



Official Newsletter of the College of Dental Hygienists of Nova Scotia

UNISON

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Volume 41 Issue 1

Autumn 2012

Important Dates to Remember

*September 22, 2012
South Shore CPR Course*

*October 15, 2012
Licence renewal documents are due!*

*October 19 & 20, 2012
CDHNS Council Meeting*

*November 1, 2012
Start date of new licences*

*November 4, 2012
Halifax Dental Hygiene Society CE day*

Mission Statement

The College of Dental Hygienists of Nova Scotia,
in the best interest of the public,
regulates members, promotes excellence
in care and advances the profession.

Licence Renewal Has Begun!

CPR Changes

All CDHNS members applying for a practicing licence on November 1, 2012 must complete a CPR course within the last 12 months of the licence renewal date.

Starting this licence renewal period, CPR certificates must be sent in with licence renewal applications. In the past, the CDHNS has processed licence renewal requests on the condition that members will be participating in a CPR course before November 1st. This will no longer occur. Members must complete a CPR course before submitting their licence renewal application, and the CPR certificate must accompany their applications. All applications are due before October 15, 2012.

If we receive your application and/or CPR certificate after October 15th, there will be a delay in processing your application. This delay could affect your ability to practice dental hygiene on November 1st.

CPR Certificate

The CDHNS requires a copy of the CPR certificate that you receive after your CPR course. This is the certificate issued from the organization presenting the course (usually this is a wallet size, or half page certificate). This is the same certificate that has always been required for obtaining a new licence.

Continuing Competency Credits (Certificate of Attendance)

The CDHNS Certificate of Attendance that you fill out and bring to the course is for continuing competency credits and is the necessary documentation to accompany your CE record. You do not need to send in a copy of the Certificate of Attendance for your CPR course during the licence renewal period, nor when the course is complete. The Certificate of Attendance is to be kept for your records and only needs to be submitted if you are audited, or specifically requested to send it in.

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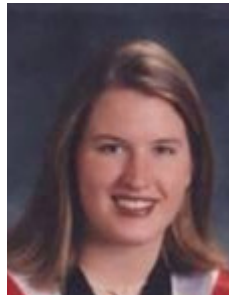
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CDHNS GOVERNANCE



Greetings friends and colleagues!

In my first message to you as Council Chair, I would like to take a few lines to introduce myself. Like many of you, I am a graduate of the Dalhousie School of Dental Hygiene, and I work in a private practice. I am currently working in Fall River where I have been employed for over eight years.

Volunteering for my profession has definitely enhanced my experience in dental hygiene. I first became involved with the Halifax Metro Component Society back in 2002, where I was secretary, and then president. While volunteering with the HMCS, I was also elected to the NSDHA Board as secretary - a position I held for five years. Other committees I have participated in include the Provincial Dental Board Mandatory Continuing Education Committee, the CDHNS Continuing Competency Committee, and the National Dental Hygiene Certification Board. When the CDHNS held its first election in 2009, I became part of the inaugural Council and now am pleased to be your Chair for 2012-2013.

An introduction to the CDHNS Council:

The CDHNS uses Policy Governance© and therefore, the primary responsibility of the Council is to develop a relationship with, inspire, listen to and be responsive to its owners. To do this, we:

1. Conduct healthy dialogues with our ownership: the public, our members and others. (For example, the ownership linkage session at the CDHNS AGM at Dalhousie in June).
2. Development of written policies and their continual renewal and refinement (at all CDHNS Council meetings held 3 times annually).
3. Evaluation of Registrar performance through a structured monitoring process.

My role as Chair is a little different than some might expect. My role is to assure the integrity of the Council's process by ensuring that Council follows the rules laid out in our policies, and by keeping meeting deliberation fair, open, and thorough but timely and on topic. In addition, I am occasionally called upon to represent the Council to outside parties. So far, this has included a greeting to the NSDA during their AGM in June.

As Chair, I hope to cross paths with as many of you as possible. I recently attended the CDHNS Employment Handbook workshop and was pleased to meet both new and old volunteers from various communities around the province. I hope that when I meet you, we too can participate in a "healthy dialogue" which in turn will help me to guide the Council in the development of our policies and goals.

In the meanwhile, I hope you are all having a happy and healthy summer.

