



Issue - #21  
Fall 2018

# The SDHA *Edge*

## Saskatchewan Dental Hygienists' Association

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



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

Story ideas, articles and letters are always welcome. Please send your submission to [sdha@sasktel.net](mailto:sdha@sasktel.net).

## Register Now! *Live, Love, Learn*

*5th Annual Conference  
March 29 & 30, 2019  
Radisson Hotel, Saskatoon*

**Two Full Days of Diverse and Dynamic Presenters certain to quench your thirst and challenge your senses!**

**All Professions Welcome!!**

### *Sessions to Include:*

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

# Purevac® HVE System

with Mirror Tips and Hose Adapter



## Better

- 135% greater removal of fluids than a low-volume saliva ejector.<sup>1</sup>



## Safer

- HVE removes 90% more aerosols generated during ultrasonic scaling compared to a low-volume saliva ejector.<sup>2</sup>



## Faster

- High Volume Evacuation + Mirror in a single instrument = visibility and suction all in one hand.

**NEW!**

High Volume Evacuation and Mirror Tip in a Single Instrument



## Reducing your exposure to aerosols. Now made easy!

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

1. Data on file

2. Jacks MJ: A laboratory comparison of evacuation devices on aerosol reduction. J Dent Hig 2002, 76, 202-206.

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## President's Message

Alyssa Boyer, RDH

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

With terms changing, Council is losing three instrumental faces at the table. Leanne Huvenaars has served for six years, serving as Council President for two years, and the CDHA representative for three years. She will be elected CDHA President in October 2019. We will miss your passion and energy at the table, Leanne! Tolu Oyeboode and Michael San Miguel both began serving as Public Representatives in 2016. and they brought forth great knowledge and expertise on good governance, ethical decision making, and contributed to the advancement of our profession. Leanne, Tolu, and Mike - you will be missed! Thank you for your time, energy, and service for the SDHA.

With a happy heart, I can announce that Council successfully filled 3 vacant positions and is welcoming 3 happy new faces to the table. I look forward to the fresh perspective to come from our new members, the bonus of working with a revolving board. Welcome to Bonny, Jared, and Larry!

In September, I had the opportunity to volunteer with a team of dental professionals at Northern Dental Day in La Loche and Clearwater Dene Reserve in Northern Saskatchewan. Dentists, Therapists, Hygienists, and Assistants, and Nurses worked as a team to provide total dental care to those without access to care. Did you know that Northern Saskatchewan has the highest caries rate in Canada? It was a privilege to work alongside a passionate interprofessional group, and I encourage all members to consider volunteering for events such as this in their future - I promise you won't regret it! I left with a full heart and a smile on my face.

Council begins the term with our first meeting scheduled in November, and another 2 to 3 meetings throughout the year ahead. I look forward to all that 2019 has to bring! Please know that our council has an open door policy, and always welcomes feedback on any matter from our members.

Warm Regards,

Alyssa Boyer, BA, RDH  
SDHA President 2017-2019

## Welcome back - Bonny Marshall

Bonny Marshall is a returning Council member serving from 2005 through 2011. She has also been on the SDHA PCC and CCP committees at various times over the years.

Bonny graduated as a nursing assistant in 1976 and then returned to complete a Diploma in Nursing in 1997. In 2000, she completed a Diploma in Dental Hygiene from SIAST.

Bonny lives in Regina and works as both a registered nurse and dental hygienist. For Bonny, nursing and dental hygiene have been a great combination for her. Working inter-professionally and spreading the word that overall health is linked to oral health is her mission and joy!



*"Jump to the moon, because even if you fall, you'll land amongst the stars".*



## Registrar-Executive Director's Report

Kellie Glass, RDH, MBA

*The SDHA exists so that the public has safe, competent, knowledge based dental hygiene care and expertise that contributes to oral and overall health using cost effective stewardship of resources.*

As I described previously in the summer 2018 issue, as part of the SDHA governance policies, the Council establishes ENDS or goals that they would like to see achieved each year, based on our determined mandate. As the Registrar-Executive Director, it is my responsibility to develop a strategic plan in order to meet those ENDS, and then demonstrate to Council that they have been met. The actions of both establishing ENDS and then demonstrating that we have achieved those goals, ensures accountability to government, the public and to you the members, that we are doing what we are supposed to be doing. Everything we spend our time, energy and money on must align with these ENDS.

Our Mega-End, or broadest goal summarizes the mission of our organization.

*The SDHA exists so that the public has safe, competent, knowledge based dental hygiene care and expertise that contributes to oral and overall health using cost effective stewardship of resources.*

This END is then further defined in more specific ENDS:

**1. The public is assured of quality dental hygiene care.**

**2. The public recognizes, values and seeks dental hygiene care.**

- More people, especially underserved populations, will have access to dental hygiene care and oral health information.

**3. Members explore the roles and responsibilities of the dental hygiene profession as oral health providers, health promoters, client advocates, educators and researchers.**

- They have opportunities for alternative practice settings and utilize a broader scope of practice as entrepreneurs or employees.
- They have the information, professional resources and support for effective practice and professional growth.
- They recognize and represent themselves as professionals.
- They demonstrate respect and a commitment to the continued development of the profession.

**4. A wide range of private, public and not for profit entities seek the professional expertise and comprehensive services that dental hygienists provide.**

In the springtime each year I submit a report to Council that summarizes what the SDHA has accomplished in the last twelve months. It is called an ENDS monitoring report and it details how our organization has met our goals..

I thought I would spend some time in the next several newsletter issues, summarizing for you, the member, what the ENDS are and how we achieve them.

For the period May 2017 to May 2018:

**2. The public recognizes, values and seeks dental hygiene care.**

This means that the SDHA health promotion projects and activities seek to educate and inform the public on oral/overall health topics, the dental hygiene profession and the unique value we offer as primary health care providers.

