

Oral Care and the Elderly Adult: *The Emerging Reality*

By Dr. David Clark



By the year 2031, in Canada, 23% of the population will be 65 years of age or older. These demographic projections will have a significant impact on the delivery of both general and oral healthcare. Enormous strides have been made in our society over the past three-quarters of a century to lengthen not only one's life but also the quality of that life. However, despite these achievements, the current pandemic has exposed some underlying systemic vulnerabilities with eldercare that many either chose to ignore or refused to believe existed at all.

Similarly, despite significant improvements in oral healthcare and utilization within the Canadian population overall, disparities continue to persist amongst many within our elderly population. Poor oral health is increasingly being linked with systemic health problems such as cardiovascular disease, cerebrovascular disease and diabetes, and yet the

paradox remains that although the aging population is increasing, to a large extent, they remain invisible in healthcare, socially, and in public policy.

Our elderly clients are entering these later years with heightened oral health care expectations and they will seek dental treatment in far greater numbers than those similar age-matched groups of previous generations. They have been recipients of the enormous advances made in both preventative and restorative dentistry over the past decades. However, in 2020, treating oral disease in the elderly client requires comprehension of the relationship between numerous chronic diseases and the multiple medications required to manage these conditions. This knowledge allows the dental professional to tailor specific goals and procedures to the clients physiologic, psychologic and functional limitations. Consequences of polypharmacy can include compliance issues, adverse drug reactions, and increased morbidity and mortality.

the UNISON

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CDHNS Council Chair's Message

Hilary Boudreau Chair



Dear Friends and Colleagues,

Season's Greetings! As we near the end of 2020, I think we are collectively hoping for a smoother 2021 with less surprises, and more "precedented times". I know that this year has been challenging for many in our profession, but I still can't help but feel fortunate to look back on all that has been accomplished.

In Nova Scotia, our College, under the guidance of our Registrar, Stacy Bryan, has exemplified commitment to the healthcare and safety of our province's population. As I write this, it is the end of November and our Chief Medical Officer of Health, Dr. Robert Strang, has just announced that the second wave of Covid-19 is here. As we make our way through the uncertainty and daily changes this virus is bringing, we remain committed to collaboration with other Oral Health Regulators (provincially and nationally), Government, Dalhousie University, and other stakeholders to keep our community safe.

The call for Council nominations ends on Feb 28, 2021. See page 15.

Generally, this message would include information and an update from the CDHA's national conference/ leadership summit, but of course this year is a little different. I would be lying if I said I hadn't been excited about the CDHA Leadership Summit which was to be in Whitehorse, Yukon, this year, but in a year of cancellations and Zoom calls, it did not take place. Neither did going to visit different dental hygiene groups and Study Clubs around the province, which I was also excited to do. My hope is that this can resume in 2021.

Lastly, the most important message to you is to ask you to sincerely consider applying to be part of the CDHNS Council and a variety of the CDHNS Committees. There are many benefits to this, proven by the fact many who serve apply for another term. The call for Council nominations ends on February 28, 2021. I encourage anyone who wants to get involved to do so. I will personally say that the knowledge I've gained and the connections I've made are invaluable to me.

I hope everyone gets the relaxation they've earned this holiday season.

Kind regards,

Hilary Boudreau, Chair, CDHNS

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From the desk of the Registrar

Stacy Bryan Registrar



I'm sure none of us will forget 2020. Recently, I heard it said that the *new normal* is "change". While that is true, I believe there are a few more words that define the *new normal* in Nova Scotia – adaptive, resilient, collaborative, and compassionate. Thank you to all CDHNS Registrants for doing your part during this very difficult time of uncertainty. I know we are all feeling the strain.

During this year's renewal, the CDHNS processed over 800 renewals, issuing 756 practising licences, 4 provisional licences and 49 non-practising cards. The CDHNS staff worked closely with Registrants as they navigated through the online portal. I want to take another opportunity to specifically thank Neha Singh, Administrative Assistant, and Kelly Hurlburt, Member Services Coordinator, for their tireless work during this time. Their service and commitment to excellence has shone since the start of the pandemic. And during renewal, they continued to go above and beyond, including reviewing and approving CPRs late into the night and throughout the weekend.

Below is the information regarding this year's renewal:

CDHNS Registrants on November 1, 2020	
756	Practising Registrants
4	Provisional Practising Registrants
49	Non-Practising Registrants
809	Total

Notice of Removal from the CDHNS Register on Request (Individuals held a Practising Licence)

In accordance with the Dental Hygienists Act and Regulations, the following individuals have been approved by the Registrar to be removed from the CDHNS Register, following their submitted request. These individuals held a practising licence with CDHNS until October 31, 2020. These individuals are no longer authorized to practice dental hygiene in the Province of Nova Scotia.

First Name	Last Name
Brenda	Fortune
Kimberly	Jarvis
Janette	Kearns
Diane	O'Connor-Caven
Marina	Pongoski

Notice of Practising Licence Expiry, Registrant Did not Submit Intention to CDHNS

In accordance with the Dental Hygienists Act and Regulations, the following individual did not notify the CDHNS of their intention to remain on the CDHNS Register, but let their practising licence with the CDHNS expire as of November 1, 2020. This individual held a practising licence with the CDHNS until October 31, 2020. This individual is no longer authorized to practice dental hygiene in the Province of Nova Scotia.

First Name	Last Name
Veronica	Reynolds

Notice of Practising Licence Expiry, Registrant Submitted Intention to CDHNS

In accordance with the Dental Hygienists Act and Regulations, the following individuals have notified the CDHNS of their intention to remain on the CDHNS Register, but let their practising licence with the CDHNS expire as of November 1, 2020. These individuals held a practising licence with the CDHNS until October 31, 2020. These individuals are no longer authorized to practice dental hygiene in the Province of Nova Scotia.

First Name	Last Name
Krystina	Augustine
Rachel	Bittar
Ashley	Burton
Kathryn	Foote
Stephanie	Hamblin
Heather	Hicken
Mary Jane	Hicken
Shannon	Hilland
Teanne	MacCallum
Katherine	MacKeigan
Donna	O'Shea
Christan	Peter-Paul
Shawnee	Robinson
Stephanie	Stevens
Kayla	Thomeh
Nipaporn	Wattanawongpitak

Notice of Removal from the CDHNS Register on Request (Individuals held Membership in the Non-Practising Class)

In accordance with the Dental Hygienists Act and Regulations, the following individuals have been approved by the Registrar to be removed from the CDHNS Register following their submitted request. Their names have been removed from the CDHNS Register and membership in the non-practising class as of November 1, 2020. As a non-practising registrant, these individuals were not, and are not, authorized to practice dental hygiene in the Province of Nova Scotia.

First Name	Last Name
Brenda	Maclsaac
Marilyn	St.-Germain

Notice of Non-Practising Class Expiry, Registrant Submitted Intention to CDHNS

The following individuals notified the CDHNS of their intention to let their CDHNS non-practising membership expire as of November 1, 2020. These individuals remain on the CDHNS Register and are not authorized to practice dental hygiene in the Province of Nova Scotia. As a non-practising member, these individuals were not, and are not, authorized to practice dental hygiene in the Province of Nova Scotia.

