

## Airway Dentistry

with Dr. Lisa Bachiu



My name is Dr. Lisa Bachiu and I was born and raised in Saskatoon, SK. I attended the University of Saskatchewan for my undergraduate

degree and graduated from the College of Dentistry in 2020. Since completing my formal education, I have found a passion for airway health and how the craniofacial complex, which includes the upper and lower jaws, impacts our airway, breathing and sleep.

The concept of airway health was new to me even as a recent graduate. I was amazed at the unique position dental professionals hold in assessing, educating and treating patients to thrive instead of just survive. Beyond these responsibilities, I believe a noteworthy goal is to help patients. Dental hygienists especially are in a unique position which allows them to connect to their patients on a personal level, while simultaneously screening their patient’s oral cavity for any airway concerns. When a patient mentions “I’ve been sleeping terribly” or “my partner keeps complaining that I’m snoring,” these can be the first clues to investigate if their oral structures are negatively impacting their airway.

### So how is your mouth related to breathing and sleep?

As our upper and lower jaws develop, they rely heavily on proper muscle functioning to maximize growth potential. Form follows function, so as the muscles continue to strengthen and function properly, the bony structures will follow after. [continued on pg. 7](#)

#### Inside this Issue

From the Desk of the Registrar/CEO .....	2	National Dental Hygienists’ Week 2023 .....	15
SDHA President’s Message.....	3	Saskatchewan Oral Health Coalition .....	16
Interprofessional Collaboration in Health Care .....	4	Better Oral Health Program in Long-Term Care.....	17
Dental Hygiene on Holidays.....	5	Professional Development Opportunities .....	17
Airway Dentistry <i>continued</i> .....	7	Oral Health and Wellness Day .....	18
Guided Biofilm Therapy.....	9	SDHA Conference and AGM.....	19



## From the Desk of the Registrar/CEO

Happy Oral Health Month,

**April 4-10th marks National Dental Hygienists Week™ (NDHW™)** themed “Oral

Health for Total Health” is a time to recognize the profession, help Canadians understand the important role of dental hygienists and encourage everyone to maintain good oral health practices. I would like to acknowledge the amazing work of the Canadian Dental Hygienists Association (CDHA) and local dental hygienists bringing awareness to this campaign in celebration of NDHW™. I hope you took opportunity during this week to “**Put Your Purple On**”.

March 20th is World Oral Health Day a date which reflects an interesting meaning:

- Seniors must have a total of 20 natural teeth at the end of their life to be considered healthy
- Children should possess 20 ‘baby’ teeth
- Healthy adults have a total of 32 teeth with a goal of 0 cavities

This numerically translates to 03/20 hence March 20. If interested, the 2021-2023 campaign themed “Be Proud of Your Mouth” has some resources to check out: <http://www.worldoralhealthday.org/about>

At the March 24/25th, 2023 Conference we hosted the Annual General Meeting of the SDHA. In response to our transparency in reviewing our Governance Framework, identifying provincial and global trends in regulation and sharing proposed provincial legislation, we received several questions regarding our mandate. We were impressed with the respectful and inquisitive attitude of the members that brought questions forward. We have a Strategic Planning Session scheduled this Spring will share information as it becomes available. It was wonderful to see so many of you in person again after 3 years!

Respectfully submitted,  
**Shelby Hamm, RDH**  
Registrar/CEO



# SDHA President's Message



## It's Spring!

Change is in the air; warmer weather is here and melting snow surrounds us.

The Council has an important role in oversight, hindsight, foresight and insight of the SDHA. These roles and responsibilities can sometimes take us out of our comfort zone. We balance this by carving out time on our agenda for education. We use a variety of methods to determine what topic we collectively want/need to learn more about. For the last few years, the reoccurring topic has been governance. It has been through education sessions that we decided to restructure our governance model (formerly Policy Governance). Now the work begins. A council committee has been working with staff and a consultant in developing modern best practice organization policies. We are looking forward to completing this important work!

Spring of 2023 marks the completion of my first 3-year term on Council and first year as President. I am pleased share my re-appointment as Council President, following my re-election to Council at the Annual General Meeting. Congratulations to my colleague, Barbara Lacourciere, on her re-election to SDHA Council.

I look forward to another rewarding year ahead!

**Stacie Beadle BA, RDH**  
SDHA Council President

**I love my Cavitron** **CONTEST** **Dentsply Sirona**  
March 1<sup>st</sup> to June 28<sup>th</sup>, 2023

**Introducing I love my Cavitron**  
We LOVE how much our hygiene community **LOVES** their Cavitron!  
Now we want to give you the opportunity to **tell us why.**

**How to WIN**  
Stay tuned to the **DS Canada Instagram @dentsplysirona.canada** in the coming months and learn all the ways you can earn ballots to be the grand prize winner. We'll be giving out lots of prizes along the way as well, so don't forget to **follow, like, and tag!**

**Over \$15,000 in prizes!**

**1<sup>st</sup> Prize** **A Cavitron 300 Package & VIP ULTIMATE experience**  
With Dani Botbyl

**2<sup>nd</sup> Prize** **A Nupro Freedom Cordless Package**

**3<sup>rd</sup> Prize** **6 Inserts**  
Left, Right and Straight, Thinsert, FSI PWR-1000 and FSI 3

**SCAN to learn how to enter**

[www.dentsplysirona.com/en-ca/lp/i-love-my-cavitron.html](http://www.dentsplysirona.com/en-ca/lp/i-love-my-cavitron.html)

# Interprofessional Collaboration in Health Care

Submitted by Becky Bayda, U of S Nursing Student

February marked National Heart Month and *National Gum Disease Awareness Month* which provides us with an opportunity to focus on the efforts we can make to improve our heart and oral health. As dental professionals are well-aware, there is research supporting a possible connection between chronic gum disease and the development of heart disease, the leading cause of death for both men and women in Canada.

The link between poor oral health and heart disease was the primary focus of a student-led presentation delivered to residents of Luther Tower. Becky Bayda and Femi Francis, 4th year nursing students in the Bachelor of Science in Nursing program at the University of Saskatchewan, emphasized the importance of good oral health with consideration of the clinical and oral health context of aging adults. They provided preventative education with a focus on retention of natural teeth as well as resources targeted to those with limited access to dental care. There was discussion regarding common dental conditions associated with aging as well as how to brush and care for the mouth, natural teeth, and dentures. The participants were astonished to learn



that there are over six billion bacteria in the mouth and that an average person produces enough saliva to fill two swimming pools in a lifetime.

