Dental Hygiene in Alberta: 20 Years of Self Regulation

“Knowing trees, I understand the meaning of patience.”
Knowing grass, I can appreciate persistence.”

Hal Borland, Countryman: a Summary of Belief (1900-1978)

Through patience and persistence the dental hygienist profession in Alberta has grown significantly since its inception in the early 1960’s. On November 1, 2010 the dental hygienist profession in Alberta will have been self-regulating for 20 years.

On this our twentieth anniversary of self regulation, we express our gratitude for those who persevered to change the face of dental hygiene in Alberta, allowing Albertans a variety of options for accessing dental hygiene services.

This newsletter is dedicated to each person who has had any role to play in the progression of the dental hygienist profession in Alberta. We acknowledge the combined commitment, perseverance, tenacity, enthusiasm, skill and effort of many individuals over many years. Hopefully, the content in this edition will be an affirmation of how far we have come as a profession.

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Please Note

CRDHA Registration Renewal Packages have been mailed.

Your Practice Permit will expire on October 31, 2010

Refer to the Registration Renewal Package for detailed information and pertinent dates regarding renewing your Practice Permit online or by Canada Post. Ensure that CRDHA receives your renewal forms with adequate time for processing.

If you have not received your package call the CRDHA office toll free 1-877-465-1756 (Alberta).

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The College of Registered Dental Hygienists of Alberta (CRDHA) invites submissions of original research, discussion papers and statements of opinion relevant to the dental hygiene profession for its official newsletter, InTouch. Submissions are subject to editorial approval and may be formatted and/or edited without notice. Contributions to InTouch do not necessarily represent the views of the CRDHA, its staff or Council, nor can the CRDHA guarantee the authenticity or accuracy of reported research. As well, the CRDHA does not endorse, warrant, or assume responsibility for the accuracy, reliability, truthfulness or appropriateness of information regarding products, services, manufacturers or suppliers contained in advertisements within or associated with the newsletter. Under no circumstances, including, but not limited to, negligence shall the CRDHA be liable for any direct, indirect, special, punitive, incidental, or consequential damages arising from the use, or neglect, of information contained in articles and/or advertisements within this publication.
From Vision to Reality
As your newest CRDHA President, I follow many people of vision and action who have served so capably in this capacity. This is a time for me to give back to the profession that has been such an integral part of my life and I feel honoured and privileged to have been elected President.

According to my old college dictionary “regulation” means “…a rule or order prescribed by authority, as to regulate conduct; a governing direction or law.”

November 1, 2010 marks twenty years of self regulation for dental hygienists in Alberta. This is a significant milestone. In passing the Dental Disciplines Act in 1990 the provincial government acknowledged the education, the competence and the professionalism of dental hygienists in Alberta. Alberta dental hygienists were among the first in Canada to be granted self regulation.

In 1990, the Alberta Dental Hygienists Association (ADHA) was delegated the authority and the responsibility to set standards of practice, scope of practice, entrance requirements, handle complaints and discipline members. The professional organization continued to evolve, addressing the requirements of government as well as the demands of its members and the public.

For many years we envisioned how further legislative changes would benefit Albertans and advance our profession. Visionary dental hygienists worked with government toward legislative change that would enable dental hygienists to practice to the full extent of their competencies without restrictions such as the supervision of a dentist. The Government of Alberta facilitated these changes through proclamation of the Health Professions Act and the Dental Hygienists Profession Regulation in 2006. This legislation transitioned the ADHA to the College of Registered Dental Hygienists of Alberta (CRDHA). The opportunity for dental hygienists to provide their services in a wide variety of practice settings including independent practice became a reality.

I encourage you to read this edition of In Touch from cover to cover and enjoy the historical summary of the dental hygienist profession in Alberta. Some of you have been part of our history and to some it will be new information. It is truly awe inspiring to see how visions can become reality.

Reflect on the changes that have occurred in the last twenty years and the evolution of the dental hygiene profession in Alberta. Reflect, too, on your role as a dental hygienist in Alberta. What is your vision? How can you act on it?

I look forward to meeting many of you at CRDHA Events such as the Annual General Meeting that will be held April 30, 2011 with the CRDHA Annual Continuing Competence Event in Edmonton.

The College of Registered Dental Hygienists of Alberta (CRDHA) exists so that Albertans will receive safe, high quality dental hygiene care from a continually advancing dental hygiene profession.

What is Self regulation in Alberta about?

