

Dates to Note

September 19, 2009
CDHNS Council
Meeting



From the Desk of The Registrar

SELF-REGULATION – AT LAST

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On May 04, 2009 the Governor in Council signed the Dental Hygienists Act (2007) of Nova Scotia and approved the subsequent regulations to come into effect on May 15, 2009. Since that time the dental hygiene profession in Nova Scotia joined the ranks of other self-regulating professions and indeed most dental hygiene professions across Canada.

What does it mean to be self-regulating?

In a recent issue of College of Dental Hygienists of BC newsletter, “*the Access*”, this definition was offered: “the profession enters into a social contract with the public when they commit to regulating themselves in the public interest, and in return they get the privilege of being governed by their own.” In NS this means a Council of nine members of the profession are elected by their peers and three members of the public are appointed to direct the College. The Council must base its decisions on the primary object of the Act which states that the public’s interest must be served and protected.

In many jurisdictions self-regulating professions are coming under closer scrutiny to ensure that decisions made are in the best interest of the public. Recently in BC, the government has appointed a Health Professions Review Board, which was created to provide an independent review of certain decisions made by self-governing colleges of the designated health professions.

From the Desk of The Registrar continued on page 4 & 5.

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CARDIO PULMONARY RESUSCITATION REQUIREMENTS – NEW FOR OCT 31, 2009
DETAILS INSIDE

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NSDHA ARRIVES IN KANSAS CITY
 JUNE 2009 AGM
 bids farewell to NSDHA and welcomes the CDHNS.



“So Terry, give it to me straight. You’re sure there’s no fluoride in Cape Breton water?”



Professor Glenda Butt (left pic) and NSDHA Board member Allyson Cormier (right pic) receive Distinguished Service Awards from NSDHA. Presented by Karen Wolf.



Sara Harding from South Shore offers Pat Grant alternate travel to Kansas.



New CDHNS Councilor Dianne Chalmers salutes Professor Butt on her retirement with warm wishes and kind regards.

Friday evening kicked off with wine and cheese where members were treated to a wonderful display of Cape Breton Jewelry and uniforms. A special Thank You to Terry Mitchell & Glenda Butt for a fabulous slide presentation, honouring the past. The new Registrar, Ms. Patricia Grant, toasted the future with a few words acknowledging the contribution of members who formed the NSDHA and on leaving our own legacy for the profession of self-regulation and a degree program. Over 50 members arrived Saturday for an interesting CE and the final NSDHA AGM followed by the first Council meeting of the CDHNS.

The AGM had greetings from Cecil Clarke MLA, Cape Breton North and Manning MacDonald, Cape Breton North, Liberal and a message from the NDP leader Darrell Dexter, who shortly after became Premier. A good time was had by all.

The new College of Dental Hygienists of NS held its Inaugural meeting at the NSDHA AGM In Sydney Cape Breton on June 6th, as the NSDHA Board dissolved. Back Row From L to R: Wendy Stewart, Rosemary Bourque, Sara Harding, Dawna Ernst Henry, Stephanie Stevens, Karen Wolf.

Front Row: Jackie Hubley White, Joanne Noye, Dianne Chalmers.

Front Row NSDHA Board retiree’s: Heather Nunn, Donna “The Baja Knife” MacDonald & Allyson Cormier



USE OF ORDERS – DH REGULATIONS APPENDIX A

The CDHNS has received inquiries regarding the specific use of the order or protocol both from members of the dental and dental hygiene profession. All hygienists working in a dental office who are **not authorized to self-initiate** by the CDHNS must have a signed order in place. The office should keep a copy on file and the hygienist should keep a copy as well. You may obtain a copy of the Order or Protocol on the website. It is attached to the Dental Hygiene Regulations as Appendix A.

This article addresses the specific use of the protocol and attempts to answer some of the more frequently asked questions. Read the order carefully. It has three significant parts.

Part 1 The first part addresses those procedures for which an order is required. They are in italics below.

