



Official Newsletter of the College of Dental Hygienists of Nova Scotia

UNISON

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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.



Personal Health Information Act (PHIA) Proclaimed

The CDHNS has received notice that Nova Scotia's Personal Health Information Act (PHIA) was proclaimed on December 4, 2012 and will come in force on June 1, 2013. This law applies to all custodians as defined in the legislation, including regulated health professionals, district health authorities, the IWK Health Centre as well as the Department of Health and Wellness. Although much of the Act is directed to health care providers in institutional environments as regulated health professionals dentists and dental hygienist will need to be familiar with their role as custodians or agents and comply with these regulation.

To assist custodians ("custodian" has custody or control of personal health information) in preparing for the in force date of PHIA over the coming months, the Department of Health and Wellness has developed a website for custodians and the public which includes important resources. The major resource is a toolkit with information sheets and associated templates. The toolkit can be downloaded and printed as one document or you can print the individual chapters as you need them. Individual templates are also available in MS Word format to allow you to personalize these templates to meet your particular requirements. Fact sheets on several issues are posted on this site as are links to the Act and regulations. More content will be added as it becomes available.

All members should be aware that as health care professionals who have access to personal health records you have obligations under the regulations in PHIA. Dental hygienists who have independent practices would be considered custodians of their patients records and would be required to fulfill the requirements of a custodian (e.g. assign a contact person, have a complaints policy) under the legislation. Employees are generally considered to be an "agent" of a custodian and an agent's requirements include a duty to not use the custodian's records for their own purposes and a duty to report a breach in access. You are encouraged to visit <http://www.novascotia.ca/DHW/PHIA> to explore the resources where a full description of the custodian and agent's responsibility are explained. If you have any questions, comments or feedback you can contact the Department of Health at phia@gov.ns.ca or by phone at 902.424.5419, or toll free at 1.855.640.4765.

In This Issue

*Personal Health Information Act
From the Desk of the Registrar*

*Practice Issues
CDHNS Practice Protocol - Tooth Bleaching/
Whitening
Fluoride Varnish*

*CDHNS Governance
Council Profile
Nominations
Nominations Forms*

*Resources
Gift from the Heart
Renewal Update*

*Announcements
Council Ownership Linkage Plan
Important Dates to Remember*

FROM THE DESK OF THE REGISTRAR

Over the fall the CDHNS was been busy with licence renewals and you will find a separate report on the membership numbers in this newsletter. Thank you to all those members who submitted their renewals as requested.

The following represent a few of the many projects and issues with which the CDHNS has been involved since the last edition of the Unison.



Employment Handbook - Empowering Yourself in the Work Place

The employment hand book project is progressing as planned. It is in second draft and third round of feedback from the larger focus group members. It will be ready as planned to introduce to the first time registrants in the spring of 2013!

Our Children Magazine

CDHNS published a back to school oral health article and placed an advertisement in the fall issue of Our Children. Our Children is distributed through the Halifax Regional School Board, reaching every family in the Halifax Regional Municipality with children aged 4-12. As well as teachers, school staff and extended family members. Our Children is dedicated to helping support the health, body, mind, education and ultimately the futures of children living in the HRM.

Administrative Changes

Over the past three and half years the CDHNS has been assessing and strategic planning regarding the administrative requirement of the CDHNS and is now ready to put those plans into action. As a result there will be few changes in the New Year. These changes will assist us in improving processes to meet our mandate under the legislation, Council's "ends" and to better serve our members.

New Office Space/Same Building

CDHNS will be moving early in the New Year. Our lease is up in our current space and we are staying in the same building but moving downstairs to Suite 11 sometime early in the New Year.

Information Technology

This fall the CDHNS put forth a Request for Proposals (RFP) for a membership software system to better address member and regulatory needs. This is a lengthy and time consuming process but in the end we will have improved technology to move the college forward. The new system will allow the College to meet the requirements under our legislation, and for reporting to government and other agencies. For example it will provide the data feed for the provider registry for the provinces Drug Information System (DIS). The DIS will enable authorized health care providers to access, manage, share and safeguard patients' medication histories.

