virtual Conference and Annual General Meeting. With 183 attendees, we consider this a very successful event. The council held a meeting on May 4th to elect the executive committee. I was elected President with Lisa Pollock being elected 1st Vice President and Carla Ofstie elected 2nd Vice President. I have been on council since 2020 and look forward to the new learning opportunities being Council President will bring. I originally joined council because I was curious, and after many years of being

As I write this Saskatchewan is enjoying a heat wave and I for one couldn't be happier. I hope this finds you enjoying the outdoors and enjoying time with friends and family

Stacie Beadle BA, RDH
SDHA Council President

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MEMBER UPDATE

February 1, 2022 – April 30, 2022

CDHA exists so that its members are able to provide quality preventive and therapeutic oral health care as well as health promotion for the Canadian public.

- 1.0 Public Policy Environment: Members play a key role in influencing the public policy environment to improve not only their ability to practice as primary health care providers, but also the overall health of Canadians.**

ADVOCACY PRIORITIES

Seniors' oral health: In support of CDHA's national campaign for seniors' oral health, CDHA launched a letter-sending drive on national standards for long-term care on January 31. The campaign is open to anyone interested in letting politicians and decision makers



know that it's time to support seniors' oral health. Over 450 letters have been sent so far. For those who haven't yet added their voice, there is still time to [participate](#). There were also many accompanying resources developed to support this campaign, including video testimonials, social media campaign and two new infographics were developed - one sharing highlights from the forthcoming white paper, *A National Oral Health Care Plan for Canadian Seniors*, and the other communicating results from the Abacus Data national public opinion poll on seniors' oral health. The White Paper on Oral Health Care for Seniors is in the process of being launched in the Spring.



- Health Standards Organization (HSO) National Long-Term Care (LTC) Services Standard:** The public review of HSO's new Long-Term Care Services standard took place between January 27-March 27. CDHA participated in the public review using HSO's online questionnaire. To encourage and facilitate dental hygienists to participate, CDHA also shared a set of key messages as a jumpstart to participating in the review as a provider or DH practice working with LTC residents. CDHA was also given the opportunity to provide feedback on specific areas within the standard during a series of town hall sessions held by HSO in March.

CDHA Advocacy Day held on April 5

The board of directors' annual Advocacy Day on Parliament Hill was held on April 5, during National Dental Hygienists Week™ (NDHW™). Senior staff and board members participated in a [full day of virtual meetings](#) to discuss our priorities and to share information on the important role dental hygienists play in the everyday lives of Canadians. In particular, CDHA stressed the urgency of supporting the oral health care needs of vulnerable seniors.

PROFESSIONAL HIGHLIGHT: JINA BARKER, RDH

EDUCATION:

Bachelor's Degree in Economics (2016),
University of Saskatchewan

Diploma of Dental Hygiene (2018), The
Canadian Academy of Dental Health &
Community Sciences

GREATEST PROFESSIONAL ACHIEVEMENT:

Establishing BoardNotes in 2021:

an online study resource with dental
hygiene focused study guides, photos,
tips, and practice questions.



A Week in my Life: Working in Northern Saskatchewan

I've been a Registered Dental Hygienist for four years working in urban Saskatoon. During this time, I have become aware of the great distances people travel to access dental care. I have always been interested in pursuing employment opportunities with northern community partners, but unfortunately the global pandemic deferred these opportunities for a couple of years. I was privileged to be introduced to Dr. Climenhaga by a colleague who works full-time serving northern communities in Saskatchewan. After a two-day trip alongside Dr. Climenhaga, I instantly knew I would be altering my career path to work alongside him.

The communities I've been lucky to serve so far include Cumberland House, Sturgeon Lake, and Stanley Mission, Saskatchewan. Our work week begins on Sunday evening by travelling 2.5 hours from Saskatoon to Tisdale or Nipawin where we stay overnight. After an early breakfast the following morning, we drive to the community we are working in that par-

ticular day. The highway passes through continual forests of tall pines and spruce, and we often spot wildlife such as deer, fox, and the occasional bear.