To conclude a fantastic education session, nursing students provided oral health aids to Luther Tower residents thanks to a generous donation from the Saskatchewan Dental Hygienists' Association!

## Saskatchewan Oral Health Coalition Inc. (SOHC)

The SOHC Inc. serves as a collaborative, inter-disciplinary group that addresses the needs of vulnerable populations to improve the oral health and overall health of Saskatchewan people.

In June 2022 the SOHC Inc. became a charitable organization.

### Consider Donating Now \*

Your donation will go towards covering the cost of dental treatment for people in need or those who have complex life issues with no dental insurance or ability to pay for treatment.



There is a significant need to work collaboratively to improve the oral health of Saskatchewan people.

\* currently accepting donations via cheque or e-transfer

**DONATE NOW**



## Dental Hygiene On Holidays

Submitted by Carmen Schaffer, RDH



Schaffer states, "this was a great opportunity to provide oral health education for children who may not see a dentist until they are older. Thank you to the SDHA and Sadie Dixon for assisting me in facilitating this event; it was great to educate others using my knowledge of oral health and promote the profession of dental hygiene."

On a recent holiday to, Jamaica, Registered Dental Hygienist Carmen Schaffer found an opportunity to educate children on the importance of oral health. Schaffer, a Saskatchewan based RDH of 26 years, had the chance to stop by a local elementary school in the town of Lucea during her family vacation. With help and coordination from local tour guide Sadie Dixon, Schaffer provided oral health instruction to 60 students in Grades 1 and 2 with focus on brushing, flossing, and nutrition.



The Saskatchewan Dental Hygienists' Association was pleased to donate toothbrushes, floss, and *A Parent's Guide to Oral Health* instructional booklets for all children. Schaffer ensured each child had a package of oral aids, coloring sheets, and a prize to take home afterwards.

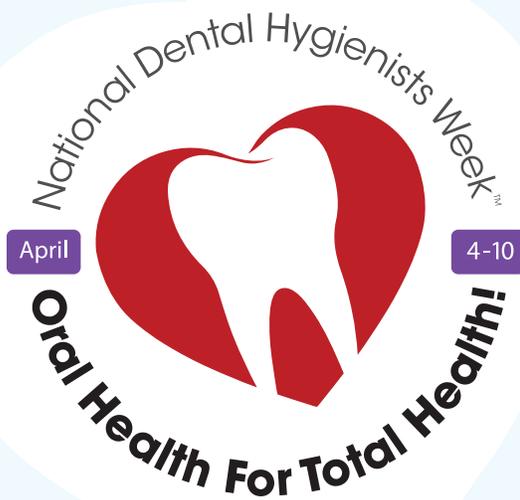
## Spotlight: National Philanthropy Day



National Philanthropy Day is recognized worldwide each November as a celebration of philanthropy and those who give. In celebration of National Philanthropy Day, the Association of Fundraising Professionals (AFP) Saskatoon Chapter

recognizes individuals and organizations creating impact within communities. On November 17th, SDHA registrant Chris Gordon was awarded in the Honoured Supporter category. Chris was recognized for working passionately to connect groups and raise funds for pancreatic cancer research at the College of Medicine in memory of her late husband, Bruce. The #BeLikeBruce campaign, established in 2018, has raised approximately \$60,000 for pancreatic research. Congratulations, Chris!

# Celebrate National Dental Hygienists Week™ 2023



Show Your Professional Pride



Colouring Contest



Downloadable Resources

Visit [cdha.ca/NDHW](https://cdha.ca/NDHW)

Sponsored by:



TD Insurance



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

Coming this spring to [cdha.ca](https://cdha.ca)

## Oral & Oropharyngeal Cancer Screening for Today's Population

Course Developer  
Jo-Anne Jones, RDH



*Will this be the year you **save a life?***

Typically, your tongue should be resting against your palate. This resting position in turn puts pressure on your palate to help widen the upper jaw during development. Starting with feeding as an infant, every suck, swallow and breath helps strengthen and condition the oral musculature to promote proper development.

When the craniofacial complex is underdeveloped, this can contribute to insufficient space for the teeth and tongue. If there is not enough space for the tongue to rest comfortably on the palate, the tongue has a natural tendency to fall back into the airway when laying down which can contribute to snoring and of greater concern, Obstructive Sleep Apnea (OSA). Aside from a narrow palate, the tongue may also struggle to rest against the palate if the tongue is weak or if the tongue tied. In short, when the upper and lower jaws are small, this in turn leads to a small airway.

### What to look for when screening patients for airway health?



**Scalloped tongue.** If there is insufficient space for the tongue, the teeth will cause indentations along the lateral borders of the tongue dorsum.

**Clenching and grinding.** This is considered a “Red Flag” for airway health if patients experience consistent parafunctional habits. Research has shown a strong relationship of parafunctional habits and airway obstruction, especially in children and adolescents<sup>(1)</sup>. Grinding the lower jaw forward helps open the airway to allow for easier breathing.

**Crooked and crowded teeth.** If the upper and lower jaws are underdeveloped, there will be insufficient space for the permanent dentition, including third molars.

**Tori (palatal and mandibular).** Tori have been correlated to parafunctional habits. Palatal tori have been noted in patients with low tongue posture, where there is decreased pressure on the palate during development<sup>(2)</sup>.

**Enlarged tonsils.** Removal of enlarged tonsils has been found to improve sleep test results in patients diagnosed with OSA<sup>(3)</sup>. If these tissues are severely enlarged, this can take up airway space necessitating medical intervention.



**Tongue Tie.** Proper tongue strength and mobility are crucial to promote nasal breathing and prevent airway obstruction during sleep<sup>(4)</sup>.

### Why is treating sleep so important?

Although many factors impact sleep, it has a tendency to deteriorate over time. Patients diagnosed with OSA have a high prevalence of comorbidities, including heart disease, diabetes, respiratory disease, and decreased mood which can appear as anxiety, depression or poor attention span<sup>(5)</sup>. Regardless if these medical conditions existed prior to sleep concerns, poor sleep and poor oxygen reduces the body's ability to repair and recover over time.

### How can you help your patients?

Education! One of my mentors always references the quote “The fewer questions you ask, the healthier your patients are.” If any airway concerns are noted, this should be discussed with your patient's dentist. Dentists are part of a multidisciplinary team that can provide treatment to patients with OSA<sup>(6)</sup>. As the discussion for airway health continues to expand, there is currently no set standard of education dental professionals receive in regards to this topic. If the dentist you are working with does not have experience in assessing or treating patients for airway concerns, always recommend a consult with their family physician to ensure their issues don't fall by the wayside. Explaining what you see in your patient's mouth and how it can impact their overall health is the first step in the airway conversation.