From the administrative end the new system will improve the ability of the CDHNS to handle registrations, licensing and renewals. As members you may notice changes or temporary disruption to our website, over time there will be increased capacity for members to self serve.

Legislation

Nova Scotia Regulated Health Professions Network Act

The Nova Scotia Regulated Health Professions Network has been an informal group of regulated health profession registrars and representatives from the Department of Health who meet on a quarterly basis to discuss common concerns regarding regulation of health professions in the province. It provides a forum for networking and development of collaborations. Over the last two years the group had a

The Unison
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NEXT DEADLINE
FOR SUBMISSIONS
MARCH 1, 2013

mandate and funding to formalize the group under legislation. This formal recognition would allow the network to represent regulated health professions to government and other agencies and to develop collaborative regulatory processes.

The Act Respecting the Nova Scotia Regulated Health Profession Network passed 3rd reading in the House of Assembly. The regulations pursuant to this Act are in progress for submission and hopefully within 3 months the Act will receive proclamation. If members have any questions concerning this legislation please contact the registrar.

Regulatory Issues

Tooth Bleaching /Whitening Protocol

In October 2012 the Council of the CDHNS determined that the delivery of whitening products by dental hygienists is within the scope of practice of dental hygienists under our legislation. Since that time the CDHNS has received a few inquiries regarding this procedure from our members. This newsletter contains the protocol expected by the CDHNS for members performing bleaching/whitening techniques. Members who have questions concerning this protocol should call the registrar.

On behalf of Council and Jenn and I here at the College we wish each of you and your families a Happy Holiday and a healthy and prosperous New Year. I am looking forward to visiting with you in various regions of the province as we complete our Ownership Linkage visits.

Patricia Grant

South Shore Study Club AGM

Saturday January 5, 2013

10am -12 Noon at South Shore Health - Public Health Office, 215 Dominion Street, Suite 200 (Bridgewater Plaza, upstairs above the Pharmasave Store).

There will be lunch provided by CDHNS from 12-1pm followed by a Workshop from the CDHNS on Ownership Linkage from 1pm-3pm.

For more information, contact:
Sara Harding, Study Club Chair,
by calling (902) 527-1257 or email:
homesick57@hotmail.com.

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CDHNS Practice Protocol - Tooth bleaching/whitening

Legislation

According to s 22 (1) of the Dental Hygienists Act of Nova Scotia "The practice of dental hygiene means the application of professional dental hygiene knowledge for the purpose of providing therapeutic, preventative and maintenance services and programs for the promotion of optimal oral health and, without limiting the generality of the foregoing, (a) includes assessment for dental hygiene services, the planning of dental hygiene interventions to prevent oral disease and the evaluation of the progress and results of dental hygiene care

(2) Where appropriate in the practice of dental hygiene, a dental hygienist collaborates with other health professionals for the provision of oral health services, health education and health promotion in order to integrate preventive oral health care into general preventative care."

Background

The above general statement of 'scope' includes the competency of "removing stain using various methods". Stains can be extrinsic or intrinsic. Tooth whitening/bleaching is an alternative method of stain removal when certain tooth stains are intrinsic. Stain removal is considered therapeutic as it contributes to the client's emotional well-being and is a motivational factor for oral hygiene practices. There are numerous in-office, professionally dispensed whitening products and over the counter products available using various techniques and equipment. Dental hygienists should be educated to perform all steps of the various methods including the manufacturing and placement of bleaching trays.

Policy and Protocol

After reviewing the literature, the Dental Hygienists Act and Regulations, and Health Canada Guidelines for tooth bleaching and whitening products the Council of the CDHNS determined in October 2011 that the application of tooth bleaching (whitening) products is within the scope of practice of licensed members of the CDHNS.