“Schedule A - Suggested Protocol for Authorizing Dental Hygienist to Perform Procedures Order to Proceed with Scaling and Root Planing when a Dental Hygienist has not been Authorized by the College of Dental Hygienists to Engage in Self-directed Practice Including Curetting Surrounding Tissue; Ordering, Administering and Interpreting Radiographs for Dental Hygiene Purposes; and Ordering, Administering and/or Prescribing Those Drugs Included in Clause 25(a) of the Dental Hygienist Regulations”

Part 2 (DH Regulations Appendix A)

“In this office, it is the accepted protocol that each patient shall undergo a comprehensive examination by a dentist, which examination shall include a detailed medical and oral health history, which medical and oral health history shall be updated at every subsequent appointment.

If there are no changes in the medical or oral health since a patient’s last appointment in this office, I authorize the dental hygienist(s) listed below to undertake: scaling and root planing, including curetting surrounding tissue; and/or ordering, administering and interpreting radiographs for dental hygiene purposes; and, and/or ordering, administering, and/or prescribing those drugs included in clause 25(a) of the Dental Hygienists Regulations.”

Part 2 addresses the issues of the protocol for each patient and that on each subsequent appointment they will have their medical and oral health history updated. It goes on to say that if there are no changes to the medical or oral health since the patient’s last visit, the dental hygienist named on the order can proceed with all dental hygiene care including those items listed as needing an order. This can occur regardless of the presence of a dentist. Members are advised to record in the clients chart that the “HH has been updated, there are no changes and that the order is in place.”

Part 3 (DH Regulations Appendix A)

“If the patient discloses changes in the patient’s medical or oral health since the patient’s last appointment in this office, the dental hygienist shall not undertake any of the above services unless the dental hygienist has obtained a patient specific order from me, or a dentist authorized by me to issue orders in my absence.”

Part 3 addresses the appropriate protocol if the patient the hygienist is seeing discloses a change in their medical or oral health since the patient’s last visit. In this case the dental hygienist must not proceed with those services outlined in part one unless a patient specific order is obtained from the dentist. This order must be in a written format and must be specific to that individual client. For example the hygienist must record on that patient’s chart the health or oral health change and the dentist must write an order to proceed with dental hygiene care. It can say HH and note the change; order to proceed with DH care issued and should be signed or otherwise verified by the dentist. If the dentist is not on the premises, arrangements must be made to obtain this specific order in writing prior to any care being given or the patient must be dismissed. The patient specific order should always include the date, patient’s name, the specific change in the history and the order to proceed with dental hygiene care.

Self-regulation is a privilege which dental hygienists in Nova Scotia have worked hard to obtain and which we will need to continue to work hard to maintain by earning and keeping the public's trust. This is reflected in the CDHNS's Mission – "The CDHNS in the best interest of the public, regulates members, promotes excellence in care and advances the profession."

The following areas represent areas of the Regulations which members may wish to note:

MEMBERSHIP IN THE COLLEGE: REGISTRATION AND LICENCES

Under the Dental Hygienists Act, Section 17 (1) The Registrar shall issue a practising licence to every person who, immediately before the coming into force of this Act, is a registered dental hygienist pursuant to the Dental Act and is in possession of a valid annual licence. There were 562 dental hygienists registered and licensed in Nova Scotia on May 15, 2009 when the legislation came into effect. These members have been sent a practising licence issued by the CDHNS for the remainder of this licence year.

In addition the CDHNS has registered and/or licensed another 31 members since May 15. This is a total of 593 members. Approximately 16 of these members do not practise in the province.

The CDHNS licensing year will be from Nov 1 to October 31 of each year. A licence renewal package will be sent to each member in late September. At that time, each member will be requested to fill in a member form to ensure the CDHNS files are updated and accurate.

*****CARDIO PULMONARY RESUSCITATION REQUIREMENTS – NEW FOR OCT 31, 2009*****

Dental Hygiene Regulation 8 (1) (c) "they must be currently certified in CPR, to the level approved by the Council;" The Council of the College has approved annual (re)certification of CPR Level C for Health Care Professionals (HCP) as the required level for members of the College. This means members applying for license renewal by October 31, 2009 will be required to submit a copy of the CPR certificate (card) which indicates they have taken Level C within the previous twelve months.