### What treatments can be done?

The types of treatment available depend on what exactly is going on with your patient's sleep. A sleep

## Airway Dentistry *continued...*

test (either prescribed by a family physician or a dentist) is the first step.

- **Oral Appliance Therapy (OAT)** can be prescribed by dentists with consultation of the attending physician for patients diagnosed with mild to moderate sleep apnea. The most common type of OAT is a Mandibular Advancement Device (MAD) which protrudes the lower jaw to open the airway<sup>(7)</sup>. OAT can also be used to treat snoring.
- **Myofunctional therapy** allows for rehabilitation of chewing, swallowing and breathing patterns<sup>(8)</sup>. This can be done in conjunction with a tongue-tie release but would be up to the discretion of the release provider. Patients can self refer, or a referral can be sent by the practitioner.
- **Laser treatment for snoring.** This type of treatment is offered by medical and dental professionals that treats snoring but does not improve OSA. This treatment works by stiffening the soft palate to prevent vibrational noise during sleep. Proper diagnosis is crucial prior to considering this treatment to ensure snoring is not a symptom of an underlying sleep condition.

Airway and oral health is an exciting new topic. The relationship between the two is undeniable. I hope this inspires you to look past the teeth and gums when assessing the oral health and overall health of your patients.

### References

1. Lavigne, G. J., et al. "Bruxism physiology and pathology: an overview for clinicians." *Journal of oral rehabilitation* 35.7 (2008): 476-494.
2. Singh, G. Dave. "On the etiology and significance of palatal and mandibular tori." *CRANIO* 28.4 (2010): 213-215.
3. Camacho, Macario, et al. "Tonsillectomy for adult obstructive sleep apnea: a systematic review and meta-analysis." *The Laryngoscope* 126.9 (2016): 2176-2186.
4. Zaghi, Soroush, et al. "Lingual frenuloplasty with myofunctional therapy: Exploring safety and efficacy in 348 cases." *Laryngoscope investigative otolaryngology* 4.5 (2019): 489-496.
5. Bonsignore, Maria R., et al. "Obstructive sleep apnea and comorbidities: a dangerous liaison." *Multidisciplinary respiratory medicine* 14.1 (2019): 1-12.
6. [https://www.cda-adc.ca/en/about/position\\_statements/oral\\_appliance/](https://www.cda-adc.ca/en/about/position_statements/oral_appliance/)
7. Lam, B., Sam, K., Lam, J.C.M. et al. "The efficacy of oral appliances in the treatment of severe obstructive sleep apnea." *Sleep Breath* 15, 195-201 (2011). <https://doi.org/10.1007/s11325-011-0496-y>
8. Camacho, Macario, et al. "Myofunctional therapy to treat obstructive sleep apnea: a systematic review and meta-analysis." *Sleep* 38.5 (2015): 669-675.



# PHYSICAL THERAPY

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

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

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

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



# Guided Biofilm Therapy

## Changing the Future of Dental Hygiene



by Terri Archibald-Boulet B.Sc.DH, RDH

As I look back on my 32 years as a dental hygienist, I find myself using the phrase, “back in my day...!”

I may not have been around during the introduction of the Gracey curettes or Ultrasonic scalers in the 1950’s, and I was too young for the air polishers in the 1970’s, but I have been around long enough to know we’ve had very few changes in our dental hygiene settings over the years.

Acknowledging our past allows us to review new protocols evolving with current evidence. History is the foundation on which we build our future, and the profession of dental hygiene is now progressing past the 1950’s.

### Have you heard about the new Dental Hygiene protocol - ‘Guided Biofilm Therapy’?

Guided Biofilm Therapy (GBT) is a systematic, predictable prophylaxis solution for dental biofilm management using state of the art AIRFLOW®, PERIOFLOW® and PIEZON® technologies. It consists of treatment protocols based on individual patient diagnosis and risk assessment, in order to achieve optimal results. The ultimate goal is to provide treatment in the least invasive way, with the highest level of comfort, safety and efficiency.

GBT is an evidenced based process of care following the European Federation of Periodontology (EFP) recommendations on professional plaque removal and oral hygiene instructions, and was developed by periodontists, university faculty members, and dental hygienists.

### Why is GBT a game changer?

With the advancement of scientific evidence, we are now aware that dysbiotic biofilm is the main etiological

factor that is propelling our patients towards disease. It’s not just that piece of calculus on the distal of 27 that we struggle to remove! Calculus is petrified (it loses its virulence), whereas biofilm is an active pathogenic, living microbial environment with a protective matrix that makes it difficult to locate and remove.

Biofilm is everywhere in the oral cavity and throughout our bodies. When the balance of symbiotic biofilm is shifted to dysbiotic biofilms, they band together to cause destruction that can impact our overall health. This destructive microbiome puts our patients at risk for caries and periodontal disease. As well, many papers have now discussed that periodontitis is not just a risk factor, it is a known causative factor that increases the risk of systemic diseases such as cardiovascular, respiratory disease, arthritis, Alzheimer’s, and diabetes.<sup>3,9</sup>



**Figure 1:** Disclosing to reveal the Biofilm.  
Image Credit: Dr. Neha Dixit

A 2020 paper by the California Dental Association discussed a study by Molayem that suggested a link between the microorganisms responsible for periodontal disease and COVID-19 complications. They further stated: “The evidence can no longer be ignored, and the research supports the mouth-body-COVID connection.”<sup>16</sup>

The continuing pandemic challenges stress our need to look beyond our traditional dental hygiene therapy towards the emerging Guided Biofilm Therapy model of biofilm removal for oral and overall systemic health.