Protocol for licensed members of the CDHNS performing bleaching/whitening procedures.

Members must:

- Practice within the Code of Ethics adopted by the CDHNS. Ethical considerations can arise around the use of bleaching/whitening. These usually involve respect for the client's personal values, and informed consent.
- Apply evidence-based decisions regarding implementation of new techniques, technology or research before incorporating them into practice.
- Assess the client for contraindications to bleaching, apply appropriate selection criteria and apply knowledge of contraindications to tooth bleaching.
- Educate clients on the nature of the stain or discoloration of the teeth, including discussion on the expectations of results and other ramifications of bleaching including possible adverse effects.
- Educate clients on preventative measures available to reduce any possible sensitivity.
- Obtain written informed consent.
- Acquire appropriate education and training on the use of the product and equipment to obtain competency in the procedure. In the case of bleaching appropriate education would consist of documented self-study and/or mentoring, or formal education or continuing education.
- Use the product and equipment according to the manufacturer's direction.
- Practice collaboratively (DH Act 22 (2)). Where appropriate members planning tooth bleaching for their clients should consult with the client's dental practitioner to ensure the procedure fits with the overall treatment plan for the client.

According to s 23 (2) of the Dental Hygienists Act "A dental hygienist shall only engage in the practice of dental hygiene to the extent that the practice is within the member's individual scope of practice."

CDHNS October 2012.

References available.

Time to add fluoride varnish to your bag of tricks?

By Sandy Shapiro, RDH, DrBicuspid.com contributing writer

November 2, 2012 -- Many feel fluoride varnish is part of the current evolution (of dentistry). This new trend has a lot of potential revenue for dental practices, while it significantly increases your patients' dental health. Let us explore why fluoride varnish is changing the face of dentistry today and why many offices are switching from foams and gel in trays to a fluoride varnish.

In 2006, the ADA Council on Scientific Affairs published evidence-based research with fluoride recommendations. The conclusions from this article are changing the way we practice dentistry. This research recommends topical fluoride treatments based on caries risk. That means it does not matter if the patient is age 2 or 92, if it has been determined they are at moderate to high risk for caries, a fluoride treatment is recommended. The ADA also recommends that these topical fluoride treatments should be done not just two times per year, but anywhere from two to four times annually, depending on risk.

This research also steers away from using the traditional tray system to deliver fluoride. If trays are going to be used, gels, and not foams are supported ONLY if they are used for four minutes. One-minute foam or gel fluoride treatments were determined to be ineffective. And did you know that only a fluoride varnish should be used on children age 6 and younger? That's because one of the many benefits of using a fluoride varnish is that there is very little systemic exposure -- about the same as brushing with an over-the-counter toothpaste.

Fluoride varnishes have been used in Europe and Canada since the 1980s for caries prevention. Until fairly recently, varnish wasn't very user-friendly. It was amber or yellow in color, very sticky, and many were thick to apply, leaving a clumpy or sticky feeling on the tooth surface. Patients did not like how varnish looked and felt on their teeth.

The role of remineralization

The truth is most clinicians are not well-educated about the benefits of fluoride varnish and have no idea how aesthetic and user-friendly varnish has become.

Today all varnish contains 5% sodium fluoride with 22,600 ppm fluoride ions. They help occlude tubules and prevent sensitivity, as well as release fluoride to be taken up into the tooth. Each is made from a resin and an alcohol-based solution that is fast-drying. Application is simple: minimally dry teeth and paint a thin strip along a tooth surface. This procedure takes only seconds.

Once set, varnish adheres to the tooth surface, and fluoride ions are released into the saliva. Saliva is the key with varnish -- it is the delivery mechanism for the fluoride ions.