SELF-INITIATION COURSE FOR DENTAL HYGIENISTS IN NOVA SCOTIA

The Self-Initiation Course went online at CDHA as scheduled June 1, 2009. There were a few initial computer glitches but all is working now. Several members have completed the course and the College has issued authorizations to self-initiate.

Knowledge of Dental Hygiene Practice in Nova Scotia: Jurisprudence

The Jurisprudence course which is required only for new applicants went online at CDHA on June 1, 2009. This is to familiarize new applicants to the province and new registrants with the regulations and the practice of dental hygiene in Nova Scotia.

CONTINUING COMPETENCY REQUIREMENTS

Under Regulation 8(1) (d) (i) members must "have completed, in the 3 years immediately before their application, 45 hours of continuing competency requirements approved by the Council,"

All members will begin a new cycle for Continuing Competency requirements starting January 1, 2009. However in order to administer the program effectively the initial cycles will be adjusted. Your exact continuing competency cycle will be mailed to you with your license renewal in October 2009. New Continuing Competency Guidelines will be approved by the Council and published on the web site later this fall.

ORDER AND SELF-INITIATION COURSE

There are changes in regard to practising dental hygiene which came into effect May 15, 2009. These concern the use of an order and the authorization to self-initiate. The CDHNS has received inquiries regarding the use of the order and you can read more detail on this issue in this newsletter under: "Use of Orders".

All members of the CDHNS must complete the Self-initiation Course for Dental Hygienists in Nova Scotia course within two years of being licensed by the CDHNS. Members who have completed the course may apply to the College for authorization to self-initiate dental hygiene care, by submitting their request and a copy of the certificate of completion provided by CDHA.

ABSENCE FROM PRACTISE

DH Regulation 8 (1) (f) for an applicant who has not practised dental hygiene for the 3 years immediately before their application, they must have passed any examination or examinations approved by resolution of the Council; this regulation concerns members who may leave the profession for a period greater than three years and wish to return to the practising licence category.

INSURANCE COVERAGE FOR MEMBERS WHO HOLD PRACTISING LICENCES

DH Regulation 10: "A member who holds a practising licence must have professional liability insurance coverage or similar malpractice protection coverage in the minimum aggregate amount of \$2 000 000." This requirement is met by the liability insurance included with the CDHA active membership. All members who held a practising licence were required to be CDHA members so the liability insurance was already in place when the Act came into effect. CDHA active membership will be included in the College fees collected for license renewal.

AGM, NORTH SYDNEY

It was a pleasure to see so many members in North Sydney in June at the AGM. It was exciting to have the first meeting of the CDHNS Council and to elect a new executive committee. The Council worked extremely hard, meeting over three days to approve all the motions related to the new legislation and the strategic plan. I look forward to working with everyone in the coming year.

Thank you to Natalie Mulak MacPhee, Sharon Gallop and their very capable committee whose effort on the local arrangements provided a successful CE and AGM. A special thank you to Terry Mitchell for all the hours put into the slide show, it truly reflected the tremendous work of our predecessor the NSDHA.

Patricia D. Grant
Registrar CDHNS

CPR

Dental Hygiene Regulation 8 (1) (c) "they must be currently certified in CPR, to the level approved by the Council;" The Council of the College has approved annual (re)certification of CPR Level C for Health Care Professionals (HCP) as the required level for members of the College

St. John Ambulance, The Canadian Red Cross and the Heart and Stoke Foundation, all offer Level C CPR / Life Support for Health Care Providers, which includes Automated Electronic Defibrillator (AED), yearly recertification. Specify this requirement when registering for a course and request it be indicated on your completion verification certificate.

Contact your district Chair or CE committee to arrange a session near you.

The South Shore Area members of CDHNS Meeting Monday, Sept. 14 at 7:00 Public Health Office 215 Dominion Street, Bridgewater. (Sears/Rewards Entrance). Contact for more info: Sara Harding 543-4954 or e-mail thehardings@ns.sympatico.ca

Annapolis Valley Dental Hygiene Study Club (formerly the AVNSDHA component) will meet on Sunday, September 20th @ 2pm at the EKM in Wolfville. pmcbri_de@yahoo.ca

Halifax & Region Dental Hygienists Society Meeting September 13th at 2:30pm at Keshen Goodman Library Guest Speaker: Pat Grant Q & A Self-Regulation and Self-Initiation ~~~~~ Go to CDHA, Members Only, Local Groups, to link to the Halifax webpage.