First Name	Last Name
Bushra	Ali
Susan	Doucette
Cynthia	Gill
Sandra	Jenkins
Susan	McEvoy
Lea	Mijatovic
Katie	Miller
Ashley	Morine
Jenna	Nolan
Cara	Tax
Danielle	Webbink

Notice of Non-Practising Class Expiry, Registrant Did Not Submit Intention to CDHNS

The following individuals did not notify the CDHNS of their intention to let their CDHNS non-practising membership expire as of November 1, 2020. These individuals remain on the CDHNS Register and are not authorized to practice dental hygiene in the Province

of Nova Scotia. As a non-practising registrant, these individuals were not, and are not, authorized to practice dental hygiene in the Province of Nova Scotia.

First Name	Last Name
Keiran	Doiron
Kimberly	Melbourne
Penelope	Panagiotakos
Michelle	Searle



For those members who listed “retirement” as the reason for their change in their registration or licensing status, the CDHNS would like to take this opportunity to thank you for your significant contribution to the oral health of Nova Scotians. Your service as health care providers and support for the dental hygiene profession has been appreciated. We wish you well in your retirement.

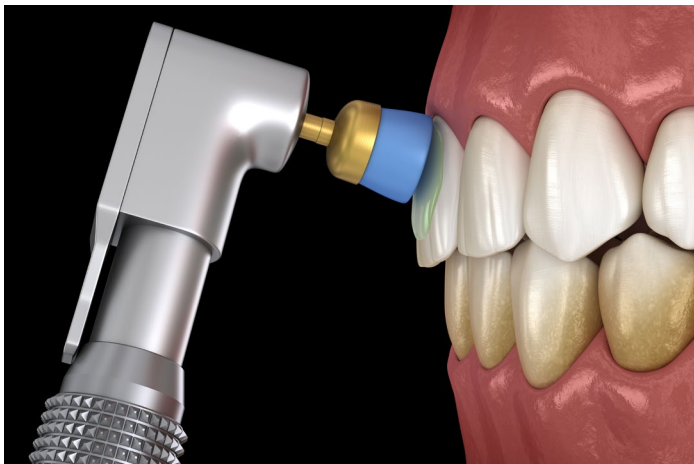
What constitutes dental hygiene practice in Nova Scotia?

Section 22 of the Act provides details regarding dental hygiene scope of practice. In conjunction with the Regulations (including Sections 25 and 26: Scope of Practice), the practice of dental hygiene is defined. Only CDHNS registrants who hold a practising licence may engage in the practice of dental hygiene in Nova Scotia, whether as a volunteer or for remuneration. The practice of dental hygiene includes registrants who act as clinicians, educators, researchers, administrators, health promoters, and/or consultants. When asked to report your practice hours, do not just calculate the hours you spent providing clinical care, include hours where you provided dental hygiene care in any of the areas noted above — as an educator, researcher, administrator, health promoter, or consultant. This may include positions like dental supply company sales rep, infection prevention and control consultant, and hygiene department manager. **All positions count towards accumulation of practice hours and all positions require a CDHNS practising licence.**

You've Been Asking

Q: I am trying to minimize the generation of AGPs, unless necessary. What about polishing teeth for stain removal?

It is up to each clinician to determine the appropriate procedure needed for each client. As a regulated professional, you must use your professional judgement and clinical evaluation to construct and implement a client-specific treatment (care) plan that addresses their oral health needs. **Perform AGPs when the anticipated benefits outweigh the risks to the client, the health professional, and the greater community.** The decision around which specific oral health services to provide must be based on individual client need i.e., client centred care. The decision to perform Aerosol Generating Procedures (AGPs) versus Non-Aerosol Generating Procedures (NAGPs) is another client-specific decision. **Consider acceptable NAGP treatment options over AGP procedures.**



As we are re-evaluating our in-office practices to ensure that we are continuing to safely and effectively provide care, we are provided with another opportunity to evaluate some of the routine “processes” in our offices that may not align with best practices or current standards of care. One example is regularly performing full-mouth prophylaxis (polish or prophy). This procedure will generate aerosols regardless of the type of paste selected. *The decision to perform this procedure should be made when it is deemed appropriate, after weighing all of the factors above.*

Once it was determined there was no therapeutic value for performing a full prophylaxis, it was used as a selective process, particularly as further evidence in the 1990s and the 2000s supported adopting selective polishing for stain removal. Educational curricula and best practices were updated to reflect this new evidence.^{1,2,3}

Let's consider these facts:

- There is no therapeutic value to a prophylaxis. It is strictly a cosmetic concern, not a pathological condition. *You are removing extrinsic stain or other removable discolorations on the teeth.*
- It is contraindicated on newly erupted teeth, particularly deciduous teeth.^{1,2}
- It is contraindicated in areas of recession, where cementum or dentin is exposed and/or in areas of dentinal hypersensitivity.¹
- Consider the particle impact, particularly immediately after periodontal debridement, when tissues may be irritated.^{1,2}
- Most individuals do not require a prophy in the absence of stain.
- The salivary pellicle, removed during a prophy, returns within minutes after polishing.⁴ It is removal of this pellicle, that gives individuals that “squeaky clean” feeling that many have traditionally linked to “clean teeth”.
- There may be other dental/dental hygiene procedures which require a form of prophylaxis to be performed e.g., sealants, certain orthodontic procedures.
- **Consider other methods to remove biofilm – particularly a method that has a lower risk for generating aerosols.**
- **Educate your clients on the risks versus benefits, including the risk of creating aerosols during polishing.**

This response emphasizes the intent of the June 17, 2020 presentation of the four Oral Health Regulators and provides a few more additional details for clarity. It draws on concepts outlined in the CDHNS Protocols (Tab 1) of the [Oral Health Regulators' Return to Work Guidelines](#). The concepts about appropriate use of Aerosol Generating Procedures (AGPs) versus Non-Aerosol Generating Procedures (NAGPs) are woven throughout the entire document – particularly sections 2.2 and 2.3 of the CDHNS Protocols, starting on page 4. The use of “slow-speed handpiece in the presence of water/saliva” is listed as an AGP. Polishing, within the context of this question, falls within this bullet.

1. Bowen, DM, Pieren JA. (2020) *Darby and Walsh Dental Hygiene: Theory and Practice*. 5th ed. Maryland Heights: Elsevier. Chapter 32, 506-507.
2. Boyd, LD, Mallonee LF, Wyche CJ. (2020) *Wilkins' Clinical practice of the dental hygienist*. 13th ed. Burlington: Jones & Barlett Learning. Chapter 42, pages 730-733.
3. Sawai, M, Bhardwaj, A, Jafri, Z, Sultan, N (2015 Jul-Aug). Tooth Polishing: The current status. *J Indian Soc Periodontol*. 19(4): 375–380. doi: 10.4103/0972-124X.154170.
4. Gurenlian, J.R. (October 2007). The Role of Dental Plaque Biofilm in Oral Health. *Journal of Dental Hygiene*. Vol. 81, No. 5. American Dental Hygienists' Association.