It is important to understand that not all varnishes are created equal. They can vary in taste, texture, thickness, color, and price. But the most important differentiation is how therapeutic the various varnishes are. The release of fluoride ions from the varnish material and uptake of fluoride ions into teeth varies from varnish to varnish. Varnishes with calcium phosphate technologies release and uptake more fluoride than those without the technology. The unique chemical kinetics of calcium, phosphate, and fluoride together create an amazing arsenal in the war against dental disease and root sensitivity. Currently, only three varnishes contain remineralization (calcium phosphate) technology: Premier Dental's Enamel Pro Varnish with ACP (amorphous calcium phosphate), 3M ESPE's Vanish with TCP (tricalcium phosphate), and GC America's MI Varnish with CPP-ACP (casein phosphopeptide-amorphous calcium phosphate; Recaldent). So which is the most therapeutic?

Independent research done at the University of Michigan School of Dentistry showed that Enamel Pro Varnish had the greatest release of fluoride ions when compared with 3M Vanish and Colgate Duraphat. In addition, Enamel Pro Varnish is the only varnish formulated to deliver ACP, which has been shown to be more effective in fluoride release and uptake when compared with Vanish with TCP (Journal of Clinical Dentistry, 2011, Vol. 22:2, pp. 51-54).

Advantages of ACP

Why ACP? Think about it -- the reason clinicians do fluoride treatments is to deliver fluoride into the tooth. ACP's unique formulation allows greater uptake due to the amorphous nature of the calcium. That unstructured, positively charged calcium ion is so attracted to the negatively charged tooth surface it calcifies on contact and pulls the available fluoride and phosphate ions into the tooth structure with it.

ACP strengthens the teeth by releasing more usable fluoride to be taken into the tooth and also remineralizes tooth structure with calcium and phosphate. This combination of fluoride and ACP is so powerful that it has been shown² to diminish hydraulic conductance of dentin by 73%; this semipermanent occlusion is a result of ACP and fluoride creating fluorapatite.

This is an easy sell to patients! How will it help the practice? If the current fluoride recommendations suggest all ages of moderate to high risk receive varnish treatments two to four times per year, then you have significantly increased the population of patients and the frequency at which varnish can and should be applied.

Sandra Shapiro, RDH, currently works for Premier Dental Products as a sales consultant and dental health educator, where her focus is on educating dental offices about the importance of enamel therapy and the use of fluoridated varnishes and remineralization technologies.

2 Effect of Calcium Phosphate Containing Fluoride Varnish on Dentin Permeability; M.S. Tung, J. Torres, Paffenbarger research center, Gaithersburg MD

This article reprinted in part from [www. Dr. Bicuspid.com](http://www.Dr.Bicuspid.com)

CDHNS GOVERNANCE



My name is Dawna Ernst-Henry and I am a member of the CLASS of 1989 from Dalhousie. As we all do, I began my career in May of that year. I remember attending my first NSDHA meeting that fall, when Sue MacIntosh was acting President. She spoke of her desire for our profession to be independent and planted the seed in everyone that attended that day. I attended meetings on a semi-regular basis over the early to mid 90s. One AGM that comes to mind is the one in Bridgewater (Many of you will remember) that was very volatile. After a very heated debate the attending members voted in a \$50 increase in our fees to start building a fund for Self Regulation. Over the next several years the association underwent some restructuring to get more members involved, thus the birth of the Component Society.

Alison MacDougal and Karen Flinn put the first meeting for The Halifax Component Society together and if memory serves, about five people showed up at the LeBrun Centre in Bedford. We voted in an Executive and I became the Treasurer. I remained the Treasurer for three years through Karen Flinn's Presidency into Wendy Stewart's. I volunteered to be the Component Rep to the NSDHA in 1997(give or take a year) and stayed in that position until the NSDHA transitioned to the CDHNS.