INTRODUCING THE CDHNS COUNCILORS

Councilors make an ongoing commitment to the public and the CDHNS members through governance of the College. As of June 6 2009,

Donna MacDonald, Heather Nunn, Allyson Cormier, Melanie O'Brien Shaffner, Cheryl d'Entremont and Gail Brown completed their terms as Association Board members.

We gratefully acknowledge their contributions.

In June 2008, at the Annual General Meeting, the following 9 members were elected as CDHNS Council Members.

All members can be contacted through the College office.



Karen Wolf (3 year term) 2009 – 2012; appointed Chair of the Council 2009 – 2010.

Karen hails from Antigonish. She graduated from Dalhousie in 1984 and has worked tirelessly as NSDHA representative to the CDHA Board from 1998 to 2005, and more recently served 2 terms as NSDHA President. She is also a previous CDHA President. Karen contributed regular articles to the journal Probe, called Surfing the Net, in an effort to raise awareness about the World Wide Web as a valuable source of health issues information. Karen serves on the CDHNS Finance Committee and is current Chair of the CDHNS.



Rosemary Bourque: (2 year term); appointed Vice Chair of Council 2009-2010.

Rosemary comes from the New Glasgow area and brings a wealth of experience to the Council. She is a past president of NSDHA, has served on the PDBNS and continues to be the editor of the newsletter for the CDHNS. During the past year Rosemary accepted a post in public health, where she was also Injury Prevention Coordinator. Prior to that she worked in private practice in Truro and New Glasgow for many years.

Rosemary's interest on the Council lies in the areas of regulation and governance. She is a Council liaison for the Bylaws Committee, Investigations Committee and Member Services Committee. She says she is "looking forward to serving her profession now that it is a self-regulating body. Volunteering has always been a personal passion" Any members wishing to contact Rosemary on these issues may do so at unisonnews.cdhns.ns.ca or through the College office.



Wendy Stewart: (2 year term) 2009 – 2010; Appointed Member at Large on the Executive Committee 2009-2011.

Wendy has served NSDHA for 5 years as NSDHA Secretary, 2 years HMCS Secretary, 2 years HCS Chair, and 2 years PDBNS MCDE Committee. She has 8 years private practice experience in Halifax/Fall River area.

Wendy now serves the CDHNS Board as the new representative to the National Dental Hygiene Certification Board, and is the liaison to the Mandatory Continuing Dental Hygiene Education Committee. Wendy says: "I encourage all members to participate in the College. I have met many good friends during my years volunteering with the NSDHA. Having connections across the province and country have enriched my experience in the profession"



Dianne Chalmers: (3 year term) 2009 – 2012; Appointed Member at Large on the Executive Committee 2009-2010

Dianne is a graduate of Dalhousie University and has practiced dental hygiene in a variety of dental practices located in hospital, government and private office settings. Dianne was a lecturer at the Dalhousie School of Dental Hygiene prior to her current employment with Public Health Services, Capital Health. She was president of NSDHA from 2004 to 2006 and was involved with the legislative committee's efforts to achieve self-regulation. Dianne's chief practice interests are reduction of oral health disparities and evidence based oral health promotion.



Dawna Ernst Henry: (3-year term) 2009 - 2012

Dawna's involvement started with HMCS as treasurer for several years, then as an NSDHA Board rep for 8 years taking on the pocket calendar since its second edition. Now on CDHNS with interest in member services. Dawna has been in practice 20 years with experience in general practice and orthodontics.



Sara Harding (2 year term) 2009 - 2011

Sara currently resides in Bridgewater and has been involved with NSDHA as Board Rep for the South Shore Component Society since September 2006, Chair as of May 2008. Presently she is winding up a 1-year term position in Public Health – Liverpool and looking forward to exploring new opportunities. Employment settings in NS, Alberta and BC over the past 22 years include General clinical practice, Public Health and Health Promotion. Sara is Council liaison for the Credentials Committee and is excited about the limitless possibilities for Dental Hygienists in Nova Scotia. Sara can be contacted through the College office.