Alberta regulates a number of health professions. The majority of these health professions are regulated by self-governing colleges under the Health Professions Act (HPA). All regulated health professions will eventually come under the HPA.

The HPA was developed to regulate health professions using a model that allows for non-exclusive, overlapping scopes of practice. No single profession has exclusive ownership of a specific skill or health service and different professions may provide the same health services. For example, physicians, dentists, optometrists, and midwives are authorized to prescribe drugs within the scopes of their practices.

Restricted activities

Restricted activities are high-risk activities performed as part of providing a health service that require specific competencies and skills to be carried out safely. Restricted activities are not linked to any particular health profession and a number of regulated health practitioners may perform a particular restricted activity.

- Restricted activities are set out in Schedule 7.1 of the Government Organization Act. Health professionals who have the competencies required to perform a restricted activity safely and effectively are authorized to provide the restricted activity in their profession’s regulation.
- Ordering X-rays is an example of a restricted activity. Physicians, dentists, dental hygienists, denturists, nurse practitioners, and chiropractors are authorized to order X-rays. Respiratory therapists who have completed advanced training may be also authorized to order X-rays. Dental assistants may not order X-rays, but are authorized to administer them within their scope of their practice.

Governance under the Health Professions Act

Under the HPA, health professions are organized into regulatory bodies called “colleges.” These colleges are delegated powers and authorities for self-governance. Regulatory colleges are not post-secondary institutions.

The HPA requires that colleges carry out governance responsibilities in a manner that protects and serves the public interest. Health profession colleges do this by:

- Setting entry requirements (including required education, practical training, and examinations);
- Identifying services provided by regulated members, setting standards for professional practice;
- Setting continuing competency requirements; and
- Investigating complaints about regulated members and imposing disciplinary actions if required.

Regulatory colleges are not professional associations. Professional associations usually operate to represent the interests of their members and to advance the profession.

CRDHA: A Leader in the Profession

As one of the first provinces to become self-regulating, CRDHA is considered by many to be a leader in the profession. The foresight and efforts of councillors, staff, volunteers and supporters in attaining and maintaining self-regulation, has resulted in Alberta dental hygienists having the broadest “scope of practice” in Canada, without legislative barriers that inhibit the public’s choice and access to care.

Significant Events Prior To and Following Self Regulation in Alberta

1924
Dr. O. Strong first introduces the concept of the dental hygienist to Alberta in 1924. The idea did not immediately take root.

1940
Dental hygiene’s beneficial impact on public health in other jurisdictions gains recognition. In Alberta, Dr. Strong’s suggestion is again raised.

Following the Second World War, the Canadian government offers training grants to anyone who will return to public health service after completing a dental hygiene program of study in the United States.

1950

1951  Alberta’s first dental hygienist, Ms. Joan Engman, obtains her dental hygiene education at the University of Michigan through the federal training grants program.

1955  The Alberta government passes dental hygiene legislation but a 1952 Order-in-Council, repeals the legislation, leaving the practice of dental hygiene unregulated for the next 30+ years.

1959  There are 9 dental hygienists practicing in Alberta, all in public health.

1960
Canada has 98 dental hygienists.

The Alberta government asks the University of Alberta (U of A) to undertake a two year training program to prepare dental auxiliaries for public health service.

1961  Ms. Margaret MacLean (nee Berry), B.Sc.DH Columbia University, New York, is appointed founding Director of the new U of A School of Dental Hygiene. All 18 students in the program are on training bursaries and are committed to a two year return of service in a designated community health unit. The U of A dental hygiene program is one of three in Canada.

1963  The first graduating class of dental hygienists from the U of A sees a need for a provincial association. On December 7, 1963 a constitution and bylaws are approved and the Alberta Dental Hygienists Association (ADHA) is launched. Membership dues are $5.00. The first elected president is Gerry Fraser (nee: Patterson). 27 dental hygienists are now practicing in Alberta. Average annual salary: $4,500.

1964  The ADHA makes its first request for self regulation.

1965  The Canadian Dental Hygienists Association (CDHA) is created.

1970  Although the initial support for dental hygiene came from the public health sector, private sector interest is now growing. With the advent of dental insurance benefit plans and public demand for preventive dental services, dental hygienists gain popular acceptance in the private dental office.

1974  A dental hygiene degree program is proposed and approved in principle by the U of A Dentistry Faculty Council. Funds to support the program are available through the Department of Advanced Education, however, the degree program isn’t implemented.