Over the years I had the pleasure of meeting and working with hygienists from across the province. I attended AGMs from one end of the province to the other. My first one was in Yarmouth, Karen and I travelled together. We did a great Frenchy's run on our way there. I must mention that it was my first time seeing that part of N.S. and the French ladies are a determined bunch. They locked the doors and no one was leaving until a new President was secured for the NSDHA. Bernice Doucet began her reign as President that year.

I had the opportunity to see Cape Breton and Pictou for the first time attending AGMs over my time serving as Board Rep for Halifax. In 1998 Wanda Fedora developed the pocket calendar prototype. I helped her in year two and took over the reins in year three. The calendar had a good run changing from Blue to Purple as we moved towards our independence. Unfortunately the 2012 edition was the last one due to lack of sponsorship. It was a rewarding experience that allowed me to meet many of the individuals at companies that support our profession on a regular basis.

In 2008-2009 I participated in workshops to get ready for Self Regulation and at the AGM in 2009 I accepted my nomination and was voted in for a seat on the new Council. I agreed to a 3 year appointment to help with the transition to the CDHNS. I had the opportunity to learn about Policy Governance and how it makes an organization run more efficiently.

Now that I have finished my term and did not reoffer (a first after many years), I reflect on all the hard work that was done and the resulting accomplishments, the friends that I have made, the good food I shared (the Squash soup in Hubbard's was delish) and the fact that my first meeting in 1989 did come to fruition with the Government granting Self Regulation in 2009. Who knows where the next 20 years can take us, but that road can only be travelled with enthusiastic volunteers. Try it, take pride in your profession; you may have all the wonderful experiences I had.

See you all at a meeting sometime.

Respectfully

Dawna Ernst-Henry

The CDHNS thanks Dawna and all of our former Council members.
We honour their dedication to the dental hygiene profession.

NOMINATIONS

Call for Nominations

Notice: CDHNS Nominations and Election Information

Five positions on the CDHNS Council will become vacant on June 1, 2013. This is a call for nominations to elect members to those fill the vacant positions on the College Council.

General Information

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

The College has adopted Policy Governance® as their governance model. Policy governance is meant to enhance role clarity, operational transparency and guard the right of an organization to be faithfully served according the organization's goals or end statements.

Orientation, ongoing education and reimbursement:

The CDHNS is committed to ongoing education of Council members and an orientation will be provided for all new members of council.

Council members are reimbursed for expenses for meetings and are provided honorariums according to the CDHNS expense policy.

Creating a positive future for the profession is rewarding work. If you or someone you know would like to contribute through an elected position on the Council, please submit a nomination.

Under Policy Governance® the roles of Council include:

Specific job outputs of the council are those that ensure appropriate organizational performance.

Accordingly, the council has direct responsibility to create and sustain;

1. The link between the ownership and the operational organization.
2. Written governing policies which address the broadest levels of all organizational decisions and situations.
 - A. Ends: Organizational products, impacts, benefits, outcomes, recipients, and their relative worth (what good for which recipients at what relative cost or relative worth).
 - B. Executive Limitations: Constraints on executive authority which establish the prudence and ethics boundaries within which all executive activity and decisions must take place.
 - C. Governance Process: Specification of how the council conceives, carries out, and monitors its own task.
 - D. Council-Management Relationship: How power is delegated and its proper use monitored; the Registrar role, authority and accountability.
3. Assurance of successful organizational performance on Ends and Executive Limitations.
4. Scope of practice decisions and related policy position statements that are in the best interests of protecting the public.

5. Decisions that are in the best interests of protecting the public relative to eligibility of dental hygiene programs.
6. Appointment of Credentials Committee as required by the Act. The council may specify its terms but this committee is not accountable to council. Council may hear appeals by members on licensing issues as determined by the legislation.
7. Appointment of the Hearing and Investigation committees as per the Act. These committees are accountable to council.
8. Appeals from persons denied by the Hearing committee (as per Section #63 of the Act).
9. Other products required by the Bylaws, Act and Regulations including:
 - a. Regular Bylaw review
 - b. Annual General Meeting

Members should consider those 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

Election Process

- Following receipt of the nominations a Nomination Slate will be sent with the March/April edition of the Unison.
- Election of the CDHNS Council nominees will take place at the CDHNS AGM on June 1st, 2013.
- Members will be provided with a voting card.