When we arrive to our destination, the clinic comes to life with conversation and activity. I begin my first patient around 9:30 in the morning, and work steadily until 5:00 in the evening. On a typical workday I see between 7-9 adults, and 1-3 children. We try and accommodate any patients wanting to be seen, even if it means working late.

Cumberland House: From Tisdale, we drive another 2.5 hours to Cumberland House; a community of approximately 1600 people. We work out of the Victoria Health Center, which is another hour long drive off the service grid. This clinic has a two-chair operatory. We share this space with dental therapists who provide treatment on the days we aren't working.

Sturgeon Lake: Every Thursday, we travel to Stur-



geon Lake; a community of approximately 5000 people. This clinic has only one operatory for use. Dr. Climenhaga and I alternate treatment each week. On days when I provide hygiene services, Dr. Climenhaga helps me with charting, sterilization, and exams.

Stanley Mission: Once per month, Dr. Climenhaga and I take turns travelling to Stanley Mission; a community of approximately 2000 people. This is typically a 4-day trip. Here, we stay overnight at the Health Centre. The clinic here is open 24 hours, so I often start my day earlier and work later in order to accommodate as many people as possible each day. Stanley Mission is located on the banks of the Churchill River, meaning that I have opportunity to go fishing with new friends in the community after work.

It has been a privilege to work with Dr. Climenhaga. He truly takes the time to build a relationship with each patient, explain each procedure carefully, and listen to any concerns. He has been working in remote Saskatchewan communities for 8 years, and I look forward to continuing to work alongside him.

The most rewarding part of my work is educating patients on their oral health in addition to instilling the confidence to advocate for their own dental and medical needs. This opportunity has opened my eyes to the access to care issues some of our northern communities are faced with. I'm even considering expanding my education to include Dental Therapy. As a dual provider, I know I could be better equipped to meet the oral health needs of remote communities in Saskatchewan.

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Xylitol:

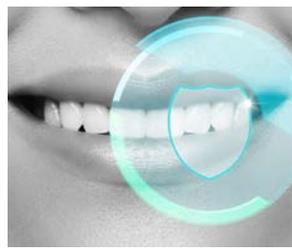
How Sweet It Is

Dental caries is the most common chronic disease worldwide, affecting people of all ages and circumstances. As a dental hygienist and primary health care provider, you play an essential role in educating your clients on how to prevent caries, guiding them on proper toothbrushing techniques, interproximal cleaning, using antibacterial and fluoride mouth rinses, and recommending fluoride treatments when appropriate. But your clients at high risk for caries may need more.



What is xylitol?

Xylitol is a natural sugar alcohol found in fruits and vegetables. It is artificially manufactured from plant materials such as birch and beechwood. Xylitol has a sweet taste and has been used as a sugar substitute since the 1940s, but unlike sugar it doesn't cause caries and may even be beneficial to oral health.



Does xylitol improve oral health?

Research conducted in Finland during the early 1970s found that consumption of xylitol reduced the growth of dental biofilm; further studies revealed that xylitol consumption was associated with caries reduction.¹

Chewing gum sweetened with xylitol also combats xerostomia, another contributor to caries formation, by increasing saliva production.

Why is xylitol effective?

Xylitol has been shown to be an anticariogenic and remineralization agent. When we eat and drink, oral bacteria, such as *Streptococcus mutans* (*S. mutans*), consume refined sugars and carbohydrates, creating an acidic environment that demineralizes tooth enamel leading to caries. Because xylitol cannot be consumed by *S. mutans*, it raises the pH level in the oral cavity to a neutral state, preventing demineralization. It also reduces biofilm adhesion to the tooth structure.

In addition, xylitol stimulates salivary flow, rich in calcium and phosphate, which helps to remineralize carious lesions in their initial stages. When pH is above 7, the calcium and phosphate in saliva will re-harden areas of weak tooth enamel.

SCENARIO

Parents and other caregivers often share food or utensils with young children. In doing so, they may inadvertently transmit *S. mutans* from their mouth to the child's. Research has shown that children whose mothers consumed xylitol daily were significantly less likely to have *S. mutans* in their oral flora.² They also had a lower rate of caries.

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Xylitol: How Sweet It Is



What products contain xylitol?