In order for the public to recognize, value and further seek dental hygiene care, I believe that it necessary for the public to have increased awareness regarding:

1. the standards and requirements of the dental hygiene profession;
2. oral and systemic health; and
3. how a dental hygienist serves to assist the public with their health goals

Health promotion activities and events in the past year have been designed to fulfill those needs and have included:

- The NDHW commercial that aired on local networks in the month of April (Dental hygiene superhero messaging)
- Multiple presentations at the Global Gathering Place (Women's Wellness Program, preschool program, mother and child program)
- Presentations at many long-term care homes/seniors buildings
- Presentations at RUH (Peds Cardiac Care camp, Heart & Stroke ward)
- Career Fair in Saskatoon
- Donations of oral health supplies to:
  - The Calder Centre
  - Elizabeth Fry Society
  - Saskatoon Interval House
  - Kids First (Regina & S'toon)
  - Mumford House
  - Acute Care Pediatrics (RUH)
  - Global Gathering Place
  - Friendship Inn
  - The Lighthouse Supported Living
  - Salvation Army
  - Open Door Society

## ENDS Continued

In addition, this End also includes:

**2.2.1 More people, especially under-served populations, will have access to dental hygiene care and oral health information.**

It is our goal to have more people accessing dental hygiene services in a variety of settings, and the oral health knowledge of the public is increased as a result of health promotion, public awareness, and clinical efforts.

Increasing access to dental hygiene care to the public and underserved segments of the population will help to improve the oral and overall health of the people of Saskatchewan.

Collaboration with other oral health professions and related stakeholder organizations have provided opportunities for dental hygienists in the following settings:

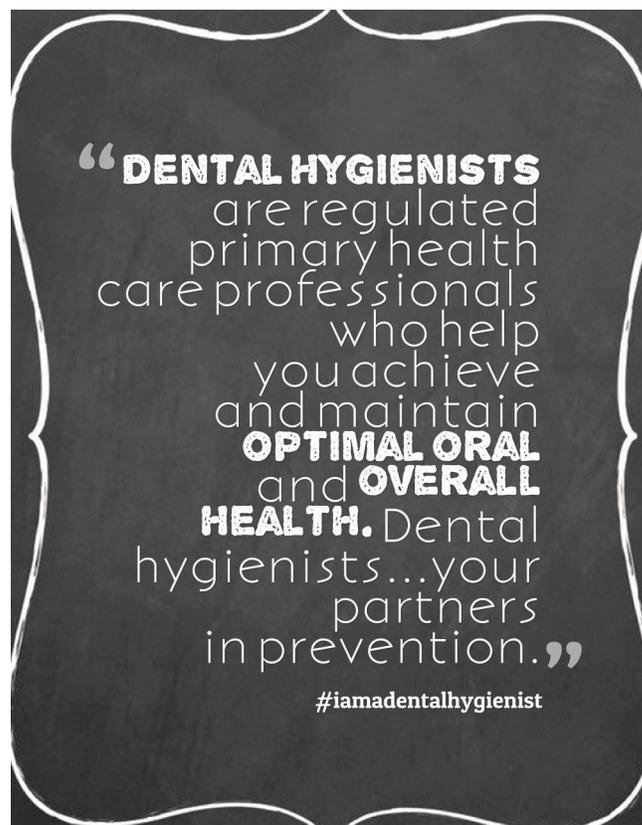
- Within the Saskatoon health region, we have worked with dental hygienists to assist them in getting contracts established with dentists and facilities to allow them a means of providing care in hospital and LTC settings.
- We have met with government and the Dean of the College of Dentistry in order to assist a stand-alone dental hygiene clinic to acquire a permanent contract.
- Within long term care and as a result of the collaborative work on the Better Oral Health in Long Term Care for the people of Saskatchewan project, we have had meetings with the Ministry of Health, been involved with the Oral Health Coalition, and have had ongoing discussions and presentations with long term care facilities, to educate them on the need of preventative care in this population group which has enabled more dental hygiene services to be provided.
- Within First Nations communities through the collaboration with SK Polytechnic, CDHA and the SDTA, we are working on a dually trained provider model that can provide education to dental hygienists on restorative procedures, in order to ensure more populations, especially those currently in the north and underserved have access to comprehensive oral health services.
- In collaboration with the rural health authority, SK Polytechnic, NITHA and individual dental hygienists, we developed a free northern oral health event. This event was a 2 day trip to a northern community that provided free oral health assessments, dental hygiene services, restorative care and education to the community of LaLoche and Clearwater River Dene Nation.
- Reviewing and addressing dental hygiene legislation that will reduce barriers that exist for the public to access oral health care.

Although legislation and governance tend to be “dry” topics, my goal through these articles is to educate members on what the SDHA spends its time and resources on. It’s important that you, as an “owner”, have a transparent understanding of what we do and how we do it.

On the surface, members likely see the job of the SDHA as licensing, registration and Continuing Competency. And although, this makes up a lot of our work, you will hopefully see that behind the scenes, we do so much more. The public recognizing, valuing, and seeking dental hygiene care is extremely important to ultimately improve the oral and overall health of the people of our province.

This is challenging work that does not always produce immediate results. It requires a lot of creativity, tenacity, ongoing dedication, collaboration, research, advocacy, lobbying, education, and so on.

I can assure you that I am truly committed to the ENDS developed by the Council. It is what drives all of my work, and the work of our staff.