## How do you accomplish Guided Biofilm Therapy?

GBT is a progressive, sequential regimen that uses advanced instruments to disrupt dental biofilm, stain, and immature calcified deposits.<sup>4,5</sup> (Figure 1)

The sequential process of care is initiated with a disclosing agent<sup>†</sup>(Figure 1) to allow the clinician to determine their patient's compliance and motivate through oral hygiene instruction. It also allows the clinician to be more efficient with guidance on the removal of the biofilm safely to mitigate any deleterious effects on tooth surfaces, restorative materials, implants, and soft tissues.<sup>4,5,15</sup>



**Figure 2:** AIRFLOW® Prophylaxis Master, Image Credit: EMS Dental

This process is completed solely with the use of the AIRFLOW® Prophylaxis Master<sup>®</sup> (Figure 2) which uses warm water and a minimally invasive, all-natural erythritol powder.<sup>(Figure 3)</sup> The use of AIRFLOW® technology is performed supra-gingivally with the AIRFLOW® Max

handpiece<sup>(Figure 4)</sup>, and sub-gingivally with a PERIOFLOW<sup>®</sup> sub-gingival nozzle.<sup>(Figure 5)</sup> This is then followed by only localized use of the PIEZON<sup>®</sup> ultrasonic technology and hand instruments for a minimally invasive approach.<sup>4,5</sup>

The Guided Biofilm Therapy process is reflected by a clear eight-step protocol and can be used for over 22 clinical applications:<sup>(Figure 6)</sup>

- 01 ASSESS: Assess oral soft tissues, dentition, gingiva and periodontal structures.
- 02 DISCLOSE: Make biofilm visible to highlight problematic areas to patients and guide the clinician for effective biofilm removal. (Once biofilm is removed, calculus is easier to detect)



**Figure 3:** Enamel prism damage from Rubber Cup Polishing, Image Credit: EMS Dental

- 03 MOTIVATE. Front load the appointment with oral hygiene instruction to raise patient awareness and motivate.
- 04 AIRFLOW<sup>®</sup>: Uses warm water and all-natural Plus powder (erythritol) to remove biofilm supra-gingivally and up to 4mm sub-gingivally. Plus powder removes biofilm, stains, and immature calculus. Is safe to use on soft tissues, tooth structures, restorations, crowns and implants.
- 05 PERIOFLOW<sup>®</sup>: Uses a slim sub-gingival nozzle that sprays warm water and all-natural Plus powder (erythritol) to remove biofilm sub-gingivally in 4 – 9mm pockets. It gently decontaminates the epithelial pocket wall and cementum, furcations, and implant threads.
- 06 PIEZON<sup>®</sup>: Remove remaining calculus with a straight/universal tip, and/or right and left curved tips. Compared to older uncomfortable piezon technology – the Prophylaxis Master has an internal Dynamic Response Modulator that detects if you are on calculus and/or cementum and regulates its frequency - this creates the 'No Pain technology' that ensures patient comfort and minimally invasive treatment.
  - o A PEEK and/or PI Max Implant tip can also be inserted into the Piezon handpiece to complete any further biofilm or calculus removal safely from Implants and Restorations

## What does the science tell us?

If we review the efficacy and safety of our current traditional dental hygiene therapy, papers have now revealed that hand instruments, ultrasonic scalers, and rubber cup polishing used for debridement may cause an increase in the loss of tooth structure overtime.<sup>7,8,10,20</sup> Drago et al., noted that biofilm removal was best achieved through minimally invasive air-polishing devices with erythritol powders.<sup>10</sup> In a 2020 nonsurgical periodontal therapy randomized control trial by Jentsch et al; subgingival instrumentation with adjunctive erythritol powder had beneficial effects of reducing the number of residual periodontal pockets with PD  $\geq 5$  mm when compared with subgingival instrumentation only; and may reduce the need for periodontal surgery.<sup>11</sup> Another 12-month randomized control trial of 6918 sites by Müller et al., noted that repeated subgingival air-polishing reduced the number of pockets  $>4$  mm similar to ultrasonic debridement; however, air polishing was safer and induced less pain.<sup>17</sup>

I remember feeling inadequate with implant debridement while practicing clinical dental hygiene, so it was interesting to review a quantitative survey distributed to 10,000 dental hygienists in the United States that revealed most respondents reported feeling

“they were unable to remove plaque as effectively from dental implants as from natural teeth”.<sup>24</sup> A study from 2021 on, 52 dental implants revealed the use of erythritol powder with air polishing significantly reduced biofilm over dental implants, and allowed for a more thorough decontamination of implant threads.<sup>2</sup> Another paper from 2020 compared curettes and ultrasonics to curettes and air polishing on 70 implants and found that palatal plaque and bleeding rates were significantly decreased with the air polishing group.<sup>1</sup>

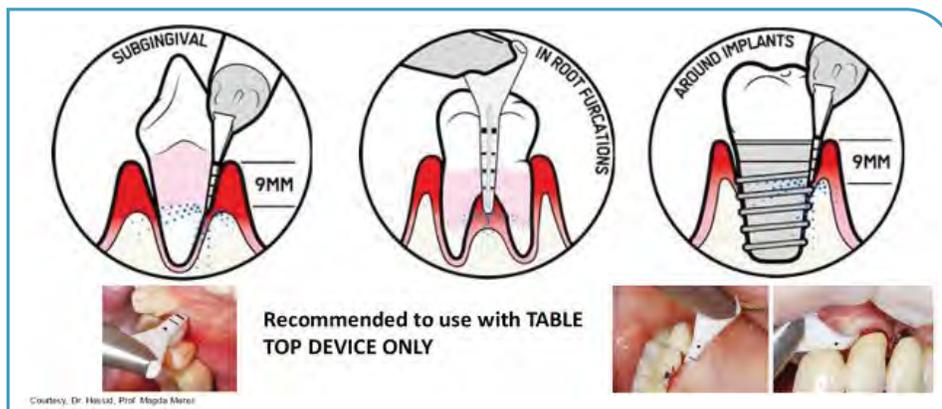
There are a few systematic reviews that have compiled evidence on older air polishing systems and powders which have concluded there was no difference with clinical efficacy of ultrasonics versus air polishing.<sup>18,21</sup> However, common sense must prompt us that if you can obtain the same clinical results, increase patient comfort and motivation, preserve the tooth and



**Figure 4:** AIRFLOW<sup>®</sup> Max handpiece, Image Credit: EMS Dental

- 07 CHECK: Complete a final check for remaining biofilm and calculus. No more Rubber Cup Polishing!
- 08 RECALL: Schedule a re-care appointment for the recommended frequency.

The most important principle in the Guided Biofilm Therapy model is that both the practitioner and the patient are guided by the disclosed biofilm, as much of it remains invisible to the naked eye.



**Figure 5:** PERIOFLOW<sup>®</sup> handpiece, Image Credit: EMS Dental

Guided Biofilm Therapy (GBT) is a registered trademark by EMS Dental, the inventors of the new AIRFLOW<sup>®</sup> technology. As a trademarked name – it is important to note that GBT can only be accomplished with the use of the AIRFLOW<sup>®</sup> Prophylaxis Master and when the clinicians receive their in-office hands-on Certification training by GBT certified Dental Hygienist's.