Wendy Stewart
CDHNS Council Chair 2012-2013

The Unison
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Nova Scotia.

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articles and letters.
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unisonnews.cdhns.ca

NEXT DEADLINE
FOR SUBMISSIONS
DECEMBER 1, 2012

Welcome New Council Members



Simone d'Entremont:

Simone lives in a little village called Pubnico located in Yarmouth County. She graduated from Dalhousie School of Dental Hygiene in 2009 and graduated with her Bachelor of Dental Hygiene in 2010. She works full time as a clinical hygienist in orthodontics and general dentistry. As a new grad she is glad to be part of the council and look forward to being involved in the College.

Francine Leach: Graduated from dental hygiene in 2005 from Algonquin College and dental assisting in 2000 from NSCC. Originally from Westville, NS, Francine currently lives in Halifax with her husband and 2 daughters. She served on the National Dental Assisting Exam Board for a 3-year term. When she is not working at a general practice in Halifax, her spare time is spent scrapbooking, and collecting beach glass, shells and driftwood to make art. She wanted to join council to be more active in the college and the profession.



Angie Parker: Graduated with a BEd in 1990 followed by a Dip DH from Dalhousie University in 1994. Since that time she has been working in two periodontal practices and more recently (2003) teaching at Dalhousie within the Faculty of Dentistry. Her teaching assignments include DH1 and DH2 clinic, DDS3 clinic (PERIO), and course director for Oral Anatomy and Dental Histology. In 2009 she earned a MEd from MSVU. Angie plans on staying active within the dental hygiene community and is keen on discovering new ways to do so. Serving on CDHNS Council is a great start.



Donna Samson: Donna has worked in private practice settings in British Columbia, where she practiced local anaesthetic, and Nova Scotia before becoming a Public Health Dental Hygienist in 2000. She is currently employed in a management position in the Cape Breton District Health Au-

thority and continues to practice clinically. Donna volunteers in her parish as a teacher, in the choir, and as a chaperone. She sits on a variety of professional committees including Quality, Accreditation & Occupational Health and Safety.

CDHNS Council 2012-2013

Chair

Wendy Stewart - Halifax

Vice Chair

Joyce Lind - Cape Breton

Executive Members

Sara Harding - South Shore

Ann MacArthur - Annapolis Valley

Members At Large

Simone d'Entremont - Yarmouth

Francine Leach - Halifax

Joanne Noye - Dartmouth

Angie Parker - Enfield

Donna Samson - Cape Breton

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50 YEARS



School of Dental Hygiene

April 26-27, 2013

Celebrating 50 Years of Graduates!

- Class Reunions
- Celebratory Dinner
- Continuing Education Courses
- Live at 5 Pub Night

Early Bird Registration Deadline
March 1, 2013

For more information, please visit:

www.daldh50.ca



FROM THE DESK OF THE REGISTRAR

Membership Information - New Registrants

Since reporting on membership numbers in the Annual Report the CDHNS has registered 22 new members. Nineteen of these were 2012 graduates. The majority were graduates of the School of Dental Hygiene at Dalhousie University and the remainder were from colleges outside the province. We congratulate all the new graduates and welcome the newest members to the profession and to the CDHNS!



CDHNS Membership since April 30, 2012

	2009- 2010	2010 -2011	2011- 2012
Graduates Dalhousie	22	27	14
Grad - other	12	16	5
Other new registrants	19	21	3
Other (non practicing to practicing)	NA	NA	8
New member Total	53	64	30

Interviews for New Registrants

The eligibility for registration is usually established by a review of the documentation provided with the application however under *Section 6 of the Dental Hygiene Regulations* the Registrar may require an applicant for registration to have a personal interview. Since our legislation was new in 2009, the Registrar has interviewed all first time registrants to provide them with an opportunity to ask questions and receive information about both the CDHNS and the profession. The CDHNS stresses the professional obligation of the member to be knowledgeable about the regulations and the practice of dental hygiene in Nova Scotia.