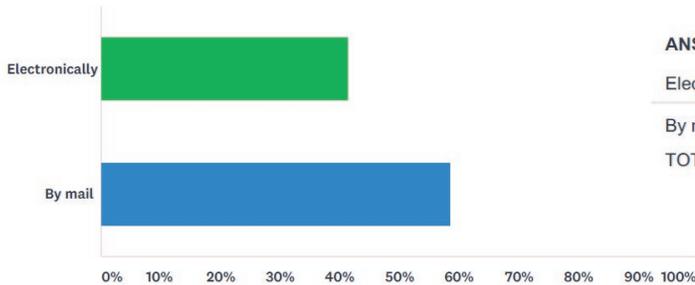


## SDHA Member Survey

Thank you to all that completed the SDHA Member Survey at the end of the online license renewal process. We appreciate the feedback we receive from our members. The primary role of the SDHA is public safety and protection, and we believe that if we support our members, you become better equipped to ensure that your clients receive safe, quality dental hygiene care. I thought I would share a few interesting results with you.

### Q3 How do you prefer to receive the SDHA newsletter?

Answered: 150 Skipped: 1



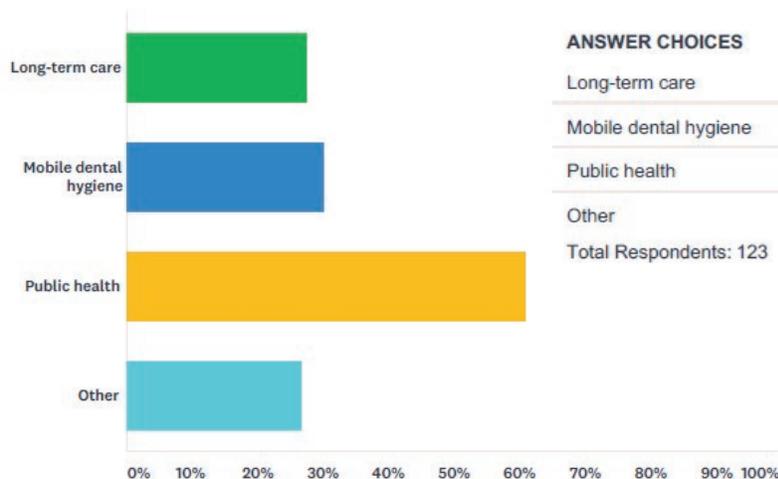
ANSWER CHOICES	RESPONSES
Electronically	41.33% 62
By mail	58.67% 88
TOTAL	150

### Q12 How would you rate your satisfaction with your current employment/practice setting?

	VERY SATISFIED - I LOVE MY JOB!	GENERALLY SATISFIED	INDIFFERENT	SOMEWHAT DISSATISFIED	VERY DISSATISFIED	N/A	TOTAL
(no label)	37.33% 56	49.33% 74	4.67% 7	6.00% 9	0.00% 0	2.67% 4	150

### Q17 Do you have any interest in practicing in an alternative practice setting? Please select those that apply:

Answered: 123 Skipped: 28



ANSWER CHOICES	RESPONSES
Long-term care	27.64% 34
Mobile dental hygiene	30.08% 37
Public health	60.98% 75
Other	26.83% 33
Total Respondents: 123	

## Volunteers Needed

### **Saskatoon Study Club Coordinator**

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

### Online Course

# Radiation Safety for Dental Hygienists

Videos | Learning Plans | Quizzes

Module 1: X-Ray Physics Review

Module 2: Radiation Biology

Module 3: Radiation Protection

Module 4: Legislation Overview

**Member pricing: \$75.00 | Non-member pricing: \$150.00**

Visit [cdha.ca/RadiationSafety](http://cdha.ca/RadiationSafety)

Presented by:



### Additional Notes from the Registrar

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



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



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

## Health Promotion Initiatives

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

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

**SASKATCHEWAN HEALTH AUTHORITY:** Chris Gordon has been busy at Long-term care homes and facilities with the Saskatchewan Health Authority!



She attended the Spot Light on Seniors Conference with Kerrie Kreig from the Saskatchewan Health Authority. Many seniors stopped by the booth to ask questions about their oral health. The sugar display was certainly a draw. If you can not read the sign it says; **"Small Change - Big Impact. 1 can of pop a day for one year = 32 lbs of sugar!"**

Dry mouth was the most common concern. With Chris & Kerrie's experience in Long Term Care, they have found the most success in recommending Xylimelts. Samples were available for a few guests to try, but they are also available at Shoppers Drug Mart.



The SDHA is collaborating with the Saskatchewan Health Authority to do five presentations to Continuing Care Aides in the three Saskatoon hospitals. Kerrie and Chris are looking forward to this opportunity.

It is very encouraging that oral health is being recognized within the health care system. Kerrie and Chris recently met with the staff from Royal University Hospital Stroke Unit, regarding oral health within hospitals. Their presentation was very well received and many questions were asked. Kerrie and Chris have been invited back to the Stroke Unit to work with some patients, and the RHU staff was impressed that these two oral health professionals were able to resolve some difficult oral health issues. Staff were left with the very important message regarding the oral systemic link - if there is inflammation in the mouth, then there is inflammation in the body. The staff now understands that we are not just there to make the teeth look clean, but recognize that we are prevention specialists. We are there to improve oral health for better overall health for the people of Saskatchewan.



### ***Are you making a difference in your community...***

Through presentations, screenings, or donating oral health supplies?

We encourage you to reach out and help those in need, educate others on the profession of dental hygiene and help to improve the overall health of the people of SK.

# The SDHA Jurisprudence Education Module (JEM): An Opportunity to Learn

## **Why take the JEM?**

Successfully completing the JEM will be required of the following individuals:

- A new registrant, including those moving to SK from another province and new graduates;
- Current RDH's as part of their Continuing Competency Program requirements.