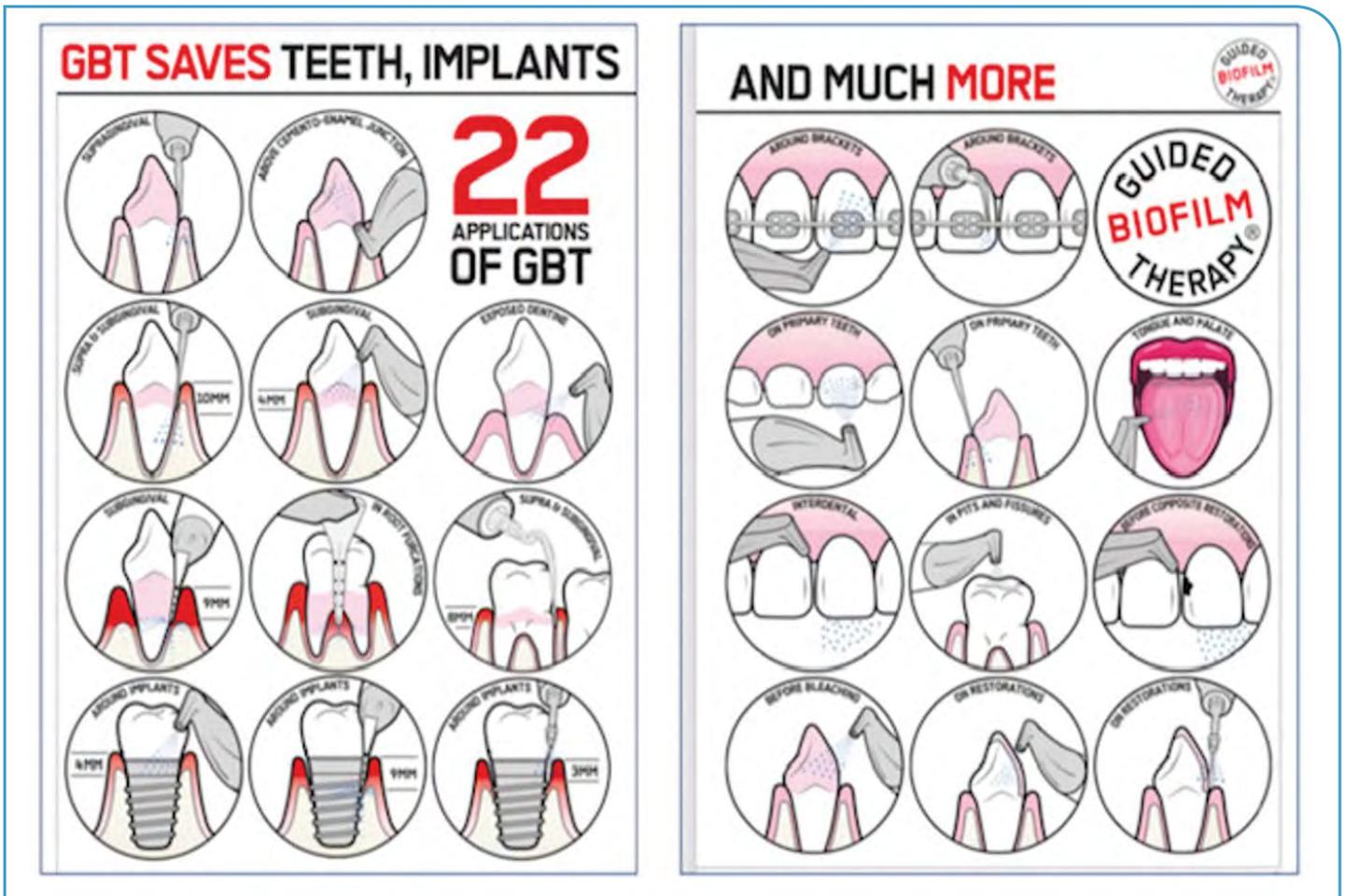


Figure 6: Image Credit: EMS Dental

implant structures without touching with invasive instruments – it’s a no brainer!

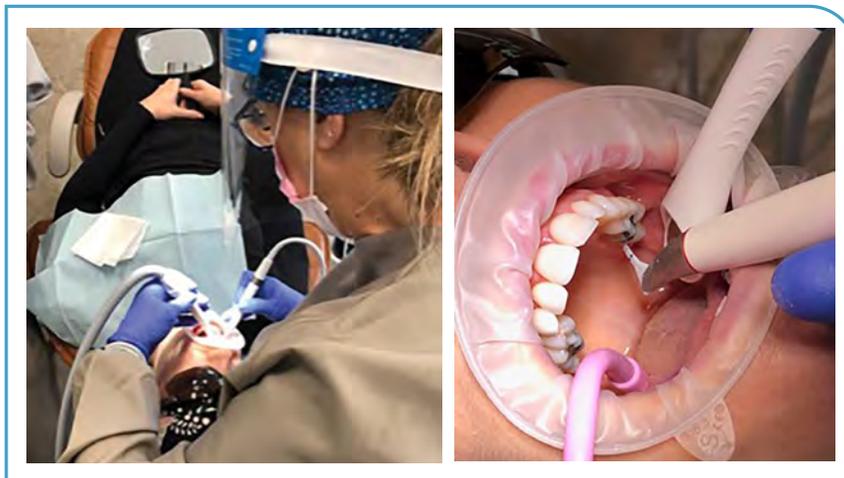
Overall, compared to our traditional techniques, the most current evidence reveals consistent results and less potential damage to the gingiva, dentin, cementum, implants, and restorative materials with air

polishing and erythritol powder and the new piezon technology. As well, air polishing was most preferred by patients due to increased comfort during their periodontal maintenance.<sup>5,7,8,13,22</sup>

The time is now to shift our thinking from invasive mechanical disruption to safe and minimally invasive ecological modification with AIRFLOW® technology supra and sub-gingivally from natural teeth, implants, and soft tissues.

Trust me when I say I was hesitant and nervous to learn something new late in my career. But what I realized is that change can be uncomfortable: it is where ‘what we love’ to do meets ‘what we should’ do.

Life is ever evolving and embracing change sets the stage for growth and a promising future for our profession.



Using the system in practice

Let’s do this together!