The feedback received from new registrants is very positive and they appreciate the opportunity to ask questions and review any areas of the regulations which may be confusing. Often similar questions arise and sometimes there is a trend in issues brought forward. One question which arose in the interviews for the last couple of years when discussing self initiation and *Section 28 of the regulations Contra Indication to Care* is the issue of the use of antibiotic prophylaxis for bacteraemia in patients with joint replacements prior to dental/dental hygiene procedures. (See article under Practice Issues in this Unison.)

Empowering Yourself in the Work Place - Employment Handbook

As an outcome of the successful and well received continuing competency course in April on “Empowering Yourself in the Workplace” the CDHNS, in collaboration with the Membership Services Committee, has begun a project to complete an employment manual for members. The manual will be a useful tool for both new and existing members. The project includes a plan to introduce the manual to new registrants in a workshop/presentation format as part of the building value in the profession.

A general call for members to participate in a Focus Group and provide input into the manual was circulated and a Focus Group session was conducted. The input from the Focus Group is being compiled by the facilitator and the first draft will be ready soon. Others who agreed to review the manual will be contacted following the first draft. The handbook is to be completed by March 2013 in time for introduction to the graduates of 2013 and to the general membership at the AGM. If you have any questions or comments for inclusion in manual please contact the CDHNS.

Licence Renewals

With this newsletter is enclosed your 2012/13 licence renewal package. Please read the information carefully, and send the completed and signed application, proof of annual CPR recertification, and fee to the CDHNS by October 15, 2012 for processing by November 1, 2012.

Summer Student

Once again the CDHNS employed a summer student under the Canada Summer Jobs Program. This year's student was Ashley Poole who will be returning to complete her diploma in dental hygiene in September 2012. Ashley has been assisting the registrar by doing literature searches and gathering background information for various documents being prepared by the CDHNS and other general office duties. Ashley is from Labrador and plans to return there to practice following graduation next spring.

Whitening Guidelines

In October 2011 the Council of the CDHNS determined that the delivery of whitening products by dental hygienists was within the scope of practice of dental hygienists in Nova Scotia. Since that time the CDHNS has received a few inquiries regarding this procedure from our members. The CDHNS has drafted a set of guidelines or standards for this procedure by our licensed members and this will be available after the council approves the final draft in October. Members who have questions concerning whitening should call the CDHNS.

2012 AGM

The 2012 AGM was held during the Centennial Celebration of the Faculty of Dentistry on Saturday, May 26 at Dalhousie's Faculty of Arts and Social Sciences Building. It was preceded by a Meet and Greet Lunch where over 40 members visited with their classmates and friends. Congratulations to Jackie White and the class of 1992 who had an excellent turnout to attend their 20 year reunion during the weekend celebrations. Thank you to Jon Bruhm, Alumni Officer, Faculty of Dentistry for his assistance in booking facilities on campus.

The AGM was attended by approximately 150 members. The annual business meeting chaired by Council Chair Rosemary Bourque, was followed by an Ownership Linkage Session with the membership facilitated by council member and past chair Karen Wolf. Several members shared their stories about oral health projects and events which took place in their communities over the past year. (See Community Based Sealant Project on page 11). The information from the Ownership Linkage sessions is used by the Council under our governance process to inform the "ends" of the CDHNS.

2012/2013 Ownership Linkage Plan - Membership

In the past three years the CDHNS has had an ownership linkage session with the membership at the AGM in Halifax. Listening to the membership feedback this year it is the CDHNS's plan to conduct the 2012/2013 ownership linkage session with the membership at gatherings throughout the province. This means the registrar and a member(s) of Council will visit each of six regions. The regional study club will be asked to make the local arrangements and the CDHNS will cover any costs involved. These sessions will be open to any member whether they are a member of the particular regional study club or not. Topics which can be presented and the format may vary depending on the needs and wants of the region. We look forward to meeting with members closer to their own communities.

Local Anaesthetic

Local anaesthetic is not a requirement for licensing or licence renewal in Nova Scotia. The decision to complete a course and administer anaesthetic as part of dental hygiene practice is determined by the individual member. Only members who have successfully completed an approved course and are authorized by the CDHNS to administer local anaesthetic may do so.

For the academic year of 2011/2012 changes were made to the local anaesthetic course offered within the Diploma and Bachelor of Dental Hygiene programs at Dalhousie University. These changes led to approval of local anaesthetic credentials by 2012 graduates by the regulatory bodies in British Columbia and Alberta. We have not been advised if the course offered by Dalhousie University Continuing Dental Education on Local Anaesthesia for the Dental Hygienist in May 2012 will be transferable to other jurisdictions.