The JEM requirement will begin November 1, 2018 and the following is our implementation plan:

- New grads/registrants will be required to complete the JEM beginning November 1, 2018.
- For current registrants, it will be phased in like the CPR requirement was years ago, and will begin in the fall of 2018.
  - CCP Reporting period ends October 2018: JEM required between Nov. 1, 2018 and Oct. 31, 2021
  - CCP Reporting period ends October 2019: JEM required between Nov. 1, 2019 and Oct. 31, 2022
  - CCP Reporting period ends October 2020: JEM required between Nov. 1, 2020 and Oct. 31, 2023

## **What is the JEM like?**

The JEM will be an online, interactive, open book learning module that will be accessible any time via the SDHA website using most current internet browsers. It will be organized into sections/modules, with mini quizzes at the end of each chapter to review key highlights from that chapter. All questions must be answered correctly prior to advancing to subsequent chapters.

At the end of the JEM, the registrant will be guided through the process of confirming completion of the module, which will then provide the SDHA with evidence of a registrant's successful completion of the JEM.

Depending on how familiar you are with the material, the JEM can take between 1 and 2 hours.

***2 CCP credits in Category A will be provided to each member when it is completed.***

## **What information should I be familiar with or review prior to the JEM?**

There are many laws, rules, standards and bylaws that govern dental hygiene care in Saskatchewan. The JEM provides education and information on the legal framework that governs us.

The JEM will include an overview of:

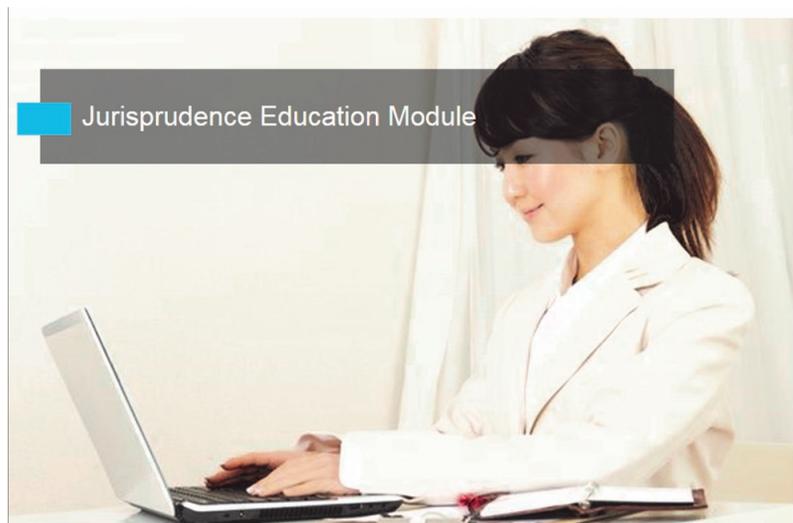
- The Dental Disciplines Act,
- SDHA Bylaws
- Practice Standards and guidelines
- Competencies & Scope of Practice
- Ethical obligations of members

Although the JEM is an open book exercise, you may want to familiarize yourself with the legislation in advance. All of the documents listed above are available on the SDHA website at: <http://www.sdha.ca/index.php/legislation-and-resources/>

## **Is there a fee to take the JEM?**

There is no direct charge at the time of completing the JEM. Costs associated with the development, implementation and ongoing administration costs have been built in to annual license fees.

***The JEM is intended to be a valuable learning activity and not meant to be punitive in nature.***



## Finger on the Pulse - SDHA Update

Karen MacDonald, SDHA CCP & Registration Coordinator



At this time of year, the heartbeat at the SDHA office is quick stepping to License Renewal. A big shout out to those of you who renewed promptly! From the beginning of renewal to our deadline date, renewal was smooth and steady – just like you hope every pulse will be. It's almost impossible to believe that online renewal has only been up and running at the SDHA for five years and previous to that we were what appears now to be the dark ages of paper applications. Although online renewal appears seamless, quick and complete from your point of view, we do a lot of forensic checking at this end once you have hit the 'SEND' button.

All online submissions are checked for address and email updates or name changes. Have the declaration questions been answered completely and accurately? Has the member exceeded the 3-year continuous Non-Practicing limit, and have the dates been entered correctly? Did the registrant clear the Local Anesthetic requirement and move from Conditional to Full? Was CCP credit for an L/A course entered? Has the registrant completed the LA requirement within the 2 year limit?

Official receipts and new license certificates have been printed and compiled for mailing. Just a few reminders: please ensure the official receipt gets into the hands of the person that paid – your next year's tax file or your employer who paid your license fee on your behalf. Please also ensure that your license certificate is displayed at your place of practice.

Prior to and during the renewal period, we are on watch for Continuing Competency requirements, as the Continuing Competency Program deadline coincides with renewal. We generate a report that lists who is coming to the end of his or her 3-year reporting period. From that list, we ensure that each of those registrants have completed an in-person CPR course, has a minimum of 30 credits in Category A, a total of 50 credits or more, and we ensure we have added the 5 credits in Category B for PL Tool work completion.

It is illegal to practice without a license. Full, practising members who have not renewed by October 31st, will be officially notified by our Registrar that they no longer hold a practising license or liability insurance and should not be engaging in dental hygiene practice. The registrant's employer/place of practice is notified as well.

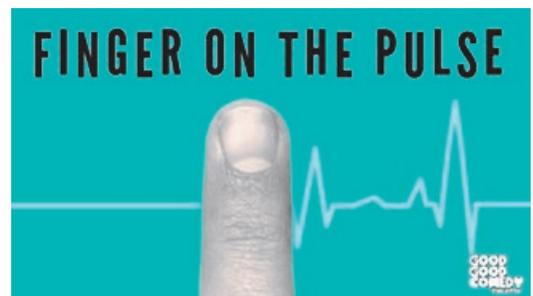
Your current license will expire on October 31<sup>st</sup> and the new license will begin November 1<sup>st</sup>. If you are short CCP credits, the system allows you to renew your license online, but the license is held until all CCP entry is complete and you clear the requirements. If CCP is not cleared by October 31<sup>st</sup>, you are considered not licensed and your employer is contacted.