Chewing gum
(highest level of efficacy)



Mints/lozenges
(highest level of efficacy)



Toothpaste



Mouth rinse

How much xylitol should clients ingest per day?

Optimal inhibition of *S. mutans* occurs when 6 g to 10 g xylitol is consumed 3 times or more per day after meals for 30 days.³ If more than 20 g is ingested per day, the individual may experience gastrointestinal issues.³ Consumers should read packaging ingredients to determine the quantity of xylitol in the product.



Xylitol is **dangerous** to dogs!

Dogs have a different metabolic system than humans and cannot process xylitol. Ingestion of xylitol by a dog may cause rapid onset of hypoglycemia leading to severe illness and even death. If you suspect your dog has ingested xylitol, contact your veterinarian immediately.

Consumption of refined sugars (sucrose, glucose, and high-fructose corn syrup) and carbohydrates is said to be the leading cause of caries in children and adults.⁴ Xylitol prevents demineralization and promotes remineralization of tooth enamel. If you have a client who is struggling to manage dental caries and/or xerostomia, consider recommending xylitol as an addition to their home oral care toolbox.

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COMMUNITY ORAL HEALTH



Megan Borsheim, RDH

Community oral health (COH) is a very important component of the dental hygiene profession and a true passion of mine. I understand with the business of professional and personal lives this can be hard to prioritize but I'm here to share my experience and the rewarding outcomes of this important work. My inspiration for community oral health stemmed right from my education at Saskatchewan Polytechnic where my instructor Mr. Dean Lefebvre's passion for community oral health was infectious. I knew from that point I would find this work very rewarding.

Due to the global pandemic, delivering community oral health education became challenging. I had to ask myself how to adjust to this new normal while still making oral health education a priority. As dental hygienists, we are not only clinicians, but educators. The important information we have to share can go far beyond our chair. I've had opportunity to collab-

orate with a variety of staff members and programs such as elementary school teachers, both in-person and online, social workers, and community program activity coordinators. Many of these workers have expressed gratitude for our help as oral health educators, especially education that is targeted towards children where our help is ever-so-needed in contributing to overall health of future generations.

In my home community of Prince Albert, I've had the wonderful opportunity to give community oral health education presentations to children from the ages of 3-13. Schools and programs with individuals who experience barriers to accessing oral health care have proved to be the most valuable and rewarding to work with. My home community presents with variable needs and barriers when it comes to oral health. By going into the community, I recognize the impact that providing toothbrushes, resource materials, and oral hygiene instruction can have.

This past year, I was asked to present in a number of classrooms on the importance of oral health. Due to public health guidelines, we used technology to overcome the need to present in person. Being adaptable to technology has proven to be the best resource to overcome this obstacle. Along with a guided lesson plan, virtual technology allows us to share our knowledge of oral health education with others without being in person. As our world continues to adapt to the new reality of moving away from the pandemic mindset, we can expect more opportunities to be in person for these projects with time.

I'd like to thank the SDHA for providing oral health supplies and resource materials used when giving community oral health presentations. Having access to these resources has made projects easier and quicker to organize and execute.

I encourage you to look for ways you can help where it's needed. Educate beyond your chair, and be an oral health leader in your own community!

YOU'VE BEEN ASKING... CONTINUING COMPETENCY PROGRAM GUIDELINES

One of the primary responsibilities of the SDHA is to ensure the ongoing competence of individual members and to improve the performance of the profession overall. The goal of the Continuing Competency Program is to advance the collective knowledge and quality of care offered by all dental hygienists' in Saskatchewan, thus demonstrating the commitment of registered dental hygienists' dedication to protecting the public.

Lifelong learning and reflection of educational needs

is the fundamental responsibility of a professional. As preventive oral health care professionals, it is critical for dental hygienists to remain current and informed of changes in oral health care methods, clinical procedures, and technological advances in the attainment and maintenance of health.

All learning activities shall have intellectual or practical content related to the practice of dental hygiene, oral health, or the professional responsibility and ethical obligations of a registrant.