After a happy summer in Nova Scotia we look forward to an active autumn and visiting around the province throughout the coming year.



Patricia Grant, Registrar
August 2012

RESOURCES

It's All Related

Why don't we just get up on our soapboxes and scream at the top of our lungs, "It is all related!" For years, as a profession we have dabbled in the concept of the oral systemic relationships between the oral inflammatory processes that we have all worked with for decades and the systemic inflammatory processes.

It is an exciting time in the field of dentistry right now. We are motivated about the future of dentistry and dental hygiene, and we have the ability to really make a mark in the history books! However, if we continue to allow others to educate patients about the oral systemic links, and we take a step back, we're going to get left behind. There are professions now making the connections faster and with more excitement than we have been. Recently I had the opportunity to have a detailed conversation with an RN who was working with students, as well as within an ICU unit. She indicated she had been working with a group of CNNs, LPNs and PAs who were attempting to get more information about how to be preventive in regard to the respiratory illness that seem to be paramount with patients with NG tubes or intubated patients. If there is a tube down someone's throat for any period of time, the likelihood that it will immediately begin to form a biofilm is high. This biofilm, which is not regularly removed, is then aspirated down into the lungs of the patient, who can then develop a respiratory illness on top of the original situation that hospitalized he or she in the first place. These professionals were discussing the options to reduce this occurrence - including products containing xylitol, controlling bacterial loads within the patient's oral cavity and repopulating good bacteria.

The RN was appalled by what she found when she researched all of this information. Neither her dentist nor her hygienist had ever mentioned all of the links before. Learning that these preventive measures had been around for years, she asked me what the dental profession is now doing with the information.

There is quite a bit of information about the oral-systemic connection present in everyday media. However, much of the information is not from dentists or hygienists. What is this saying about our profession and the stand that we are taking about educating the public about this important topic?

At the joint ADA/AMA conference in February 2006, it was stated that "oral health conditions and other health conditions are more closely related than many may once have thought, and viewing them as separate matters no longer makes sense." At this point as a profession, we needed to band together and take collective action. But still professionals are not becoming educated on the link between the mouth and body. If it's just a matter of not knowing where to look, check out some of the articles cited in the sidebar.



How many times have you had an appointment with a patient and asked if he or she has had any changes in medical history? Most the time you get the answer that it's the same. And sometimes you find out later that the patient has recently had stents placed, a joint replacement or even a mild heart attack. Unfortunately, most of the time that this happens, it is because we asked the question in an ambiguous way, which leads to ambiguous answers. We have trained the patient to participate in this.

Many times when speaking with groups of hygienists I hear comments like "well, once they start talking then I will not have time to clean their teeth," or "they never really know the names of the medications so I just do my best." The truth is, I agree with them. This is what they are faced with every day. But we have an opportunity to handle the situation gracefully. If we educate patients about the importance of complete and accurate information, it can ultimately lead to a healthier patient. And getting them to think about the connections between their medical history and their oral health is the first step in educating the public!

There are mountains of information available to us. So how can we educate our profession, our teams, other professions and our patients about the mouth-body connection in a bold way? It's simple - just start talking about it! Start the conversation. First, we must educate ourselves by reading the latest research materials and creating an understanding for the inflammatory process and why it is so destructive. Take the time to read up on the information available at your fingertips.

Companies like Heart Healthy Dentistry and OralDNA Lab make chairside tests for many conditions, including:

- CRP (C-reactive protein) test
- Diabetes risk assessment screening
- Perio-pathogenic bacteria salivary test
- Periodontal disease genetic susceptibility
- Oral HPV virus screening
- Complete perio metabolic profile

When we arm ourselves with a person's health information, we can make stronger recommendations for follow-up visits with their primary medical provider of choice and have intelligent conversations on their behalf about what we see. This moves our simple conversations about health and wellness into referral for evaluation.