***Wondering why we have a deadline date two weeks prior to your license expiration?*** It's to ensure your renewal, our forensics and the actual certificate arrives in your hands prior to a license expiring.

We like to always have our finger on the pulse of what's happening at the SDHA and with our registrants, but sometimes we miss a beat. If you think we have or are wondering what the bpm is, please don't hesitate to give us a shout! We are always available to answer your questions, clarify confusion and share information with you.

Respectfully submitted by:

Karen MacDonald  
SDHA Coordinator



## YOU CAN QUIT. WE CAN HELP.

“ I just celebrated **four years smoke-free**. If you are thinking about quitting, **Smokers' Helpline** is the way to go. It will be one of the best choices you will make for yourself. Thank you, **Smokers' Helpline**, for supporting me - and all of us! ”

~Lisa

### PHONE\*: 1-877-513-5333

Each person who calls is treated with warmth and respect. Once you connect with a Quit Coach they will...

- Assist you in creating a personalized quit plan
- Help you cope with cravings and withdrawal symptoms
- Provide information on resources in your community

\*Ask for an interpreter in one of more than 100 languages so you can speak in the language you are most comfortable.

### ONLINE: SmokersHelpline.ca

The online community is filled with people just like you and is open 24 hours a day, 7 days a week. Once you register you can...

- Share your experiences and chat with other people in the online forums
- Work through helpful exercises tied to the milestones of your quit journey
- Draw inspiration from the successes of other quitters

### TEXT\*: To register text 'iQuit' to the number 123456

As soon as you sign up you can expect...

- To receive support on the go with text messages based on your quit date
- A set of keywords that you can text us when you need extra inspiration

\*Available to Ontario residents only.  
Text messaging rates from your provider may apply

### FREE RESOURCES

Every quit attempt is an opportunity to learn. Don't quit quitting, stay in touch so you don't miss out on...

- Free self-help booklets
- Contests you can enter to quit & win prizes
- Knowing where and how you can access nicotine replacement therapy (e.g. gum or patch)

It is never  
too late to  
**QUIT!**



### CALL US 7 DAYS A WEEK

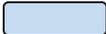
**Monday to Thursday:** 8 a.m. - 9 p.m. ET (7 a.m. - 8 p.m. CT)

**Friday:** 8 a.m. - 6 p.m. ET (7 a.m. - 5 p.m. CT)

**Weekends:** 9 a.m. - 5 p.m. ET (8 a.m. - 4 p.m. CT)

## Continuing Competency Program Corner Supporting Professional Development

If you need help with this, please let us know. And please share what you are doing!  
We want to hear how you are making a difference!

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

2018/2019
October 27, 2018 Infection Prevention and Control Standards Presentation (half day) Sheraton Cavalier, Saskatoon
March 29 & 30, 2019 Live, Love, Learn Conference (SDHA AGM) The Radisson Hotel, Saskatoon
April 26, 27 & 28, 2019 (SDHA, SDAA, SDTA) The Delta, Regina
September 27 & 28, 2019 Venue to be determined, Saskatoon

## Are you looking for Online CCP Opportunities and Resources?

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



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

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

- The Dental Hygiene Process of Care: Is Your Practice on Track? **6 CE**
- Exploring the Medical History **1 CE**
- Oral Pathology Refresher Course **2 CE**
- What Does EVERY RDH Need to Know About Pharmacology? **6 CE**
- The Top 10 Medically Compromised Clients **1 CE**
- Assessing Anesthetic Options **3 CE**
- Advanced Instrumentation I - Where to invest in a perio program? **6 CE**
- Achieving Clinical Confidence with Ultrasonics & Airpolishing **6 CE**
- Maintain Your Edge - An Instrument Management and Sharpening Workshop **3 CE**
- Managing the Orthodontic Client in the General Practice; The Integral Role of the Dental Hygienist **4 CE**
- Smoking Cessation **0.5 CE**
- Smoking Cessation: A Dental Hygiene Perspective **6 CE**
- To Polish or Not To Polish? That is the Question!! **4 CE**
- Topical Fluoride for Caries Prevention **0.25**
- Buzz in a Bottle **1 CE**
- The Diary of a Dental Hygienist **1 CE**
- Documentation:**
- Best Practice Guidelines for Documentation **1.5 CE**
- Documentation of Oral Lesions: A Guide to Descriptive Terminology **0.5 CE**
- Infection Control:**
- Clinical Contact Surface Management **0.5 CE**
- Dental Unit Water Quality & Testing **0.5 CE**
- Processing Critical and Semi-Critical Instruments **0.5 CE**
- Risk Assessment, Hand Hygiene and Personal Protective Equipment **0.5 CE**

*Visit [www.rdhu.ca](http://www.rdhu.ca) to Learn More!*

## Principles of Ultrasonic Instrumentation: Insertion, Activation & Adaptation

*Information designed to help clinicians maximize their ultrasonic instrumentation technique.*



*The fourth and final article in a series designed to help clinicians maximize their ultrasonic instrumentation technique.*

In the first three articles of this series, grasp, lateral pressure and finger rest were addressed. It is important to recall the need for a balanced ultrasonic handpiece in the hands of a clinician in combination with the application of appropriate lateral pressure. Light lateral pressure is the suggested approach for safe, effective and efficient removal of calculus or biofilm removal/disruption and will help to facilitate patient comfort and the musculoskeletal health of the clinician. Combined with a strategically placed finger rest and you have building blocks of the remaining ultrasonic instrumentation principles: finger rest, insertion, adaptation and activation.