1975  Quebec dental hygienists become self-regulating.

1980  Over 300 dental hygienists actively practice in Alberta. At this time, local health units employ nearly 100 dental hygienists through the Dental Hygiene Public Health workforce.

1981  The Department of National Health and Welfare Canada establishes a Working Group on the Practice of Dental Hygiene. The Working Group represents a wide

1984 Alberta’s orthodontic module for dental hygienists and dental assistants is approved and offered.

1988 First practice standards for dental hygienists are developed as a special project of the Working Group on the Practice of Dental Hygiene. First National Dental Hygiene Week is declared.

1990 With proclamation of the Dental Disciplines Act on November 1, the ADHA becomes the regulatory authority for the dental hygiene profession in Alberta with responsibility for setting entry to practice requirements, establishing and monitoring continuing competency requirements, and discipline of dental hygiene registrants. Although the ADHA is pleased to achieve self-regulation, the profession is disappointed with a last minute insertion of a section reading: “A dental hygienist may, under the supervision of a dentist, engage in the practice of dental hygiene as defined in the regulations.” As there had previously been no requirement for supervision of dental hygienists, the ADHA immediately engaged in plans to request removal of the supervision clause. ADHA President: Noreen Wassill-Kendall. Four volunteers share the interim registrar responsibilities: Susan Barry, Josephine Juchli, Paulette Schulte and Brenda Walker.


1993 Ontario dental hygienists become self-regulating.

1994 Alberta dental hygienists formally request removal of the general supervision clause from the Dental Disciplines Act. Government indicates that the request will be considered as part of their proposal to implement new umbrella legislation, the Health Professions Act, for all health professions in the province.

1995 The Carver model of Policy Governance® is adopted by ADHA Council.

1995 British Columbia dental hygienists become self-regulating. Arlynn Brodie opens Canada’s first independent dental hygiene clinic in Kelowna, B.C.

1995 The National Dental Hygiene Certification Board has its inaugural meeting in Ottawa. The first national examination is conducted in May 1996.


1998 The ADHA delivers the first local anaesthetic program for Alberta dental hygienists. Administration of local anaesthetic is also incorporated into the U of A dental hygiene program curriculum.

1999 The Alberta Legislative Assembly passes the Health Professions Act (HPA) to regulate all 30 health professions. The dental hygiene profession, through the ADHA, begins the process of working with government to develop new dental hygiene profession regulations under the HPA.

2000 With support from the ADHA, the U of A dental hygiene program receives approval for establishment of a degree program. The U of A is the first in Canada to offer a full-time direct-entry B.Sc. dental hygiene program. Implementation of the degree program is the result of close to 30 years of negotiation and efforts by dental hygiene educators and the ADHA. The U of A now offers three routes of study: a Dental Hygiene Diploma, a BSc-Dental Hygiene Specialization, and a post-diploma degree completion program.

2000-2006 ADHA continues to work with the Alberta government to develop new regulations that will allow dental hygienists to utilize the full extent of their education in the scope of dental hygiene practice.

2006 (October 31) A new Dental Hygienists Profession Regulation is proclaimed in force, under the HPA. The ADHA becomes the College of Registered Dental Hygienists of Alberta (CRDHA). The HPA allows dental hygienists in Alberta to work in a wide variety of settings with the potential for increased provision of services to underserved sectors such as seniors, those who are homebound, the mentally and physically challenged,
institutionalized individuals and First Nations communities. There are no supervision requirements. Dental hygienists can provide restricted activities such as ordering and exposing dental radiographs, prescribing the Schedule 1 drugs used in dental hygiene practice and ordering and administering nitrous oxide/oxygen conscious sedation. Alberta dental hygienists now have the broadest practice options and scope of practice in North America. CRDHA President: Jacki Blatz. 1784 Regulated (practicing) dental hygienists in the province.

2007 Carmen Smith opens the first stand-alone dental hygiene practice in Red Deer, Alberta and several other dental hygienists also establish practices in other areas of the province this year.

2008 CRDHA completes development of Elements of Prescribing: A Refresher Course for Dental Hygienists. In July, 40 dental hygienists register for the first intake for the course.

2008 Alberta Government funded dental insurance programs recognize dental hygienists as service providers under their programs.

2009 (May 7) Nova Scotia and (June 2) New Brunswick become self-regulated.