What if after patients entered your office, after they sign in but before they are called to the back, they are informed about the mouth-body connection? You could have multiple avenues for this because technology is abundant. Even a simple note that says, "See the latest updates about the mouth-body connection while we prepare for your visit" would get them thinking. Even more inventive would be to create your own nicely done educational materials (or purchase any of the well-done materials available from many companies) and have them readily available for viewing in the reception area. The options are never ending in the arena of educating patients.

Once we have educated ourselves to understand the process, the testing available, the correlations and the overall details, we must create partnerships with the other medical specialties to create a "wellness" model for referral! What a concept, a disease-preventive model instead of a disease-treatment model. What an exciting time to be in the profession. Are you ready for the ride?

Author's Bio

Sarah Cottingham, RDH, BS, graduated from Northern Arizona University in 1991. Her passion for helping people achieve optimum wellness has led her down a path of continuing education, including the use of the perioscope and lasers. She now shares her skills and expertise as a writer, speaker and practice consultant in BSC Leadership, LLC. To contact Sarah, e-mail sarah@bcsleadership.com or visit BSC Leadership's Web site at www.bcsleadership.com.

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New Online Manual from Cancer Care NS

The online manual contains very frontline information," says Larry Broadfield, Manager of CCNS's Systemic Therapy Program. *"It offers answers to questions about such things as side effects, dosage, contra indications, and coverage under the provincial system. Health professionals need to have easy access to this information and the confidence that it is current."*

Cancer Care Nova Scotia is making the electronic version of the Systemic Therapy Manual available to anyone who wishes to read it, including patients, their families, and health professionals.

"Although the information in the manual is written for health professionals to support them in providing the best care possible to their patients, it is available to anyone who is interested in accessing it," says Larry.

Bookmark the site for quick reference:
<http://www.cancercare.ns.ca/en/home/healthprofessionals/stp/default.aspx>

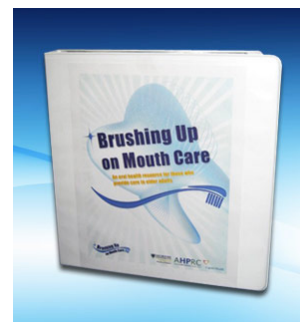
Brushing Up On Mouth Care

***The CDHNS has a copy of the Brushing Up on Mouth Care Guide;
An oral health resource for those who provide care to older adults.***

***This invaluable guide was created in partnership with
Dalhousie University's Faculty of Dentistry,
the Atlantic Health Promotion Research Centre,
and Capital Health.***

***This project focused on the development, implementation, and evaluation of
a comprehensive mouth care program for older adults living in continuing care settings.***

***If you would like to borrow our copy, please contact the CDHNS Community Education Resource Centre at 902-444-7241.
Copies can also be found on their website: www.ahprc.dal.ca/projects/oral-care***



RESOURCES CONTINUED

Evidence-based Dentistry Not Just for Dentists

By Kathy Kincade,
Condensed & Reprinted from Dr.Bicuspid.com Hygiene
Community

Evidence-based dentistry is not a new concept.

With the advent of lightning-quick access to information and the growing emphasis on preventive care and the oral-systemic link, however, hygienists and dental assistants are being called upon to adopt evidence-based decision-making into their daily clinical practice as well.

“What we are hearing and seeing is more of a demand for there to be science behind the products we recommend to our patients,” said Lynn Ramer, L.D.H., president of the American Dental Hygienists’ Association (ADHA). “We want to know that what we are recommending really works. And I think consumers are savvier and more informed these days, with all the information available out there on the oral-systemic link.”

What exactly is evidence-based medicine? It is generally defined as “the integration of best research evidence with clinical expertise and patient values.” The ADA defines evidence-based dentistry as “an approach to oral health-care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to patient’s oral and medical condition and history, with the dentists’ clinical expertise and the patient’s treatment needs and preferences.”

Knowing what constitutes good research and how to ask the right questions is a key starting point, said Jane Forrest, R.D.H., Ed.D., chair of the division of health promotion and disease prevention and epidemiology at the University of Southern California (USC) School of Dentistry.

She teaches research to dental hygiene students and has centered her curriculum around evidence-based decision-making.

“The first question focuses your analysis on the research design, methods, and manner in which the study was conducted,” Forrest and her co-author wrote in the *Journal of Evidence-Based Dental Practice*. “Little confidence can be placed in the results if the study was not appropriately conducted, so by answering the first question one can determine whether or not to continue reading that particular article.”