Please remember to bring your membership (wallet) card or personal identification with you.

- Mail ballot: If you are unable to attend the AGM and wish to vote on the nominees you may request a ballot by mail from the College at info@cdhns.ca or calling 902 444-7241.
- Mail ballot envelopes will be numbered and must be received by the College by a date to be specified on the form.
- Mail ballots will be counted prior to the AGM and the results sealed until the day of the election.

CDHNS Nomination Form

Part I

For Members of the College of Dental Hygienists of Nova Scotia Council

- 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 members of CDHNS in good standing.
- Nominations must be endorsed by two CDHNS members 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, 2013. Nominations may remain open following this date if insufficient nominations are received to fill all vacant Council positions.

We, being members of CDHNS in good standing, nominate _____
(Print Name)

For the position of:

CDHNS Councilor: Two Year Term (starts June 2013 – Ends May/June 2015)

Nominated By _____ RDH Signature _____
(Please Print)

Nominated By _____ RDH Signature _____
(Please Print)

CONSENT:

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

This form 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 26 – 2625 Joseph Howe Dr., Halifax NS B3L 4G4

Complete Part II on the other side of this 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 you could include why you are interested in serving and what you hope to accomplish.



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RESOURCES



The Gift from the Heart is a day set aside for Dental Hygienists all across Canada to educate everyone on the link between oral health and overall health.

It is also a day to demonstrate to Canadian Stakeholders just how many people go without oral health care.

Dental Hygienists are very passionate people who are always prepared to give back to their community whenever they are called upon. That was evident on February 14, 2009 when 16 Independent Dental Hygiene Offices and more than 75 Registered Dental Hygienists gave their time to put a smile on the face of a complete stranger. How did they do that? Simply doing what they do best, dental hygiene care, scaling, polishing, fluoride treatments, oral cancer screenings, microscope demonstrations, brushing, flossing and best of all education about the importance of oral health and your overall health.

Do you want to be a part of this event? I knew you would. Make a difference and volunteer at an independent dental hygiene clinic in your community. Pass the word on. Let as many people you know about this event. My goal is to have an independent dental hygiene clinic in every city across Canada participating in this event to bring awareness to the overwhelming need for dental hygiene care and just how many go without it due to their personal circumstances.

REGISTER BEFORE DECEMBER 15TH, 2012
@ www.giftfromtheheart.ca

Everyone will receive products from our sponsors Sunstar Butler and Maxill to help you with your day.

To all of you, past and present, that participate year after year, Thank you. Your heartfelt generosity is felt by so many with each SMILE you touch.

Bev

Bev Woods RRDH
Gift from the Heart
Founder & CEO

Call for Volunteers

April 7 to 13, 2013 is National Dental Hygienists week and to celebrate the Halifax Dental Hygiene Society and the CDHNS are collaborating to provide a volunteer dental hygiene day at the Northend Community Health Centre on Gottingen Street. We hope this will take place on Saturday, April 13, 2013. The project will be coordinated by Dianna Major and Matthew Goodz. This cannot happen without dental hygienists like you who are willing to give something back to the community by volunteering your dental hygiene skills for a few hours. Scott Thornton from Henry Schein has assisted in organizing volunteer dental days at the clinic and now he has agreed to assist us in organizing this event. Call the CDHNS at 444-7241 or email info@cdhns.ca to be the first to put your name on the list of volunteers.

CDHNS Registration Renewal Results

	November 1, 2012	November 1, 2011
Practicing Members	622	605
Non-Practicing Members	43	48
Life & Honorary Members	3	3
Cancelled Members	24	19
Struck from Registrar	10	4

The licence renewal has ended for the 2012-2013 season with a membership of 667 members.