How to Enter CE on Your Learning Page

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

REMINDERS

- **A maximum of 10 CCP Credits per 24-hour period may be claimed**
- **There is no limit to online courses, for which hour per hour credit can be earned. If multiple sessions are taken within the hour, only one will be granted credit**
- **Program credits cannot be claimed for activities that occur as part of the expectations of the dental hygienists' regular provision of dental hygiene services.**

CELEBRATING 1 YEAR: A REFLECTION ON MY FIRST YEAR IN PRACTICE

Alyssa Giesbrecht, RDH

My name is Alyssa Giesbrecht and I am celebrating my first year as a Dental Hygienist. This year has been filled with both challenges and rewards. The global pandemic began just as I started seeing clients on the clinic floor at Saskatchewan Polytechnic. Therefore, I quickly learned the importance of adapting to a changing environment and developing critical thinking skills. Experience with the *SDHA Covid-19 Pandemic Interim Infection Prevention and Control (IPC) Protocols* prepared me to enter the workforce amidst a pandemic.



I make every effort to provide a comfortable and educational experience for my clients. I am encouraged when clients choose to return for multiple appointments to treat active periodontal disease, especially when they haven't seen a dental hygienist for anywhere from 5-20 years. This career allows me to make a positive, lasting difference in the lives of others. In moments when children are sad to leave the chair, give me a hug after the appointment, and share with me how much fun they had, I know I'm in the right profession.

My first day of work involved the both transition into private practice and adapting to the *SDHA Covid-19 Pandemic Interim Protocols* changing that day, providing the opportunity to perform High-Risk Aerosol Generating Procedures with proper environmental controls and personal protective equipment. My student experience with debridement to this point was primarily through hand instrumentation, so it was exciting to perform ultrasonic instrumentation. I'm thankful for this technology which benefits both clients and clinicians.

My employer welcomed me with open arms and eased the transition into a fast-paced environment by providing additional time for each of my clients for the first three months of work. Colleagues acted as mentors, consulting with me on difficult cases to determine the best course of action for each treatment plan. I love working in a general dentistry office as I get to work with a diverse range of clients. I find delight in welcoming children into their first dental visit, walking with teenagers as they take ownership of their oral care routine, helping adults understand prevention and management techniques, and seeing elderly clients continue to care for their oral health.

Although I only recently completed my Diploma in Dental Hygiene, I'm already finding opportunities to expand my knowledge through professional development. By expanding my knowledge, I'm better equipped to explain diagnoses, procedures, and home care options to my clients. I love when clients return to my chair for continuing care appointments with questions; evidence they are becoming active participants in their oral and overall health.

In my practice, I feel respected and appreciated by both clients and colleagues. It's not uncommon for the dentists I work with to invite me into their operatory to educate a patient if I have more knowledge on the topic. I am thankful and blessed to be part of the dental hygiene community. Each week is an opportunity to learn more as a clinician, meet new clients, and make lasting memories.

It was an honour to receive the *SDHA Mary Geddes Award* and start my career with the support of the SDHA. Thank you for the opportunity to reflect on my past year and share my experiences with fellow Saskatchewan Dental Hygienists. I congratulate all 2022 graduates for completing a challenging program and welcome you to a wonderful career.



Dental Hygiene Quarterly



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OBITUARY

Valerie Jean STOPANSKI

October 30, 1962 – March 19, 2022 (Age 59)

It is with great sadness that the family of Valerie Jean Stopanski announce her passing at home in Rosetown, on March 19, 2022 at the age of 59 years.

Valerie was born in Regina, SK, on October 30, 1962. She was the eldest of three children born to Marion (née Cameron) Stopanski and John Stopanski. After graduating high school in 1981, Valerie attended Wascana Institute of Applied Arts and Science (WIAAS) in Regina, SK, for Dental Therapy; she graduated in 1983. The dental therapy program was dissolved in 1987. Valerie returned to school for Dental Hygiene in the fall of 1989 at Saskatchewan Institute of Applied Science and Technology (SIASST) in Regina, SK; she graduated in 1990. In 1992, Valerie and her daughter Ka-Leigh moved to Rosetown, SK. Valerie worked in Rosetown, SK, as a Dental Health Educator (DHE) from 1993 till her passing in 2022. She was a dedicated dental professional, and loving mother.