### General Guidelines for Insertion, Activation and Adaptation

#### 1. Insertion

When planning subgingival placement or vertical orientation of an ultrasonic insert/tip, maintaining an instrument insertion angulation of 0-15° will help guide clinicians as they are working to ensure no contact between the point of the insert/tip and the tooth/root structure. Tip/insert angles above a 15° show an increased probability of clinician-made root surface irregularities with both magnetostrictive and piezo technologies<sup>1,2</sup> and are likely to increase sensitivity experienced by the patient. Insert/tip angulation is directed related to active tip adaptation or contact and should be constantly assessed and modified during a debridement procedure.

#### 2. Activation

Ultrasonic inserts/tips should be activated prior to being placed on the tooth surface. Once activated and tooth surface contact is made, methodical, short, quick overlapping strokes are recommended. These strokes can be vertical, horizontal, oblique or even multidirectional in nature and choosing the appropriate stroke direction can be dependent on the clinician's preference, the deposit type, the configuration of the pocket/defect and the condition of the gingival tissue. For example, a deep, narrow pocket enclosed with tight tissue may not allow a clinician to execute a horizontal stroke, this 'tight' clinical situation may allow for only a vertical stroke.

#### 3. Adaptation

When examining options for insert/tip adaptation, clinician's need to determine **active tip** and **active tip surface** availability. Active tip is measured in millimeters and is calculated based on the manufacturer's predetermination of the frequency of the ultrasonic equipment. For example, a brand new insert with a frequency of 30K (a commonly used frequency by today's standard) yields a 4mm active tip. Remember, the active tip of an ultrasonic instrument wears with regular use and ultrasonic instruments need to be measured often and replaced/recycled as required.

Active tip surface possibilities include the face, back and lateral sides with specific active surfaces being dependent on the stroke pattern created by the technology being used. Magnetostrictive technology (ie: Cavitron, HuFriedy, Biosonic, Autoscaler, Parkell) produces an elliptical stroke providing active face, back and lateral sides. While piezo (ie: EMS, Sirosonic, Pro-Select, Acteon-Satelec) technology typically produces a linear stroke pattern providing active lateral sides. To confirm active tip and active tip surfaces, clinicians should check with the manufacturer of the specific ultrasonic equipment they are currently using. Refer to figures 1 & 2 for subgingival clinical adaptation examples. Click on the video link below to see various magnetostrictive inserts demonstrating the principles of ultrasonic instrumentation.

<https://www.youtube.com/watch?v=aAqY99TL9oM&t=4s>

#### References:

- Flemming TF, Petersilka GJ et al. Working parameters of a magnetostrictive ultrasonic scalers influencing root substance removal in vitro. J Periodontol May 1998, 69(5):547-553.
- Flemming TF, Petersilka GJ et al. The effect of working parameters on root substance removal using a piezoelectric ultrasonic scaler in vitro. J Clin Periodontol Feb 1998, 25(2):158-163.

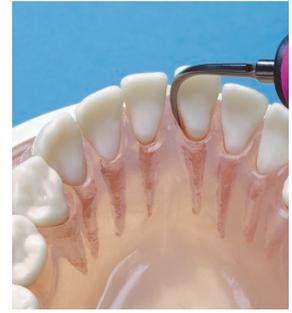


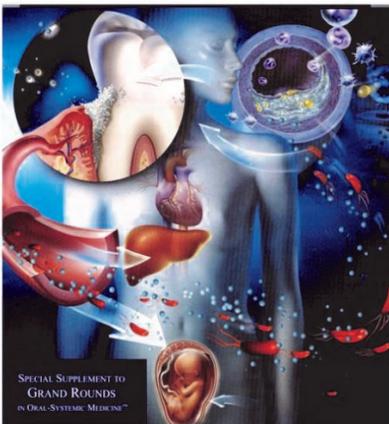
Figure 1: A. Thin, straight ultrasonic instrument with the back surface adapted to the distal of 41. B. As insert moves across the lingual surface of 41, adaptation is maintained using the lateral surface of the instrument. C. Adaptation is achieved using the same lateral surface or the face as ultrasonic instrument moves through the ML line angle into the mesial surface of 41.



Figure 2: A. Thin, curved ultrasonic instrument with the lateral surface adapted to the distal of 15. B. As the insert moves across the buccal surface of 15, adaptation is maintained using the back surface of the instrument. C. Adaptation is achieved using the opposite lateral surface as the ultrasonic instrument moves through the DB line angle into the distal surface.

**Dental care is *no longer* just about cavities, your smile or whether you floss or not.**

**It's About *inflammation.***



- ✓ Inflammation is at the root cause of many of the chronic diseases of aging.
- ✓ The mouth is a significant source of that same inflammation if you have gum disease.
- ✓ You can have gum disease and not even know it.

## **RDH SPOTLIGHT:** **Nancy Newby, RDH**

### **Education:**

- Dental Hygiene Diploma, SIAST, Regina 2005
- 3 ½ years Arts & Science, University of Saskatchewan

### **Professional Highlights:**

I love being a health care professional. The opportunities that this career has given me to educate my patients, peers and the public on the benefits oral hygiene has on a persons overall health is very rewarding. I have also been able to make a connection and be a positive contribution with my patients and being able to make a difference in their lives is great.

### **Greatest Joy:**

My greatest joy is my family, which includes my husband, three kids and of course my two Boston Terriers (fur babies).

### **Greatest Challenge**

My greatest challenge is finding a balance between family, work and time for myself. Family means the world to me, and trying to find that balance between my family demands while still growing and meeting the expectations of my career is difficult. There have been many times where I have started to burn out. From those experiences I have realized that I need to give myself as much love, compassion and attention as my family and work. You need to take care of yourself too and that is a hard thing to learn. This is something that I now value so much and know I need. Change has also been challenge for me and there has been a lot of change in my life over the past year. Through all of this I have learned that these experiences have been necessary for me to grow as a professional, mother, wife and as a person.