The first step is to identify the best journals to search. For example, most of the evidence that supports dental hygiene practice is not in the hygiene journals, Forrest noted -- it is in public health journals such as the *Journal of the American Dental Association*, *British Dental Journal*, *Community Dentistry and Oral Epidemiology*, *Cochrane Library*, *Journal of Clinical Periodontology*, *Caries Research*, *Journal of Public Health Dentistry*, and *Journal of Clinical Dentistry*.

Next, you need to understand the hierarchy and quality of the studies being published. The highest levels of evidence for treatment questions are the systematic review and meta-analysis. Next come individual randomized controlled trials, followed by cohort studies, case-control studies, and case reports of studies not involving human subjects. Below these are animal studies and, finally, lab-based studies.

Adopting this process into your daily clinical practice will help ensure that you are providing the most appropriate care for your patients, Forrest noted.

The complete article and many more can be found at: <http://www.drBicuspid.com>

Online Subscription is free.

New Risk Statements on Benzocaine Products

OTTAWA - Health Canada is informing Canadians that it has requested companies to add new risk statements to the packaging and labelling of licensed benzocaine products. In April 2011, Health Canada reminded Canadians of certain health risks associated with benzocaine products, including a very rare but serious blood condition known as methemoglobinemia that can affect sensitive individuals. The new statements are intended to further raise awareness of these risks and promote the safe use of benzocaine products.

For more information including a list of over the counter products containing benzocaine visit:

http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/_2012/2012_52-eng.php

How to report side effects to health products:

- Call toll-free at 1-866-234-2345
- Visit MedEffect Canada’s web page on Adverse Reaction Reporting for information on how to report online, by mail or by fax.

New Benefit Just For You!



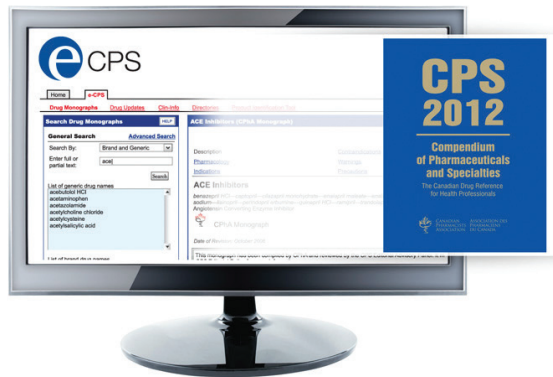
Access to Compendium of Pharmaceuticals & Specialties
(a \$246.00 value!)

Starting November 1, e-CPS included with CDHA membership fee!

CDHA is pleased to announce a brand new exclusive benefit, not available through any other dental hygiene association. Starting November 1, 2012, all CDHA members will have free access (a \$246 value!) to the online, bilingual Compendium of Pharmaceuticals and Specialties – e-CPS.

Features:

- Current Canadian information on more than 2000 products (drugs, vaccines, medical devices and natural health products)
- Quick and easy search functionality by brand name, generic name, therapeutic class, manufacturer and DIN or NPN
- Health Canada advisories and warnings linked directly from product monographs
- Product images search functionality by shape, colour and more
- Handouts for patient drug information
- Updated bi-weekly
- A bilingual product



Learn More!

Check out www.cdha.ca/e-cps for more information



Canadian Association of Public Health Dentistry
Association canadienne de la santé dentaire publique

Canadian Association of Public Health Dentistry
Scientific Conference and AGM

“Assuring the Health of the Public through
Life Long Access to Dental Care”

September 21-23, 2012 Charlottetown, PEI

For details go to: <http://www.caphd.ca/>

Soci t  Alzheimer Society
NOVA SCOTIA

Facing Dementia



23rd Provincial

Alzheimer Conference

October 15 & 16, 2012

Holiday Inn Harbourview, Dartmouth, NS

For more information, or to register,
visit www.alzheimer.ca/ns, or call 1.902.422.7961

Antibiotic Prophylaxis for bacteraemia in Patients with Joint Replacements prior to dental/dental hygiene procedures which may be considered invasive.