Valerie is survived by her daughter Ka-Leigh (Michael) Braun of Calgary, AB; father John Stopanski (Brenda Stroh) of Medicine Hat, AB; sister Gwendolyn Stopanski of Calgary, AB; brother Gregory Stopanski (Randi Lelond) of Regina, SK. She was predeceased by her mother Marion Stopanski of Creelman, SK.

A Celebration of Life service was held on Saturday, May 14, 2022 at 2:00 p.m at Shanidar Funeral Home, Rosetown, SK.

Donations in memory of Valerie may be made to SCAT Street Cat Rescue Program, #108 - 2750 Faithfull Avenue, Saskatoon, SK, S7K 6M6.



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THE BENEFITS OF DIGITAL RADIOGRAPHY OUTWEIGH THE RISKS

Helping patients overcome their apprehension regarding intraoral imaging may increase compliance with this important diagnostic tool.

Dental hygienists are well aware of the benefits of dental radiography, which is key to proper diagnosis and treatment. While imaging enables clinicians to evaluate periodontal health and identify caries lesions, they are also valuable in observing orthodontia and anatomical abnormalities, and even identifying certain types of cancers.¹ However, some patients may be wary of dental radiography due to the inherent risks involved in radiation exposure. While film-based dental radiography exposed patients to higher levels of radiation, advances in radiographic equipment and technology led to digital imaging, which significantly reduces patients' exposure to radiation.¹ Dental hygienists are well positioned to educate patients on safety precautions, benefits vs risks, and other sources of radiation exposure they may unknowingly receive through their daily routine.

Traditional Dental Radiography

Dental radiographs are categorized into types such as intraoral and extraoral, analogue and digital, and two-dimensional and

three-dimensional imaging. Traditional film-based dental radiography has been around since the 19th century.¹⁻³ This technology has been widely used in dental settings for routine and emergent care, however, film-based radiography exposes patients and clinicians alike to higher levels of radiation than digital imaging.^{1,2} Other downsides to film-based radiography are the need for additional equipment and space; use of toxic chemical agents to process radiographs; longer wait times for developing; and increased risk for errors and thus retakes, which equates to higher levels of radiation exposure.¹⁻³ Today, digital imaging is preferred over film-based radiography.

Digital Radiography

Digital dental radiography was first introduced in 1987.^{3,4} Digital radiographs use advanced image-capturing techniques integrated with computer technology. Offering myriad benefits, digital radiography enables the images to be immediately viewed on the computer screen and drastically decreases the need for retakes, thus, reducing radiation exposure. Clinicians are also able

to improve the quality of a digital image to support proper diagnosis. Digital radiography reduces the need for chemical agents and minimizes waste caused by single-use films. Finally, it can improve productivity, as digital image acquisition is significantly faster than film-based techniques.³⁻⁶

Portable Handheld Xray Devices

Portable handheld Xray devices have been used in veterinary, military, and forensic dentistry since the early 1990s. These handheld devices were not originally intended to replace fixed or wall-mounted systems, but rather were designed for use outside of traditional medical/dental practices. However, their ease of use has increased their popularity.³⁻⁵ The use of handheld Xray devices is helpful when treating patients who are unable to visit a traditional dental office, such as those residing in long-term care facilities. Additionally, they are widely used in teledentistry applications. The portable handheld device is also beneficial for small spaces, as wall-mounted units require a large space for installation.^{6,7}

TABLE 1. Exposure Parameters Between Two Types of Radiography Devices⁴

Modality	Tube Voltage	Tube Current	Exposure Time
Handheld	60 kV	2.3 mA	0.16 seconds
Wall-mounted	63 kV	8 mA	0.12 seconds

The use of handheld devices has raised concerns about the proximity of the clinician and possible increase in radiation exposure.^{6,7} However, research shows they do not expose clinicians or patients to a significantly higher amount of radiation when compared to traditional wall-mounted units.⁴⁻⁶ The exposure parameters between handheld and wall-mounted radiography are similar (Table 1). Several protective mechanisms are in place to ensure clinician safety, such as shielding placed around the tube to reduce and retain scatter radiation.^{6,7} Clinicians should also follow the manufacturer’s recommended safety protocols, such as proper angulation of the device, appropriate use of the shields, and limiting retakes.