*Terri is one of 14 registered Dental Hygienist with Oral Science who supports dental teams in Saskatchewan and Manitoba. Oral Science distributes, educates, and empowers office teams with the advancement of many clinical solutions to obtain predictable and optimal outcomes for patients.*

*As a preventive care dental professional, she has had extensive didactic and clinical training on the AIRFLOW® Prophylaxis Master and is a GBT Integration Specialist. She has taught for over 13 years at the University of Manitoba and loves to connect and share her knowledge with her fellow dental hygienists on the most current evidenced-based products and protocols.*

**For more information on Guided Biofilm Therapy with the AIRFLOW® Prophylaxis Master – or to book an office meeting to review Oral Science’s various treatment protocols - Reach out to Terri via email: [t.archibald@oralscience.com](mailto:t.archibald@oralscience.com) or phone: 204-430-9626.**

## References

1. Aloy-Prósper, A., Pellicer-Chover, H., Peñarrocha-Oltra, D., & Peñarrocha-Diago, M. (2020). Effect of a single initial phase of non-surgical treatment of peri-implantitis: Abrasive air polishing versus ultrasounds. A prospective randomized controlled clinical study. *Journal of clinical and experimental dentistry*, Volume 12, Issue 10, pages 902–908.
2. Amate-Fernández, P., Figueiredo, R., Blanc, V., Álvarez, G., León, R., & Valmaseda-Castellón, E. (2021). Erythritol-enriched powder and oral biofilm regrowth on dental implants: an in vitro study. *Medicina oral, patología oral y cirugía bucal*, Volume 26, Issue 5, pages 602–610.
3. Bale, B. F., Doneen, A. L., & Vigerust, D. J. (2017). High-risk periodontal pathogens contribute to the pathogenesis of atherosclerosis. *Postgraduate medical journal*, Volume 93 (1098), pages 215–220.
4. Bastendorf, K.D., Lussi, A. (2020). Guided Biofilm Therapy (GBT): Systematic solutions for biofilm management – questions and answers. *Zahn-Zeitung Schweiz Magazine*, pages 1-8.
5. Bastendorf, K.D., Strafela-Bastendorf, N., Lussi, A. (2021). Mechanical Removal of the Biofilm: Is the Curette Still the Gold Standard? *Oral Biofilms*, Volume 29, pages 105 –118.
6. California Dental Association. (2020). Updated: New research suggests a link between gum disease and COVID-19. *Journal of the California Dental Association (JCDA)*, Retrieved from <https://www.dentalproductsreport.com/view/new-research-suggests-a-deadly-link-between-gum-disease-and-covid-19>.
7. Camboni, S., Donnet, M. (2016). Tooth Surface Comparison after Air Polishing and Rubber Cup: A Scanning Electron Microscopy Study. *Journal of Clinical Dentistry*, Volume 27, Issue 1, pages 13 – 18.
8. Cobb, C.M., et al. (2014). Consensus Conference Findings on Supragingival and Subgingival Air Polishing. Pages 1 – 9.
9. Dominy, S. S., et al. (2019). Porphyromonas gingivalis in Alzheimer’s disease brains: Evidence for disease causation and treatment with small-molecule inhibitors. *Science advances*, Volume 5, Issue 1, pages 1 – 68.
10. Drago, L., Del Fabbro, M., Bortolin, M., Vassena, C., De Vecchi, E. and Taschieri, S. (2014). Biofilm Removal and Antimicrobial Activity of Two Different Air-Polishing Powders: An In Vitro Study. *Journal of Periodontology*, Volume 85, pages 363-369.
11. Jentsch, H.F.R., Flechsig, C., Kette, B. et al. (2020). Adjunctive air-polishing with erythritol in nonsurgical periodontal therapy: a randomized clinical trial. *BMC Oral Health*, Volume 20, 364.
12. Koch, J., H. (2022). Guided Biofilm Therapy is the absolute favorite among patients. *German journal “Zahnheilkunde Management Kultur*, Volume 38, Issue 4, pages 183 – 185.
13. Louropoulou, A., Slot, D.E., Van der Weijden, F. (2015). Influence of mechanical instruments on the biocompatibility of titanium dental implants surfaces: a systematic review. *Clinical Oral Implant Resource*, Volume 26, pages 841 – 850.
14. Marouf, N., et al. (2021). Association between periodontitis and severity of COVID-19 infection: A case-control study. *Journal of Clinical Periodontology*, Volume 48, Issue 4, pages 483 – 491.
15. Mensi, M., et al. (2020). Plaque disclosing agent as a guide for professional biofilm removal: A randomized controlled clinical trial. *International Journal of Dental Hygiene*, Volume 18, pages 285 – 294.
16. Molayem, S., Cruvinel Pontes, C. (2020). The Mouth-COVID Connection: IL-6 Levels in Periodontal Disease -Potential Role in COVID-19 Related Respiratory Complications. *Journal of California Dental Association*, pages 1 – 44.
17. Müller, N., Moëne, R., Cancela, J. A., & Mombelli, A. (2014). Subgingival air-polishing with erythritol during periodontal maintenance: randomized clinical trial of twelve months. *Journal of clinical periodontology*, Volume 41, Issue 9, pages 883–889.
18. Nascimento, G. G., Leite, F. R. M., Pennisi, P. R. C., López, R., & Paranhos, L. R. (2021). Use of air polishing for supra- and subgingival biofilm removal for treatment of residual periodontal pockets and supportive periodontal care: a systematic review. *Clinical oral investigations*, Volume 25, Issue 3, pages 779–795.
19. Reinhardt, B., Klocke, A., Neering, S. H., Selbach, S., Peters, U., Flemmig, T. F., & Beikler, T. (2019). Microbiological dynamics of red complex bacteria following full-mouth air polishing in periodontally healthy subjects-a randomized clinical pilot study. *Clinical oral investigations*, Volume 23, Issue 10, pages 3905–3914.
20. Sanders, K.M. (2020). Vision on Dental Hygiene. *Oral Health Magazine*. Retrieved from: <https://www.oralhealthgroup.com/features/20-20-vision-on-dental-hygiene/>
21. Tan, S.L., Grewal, G.K., Mohamed Nazari, N.S. et al. (2022). Efficacy of air polishing in comparison with hand instruments and/or power-driven instruments in supportive periodontal therapy and implant maintenance: a systematic review and meta-analysis. *BMC Oral Health* Volume 22, Issue 85, pages 2 – 17.
22. Ulvik, I., M., et al. (2021). A 12-month randomized controlled trial evaluating erythritol air-polishing versus curette/ultrasonic debridement of mandibular furcations in supportive periodontal therapy. *BMC Oral Health*, Volume 21, Issue 38, pages 1 – 11.
23. Vouros, I., Antonoglou, G.N., Anoixiadou, S., Kalfas, S. (2021). A novel biofilm removal approach (Guided Biofilm Therapy) utilizing erythritol air-polishing and ultrasonic piezo instrumentation: A randomized controlled trial. *International Journal of Dental Hygiene*, pages 1 – 10.
24. Zellmer IH, Couch ET, Berens L, Curtis DA. (2020). Dental Hygienists’ Knowledge Regarding Dental Implant Maintenance Care: A national survey. *Journal of Dent Hygiene*, Volume 94, Issue 6, pages 6-15.