Dental hygienists are required to use current knowledge to assess the client and to determine whether any contra indications to care exist which may require special precautions. These special precautions may include the requirement for antibiotic prophylaxis prior to any invasive dental hygiene procedures.

The dental hygiene regulation Subsection 3 (b) indicates a “clearance” is required prior to initiating dental hygiene care for any condition, for which antibiotic prophylaxis is recommended or required. A new clearance is not required in cases where a decision regarding the need for premedication has been previously determined by the appropriate practitioner, is clearly documented and where there has been no change in the condition for which the clearance was obtained.

“Clearance” under Section 28 means a written authorization from a client’s dentist, physician or a nurse practitioner providing authority to a dental hygienist to engage in scaling teeth and root planing, despite the presence of any of the conditions outlined in subsection (3).

The following dental hygiene procedures would be considered invasive (i.e. procedures which are likely to cause bleeding)

- Periodontal procedures, scaling, root planing and probing
- Subgingival procedures, polishing of teeth or implants, where bleeding is anticipated
- Initial placement of orthodontic bands, but not brackets

The following dental hygiene procedures would be considered lower risk and prophylactic antibiotics are not recommended for the following procedures:

- Local anesthesia injections (not intraligamentary)
- Placement of rubber dam
- Suture removal
- Placement of removable prosthodontic or orthodontic appliances
- Impressions
- Intra-oral radiographs
- Orthodontic appliance adjustment.

Professional conflicts can arise when the dental hygienist and employer have different experiences around current sources of information. A source of the confusion around the issue of pre-medication for clients with joint replacements maybe the statements of the Canadian Dental Association (CDA) and the 2009 and 2010 update of an Information Statement of the American Academy of Orthopaedic Surgeons (AAOS).

In 2009 the AAOS issued an Information Statement (revised in 2010). This statement can be found at <http://www.aaos.org/about/papers/advistmt/1033.asp>.

The CDA did not change their statement which is based on the original AAOS 2003 joint statement. The CDA statement can be found at: http://www.cdaadc.ca/_files/position_statements/antibiotic_prophylaxis_joint.pdf

Recognised educational institutions are often referred to by practitioners as sources for current policy and practice recommendations when change occurs. For example following the release of the 2009 AAOS Statement Dalhousie University, Faculty of Dentistry initiated the practice of requiring medical consults be sent to the patient’s orthopaedic surgeon requesting their recommendation. A very high percentage of these consults resulted in the orthopaedic surgeon recommending antibiotic coverage for their patient. As a result the Dalhousie Dental Clinic is currently providing antibiotic coverage for all patients with prosthetic joints when dental/dental hygiene procedures causing a bacteraemia are undertaken regardless of how long ago the procedure took place.

A new statement from the AAOS is currently being developed and members of the ADA and CDA have participated in its development. This statement is expected to be release this year and hopefully it will provide a clear set of guidelines.

In the mean time members of the CDHNS should be familiar with and use the best available information to guide them with decisions. Members of the CDHNS are responsible for determining when to proceed with dental hygiene care and should proceed only when they are comfortable that it is in the best interest of the client. The CDHNS considers it to be in the best interest of the client to approach this matter in a collaborative manner which considers the position of the client’s orthopedic surgeon.

The CDHNS will continue to follow this issue and keep members informed when new information is available.

Acknowledgements: Thank you to Dr. Blaine Cleghorn, Assistant Dean Clinics and Building Services, Faculty of Dentistry, Dalhousie University for providing background material for this article. Also thank you to the CDA for correspondence regarding their position statement.

FROM OUR MEMBERS

Ownership Linkages- Community Based Dental Sealant Project

Faculty and students of the Nova Scotia Community College (NSCC) Institute of Technology Campus Dental Assisting program recently had the opportunity to help connect our programs and services, to meet the needs of youth in the community. NSCC made partnership linkages with Public Health Dental Hygienists Shannon O'Neill & Paulette Hawksworth, the Nova Scotia Dental Association's representative Dr. Terry Ackles, the Halifax Regional School Board & 3M.