Safety First

All dental exposures—even those created with the newest digital equipment—pose a risk due to the emission of radiation. To address this risk, regulations have been established to promote safety in radiography. The most significant safety principle is ALARA, or “as low as reasonably achievable.”⁸⁻¹⁰ The ALARA principle states that if the dose of radiation required by radiography

offers no benefit to the patient, it should not be used. Three basic measures are used in ALARA:⁸⁻¹⁰

1. Maximize the distance between the radiation source and the patient
 2. Use proper protective shielding
 3. Limit the time of exposure
- Comparison of radiation exposures in everyday use

Patients may perceive radiographs as harmful or dangerous, but they may lack knowledge regarding their exposure to radiation on a daily basis through innocuous activities such as flying on an airplane, engaging with smartphones, being inside of homes and buildings, using tobacco, and tanning.⁸⁻¹⁰

Radiation exposure related to air travel begins upon entering the airport. The security screening requires body scanning, which emits radiation. Air travel itself exposes individuals to about 0.035 mSv of cosmic radiation when flying within the United States from the East Coast to the West Coast.^{11,12}

The use of cellphones, ipads, and other portable technology devices is ubiquitous today. These

devices use low-powered radiofrequency transmitters to send and receive data. The American Cancer Society suggests that the amount of time used, distance the device is held away from the body, and the space between the device and the cellphone tower impact the amount of radiation emitted.^{8,9,11,13}

Building material—such as sandstone, concrete, brick, natural stone, gypsum, and granite—produce low levels of nonionizing radiation. The radioactive elements radium, uranium, and thorium are often found in building materials and, over time, may release toxic fumes such as radon.^{11,12} The levels of radiation exposure may vary based on the type and the number of building materials used in the construction. The US Environmental Protection Agency recommends that individuals test their homes for radon so they can mitigate the amount of exposure if necessary.^{8,9,11,12}

Tobacco use is also linked to radiation exposure.^{11,12} Radioactive materials, such as polonium-210 and lead-210, are found in the fertilizers used in the growing of tobacco leaves. Even after the tobacco leaves are processed, these radioactive materials remain and are toxic to the individuals who inhale them.^{8,9,11} Oral health professionals are in a unique position to educate patients on different types of tobacco cessation techniques as

well as to discuss other negative effects of radiation exposure related to tobacco products.

Exposure to ultraviolet (UV) radiation is another concern.¹¹⁻¹⁴ The use of tanning beds as well as sunbathing increase the possibility of radiation overexposure and harmful effects such as aging, sunburn, and skin cancer. In order to reduce UV radiation, exposed areas should be covered when in the sun and sunscreen of 30 SPF or higher should be applied.^{8,9,11,14} While these topics may not appear to be directly related to dental hygiene care, they are life-saving educational conversations that should be incorporated into the appointment.

Conclusion

Radiographs are a valuable aspect of comprehensive dental care. By following ALARA protocols along with improved technology, oral health professionals can play an important role in promoting increased awareness and education regarding the benefits of diagnostic radiography.⁸⁻¹⁰ Acknowledging patients' apprehension regarding intraoral imaging and educating them on radiation exposures may increase compliance in obtaining the necessary radiographs to improve oral and overall health, reduce everyday radiation exposure, and clarify common misconceptions of dental radiation effects.

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This article was reprinted with permission from Dimensions of Dental Hygiene: April 2022; 20(4) 22-23. Written by Victoria Benvenuto, RDH, EdM, Olga Gnato vych, RDH, Med, and Kaitlin Stier, RDH, MPH.

OUTSIDE THE OFFICE



The Northern Oral Health Working Group (NOHWG) was established in 2003 to bring together dental professionals both in Northern First Nations and provincial Regional Health Authorities in response to the escalating oral health needs in Northern Saskatchewan impacting young children and families. Members of the NOHWG are predominantly from northern Saskatchewan, but include others from central Saskatchewan as well.

The NOHWG membership strives to connect oral health promotion, prevention, and treatment that utilizes wholistic perspective and provides culturally sensitive and responsive care. Through content cre-

ation and resource sharing, the NOHWG facilitates knowledge transfer to communities and allied health professionals as well as professionals in other sectors. As a reward for this amazing work, the NOHWG received the *Canadian Association of Public Health Dentistry's Merit Award* in 2016.