## OSAP If Saliva Were Red Video & Facilitator's Guide

In January 2023, the Organization for Safety, Asepsis, and Prevention (OSAP) released an updated version of If Saliva Were Red. This 5-minute video highlights common dental infection control and safety flaws, cross contamination a dental health professional would see if saliva were red, and how implementing best practices in infection, prevention and control reduces the risk of exposure. OSAP also released How to Tell the Story: A Facilitator's Guide which provides facilitators with talking points from the video along with answers to common questions.

<https://www.osap.org/if-saliva-were-red>

## INSERT TRADE-IN PROGRAM



Trade-in any 6 inserts,  
**BUY 2 AND GET 1 FREE!**

Contact your local Dentsply Sirona representative, Kristy Charlton, for more information on this program.

**Kristy Charlton**

Dentsply Sirona - Saskatchewan  
[Kristy.Charlton@dentsplysirona.com](mailto:Kristy.Charlton@dentsplysirona.com)  
306-491-0355 [@kristy.ds.sk](https://www.instagram.com/kristy.ds.sk)

THE DENTAL  
SOLUTIONS  
COMPANY™

Dentsply  
Sirona

HYGIENIST

maxident

[info@maximsoftware.com](mailto:info@maximsoftware.com)

[www.hygienistmaxident.com](http://www.hygienistmaxident.com)

# NO

Commitment

Upfront cost

Strings attached

✓ ONE SIMPLE MONTHLY FEE

For only  
**\$149/**  
Month

Toll Free: **1-800-663-7199**

# National Dental Hygienists' Week 2023

National Dental Hygienists' Week™ is celebrated annually April 4-10, highlighting the importance of maintaining good oral health practices while helping Canadians to understand the vital role dental hygienists play in the health care system.



At Saskatchewan Polytechnic Wascana Campus, Dental Hygiene students from years 1, 2, and 3, were able to come together to celebrate the dental hygiene profession on April 4th. The afternoon consisted of teams competing in the annual Dental Olympics where students went through six stations consisting of Pin the Tooth on the Mouth, Tactile Awareness Relay, Toothpaste/Toothbrush Relay, Interdental Wrap, Tooth Identification Relay, and Dental Trivia. The top team won the Golden Toothbrush with bragging rights for the year! Additionally, a photo booth for the campaign Put Your Purple On was available for students to dress up and have fun



*In celebration of NDHW, municipal landmarks all across Canada are lit in purple for The CDHA "Put Your Purple On!" campaign. Saskatchewan purple landmarks included The Atlas Hotel and City Hall in Regina along with Nutrien Tower and SaskTel Centre in Saskatoon.*

# Meet the Saskatoon Urban Oral Health Program Team

Submitted by Becky Bayda, U of S Nursing Student



Oral health is a critical part of overall health. Healthy teeth and gums are necessary to chew properly, speak clearly and smile brightly. Oral disease is the most common chronic disease in the world today. Periodontal disease is known to impact cardiovascular disease, diabetes, dementia, obesity, cancers, rheumatoid arthritis, and pre-term/low weight babies, among others. Oral disease is preventable and is recognized as a basic human right. A person cannot be fully healthy when oral disease is present.

The Oral Health Program (OHP) team includes dental therapists, dental hygienists, dental assistants, a dental aide and consultant dentist providing the following services:

- Dental treatment, at no charge, for children, youth, and adults who cannot afford, or access, dental care. The clinics are located at West Winds Primary Health Centre and White Buffalo Youth Lodge.
- Dental assessments, referrals, education, fluoride varnish, silver diamine fluoride, ART, and dental sealants in schools, preschools, and daycares that do not meet Canadian oral health goals.

- Fluoride varnish and education at targeted daycares, health centres and child health clinics.
- Dental examinations, consultations, referrals, prevention and temporary treatment services for older adults at the Community Health Clinic in Market Mall.
- In long-term care homes (LTC), Better Oral Health is available to all Saskatoon Urban LTC homes and affiliates. Staff provide dental assessments, referrals, and prevention services for residents in addition to training of LTC staff to provide assessments and daily oral care. <https://saskohc.ca/images/pdf/resources/res4.pdf>
- Population Health surveillance studies that monitor the oral health of the population. [Click here for the latest report.](#)
- Support and donations in the community for basic oral health-care supplies.
- [Health promotion and health education resources](#) for the public.

For more information contact the OHP at 306-655-4469.

# Better Oral Health Program in Long-Term Care

*reprinted with permission from the Saskatchewan Health Authority*

Better Oral Health in Long-Term Care: Best Practice Standards for Saskatchewan (BOHLTC) aims to improve the oral health of residents living in long-term care (LTC). To support the program, the Saskatchewan Health Authority and the Health Sciences Association of Saskatchewan have recently reached agreement on a new classification of senior dental hygienist.

The Saskatoon program, which began in 2013, showed significant improvements in the oral health of LTC residents. Senior dental hygienists are pivotal to the initiative's success.