Q: What are the protocols I am required to follow when treating a client who presents with a new serious medical condition?

As a regulated health professional, it is your responsibility to use your professional judgement to ensure safe and effective care is provided. This includes the responsibility to complete a comprehensive health history at each visit, and to consult with the appropriate individual in a client's health care team, if necessary.

If a client has a medical condition that is listed in Section 28 of the [Dental Hygienists Regulations](#), e.g., a recent heart attack, stroke, or a medical condition that the dental hygienist is unfamiliar with, a **written clearance** from the client's medical doctor or nurse practitioner is required before an RDH proceeds to scale or root plane. Each case is client specific and dependent on a number of factors.

The legislation lists the client's physician, nurse practitioner, or dentist [found in Section 28 (1)] as potential individuals who may provide written clearance. However, when obtaining written clearance, the RDH must decide who is the most appropriate health professional of the three options listed to obtain written clearance.

This decision depends on the individual case and conditions of the client. For example, if it was a dental issue and a complication occurred, a dentist may be the appropriate choice. In the case of a medical condition, like a stroke that occurred within the last few months, or a client who is undergoing chemotherapy, it is the client's physician (general physician or oncologist in our examples) or nurse practitioner that the RDH must obtain written clearance before proceeding.

Section 28 (2) also goes on to say that "the conditions outlined in subsection (3) are not contra-indications under clause 23(1)(b) of the Act if there is a **relevant, current and documented** clearance for the client."

"Clearance" must follow those three conditions:

- Is it **relevant** and **current**?
 - Are you proposing to perform scaling or root planing procedures that would be contraindicated due to any of the client's medical or oral health conditions that are listed in Section 28?
 - If there is already a written clearance on file, confirm if it is still relevant and current i.e., has anything changed in the client's medical or oral health history/conditions, that may apply to the contraindications in this Section of the Regulations?

- Is it **documented**?
 - The original clearance must be written by the specific health care professional. RDHs can't just write "consulted with Dr. XXX, physician, and he said it is ok to move forward with scaling and root planing". If it's not a written clearance from one of those identified practitioners, it doesn't meet the legislated requirement.
 - Any subsequent decisions to proceed, linked to the original relevant, current clearance, must also be documented by the RDH. This is important so that the decision-making process that the RDH completed is clear. For example, the RDH must write something like "current, relevant documented clearance on file. Therefore, no contraindications to proceed with scaling and root planing", so that it is clear why they did not obtain another written clearance before proceeding.

Did You Know? *This section of the legislation is one that was identified by the CDHNS as requiring revision, e.g., removing the requirement for a specific written clearance, and the laundry list of contraindications. Instead, the CDHNS proposed integrating a requirement for consultation, when needed. Approximately 87% of CDHNS Registrants who completed the Regulation Revision survey agreed or strongly agreed with this proposal.*

- *Dental hygienists are taught to recognize contraindications to care, and know when to consult with the appropriate health care provider.*
- *Dental hygienists have the competencies to do scaling of teeth and root planing, including making evidence-based decisions around when it is appropriate to proceed and when it is necessary to consult.*
- *The reasons for a consultation are client specific and require professional judgement, which is comprehensively covered within undergraduate dental hygiene educational programs.*

Even if this written legislation requirement is removed, it is always up to the dental hygienist to use their professional judgement and consult with the appropriate individual in a client's health care team to ensure safe and effective care is provided, if necessary.

Research in Oral Health (RIOH) Presentations (previously known as Dalhousie Student Presentations/ Table Clinics)

The 2021 Research in Oral Health Presentations will be held virtually, starting on Friday, March 26, 2021. To receive CC credits (Category 1) you must successfully complete a post test on the material covered. *More details to follow at a later date.*

Request for Judges for 2021 Research in Oral Health (RIOH) Presentations

Date: Starting on Friday, March 26, 2021. CDHNS RDHs who participate as a judge will receive a total of 4.5 credit hours - 3 hours in Category 1 and 1.5 hours in Category 3. Please contact khaslam@dal.ca for further information.

Congratulations!

- The winners of the 2020 CJDH Research Award for best literature review are Kimberly Haslam, Heather

Doucette, Shauna Hachey, Teanne MacCallum, Denise Zwicker, Martha Smith Brilliant, and Robert Gilbert for their article, "[YouTube videos as health decision aids for the public: An integrative review](#)," published in the February 2019 issue of the Journal (Can J Dent Hyg 2019;53[1]:53–66).

- Prof. Shauna Hachey has been named co-lead, together with Dr. Rebecca Affoo from the Faculty of Health, of the Healthy Populations Institute (HPI) flagship project, putting 'Oral Health is Health into Action'. This is one of five flagship population health projects on which HPI will concentrate its efforts over the next 3-5 years. Prof. Hachey is an HPI scholar.
- Dr. Leigha Rock is a successful applicant of a \$20,000 grant from the NCOHR 2019-20 [New Frontier Seed Grant Program](#). Together with other researchers in British Columbia and Dalhousie University, Dr. Rock (principal investigator) will research the topic "Exploring the diversity in the microbiome of high risk oral epithelial dysplasia as a predictor of malignant progression". Dr. Rock was recently selected as one of six "Young Leaders of Tomorrow" by the Global Oral Cancer Forum in Edinburgh, Scotland.

Continuing Professional Education 2020–2021 Continuing Dental Education Program

We are keeping the doors of learning open with online continuing dental education courses

A variety of continuing dental education courses will be offered virtually this year, with some in-person certification courses:

- A range of course times, including evenings and Saturday mornings
- One-hour to three-hour sessions
- A wide range of general and specialist topics
- Certification courses (as allowed), including courses such as CBCT and local anesthesia for the dental hygienist
- Expert speakers from the Faculty of Dentistry and other institutions

Watch for the winter course listings and program updates on our social media channels and the CE website. For more information or to be added to our mailing list, contact CPE at cde.dentistry@dal.ca



dal.ca/dentistry/cde

📷 @ daldent_ce

📺 Dalhousie Dentistry Continuing Education

Assigning Credit Hours for Online Hours

Completing online professional education is a convenient way for CDHNS registrants to identify their learning needs and seek out appropriate courses that meet those needs. You can learn at your own pace, anywhere. To support CDHNS registrants, the CDHNS Quality Assurance (QA) Committee evaluated a number of courses offered by online continuing oral health education providers. Following these reviews, the QA Committee determined that the number of credit hours allocated by some course providers is not always consistent with the content of the courses. The Committee does revisit these course allocations on a regular basis to determine if changes are necessary. The Committee has reviewed the course providers identified and determined the following:

Courses from the providers below are eligible for 50% of the credit hours indicated by the provider*

Crest and Oral B (Proctor and Gamble)	www.dentalcare.com www.dentalcare.ca
RDHU: Does not meet CDHNS criteria unless it is one that includes a post-test and contains current information.	The RDHU is currently working on revising their online course delivery. When the new courses are submitted to the Quality Assurance (QA) Committee, they will be reviewed and this table will be updated. Please contact the CDHNS office directly for further information about the course(s) you intend to take.