### **Outside Work we love to:**

I love my family, photography, CrossFit and catching up with friends (over coffee and/or wine). I love spending time with my husband, my kids and dogs. We love the outdoors, camping, hiking and experiencing new adventures. Over the last 10 years my passion for photography has grown along with the opportunities this has created. Being able to capture the same love and joy in the people and families in photos that I have in my life has been very rewarding. I have an extreme love of CrossFit and the community that comes with it. This has been a big piece in making sure that I am taking care of myself mentally and physically. When I have a chance to unwind I love to just hang out going for coffee or wine while catching up with friends and meaningful engagement.

### **Favorite inspirational quote:**

I love quotes and there are so many that come to mind but in the last year, along with the change in my life, I have lost two very important people that have left a lasting imprint on me. Both of these special people lived by some inspirational words of wisdom. **“Find the Good” – Mandy Ringdal and “Every Second Counts” – Bruce Gordon**

I’ve come to realize that change happens and it’s not always bad. We can “find the good” and we need to make “every second count.” Having these words in the back of my mind have put a lot of things in perspective and allowed me to enjoy the little things every day!



### **Final words:**

I’ve come to realize that change is good and you are always learning in everything you do, whether that be in the dental field, photography, parenting, marriage or just life in general regardless of your circumstances.

In all aspects of life, love every minute.  
Life is beautiful and give every day the best that you can.

## CDHA CORNER

**Dear friends and  
colleagues,**

*Happy autumn! I hope that every one of you had an amazing summer. I want to take this opportunity before we get caught up once again in the busyness of life to celebrate our profession. Whenever I speak to dental hygienists, I find myself in awe of what is being done to improve the oral and overall health of the public. I think it is time to share what we are doing with each other.*



*Why not submit an article to CDHA to be published in Oh Canada!, our member magazine? Sometimes, I think that we are too modest in what we do. I also think that we do the things we do not to be recognized, but because we care. Please know that your work and innovative approaches to oral health promotion and disease prevention might be something someone else would like to try. By sharing our stories, we will give our profession an amazing database of ideas and contacts. It is important for all of us to stay connected in our ever-changing and growing profession.*

*Sincerely,*

*Leanne Huvenaars, RDH  
CDHA board director, Saskatchewan  
[directors@cdha.ca](mailto:directors@cdha.ca)*

## WHAT'S NEW AT CDHA?

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

#### Online Courses

*Lifelong Smiles for Individuals with Intellectual Disabilities*

This four-module course, made possible through a partnership with Special Olympics BC, is designed to help oral health professionals more effectively connect with and support clients with intellectual disabilities in maintaining good oral health over their lifetime.

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Oral Health & Systemic Health Connection, *sponsored by Crest + Oral-B*  
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### PARTNERS' CIRCLE

CDHA's Partners' Circle comprises dental industry firms dedicated to the advancement of the dental hygiene profession and the important role that dental hygienists play in the oral health care team. We are proud to announce the members of the 2018 CDHA Partners' Circle: [www.cdha.ca/partnersCircle](http://www.cdha.ca/partnersCircle)

### MEMBERSHIP RENEWAL

Your CDHA membership is automatically renewed when you complete your annual SDHA registration. CDHA membership provides access to many great benefits. Check out the top advantages in our infographic and video.

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## Northern Dental Days - 2018

On September 21, 2018, 23 health professionals descended on the La Loche and Clearwater River Dene Nation Health Centres to deliver oral health care to members of the community. The team of volunteers consisted of 6 dental therapists, 1 dentist, 5 dental hygienists, 5 dental assistants, 2 nutritionists, 1 nurse and members from the Northern Inter-Tribal Health Authority and Saskatchewan Health Authority. This interprofessional team shared their skills and knowledge to provide blood glucose checks, education, oral health assessments, hygiene care, restorations, extractions, nutritional and oral health education to those who needed it most.

According to the Canadian Oral Health Framework (2013), "First Nations and Inuit people have the highest dental decay rates – two to three times higher than non-Aboriginals". The 2013-2014 Saskatchewan Dental Health Screening Program Report reveals that the La Loche region has the highest decay rates in all of Saskatchewan (and Canada), over twice the rate within Regina. This community also reported the lowest rate of receiving dental care in our province. The reasons for this is the limited access to care in this area with many residents having to travel over 4 hours to receive care and not being able to afford the care required. The Non-insured Health Benefits (NIHB) provides some assistance for recognized Inuit and First Nation people, however, Metis people are not eligible for coverage and they make up a large portion within the northern community.

As volunteers arrived in the afternoon of September 21, they immediately began to set up and start seeing patients who were eagerly waiting. Some treatment was performed but many oral assessments were completed to prepare for the next 2 days of treatment. The first full day of the event started with a blessing and drum ceremony from an Elder within the community.

***Over a three-day period, 94 people were seen, and an estimated \$26,000 worth of dentistry was performed. It was a huge success for all involved.***



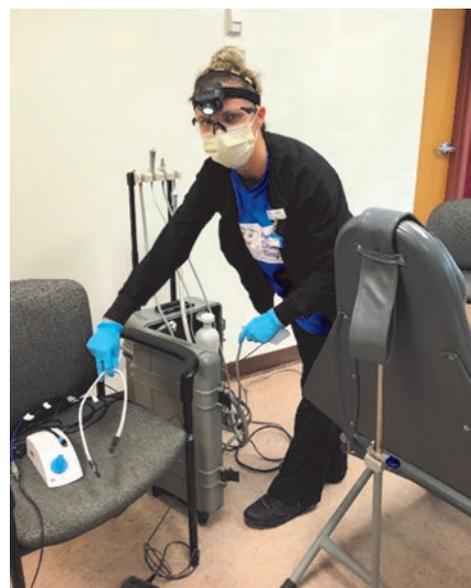
This event would not have happened without the generous support of our sponsors. Greystone Management, Northern Inter-Tribal Health Authority, Saskatchewan Dental Hygienists Association, Saskatchewan Dental Assistants Association and Saskatchewan Polytechnic made financial contributions to assist with costs such as travel, accommodations and food for the volunteers. Henry Schein Dental, Sinclair Dental, 3M Dental, Dentsply, and Kavo Kerr donated dental supplies. Subway and the Bayside Guesthouse from Buffalo Narrows supplied lunch and supper for the volunteers.