Stephanie Stevens: (2-year term) 2009 – 2011

Stephanie has been a Board member since 2002. She has worked many years in private practice in Annapolis Valley with experience in rehab centre setting, but holds an interest in bringing dental hygiene to long term care. Right now, Stephanie is focusing on the development of the new CDHNS By Laws.

“ I am enjoying the experience of working with colleagues and new friends I have made, to further our profession's development”



Jackie Hubley White (3 year term) 2009 – 2012

Jackie lives in Cape Beton and commutes to Antigonish where she's worked in the same private practice for 17 years. She also works in Arichat. She has served NSDHA in a number of capacities over the last several years, including board member, Oral Health Promotions Committee Chair and most recently Vice President. She is currently a council member of CDHNS and has a special interest in the Continuing Education Committee. “ I look forward to continuing to work with a terrific group of women towards the professional advancement of dental hygiene here in Nova Scotia. Kansas City - here we are!”



Joanne Noye: (2-year term) 2009 – 2011

Joanne is a welcome new comer to the College Board. Joanne has worked in Calgary and Metro Halifax area since graduating from Dalhousie in 1986, including part-time staff hygienist at Dal Perio Grad Clinic, part-time faculty Dal DH. Joanne loves to volunteer with organizations associated with children's activities and spend time with her family. She has an interest in seniors' oral health issues and is the CDHNS Board liaison to the Investigation Committee and the Member Services Committee.

Professionally Applied Topical Fluoride: Evidence-based Clinical Recommendations¹

Assess

Caries Risk

(see back for risk factors)

- Low
- Moderate
- High

&

Patient Age

Advise

Risk group /Age	<6 years	6-18 years	18+ years
Low	Patient may not receive any additional benefit*	Patient may not receive any additional benefit*	Patient may not receive any additional benefit*
Moderate	Varnish every 6 months	Varnish or Fluoride gel every 6 months	Varnish or Fluoride gel every 6 months
High	Varnish every 6 or 3 months	Varnish every 6 or 3 months or Fluoride gel every 6 or 3 months	Varnish or Fluoride gel every 6 or 3 months

*Fluoridated water and fluoride toothpastes may provide adequate caries prevention in this risk category.

- ✓ Application time for fluoride gel and foam should be 4-minutes.
- ✓ Due to limited evidence these recommendations have not been extrapolated to foams.
- ✓ There is limited evidence differentiating NaF and APF gels.

Decide

- **whether** to apply fluoride
- **type** of fluoride
- **frequency** of application
- **how often** to re-evaluate

Based substantially on clinical evidence

Based substantially on extrapolations or subjective opinions

Levels of evidence and strength of recommendations:

Each recommendation is based on the best *available* evidence. The level of evidence available to support each recommendation may differ. Lower levels of evidence *do not* mean the recommendation should not be applied for patient treatment.

¹ADA Council on Scientific Affairs. Professionally applied topical fluoride: Evidence-based clinical recommendations. JADA 2006;137(8):1151-59. Copyright © 2006 American Dental Association. All rights reserved. Adapted 2008 with permission. To see the full text of this article, please go to <http://jada.ada.org/cgi/reprint/137/8/1151>.

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DO NOVA SCOTIA CHILDREN REALLY NEED A SCHOOL FLUORIDE MOUTH RINSE PROGRAM?

And more importantly, how can we help?

Editorial

You might be surprised to see an article titled such as this, in a dental hygiene newsletter. You might think it is preaching to the converted. Or perhaps you feel there is not a real need for a Fluoride Mouth Rinse (FMR) program in such a progressive, wealthy, industrious country like Canada and pay it not much more than lip service as a beneficial adjunct.

Truth is, there is a subculture in our North American population that is suffering substantially from lack of dental care that live in the shadows not well serviced by a system dominated by private practice delivery. The reasons are too complex to expand on in detail in such a short editorial. Often, it is simply shame or embarrassment about poor oral health and living in conditions of poverty.