Courses from the providers below are eligible for the credit hours indicated by the provider*

Canadian Dental Connection	https://www.dentalconnection.ca/en/auth/login/?next=/en/dashboard/
Colgate Oral Health Network	https://www.colgateoralhealthnetwork.com/
DVD Quarterly	https://members.dentalhygienequarterly.ca/
Hu-Friedy	https://www.hu-friedy.com/education/continuing-education-classes
Hygienetown	https://www.hygienetown.com/onlinece
Pulpdent Learning	http://www.pulpdentlearning.com
Viva Learning	https://www.vivalearning.com/
Waterpik Oral Health for Professionals	https://www.waterpik.com/oral-health/pro/education/

Please note: There are many other online providers who offer continuing professional education. These are the ones that were submitted by registrants and/or most commonly submitted to the CDHNS.

*Providers may assess a user fee and/or require registration with a user name and password.

How Long Do I Have to Retain My CC Records?

All registrants are reminded to retain relevant records/ documents for your current cycle and your previous cycle (as noted in Section 4.5 of the CCP Requirements document). **Even if you are not selected for audit, you must ensure that you keep all relevant documents for these time periods.**

Save the Date!!

May 15, 2021
AGM/CC Event

The CDHNS will be presenting their 2021 Annual General Meeting, virtually, once again, followed by a short continuing education session. *More details to follow.*

Keep yourself and others safe from the flu this year!

The flu shot is safe and available for free to all Nova Scotians 6 months of age and older. The flu vaccine is available from most family physicians, family practice nurses, nurse practitioners, pharmacists, and walk-in clinics.



To further assist dental hygienists in providing care to this population, course curricula for dental hygienists must embrace more of the concept of realistic dental care for an older client population that has greater medical comorbidities, both physically and psychologically.

We must re-examine the difference between what is considered success vs. a dental treatment success. Not all of our treatment can be “textbook” in nature but rather what may have to be tailored to a particular client, incorporating their particular needs and priorities, i.e., sitting long enough for half mouth debridement.

While seniors who seek dental care in the private practice setting may be considered to be “well elders”, there are many other individuals who have succumbed to age-prevalent chronic disease processes and must, of necessity, be cared for in the long-term care environment. Frailty changes all aspects of one’s general health – including oral health.

Functionally dependent elderly clients may view dental care as a low priority for many reasons including: one’s availability to keep a dental appointment, access to transportation, perceived importance of dental care, limitation to financial resources, and lack of energy to seek out dental services. We must continue to educate the public on the importance of oral health and prevention of oral health related problems. To reach this population, we need tailored educational messages.

Frail elders often have higher levels of oral disease, especially with their natural teeth, and the risk increases as they become frailer and consume more medications. Dental pain and other oral problems are significantly underdiagnosed and undertreated in this population, especially in those with dementia since they cannot easily communicate their pain. Unfortunately, the promotion of oral health care is a low priority in many long-term care facilities. Dental professionals often feel challenged by the task of monitoring and providing acceptable oral care for the frail elderly patient.

Improved Services Require:

- Planning and policy changes to enhance the understanding of administrators about the serious ramifications of oral neglect in those more vulnerable within the elderly population.
- Integrating oral healthcare services more fully with other healthcare services.

- Systems be put in place to ensure regular oral examinations and preventive services.
- Further advanced education and training for the dental sector with emphasis on both an interdisciplinary and an interprofessional team-based approach.

Within a collaborative framework, other solutions to providing daily oral care in residential care facilities will require a reassessment of time efficiency for front-line caregiving staff when designing strategies to improve oral care delivery. Enhanced support is needed for those dental professionals serving in residential care, as valued members of a care team. Strategies that are developed to promote and maintain the overall health and the well-being of older individuals in residential care must always embrace their autonomy, while promoting independence and self-efficacy, even in the face of increasing frailty.

Challenges to Oral Health Imposed by Increasing Age Can Also Include:

- An ongoing risk of caries and periodontal disease resulting from the longer retention of one’s teeth. These two conditions can be further intensified by xerostomia, due in large part to the increasing numbers of medications prevalent in this client population.
- Sensory alterations in taste are also more common, affecting nutritional intake and status.
- Psychological/neuropathic conditions, as well as pathology of the oral mucosa, including neoplastic disease (e.g. oral cancer).

Prevention, treatment and management of oral disease in the elderly client will improve not only their oral health but also have a significant impact on their general health, and ultimately, their overall quality of life.

References:

1. Seniors oral Care: Providing Oral Hygiene Care to Residents of Ontario Long-term Care Homes. Ontario Dental Association, 2019.
2. What is Being Taught to Canadian Undergraduate Dental Students about the Oral Health of Long-term Care Residents? Singh s. et al. J Can Dent Assoc. 2020;86:k10.
3. Coronavirus disease 2019 and dental care for older adults: New barriers require unique solutions. Macrchini L. and Ettinger R. Volume 151, Issue 12, December 2020, Pages 881-884.
4. A guide to treatment planning in complex older adults. Geddis -Regan A. and Walton G. Br Dent J 225: 395-399, 2018.
5. Oral health care for patients with Alzheimer’s disease: An update. Ettinger M.L. et al. Spec Care Dentist 39: 262-273, 2019.
6. The Geriatric Syndrome and Oral Health. Navigating Oral Disease Treatment Strategies in the Elderly. Halper L.R. Dent Clin N Am 64 (2020) 209-228.

About the Author

Dr. David Clark is former Director, Dental Services at Ontario Shores Centre for Mental Health Sciences in Whitby, Ontario. He currently participates as an Instructor in Dentistry relating to the topics of Oral Medicine and Oral Diagnosis at the Faculty of Dentistry, University of Toronto. He is also a part-time clinical instructor (Dental Hygiene) at Durham College, Oshawa, Ontario and at George Brown College, Toronto, Ontario.

He obtained his DDS at the University of Toronto in 1976 and his MSc. in Oral Pathology (Western University) in 1986. He is a Fellow of the Royal College of Dentists of Canada, Pierre Fauchard Academy and Academy of Dentistry International and 2016 ODA Award of Merit recipient.

His hospital-based practice was devoted to the general dental care of individuals undergoing primary care for various forms of psychiatric illness often co-existing with other medically compromising conditions.

CPR Requirements

To assist you in understanding which CPR meets the list of requirements set by Council, a summary is provided below based on the organization's current offerings and levels.

Cardiopulmonary Resuscitation (CPR)
performed within 2 minutes can
DOUBLE or **TRIPLE**
a victim's chance of survival.¹



St. John Ambulance

Based on the current course offerings and levels, the accepted course from St. John Ambulance would be Health Care Provider (HCP) CPR.

Heart and Stroke Foundation

Based on the current course offerings and levels, the accepted course from the Heart and Stroke Foundation is Basic Life Support (BLS).

Red Cross CPR

Based on the current course offerings and levels, the accepted course from the Red Cross would be BLS for Healthcare (HCP).