The SDHA is fortunate to have a seat at the table with this inspiring group of professionals with the goal of connecting Registered Dental Hygienists to community opportunities, and contributing to oral health education resources. The NOHWG was held in La Ronge this past June after two years of virtual meetings due to the global pandemic. Finally, members had the opportunity to connect in-person while providing community updates and brainstorming new resources.

The NOHWG has already published the following resources: a parent's guide to oral health, lift the lip, open cup series, first visit by age 1 posters, oral screening guidelines for children, prenatal education,

health eating teams, silver diamine fluoride calibration for operators, and enhancement of services for the Northern Health & Wellness Event. Thanks to the resources and content created by this hardworking group, the SDHA is pleased to

expand upon the oral health promotion kits available to SDHA members providing community oral health education.



At the end of our workday, we were lucky enough to enjoy a tour of the stunning Churchill River system.

IMPORTANT DATES TO REMEMBER

September 19th, 2022: License Renewal Opens

October 20th, 2022: License Renewal Deadline (without penalty)

October 21st, 2022: Late Fee in Effect (\$100.00)

October 31st, 2022: License Renewal Closed

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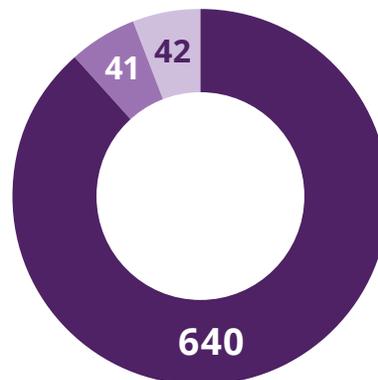
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Karalee Emmerson: Association Administrator

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- Full: 640
- Conditional: 41
- Non-Practicing: 42



SASKATCHEWAN POLYTECHNIC AWARDS

SDHA Mary Geddes Award: Jillian Powers
Saskatchewan Polytechnic Achievement Award: Christin Dixon
Leanne Huvenaars Award: Bryn Olson & Taylor Lehnman
Regina Preventative Dental Services Award: Palmira Beleva
Colgate Oral Health Advisor STAR Award: Tori Hayward
Hu- Friedy Golden Scaler Award: Emma Guest
Dentalcorp Academic Excellence Award: Bryn Olson
Altima Dental Hygiene Professional Promise Award: Brooklyn MacLean
Dr. W.F. Johnson Memorial Award: Emma Guest



Mary Geddes Recipient
2022, Jillian Powers

PROFESSIONAL DEVELOPMENT OPPORTUNITIES

The SDHA is committed to the Truth and Reconciliation Commission of Canada's Call's to action, particularly call #22: *"We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients."*

In support of call #22, the SDHA encourages the following professional development opportunities:

THE PATH: YOUR JOURNEY THROUGH INDIGENOUS CANADA

NVision Insight Group

Offered through CDHA The Path: Your Journey through Indigenous Canada (cdha.ca)

\$49.00 for CDHA Members

CANADIAN DENTAL CONNECTION: LEARNING MODULES

Free to create a membership & access to 3 hours of learning modules

1. Cultural Competency
2. Trauma-Informed Care
3. Indigenous Settings (dentalconnection.ca)

SAN'YAS ANTI-RACISM INDIGENOUS CULTURAL SAFETY ONLINE

San'yas Indigenous Cultural Safety Online Training (sanyas.ca)

\$300.00

INDIGENOUS CANADA

Free online through University of Alberta

Indigenous Canada | University of Alberta (ualberta.ca)

LAND ACKNOWLEDGEMENT

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 Métis. The SDHA pays respect to the First Nation elders and Métis ancestors and wishes to re-affirm the relationships we have with one another in this province in which we are honoured to live.



SDHA

THE SASKATCHEWAN DENTAL HYGIENISTS' ASSOCIATION

Unit 320-350 3rd Ave N
Saskatoon, SK
S7K 6G7

Phone: 306-931-7342
Email: admin@sdha.ca



Saskatchewan Dental Hygienists Association