While the statistics bare this notion out, they do not adequately describe the real face of suffering. As these children present in dental offices, we rest assured, satisfied that they are now in care and on the road to recovery. However, according to noted Nova Scotia Paedodontist ¹, Dr. Ross Anderson of the IWK, *“The prevalence of Early Childhood Dental Decay or Early Childhood Caries (ECC) is not decreasing, and ECC is now present in all strata of society, not just high risk groups”* While spending the last 3 decades in private practice, I was often dismayed to see one or two children per week with rampant severe Early Childhood Dental Disease (ECC or ECDD). Most of the children we cared for ended up with good to excellent care and adequate home maintenance, and those that didn't were followed closely to improve their oral health. Then I moved to Public Health. I wasn't aware of the shock I was about to receive. During my first Grade Primary registration I was surprised to see 2 to 3 or more four and five-year-olds a day with moderate to severe ECDD, and many more with incipient to mild ECDD. Some of these children had already been to their local dental office and were waiting to be called after referral to the IWK, because they were too little and uncooperative, or their treatment was deemed too extensive to be performed without General Anaesthetic.

It is heart wrenching to see this many young children with such poor oral health in a small time span. It's infuriating realizing not only is it not getting fixed it's getting worse and it's preventable.

The FMR was put in place in 1998. It has been shown to reduce rates of decay by 30%. ² The program is safe. Public Health dental hygienists carefully train and supervise volunteers, usually the parents, and it's easy for the kids to learn. In 2004 The Nova Scotia Dental Association recognized the benefit of the program, along with regular office care and issued a public letter of support for the program, signed by then President Scott MacLean DDS. Often, we see parents at primary screening who are unaware their children are even ready to begin having professional dental care. But not all the schools are eligible to receive the FMR program. Only schools with statistically significant lower socio-economic status reap the benefit. That doesn't mean we don't see children in need at all the other schools. The wait times for children to be treated for dental disease under general anesthetic is growing. At the IWK in Halifax, the wait times can be longer than one full year, while the parents fret and the child grows increasingly uncomfortable. What more can a private practice dental hygienist do to help alleviate the suffering of these children?

Fluoride varnish can be applied at three month intervals to slow the disease process while patient waits and keeps a good relationship with the family going.³ MSI will cover two fluoride applications per year for children with smooth surface caries. Other Fl. applications can be an adjunct to an exam appointment or an OHI appointment, all of which entail billable codes. The Canadian Association for Public Health Dentistry has published an online, downloadable colour version of a 'Fluoride Treatment Decision Tool', previewed on page 8 of this newsletter, to help you determine who should have what form of Fluoride application.³

Tragically, some of our schools, selected as at risk for high rates of decay, are constantly in jeopardy of losing their FMR program. Because the program relies so heavily upon volunteers to donate 1 hour per week during the school year, it doesn't always happen.

If you are interested in learning more, or volunteering at your child's school or someone else's school, contact the Public Health dental hygienist in your district. Feel free to encourage fellow parents to get involved. To find your district public health DH go to the Health section of the Government Blue Pages at the back of your phone book for a listing of district offices. Volunteer's burn out or are not always available. We can always use more help even if you do not get called upon each and every week to deliver the rinse to our most precious resource, our kids.

Despite the excellent care we offer in dental offices, there is still more we can and should do.

Help us offer those who need us the most, a helping hand. Volunteer today.

Rosemary Bourque PCHA Public Health dental hygienist

References:

- 1: Anderson, Ross DDS, D.Paed,Msc., Chief of Dentistry IWK, Cooney, Peter BDS,LDM,DDPH,Msc Chief Dental Officer of Canada, Quinonez DMD MSc March 2008 "Your Health Care Team, Early Childhood Caries, and Dental Policy" <http://www.oralhealthjournal.com>
- 2: Centers for Disease Control and Prevention. Recommendations for using fluoride to prevent and control dental caries in the United States. MMWR Report. April 17, 2001/50(RR14); 1-42 (cited 2003 Mar 23). Available from <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5014a1.htm>
- 3: <http://www.caphd-acsd.org/Introduction.htm> or <http://www.caphd-acsd.org/Fluoride-study-output.htm>

Get some guidance from a 2008 evidence-based summary one-pager (adapted from the American Dental Association Council on Scientific Affairs)

Full colour printable Fluoride Treatment Decision Tool at the CAPHD site.