CPR Offerings: There are a variety of organizations and providers across the province who provide CPR courses that meet the requirements for CDHNS renewal and initial licences in the practising class. As a courtesy to CDHNS registrants, a [CPR section](#) of the website indicates providers who have notified the CDHNS that they will offer courses for registrants based on the licensing requirements.

Did You Know? On May 27, 2020, CDHNS Council made the decision that CPR courses that include appropriate virtual evaluation of competencies will be accepted. For further details, please review the [updated CPR document](#) on our website. The CDHNS continues to monitor the situation and will update CDHNS registrants, if there are any changes.

Did You Know? Under the Dental Hygienists Act of Nova Scotia, a person who wishes to work as a dental hygienist in Nova Scotia must be registered and licensed with the CDHNS. It is not sufficient for an individual to hold a practising licence in another Canadian province or territory. The practising licence in the original jurisdiction authorizes them to practice in that jurisdiction, **not** Nova Scotia. If you have individuals applying at your place of employment to practice dental hygiene, please direct them to contact the CDHNS directly, or send them to the CDHNS website for [further details](#), and to access the online application. Practising dental hygiene in Nova Scotia without being registered with the CDHNS and without holding a Practising Licence is a punishable offence under the **Dental Hygienists Act**.



CDHA CORNER

**Hello friends
and colleagues,**

*What a different
year this has been!*

*In October, CDHA
held its first virtual
annual general
meeting (AGM).*

*I was proud of
the number of Nova Scotians registered. Of the
roughly 1100 dental hygienists from across the
country in attendance, over 200 were from Nova
Scotia! I hope that those of you who attended
enjoyed Dr. Kevin Katz's presentation, which
answered members' questions about the COVID-19
pandemic and how the virus may affect us moving
forward. I also hope that you found the AGM
informative about the work CDHA has done over
the past year on your behalf. For those who missed
it, you can view the 2019–2020 annual report
video on CDHA's website.*

*Our board of directors met virtually for two days
as well and had productive conversations about
the goals of our association. A highlight for me
was assuming my role as CDHA president-elect. I
am beyond honoured to take on this responsibility,
and will be working hard with Leanne Huvenaars,
past president, and Tiffany Ludwicki, president, to
prepare for my 2021–2022 year as president.*

*Finally, I would like congratulate Francine Leach,
who received an honourable mention in CDHA's
2020 Dental Hygiene Healthcare Superhero
competition. From an impressive field of 755
nominees from across Canada, Francine was
chosen for her community-based work, which has
improved access to oral health care services in
her community.*

*Wishing you all a very Merry Christmas and a
happy and safe 2021!*

Wendy Stewart, RDH
CDHA board director, Nova Scotia
ns@cdha.ca



WHAT'S NEW AT CDHA?

PROFESSIONAL DEVELOPMENT

NEW webinars recently released:

Social Media Engagement

Unravel the Truth Behind Flossing, *sponsored by Waterpik*

Webinars coming soon:

Cannabis Use: Symptoms & Risks, *sponsored by Philips*, December 16

Acid Erosion, *sponsored by GSK*, February 24

www.cdha.ca/webinars

OTHER NEWS

Conversation and Collaboration

Addressing bullying, discussing infection control, returning to work with a positive mindset and implementing care calls. Learn about all this and more with CDHA's new video series, *Conversations to Build Collaborative Workplaces*.

It's your guide to creating healthier workplaces. Tips sheets also available.

www.cdha.ca/conversationandcollaboration

PPE Advocacy

Over the summer more than 1,100 CDHA members took part in our digital advocacy letter-writing campaign asking governments to consider personal protective equipment (PPE) needs for dental hygienists and other oral health care workers. Thanks for being a #voice4oralhealth!

2020 Award Winners

Congratulations to the 2020 CJDH award winners: Susanne Sunell, Denise Laronde, and Zul Kanji; Kimberly Haslam, Heather Doucette, Shauna Hachey and colleagues; and Mystica Lopez de Leon (UBC). The *Oh Canada!* Readers' Choice Award winner is Natalie Muccioli Emery.

Membership Renewal

CDHA membership provides access to many great benefits. Check out the advantages in our infographic and video. www.cdha.ca/6reasons

Canada's Dental Hygiene Superhero Revealed!

From 755 amazing entries, Canada's 2020 dental hygiene superhero is Lisa Enns of British Columbia! She is joined by two deserving honourable mentions: Francine Leach of Nova Scotia and Marisa Mannarino of Ontario. Check out their stories at

www.dentalhygienecanada.ca/superherowinners

2019–2020 Annual Report & Virtual AGM Recording

If you weren't able to attend CDHA's virtual annual general meeting (AGM), you can view the 2019–2020 annual report video presentation, financial statements, and a one-page "at a glance" report. www.cdha.ca/annualreport. A recording of the virtual AGM and the engaging COVID-19 Q&A featuring Dr. Kevin Katz is also available. www.cdha.ca/agm.

IPAC Facts

Use CDHA's new fact sheets to help your clients understand what you do to keep them safe and healthy during their dental hygiene appointments, preventing the transmission of infectious diseases with sound measures and protocols.

www.dentalhygienecanada.ca/IPACfacts



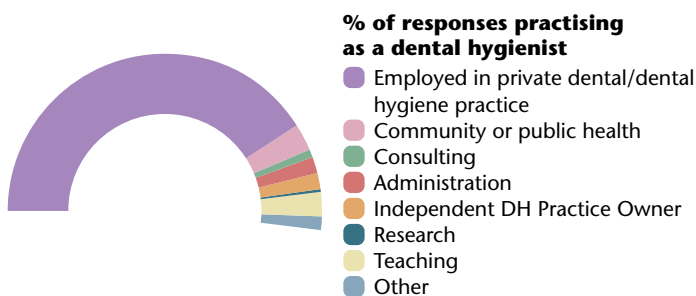
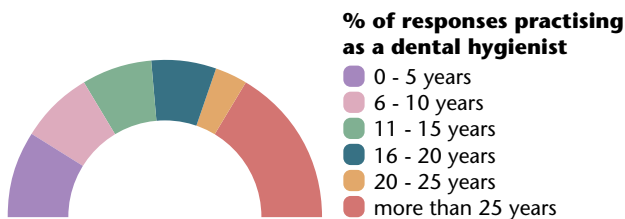
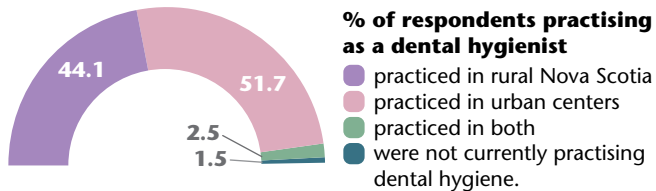
Timing of Changes to CCP Requirements: What You Need to Know for 2021



Sonya Bishop,
CDHNS QAC Chair
2020/2021

Thank you to all CDHNS practising and non-practising registrants who took the time to complete the Continuing Competency Program (CCP) Requirements survey that was circulated to all CDHNS registrants in Oct 2020. A total of 120 members completed the survey (14.25%). We appreciate your willingness to complete this important survey, during a time when many other

surveys were disseminated to you for completion. The QA Committee would like to remind all registrants that your feedback is important, and thanks you for your contributions thus far.