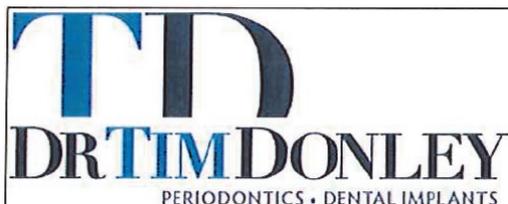
As volunteers left the community after the last patient was seen, everyone was proud of what they had accomplished.

Community members were very appreciative of the efforts of the volunteers. The team left La Loche with an appreciation of the kind-hearted people, beautiful wildlife and scenery that exist in Northern SK. There are plans for this event to be offered again next year with the hopes of expanding the services and care that will be provided.

SDHA members who volunteered included: Shirley Mathieson, Dean Lefebvre, Janet Gray, Yvette Ludwig, Bonny Marshall, Alyssa Boyer, Trish Gottselig, Katelyn Hebert and Leanne Huvenaars. The SDHA, including Kellie Glass and Chris Gordon played a significant role in the development and planning of this amazing event.

A HUGE thank you to all that were involved!!





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## Heart Disease and Gum Disease

Inflammation anywhere in the body is bad. Inflammation has been linked with many of the chronic diseases of aging. The mouth is a significant source of inflammation when gum disease is present. When your gums are inflamed bacteria gets through the inflamed gum and into your bloodstream daily. These bacteria can then travel wherever the blood flows. Bacteria from the mouth can get into the blood stream and clog arteries.

If you have gum disease you are at an increased risk for heart attack and stroke. Heart disease is the leading killer of adults in the US.

Thus, if you want to lower your risk for heart disease and stroke it is extremely important for you to partner with us over your lifespan. We need to continually monitor you for the earliest signs of gum disease and then take whatever steps are necessary to eliminate it. Gum disease can occur without you even knowing it. Often only a dentist or hygienist can tell if you have any areas of gum disease in your mouth.

Treating any areas of gum disease in its earliest stage can help you lower your risks for heart disease and stroke.

We will recommend seeing you more frequently than twice a year. We know through solid research that it takes about 2-3 months for bacteria to reorganize and cause disease. Since it is easier for bacteria to lead to problems in your case we need to see you more frequently to make sure that we eliminate any small flare-ups before they turn into bigger problems.

Joint guidelines have recently been released by the Journals of Cardiology and Periodontology based on the relationship between gum disease and heart disease. In accordance with those guidelines, if you have gum disease you should appoint with your physician for a complete physical which includes measurements of blood pressure, blood lipid profile (total cholesterol, LDL cholesterol, HDL cholesterol, and fasting triglycerides), blood glucose measurement and C-reactive protein (plasma hsCRP).

## WHEN IT COMES TO GUM DISEASE, WE ARE DOING THINGS DIFFERENTLY

In the past, we never got too excited about the presence of gum disease unless it started to destroy the supporting bone around the teeth. There is now strong evidence that the toxins and inflammatory mediators that are released by the gum cells in response to bacteria can get into the bloodstream daily. These toxins can then go anywhere the blood flows.

We are now aware of a strong link between gum disease and an increased risk for heart disease. We know that *eliminating* gum inflammation can reduce your risk for heart disease. We are no longer content saying, “Well if it doesn’t hurt, let’s just keep an eye on it.” Since we now know that your overall health is affected, we are taking a more aggressive approach. By eliminating any gum inflammation, we can help your teeth *and* your overall health as well.

**Find out if you have gum disease. It’s more important than you think.**



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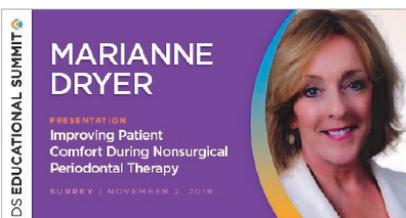
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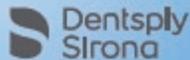


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Community Presentations are eligible for CCP credit and are an excellent way to promote oral health in Saskatchewan!

These kits and other resources are available for loan at the SDHA office.

Please contact us if you are interested in health promotion activities.



### The Saskatchewan Oral Health Coalition:

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

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

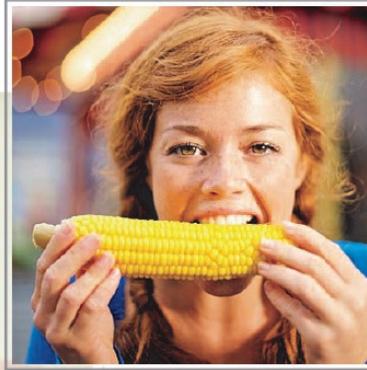
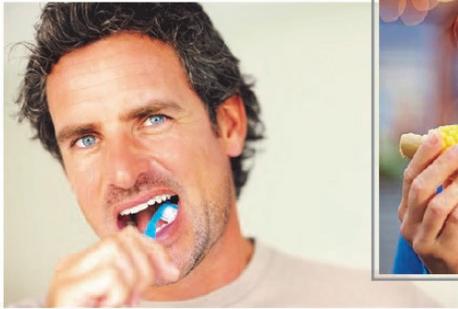
### FUTURE MEETING DATES:

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

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