INTRODUCING THE CDHNS STAFF

Patricia Grant or Pat as many people will know her has been a professor in the School of Dental Hygiene at Dalhousie University for many years where she has taught in several areas of the diploma program and is teaching one course in the newly established degree program. She has coordinated the Refresher, Re-entry, and Re-licensure Program for the School. Patricia played a key role in obtaining self-regulation for dental hygienists in Nova Scotia. Since September of 2008 she has taken a leave of absence from her faculty position to assume the position of Registrar for the College of Dental Hygienists of Nova Scotia.

Patricia earned a BA in psychology from St. Marys University, a diploma in dental hygiene and a Master of Education degree from Dalhousie University. Patricia brings a wealth of experience to the position of registrar. She is a past president of the CDHA and NSDHA, has been a member of many site-visit teams for the CDAC; she has served as an item writer and reviewer for the National Dental Hygiene Certification Board, a member of the Task Force on Post Diploma Dental Hygiene Education, as well a member of the DHEC Board. Her contributions have been recognized both in education and in the dental hygiene profession. In 2007 she was awarded the Association of Canadian Faculties of Dentistry. W.W. Wood Award for Excellence in Education and in 2007 she received the Outstanding Alumnus award for her contributions to the legislative work in Nova Scotia. In 2003 she received the NSDHA Distinguished Service Award and in 2008 she was the recipient of the CDHA Distinguished Service Award.

Pat says she welcomes this change in direction at this point in her career and is energized by the many challenges the position of registrar has already presented. She looks forward to serving her profession in this new capacity.



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Steps for good hand washing technique

1. Remove all rings and wet your hands with warm running water.
2. Put a small amount of liquid soap in the palm of one hand. Bar soaps are not as hygienic as liquid soaps because they stay moist and attract germs. If a bar soap is the only option it should be stored on a rack so that the bar doesn't sit in water. (**Note:** Antibacterial soaps offer no benefit over regular soaps in preventing common illnesses and their widespread use can cause antibiotic resistance.)
3. Rub your hands together for 20 seconds so you produce lather. Make sure you scrub between your fingers, under your fingernails and the backs of your hands.
4. Rinse your hands well with clean running water for at least 10 seconds. Try not to handle the faucets once your hands are clean. Use a paper towel to turn off the water.
5. Dry your hands with a single use paper towel. If you use a hand towel be sure to change it daily. During cold and flu season you may want to give each family member his or her own hand towel.
6. Use hand lotion to put moisture back into your skin if your hands are dry.
7. Model good hand washing technique to your children. Have them sing a song like "Twinkle Twinkle Little Star" while rubbing their hands together to teach them the amount of time it takes to clean their hands properly.

Cover your cough and sneeze: Sneeze and cough into your elbow or sleeve. Keep your fingers away from your eyes, nose and mouth.

Stay at home and avoid crowds when sick.

Keep common surfaces clean: disinfect counters and doorknobs.

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NEW STATEMENT ON ANTIBIOTICS AFTER JOINT REPLACEMENT

The American Academy of Orthopedic Surgeons has updated the recommendations for pre medication in patients with a joint prosthesis undergoing invasive dental procedures by dropping the "up to two years after implantation" rule. The original recommendation to stop prophylaxis after two years was based on a single study conducted in 1986. The committee found reasonable data to support the belief that bacteremia from oral procedures may result in total joint infections even several years later. Go to the following website to read the entire information statement:
<http://www.aaos.org/news/aaosnow/may09/cover2.asp>.



THE MIRA - LTC IN-HOUSE DENTAL CLINIC OPENS

Members of NSDHA attended the ribbon cutting ceremony for the new dental clinic opened in The Mira LTC Facility in Truro in April 2009. The clinic is dedicated to Colleen Elliot RN, who never ceased to advocate and care for oral health needs of elderly residents. Her hero and mine, for bringing the clinic to life, pictured on the Left Director of Health Care Services at The Mira Georgette Beaulieu RN, RDA, join Colleen's son Brandon, beloved husband John and facility owner Syed Hussain, to officially open the clinic.