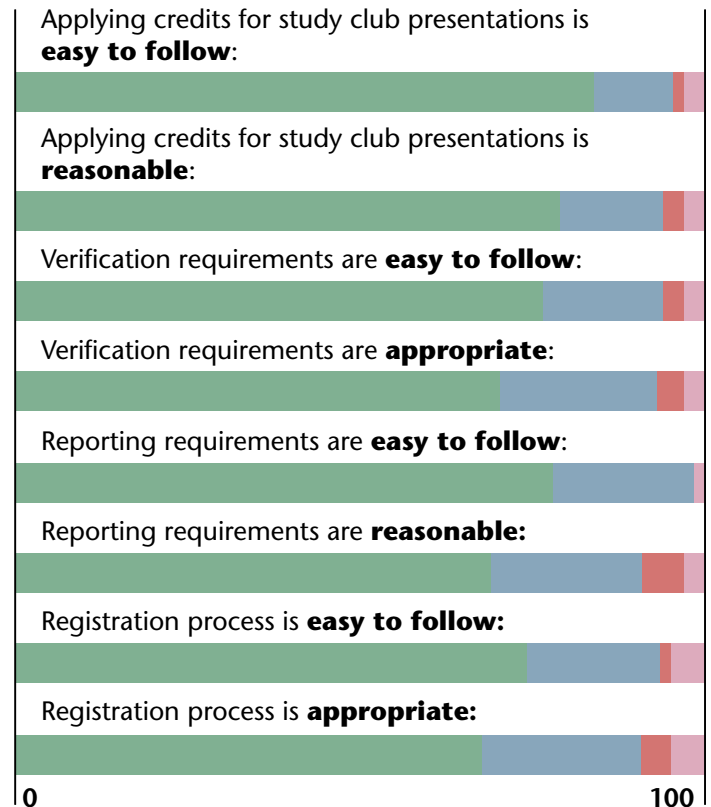
Here are a few other highlights:

- **98%** felt that the current Definitions were clear. **2%** felt that 1 or more definitions were not clear.
- **95.6%** felt that the newly proposed definitions were clear. **4.4%** felt that 1 or more of the new definitions were unclear.
- **86.8%** felt that merging the existing three categories into two categories is an improvement (agree and strongly agree). The remainder, **13.2%** were neutral (neither agree nor disagree).

Study Clubs: We asked a number of questions to assist us with revising this area. The majority are summarized below.

% of respondents

- agree/strongly agree
- neutral
- disagree/strongly disagree
- not applicable/don't know



We thank those who provided additional comments/feedback for any of these questions. It provided us with additional insights.

The rating responses and the open-ended questions, along with feedback obtained through other communications (e.g., study club meetings, initial survey, AGM/CC Events, and other in-person feedback), were all considered. As you may recall, the purpose of the review was to ensure compliance with legislation and to make the requirements more streamlined with a goal of improving clarity and making the CCP requirements easier to understand.

Since 2018, we have shared the lenses that we are using to evaluate our existing program, including that of right-touch regulation. By using this approach, we ensure that the level of regulation is proportionate to the level of risk to the public. It builds upon the principles of good regulation¹, including our legislated roles and responsibilities.

¹ <https://www.professionalstandards.org.uk/what-we-do/improving-regulation/right-touch-regulation>

Timing of Changes to CCP Requirements *continued...*

In addressing the CDHNS's responsibility to protect the public, quality assurance is one element that the CDHNS uses to meet this responsibility of ensuring that dental hygienists provide safe and effective dental hygiene care.

The CCP revisions are being introduced in phases. The first phase of revisions was implemented, effective January 1, 2019. The next phase is being integrated **January 1, 2021**. These next changes are being integrated because they improve clarity, are simple to institute, and will positively affect you, the CDHNS registrant, immediately. Other changes are more complicated and/or cannot be made until the existing three categories are merged into

two. This will take time, as our system needs to be updated. Some areas still require more reflection, potentially more education and/or advance notice before they will take effect. The table on pages 13 and 14 has a summary of the changes in this phase and others that you can anticipate in the final phase(s).

Please take the time to review the revised CCP document and ensure that you are familiar with it. It will be posted for you on **January 1, 2021**.

Sincerely,
Sonya Bishop, Chair, Quality Assurance (QA) Committee

CONTINUING COMPETENCY PROGRAM REQUIREMENTS - SUMMARY OF CHANGES

In this section, there are two tables that summarize the major changes to the CCP Requirements Document. The first table includes the revisions that are **in effect January 1, 2021**. The second table provides information about revisions that are targeted for later phases.

Revisions that are targeted for later phases will not occur until further research/consultation and/or CDHNS Registrant education is provided, as appropriate. Timelines for implementation of revisions for later phases and further clarification will be provided prior to these changes coming into effect.

Table 1: Changes in effect for January 1, 2021

Section	Description of Major Change
General	<ul style="list-style-type: none"> Revising the word "members" to "registrants" in many instances to more accurately reflect a regulatory body role. This will be completed with the next phase. At this time, both terms are being used interchangeably. Renumbering of sections has occurred based on deletions of sections and additions of new ones.
Definitions	<ul style="list-style-type: none"> Included the Continuing Competency Program acronym, CCP, for clarity Included Quality Assurance in the definitions. Mentor, mentee and mentoring are defined to provide clarity to mentoring learning opportunities. Wording changes are made throughout document to reflect these changes.
Section 3: Continuing Competency Program Requirements	<ul style="list-style-type: none"> <i>New:</i> 3.1.6. Inserted Category 2 to this main category. Mentees' learning opportunities may qualify as Category 1 or 3, depending on the subject matter chosen. Additional details added for further clarity. RDHs who act as mentors continue to submit under Category 2. A Sample Mentoring Contract will be provided for use.
Section 4:	<ul style="list-style-type: none"> 4.2: changed "speaker" to "presenter" to improve clarify
Section 6.1: Category 1	<ul style="list-style-type: none"> 6.1.3. 1: Mental Health First Aid - This requirement is in effect to <u>Dec 31, 2020</u> <i>New:</i> 6.1.3.2 – For courses completed on or after <u>January 1, 2021</u>, completing the 2-day Mental Health First Aid Canada, Basic, (Mental Health Commission of Canada) will qualify for 12 hours per cycle in Category 1. 6.1.5 Updated this section to provide clarity around expectations.
Section 6.2: Category 2	6.2.2(f) Mentoring: Updated to include examples. Other information moved to 3.1.6.
Section 6.3: Category 3	6.3.2 (g) Updated this section to provide clarity around expectations.

Timing of Changes to CCP Requirements *continued...*

Section 7.1: Full-time Study	Added in clarity on how courses are to be submitted by individuals who are in full-time study.
Section 7.2: Study Club	4. Verification: (a) replaced “speaker” with “presenter” for consistency (b) replaced that each participant “must sign in” with wording that more accurately reflects the intent of the QAC’s recent decisions regarding virtual Study Club sessions.