Members must submit proper documentation by the deadline of October 15th.

CPR courses must be taken early enough to ensure that members will receive the necessary CPR certificate by the deadline. Three members did not take their CPR course until October 31st and one did not confirm with the COLlege that we had received their certificate which resulted in a phone call to their employment. There will not be any exemptions next year.

There is an increase in members who were struck from the register. Members who move out of province, are no longer working, or no longer wish to practice dental hygiene, must officially cancel their membership or they will be struck from the CDHNS register and will not be in good standing.

Looking for work?



+ flexibility & variety?



Let us connect you with qualified dental offices to fill the gaps in your schedule!

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902.442.0886 (fax)
info@maritimedentalstaffing.com



Dental Hygienists



Dental Assistants

ANNOUNCEMENTS

Council - 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 member's feedback this year members of Council and the registrar are taking the ownership linkage on the road. We have completed the first of six visits to various parts of the province. Where possible regional study clubs have been asked to make the local arrangements and the CDHNS will cover any costs involved. These are sessions open to any member regardless of their membership in a study club.

What better place to be than in Cape Breton in October during the Celtic Colors Festival? Thank you to the Caper 1 Study Club under the capable chair of Wanda Fedora who hosted the first ownership linkage where Council members Joyce Lind and Donna Samson represented the CDHNS Council. It was a very successful day and a good turn out on a busy weekend. Council is looking forward to getting out to other parts of our beautiful province in the next few months and linking with as many members as possible.



Pictures of the meeting in Cape Breton.

All sessions include an ownership linkage exercise on alternate practice and a presentation on practice issues. Please come out and join us when we visit you closer to home.

Ownership Linkages Scheduled for 2013

Date	Time	Location	Host	Chairperson
January 5	10:00-12:00 Study Club Pizza Lunch 1:00-3:00 Ownership Linkage/ Practice Issues	South Shore Health, Public Health Office Bridgewater Plaza	South Shore Study Club	Sara Harding
February 9	TBA	Truro Area	Northern Nova Scotia Study Club	Hayley Winters
February 10	12:30-1:30 HDHS meeting 1:30-3:30 Ownership Linkage/ Practice Issues	Sackville Community Centre	Halifax Dental Hygiene Society	Dianna Major
March	TBA	Wolfville	Annapolis Valley Dental Hygiene Study Club	Heidi Willet
March/April	TBA	Yarmouth	CDHNS	Simone d' Entremont, Council Member Patricia Grant, Registrar

Please contact the CDHNS if you have any questions at 444-7241 or info@cdhns.ca

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- Preparing you for your Success

Date: Saturday February 23, 2013 & Sunday February 24, 2013

Location: Park Place Hotel & Conference Centre, Ramada Plaza, Dartmouth, NS

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the emotional and psychological components that will affect your decision*

Looking forward to seeing you there!





UNISON

OFFICIAL NEWSLETTER OF THE COLLEGE OF DENTAL HYGIENISTS OF NOVA SCOTIA
Volume 41 Issue 2 Winter 2012

Important Dates to Remember

December 15
Register for Gift from the Heart

January 5
South Shore AGM & Ownership Linkage

February 8
Dalhousie Table Clinic

February 9
Northern Nova Scotia Ownership Linkage

February 10
Halifax Ownership Linkage

February 23-24
IDHA Business Boot Camp

February 28
Nomination Forms due at CDHNS

February 2013
The CDHNS office space is moving

March 22-24
CDHNS Council Meeting

March
Annapolis Valley Ownership Linkage

March
Yarmouth Ownership Linkage

April 7-13
National Dental Hygienists Week

April 13
Volunteer at Northend Community Health Centre

April 26-27
*50 Years of School of Dental Hygiene
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26-2625 Joseph Howe Drive
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