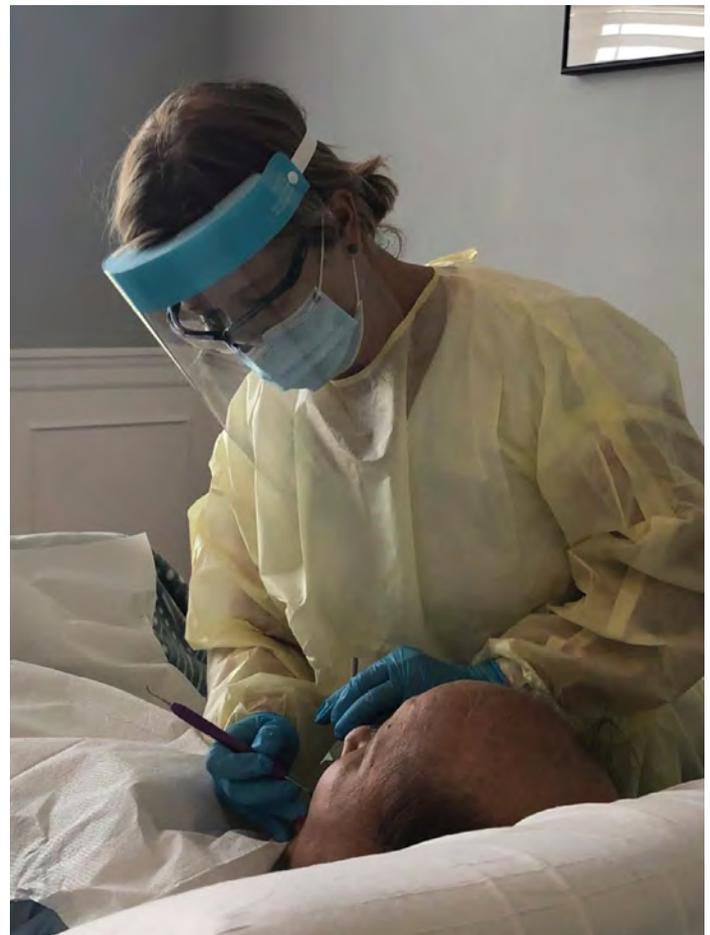
Senior dental hygienists provide prevention and treatment services that keep a resident's teeth, gums and periodontium (bone surrounding the tooth)

healthy. They provide oral health education to nurses, clinicians and continuing care aides so the connection between oral systemic disease and inflammatory diseases is understood. The BOHLTC supports and mentors staff; acts as the liaison between residents, families and dentists who visit homes; and promotes the importance of oral health. This extends to acute care settings.

This partnership highlights how operational leaders, Human Resources, HSAS union and SAHO, working together collaboratively, can lead to successful outcomes that benefit our patients, clients and residents.

## Professional Development Opportunities:

- **Compliance with the Current Saskatchewan IPAC Standards: Where to Begin?**  
May 4th 2023, 6:00-8:00 PM (2CE, Virtual)  
Cost: \$33.29  
[Register Here](#)
- **Managing Medical Emergencies with Dr. Mohanta**  
May 25th 2023, 7:30 PM (1CE, Virtual)  
email: [saskrdhconnection@gmail.com](mailto:saskrdhconnection@gmail.com) to register
- **Infection Control Quality Assurance in Dental Practices**  
May 27th 2023, 9:00AM-12:00PM (3CE)  
Hilton Garden Inn, Saskatoon SK  
FREE  
[Register Here](#)
- **Minor Ailments, Major Collaboration: Working with Your Local Pharmacist**  
June 27th 2023 7:30PM (1CE, Virtual)  
email: [saskrdhconnection@gmail.com](mailto:saskrdhconnection@gmail.com) to register
- **Save the Date!**  
Saskatchewan Oral Health Conference  
September 22-24, 2023  
TCU Place, Saskatoon, Saskatchewan



## Oral Health and Wellness Day

*Sask Polytech Health and Wellness Day provides services to Ukrainian Canadian Congress and Regina Immigrant Women Centre clients.*

Students and volunteers came together at the Saskatchewan Polytechnic dental clinic at Regina Campus on April 1 to provide quality health care to 71 clients from the Regina Immigrant Women Centre and Ukrainian Canadian Congress. Over 150 dentists, dental therapists, denturists, dental assistants, dental hygienists, nurses and Sask Polytech students, faculty and staff volunteered their expertise and time. Many people came in prior to Health and Wellness Day for a screening and exam allowing volunteers to focus on providing free oral health care on April 1.

Terrace Tonn, Dental Hygiene student, assisted with screenings and helped develop treatment plans. Tonn says, "Health and Wellness Day is important to me as a student and as an actively employed dental assistant. Through my work in private practice, I have seen firsthand the financial burden of dental care and the direct impacts that lack of proper dental care can have on our community. I am passionate about seeing people smile and serving my community which is what Health and Wellness Day is all about!"

"Something we realized as students is how expensive dental treatment is," says Claire Fischer, Dental Hygiene student. "The Sask Polytech dental clinic offers reduced costs for dental treatment, but it can still be costly for some people. During Health and Wellness Day all treatments are free, which makes a big difference for the community. Throughout the day, people can

also learn more about their oral health, overall health and mental health from nursing and health sciences students."

The program wishes to acknowledge the work of student organizers: Year 3 Dental Hygiene students Claire Fischer, Terrace Tonn, Bailey Kulcsar and Rebecca Ankey; Year 2 Dental Hygiene students: Amr Elshazly, Mckenna Legault, Sami Mohammed and Blaine Maxwell.



*Pictured: RDH volunteers Brooke Langman, Kaelyn Thomas, Jillian Power, Alanah Mueller, Linh Ly, Bryn Olson, Emily Merk, Angela Backman, Melonie Schultz, Amber Radom, Amy Wong, Sharman Woynarski, Deidra Anderson Doll, Lynn Johnson, Cheryl Laidlaw, Grace Taylor and Dean Lefebvre.*

## SDHA COUNCIL & STAFF 2023-2024

**Stacie Beadle**, President  
**Lisa Pollock**, Vice President  
**Carla Ofstie**, Councilor  
**Tessa Creary**, Councilor  
**Kayla Bakken**, Councilor  
**Raymond Sass**, Public Representative  
**Kaylen Anholt**, CDHA SK Director  
**Shelby Hamm**, Registrar/CEO  
**Alyssa Boyer**, Deputy Registrar  
**Karalee Emmerson**, Association Administrator

## AD RATES

Full Page: \$200  
Half Page: \$150  
Quarter Page: \$100  
Business Card: \$50

*Rates are subject to change. Pricing is rated per publication. We welcome your ideas, articles, and letters. Send submissions to: [deputy@sdha.ca](mailto:deputy@sdha.ca)*

## SDHA Conference & AGM



*Conference attendees enjoyed the Conference After Party at the Remai Modern. Dentalcorp sponsored an evening of food, drinks, and music!*

The SDHA would like to extend a warm thank you to the 250 dental professionals who attended the 2023 Conference and Annual General Meeting on March 24th-25th, 2023. We were pleased to host this event in-person after years of virtual learning, and hope you enjoyed the opportunity to reconnect with your colleagues.

If you attended this event, please complete the [conference survey](#). Your feedback helps us facilitate future events!

## Thanks to Conference Sponsors!



## 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**  
Saskatchewan  
Dental  
Hygienists'  
Association

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

[www.sdha.com](http://www.sdha.com)

Phone: 306-931-7342  
Email: [admin@sdha.ca](mailto:admin@sdha.ca)