Table 2: Changes to be implemented in later phases

Section	Description of Major Change
General	<ul style="list-style-type: none"> All areas will be revised to reflect the change from the existing three categories to two categories.
Definitions	<p>Category definitions will be revised, using the definitions in the Consultation document.</p> <ul style="list-style-type: none"> Category names will change, to accurately reflect the new content and to minimize confusion between the previous categories, i.e., will become Category A and Category B.
Section 3: Continuing Competency Program Requirements	<ul style="list-style-type: none"> 3.1.1: Will merge existing category 2 with current category 1 and 3 as noted in the 2020 consultation document; including the maximums and minimums for the new categories – i.e. Category A will have a minimum of 15 and Category B will have a minimum of 5 and a maximum of 15. The 45 hours total will remain. RDH Mentors will be moved from Category 2 and be merged into the appropriate new Category. 3.1.5 and 7.1.2 (Full time study) – will be merged, as outlined in the consultation document.
Section 6.1: Category 1	<ul style="list-style-type: none"> 6.1.8: Fluoride Mouthrinse Training participation – will be removed. Any new community health programs e.g., fluoride varnish, will be evaluated and integrated, as appropriate. Merging of sections of existing Category 2 into new Category A will occur as outlined in the Consultation document. New Category A: Definition will be updated in this section.
Section 6.2: Category 2	All sub-sections of Category 2 to be merged into new Category A and B, as noted in the Consultation document.
Section 6.3: Category 3	6.3.2 (g) Participating in Fluoride Mouthrinse program will be removed. Any new programs e.g., fluoride varnish, will be reviewed, and integrated as appropriate.
Section 7.1: Full-time Study	Will be merged with 3.1.5, as detailed in 3.1.5.
Section 7.2: Study Club	Further review of this section will be completed. As appropriate, QA Committee will make revisions. Potential revisions to this section may occur to provide clarity and align with the principles of “right touch regulation”.

Registrants whose reporting period ends on **December 31, 2020** must have completed **a minimum of 45 eligible credit hours** from **January 1 2018 to December 31, 2020**. Each year, 20% of the registrants whose reporting period is ending is randomly selected by a third party for an audit to confirm they have met the requirements.

The randomly selected registrants will be notified early January 2021 that they have been selected and will be provided with the audit requirements. Please ensure that your professional development is entered online.

Individuals whose cycle ends as of Dec 31, 2020, and are selected for audit, must ensure they comply with the requirements that were in place at that time.

CDHNS Council Call for Nominations

Notice: CDHNS Nominations and Election Information

Six positions on the CDHNS Council will become vacant in June 2021. This is a call for nominations to elect members to fill the vacant positions on the College Council.

General Information

The Council consists of 9 elected members of the CDHNS and 3 public representatives appointed by Governor in Council. The Council elects annually, from amongst its members, an Executive Committee. The Council meets at a minimum of three weekends per year to conduct business and other conference calls and special meetings, as needed. Council deliberations are guided by Vision and Mission statements. (available on our website under About).

The CDHNS is required to have a Board of Directors (Council) to provide oversight and governance for the College. The Council oversees the financial situation of the College and approves standards and policies related to the regulation of dental hygiene in the province. The College and its Council operates within the Carver Policy Governance® model. Policy Governance® is a system of Board governance that provides a clear separation between governance (Council) and management responsibilities (Registrar and staff). Policy governance® enables Council to lead, direct, and control the defined outcomes of the College through carefully drafted policy statements (ENDS) and the monitoring of them. New Council members receive a full orientation to the Policy Governance® model following their election.

Dear Colleagues –

This past year has been challenging for everyone. We wish for health and safety as we look forward to the holiday season and new year. We hope you can spend quality time with friends and family and take time to reflect on 2020. With a new year approaching, I would like to share that the CDHNS Council is seeking nominations for new Council members.

As Chair of the CDHNS Nominations Committee, I encourage you to consider sharing your expertise and knowledge and become a member of the CDHNS Council. As a Council member, your role is to help regulate the profession of dental hygiene in accordance with the *Dental Hygienists Act* and its Regulations. The role of the College is to effectively regulate the profession of dental hygiene in Nova Scotia, in the best interest of the public, and promote excellence in care.

We are always seeking diversity with our new members, which includes, but is not limited to, geographical location, gender, life experiences, ethnic, racial and cultural diversity, and social backgrounds. Having a diverse group of individuals will help ensure that the perspective of the profession and the public is well represented on Council with the best mix of skills and competencies to effectively govern the profession.

On June 30, 2021, there will be six vacancies available. The Council usually meets 3 times per year and members are elected for a 2-year term. Council is comprised of 9 dental hygienist members and 3 public representatives. Meetings are typically Friday evening and/or Saturday. Currently, meetings are held virtually during the pandemic. When we can meet in person again, members throughout the province will be compensated for their travel and accommodations. All members are compensated for their attendance at each meeting.

As dental hygienists, our common goal is to strengthen our profession and improve the oral health of all Nova Scotians. We need your help to achieve this. The deadline for nomination submission is **Feb 28, 2021**. Following the election process, new Council members will be confirmed at our 2021 AGM, **May 15, 2021**.

Mallory Brent

Nomination Committee Chair, CDHNS

Nominations

Any registrant who is considering running for Council is invited to sit as an observer at the January 2021 Council Meeting. Please RSVP through the CDHNS at info@cdhns.ca

Registrants should consider candidates who have:

- ✓ An interest in serving the professional regulatory body
- ✓ Integrity and good personal judgment
- ✓ The ability to put the public interest first and only subject to that, the interest of the profession
- ✓ Effective interpersonal and communication skills
- ✓ A willingness to share opinions and ask questions
- ✓ The ability to listen to all perspectives without bias
- ✓ The willingness to commit time and energy

CDHNS Council Nomination Form

Part I

For Registrants of the College of Dental Hygienists of Nova Scotia

- While it is not mandated, in so far as possible, the slate should represent diversity with respect to geography, practice setting, and experience.
- All nominees must be registered and licensed registrants (practising) of CDHNS in good standing.
- Nominations must be endorsed by two CDHNS registrants along with the consent of the nominee.
- Nominees must submit a biography form (included).
- Deadline for completed nominations to be received at the CDHNS office is midnight February 28, 2021. Nominations may remain open following this date if insufficient nominations are received to fill all vacant Council positions.

We, being registrants of CDHNS in good standing, nominate _____
(Print Name) (CDHNS Lic #)

For the position of:

- CDHNS Councillor: Two Year Term (Starts July 2021 – Ends June 2023)

Nominated By _____ RDH Signature _____
(Please Print) (CDHNS Lic #)

Nominated By _____ RDH Signature _____
(Please Print) (CDHNS Lic #)

CONSENT:

I, _____ accept this nomination. _____
(Print Name) (Signature)

This form is available for reprint on the CDHNS website (www.cdhns.ca) under Members Tab. Nominations to be announced in the March/April issue of Unison and posted on our website.