Service learning is an integral part of the education process at NSCC, integrating community service with experiential learning. Dental Assisting students at NSCC are required to complete dental sealants as part of the dental assistant competencies. Public Health and the NSDA offered to help link those in need of dental sealants to the dental assisting program for treatment. Data collected by Public Health was used to hypothesize where the need was in the community, and to help choose an appropriate age group for referral to NSCC. The partners chose to offer the treatment opportunity to grade seven students at two schools in close proximity to NSCC. Shannon and Paulette screened and referred youth to the NSCC Dental Assisting clinic, while the Halifax Regional School Board Schools Plus program and others made transportation possible. The NSCC Dental Assisting students and faculty then provided free treatment using product donated by 3M.

In the end, we engaged with youth and provided some much needed care. There were great conversations about oral health prevention and oral health inequities with the partners, parents, and student participants. From all appearances and feedback, the youth that attended the community-based dental sealant clinic, had a great experience.

We hope the momentum will continue around practices and attitudes that recognize that groups with unequal needs often require different projects, partners and programs to achieve equitable health outcomes.

Submitted by,

Jocelyn Burke, NSCC Dental Assisting Faculty, MEd, RDH, BSc

Shannon O'Neill, Public Health RDH, BA

Paulette Hawksworth, Public Health RDH



STOP!
clean your hands
ARRÊT!
nettoyez-vous les mains

Fact Sheet 6

How to hand wash

To effectively reduce the growth of germs on hands, optimal hand washing must last 40-60 seconds and should be performed by following all of the steps illustrated below.

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

⌚ Duration of the entire procedure: 40-60 seconds

 <p>0 Wet hands with water;</p>	 <p>1 Apply enough soap to cover all hand surfaces;</p>	 <p>2 Rub hands palm to palm;</p>
 <p>3 Right palm over left dorsum with interlaced fingers and vice versa;</p>	 <p>4 Palm to palm with fingers interlaced;</p>	 <p>5 Backs of fingers to opposing palms with fingers interlocked;</p>
 <p>6 Rotational rubbing of left thumb clasped in right palm and vice versa;</p>	 <p>7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;</p>	 <p>8 Rinse hands with water;</p>
 <p>9 Dry hands thoroughly with a single use towel;</p>	 <p>10 Use towel to turn off faucet;</p>	 <p>11 Your hands are now safe.</p>



World Health Organization

Patient Safety
A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

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May 2009

Based on the 'How to Handwash', URL: [://www.who.int/gpsc/5may/How_To_HandWash_Poster.pdf](http://www.who.int/gpsc/5may/How_To_HandWash_Poster.pdf)
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STUDY CLUB ANNOUNCEMENTS

South Shore Study Club has a CPR C (AED) Recert on Saturday, September 22, 2012 from 12 Noon-4PM at the Public Health Office in Bridgewater.

Fee is \$55 payable to Sara Harding that day. There are only 3 spots available at the time of print.

To register contact Sara Harding at homesick57@hotmail.com

The Halifax Dental Hygiene Society is conducting a CE Event on November 4th, 2012.

What: Infection Control "Don't Make Me Sick!"

When: November 4th, 2012

Members: 8:30am - 4:00pm, registration at 8:00am

Non-Members: 10:00am - 4:00pm, registration at 9:30am

Where: Ramada Plaza, Dartmouth, NS

Who: Olivia Wann, RDA, JD

Olivia is a former Registered Dental Assistant who went on to obtain a Bachelor of Health Administration and recently obtained her Doctorate of Jurisprudence. Most recently she has served as a course instructor for Cross Country Education providing lectures on Infection Control in 48 states and has published a book "OSHA Compliance & Safety Management Kit for Dental Offices"

Cost: Members \$50 Non-members \$85

Lunch will be served

Contact: Halifax Dental Hygiene Society:
halifaxdentalhygienesociety@hotmail.com

The Community Education Resource Centre wants you!

Occasionally, the CDHNS receives requests for a dental hygienist to speak to a group and present an oral hygiene topic.

Requests come from all over the province and it is usually smaller towns that are harder to fill.

If you would like to be included on our list, please email the CDHNS at info@cdhns.ca.

Are you interested in photography?

We are looking for enthusiastic volunteers to capture CDHNS events.



Events take place all over the province including

- study clubs
- community presentations
- meetings
- special events

Pictures will be used in our annual reports and in the Unison

You will receive credit for all pictures that you take.

If you are interested, contact the CDHNS at info@cdhns.ca.