Return this completed form to: CDHNS 11 – 2625 Joseph Howe Dr., Halifax NS B3L 4G4 , fax at (902) 444-7242, or email at info@cdhns.ca

Complete Part II on the next page

Biography of Nominee for CDHNS Council Positions

Part II

Name: _____ Address: _____

Telephone: Home _____ Work _____

Email: _____

Dental Hygiene Education Program/Institution: _____ Year of graduation: _____

Other Relevant Post-Secondary Education: _____

Dental Hygiene Professional Experience(s): *Please include practice settings and areas of responsibility.*

Volunteer and/or Professional Activities:

Please include past or present volunteer experiences on Board(s), Council(s), or Committee(s)

Statement of Intent: Please write a brief statement on why you are standing for election to the Council. Consider including why you are interested in serving and what you hope to accomplish.

Providing Care to Residents in Long-Term Care Facilities

Jayne Beaumont, RDH



Pictured here: Jayne Beaumont outside the LTC facility where she provides oral care.

Jayne graduated with a diploma in dental hygiene from Liverpool Dental University in 2003. She is the owner of Happy Smiles Dental Hygiene, which is located in Dartmouth and she also provides mobile services to long term care facilities.

I started working at Northwood Homecare in 2009, prior to starting my own independent practice. My work was in the dental office that they have there, then I started making visits to their other location, in Bedford, and then other nursing homes.

My work is challenging, as any other mobile dental hygienists will tell you, but at the same time, very rewarding. Oral care in most nursing homes is challenging and seems unprioritized compared to other things that the residents require. I have seen some real areas of concern in the many years I have been doing this.

Staff are busy and don't have the time or experience to provide the necessary oral care that's needed. Teeth deteriorate very quickly due to lack of brushing, dry mouth due to medications, and the sugary snacks and juices that are given to residents. It's very common to see mouths with many retained roots where teeth have broken off but cause no pain. Families usually decide to leave them alone, unless they are causing pain. Due to staff workload, oral care isn't always done, as other duties take priority.

A lot of my work involves calling family members after the appointments, to report my findings and, if necessary, sending referrals to dentists.

Most of my work is at nursing homes. I use the client's beds, as they can be moved up to the required height. A portable dental chair would be of no use to me, as many clients wouldn't be able to get into it. Sometimes I use a wheelchair, if it has a headrest and can be adjusted to the required height. There is a lot of equipment and supplies that are needed, more so now with the extra PPE. Further, dealing with patients with dementia can be challenging and stressful. My care plans include what is safe and appropriate to provide for each individual.

Even though mobile visits can be challenging, I love seeing the 'regulars' who love having a visit and a chat. I enjoy looking at the pictures on the walls of their families, listening to their life stories, which can be fascinating and I love seeing the family members and feeling the appreciation they have for what I'm doing.

We definitely need more mobile dental hygienists, as there is such a need for it. People are living longer, have better dental care throughout their lives, and are typically keeping their teeth longer than previous generations.

We Need You!

The Member Services Committee is seeking interested individuals. This Committee is the vehicle through which members have the opportunity to participate, engage and promote our profession. It is an advisory committee to the Registrar or designate. It serves as a liaison between the CDHNS registrants as a whole and CDHNS Administration/Registrar. Some of the responsibilities include coordinating the Annual CDHNS Continuing Competency event, undertaking projects considered to be of interest and professional benefit to the Registrants of the CDHNS, and exploring options and opportunities to support the CDHNS in achieving the organizational ENDS (desired outcomes).

CDHNS Committee members will receive category 3 continuing competency credits for Committee participation. (See the CCP Requirements document for further details.) Please submit your inquiries and/or name to the CDHNS at members@cdhns.ca

Wanda Fedora, RDH



Pictured here: Wanda Fedora and a resident of a LTC facility where she provides oral care.

Wanda is a graduate of the Dalhousie School of Dental Hygiene class of 1980. She has been President of the Nova Scotia and Canadian Dental Hygienists Associations and is currently the President Elect of the International Federation of Dental Hygienists. She has been working in long-term care since 2010.

It was good to get back to my clients in long term care, after a 7-month hiatus earlier this year. Although the facilities are anxious about allowing other professionals in to the rooms, they did see the essential service in dental hygiene and were happy to welcome me back. All facilities have strict screening and I followed our provincial guidelines to develop protocols to protect my special people. Some of these include not visiting two facilities in any one day, not wearing my scrubs out of the building, no aerosol creation, and of course adhering to all of our infection and prevention guidelines.

Because of the time away, I was met with some unhappy mouths but very happy residents. They were so relieved to have their oral hygiene care and just as happy to have the visit and they didn't mind that I had to keep my mask on at all times. They have become accustomed to all the staff being masked and are appreciative of the efforts to protect them. As I write this article, health care services offered by third parties, like dental hygiene, are continuing to be provided in the facilities. Obviously, this may change, based on the provincial situation here in NS.

In anticipation of a possible second closure to access in long term care, I have been working feverishly to see as many of my clients as possible and to introduce new arrivals to our program. I am lucky to have the support of a semi-retired dentist, Dr. Michael McCarville. He will

visit any residents in need of dental services to confirm the need and either provide the care, or refer. As I write this, I am preparing my kit to visit a facility in the morning, where I will be providing care to a couple of long-time clients, three new clients, and completing assessments on a couple of new admissions. It will be a long but satisfying day.

I hope a vaccine is made available as soon as possible, and we can put the danger of this virus behind us.



Pictured here: Wanda is preparing to provide oral care to another resident.

Thank-you

Dr. Ferne Kraglund's one day per week position as Provincial Dental Consultant ended October 31, 2020. The CDHNS would like to thank Dr. Ferne Kraglund, for her continued support in her role as Provincial Dental Consultant throughout, particularly during this pandemic. Her expertise and insights have been invaluable to all oral health professions. This is a vital role, which was highlighted during the pandemic. The CDHNS is hopeful that this same role, or something similar, i.e., Provincial Oral Health Officer, will be reinstated by the provincial government in the near future – but in a more full-time capacity.



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TIM DONLEY, DDS, MSD, PERIODONTIST

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Christine Ingram, RDH, DiP DH
Dental Hygiene Preventive Care Partner
Territory Sales Manager Atlantic Region

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*From all of us here at the
CDHNS, we wish you and
your family a peaceful,
joyful, and safe time during
this season.*

Important dates to remember

February 28, 2021: Deadline for Council Nominations

Beginning March 26, 2021: Research in Oral Health (RIOH) Presentations (Previously known as Student Presentations/Table Clinics)

April 1-30, 2021: National Oral Health Month

April 4-10, 2021: National Dental Hygienists Week™

May 15, 2021: AGM/CC Event, being held virtually

The CDHNS office will be closed at noon on Thursday, December 24, 2020 and reopening on Wednesday, December 30, 2020. It will also be closed on Friday, January 1, 2021.

College of Dental Hygienists of Nova Scotia

11-2625 Joseph Howe Drive
Halifax NS B3L 4G4

www.cdhns.ca