2010 (June) Newfoundland and Labrador attain self-regulation

2010 FNHIH’s Non-Insured Health Benefits Program (NIHB) initiates a pilot project in Alberta to pay dental hygienists directly for NIHB eligible dental services rendered to eligible First Nations and Inuit clients under the NIHB Program.

2010 (November 1) CRDHA Celebrates the 20th Anniversary of self-regulation. 2400 Regulated (practicing) members.

CPR Requirements

Don’t risk suspension of your practice permit.

Regulated members applying for renewal of a practice permit must provide evidence of holding current cardiopulmonary resuscitation certification at the level required by Council. CPR Certification must be completed no longer than twelve months prior to the CRDHA Practice Permit renewal deadline of October 31, 2010.

The level of certification required by CRDHA is most often referred to as CPR for Health Care Providers, however course names can vary.

It is important to ensure that the CPR course you take has a hands-on component. On-line CPR courses without a hands-on component are not acceptable for renewal of a practice permit. CPR courses must include classroom instruction and practicum experience related to:

- one and two rescuer chest compressions for adults, children and infants;
- one and two rescuer adult, child and infant bag-valve mask technique and rescue breathing;
- relief of choking in adults, children and infants; and
- use of an automated external defibrillator.

A photocopy of your CPR wallet card must accompany your application for renewal of a practice permit. If evidence of CPR Certification is not received in the CRDHA office by October 31, 2010 your application for renewal of a practice permit will be considered incomplete and will result in suspension of your practice permit in accordance with section 40(2)(c) of the Health Professions Act.

A new practice permit will not be issued without evidence of the appropriate CPR training.

In accordance with CRDHA Continuing Competence Program Rule 9.2.5 CPR certification qualifies for a maximum of three program credits.
Reporting Blood Borne Infections to the CRDHA

All health care workers with a history of human immunodeficiency virus (HIV), hepatitis B virus (HBV) or hepatitis C virus (HCV) positivity have an ethical obligation to report to their professional regulatory authority for referral to the Provincial Expert Review Panel if they perform any exposure-prone procedures.

Exposure-prone procedures performed by dental hygienists include scaling, root planing and injection of local anaesthesia. Access to the Provincial Expert Review Panel is through referral from a health care worker’s regulatory authority. Registered dental hygienists who have tested positively to HIV, HBV or HCV should contact the CRDHA Registrar, Brenda Walker, in person or by telephone at 1-877-465-1756 for further information and referral to the Expert Review Panel.

Serving the Public Interest

When self-regulation is delegated to a profession, the mandate of the profession must be to serve the public interest. Self-regulation is a privilege not a right. Failure to carry out delegated regulatory duties, or engaging in activities that would be in conflict of interest with the mandate to serve the public interest, can result in self-regulation being revoked or regulation being assigned to another administrator.

Like all professions governed by the Health Professions Act (the “HPA”), CRDHA’s regulatory responsibilities include setting entry and re-entry-to-practice requirements, standards of practice, a code of ethics, a mandatory continuing competence program, and a complaint and discipline process. These regulatory functions serve to protect the public from unskilled and unethical practitioners.

The dental hygiene profession in Alberta has worked diligently over the past 20 years to fulfill its delegated regulatory responsibilities. The legislation sets a framework, the professionalism of registered dental hygienists and their commitment to safe, effective and efficient delivery of dental hygiene services in the best interest of the public has given government the assurance they need to continue delegating regulation of the profession to the CRDHA. Here’s to the next 20 years!

Limiting Registration

In recent months, some CRDHA members have expressed concern that an increase in the number of graduates from out-of-province dental hygiene programs has reduced the number of available dental hygiene positions in Alberta. These members have questioned why the CRDHA doesn’t put a limit on the number of persons that can be registered here.

As you are aware, mandatory registration and requiring that applicants for registration meet specific requirements is an important element in fulfilling our mandate to protect the public. However, under the HPA, regulators do not have the authority to set limits on the number of persons placed on the college’s register. In fact, to do so would be considered a conflict of interest. If an applicant meets the requirements for registration a college must place the person on the register.

Further, since the mid-1990s, the federal and provincial governments have put trade agreements in place that allow Canadians to move from one province to another and be able to continue practicing their trade or profession without undue hardship. Limiting the number of registration positions would also be contrary to the interprovincial trade agreements.

Reporting Termination of Employment

Members should be aware that, under the HPA, employers are required to notify the complaints director of the appropriate regulatory college when they terminate or suspend employment of any registered health professional due to unprofessional conduct. The employer is also required to notify the complaints director if the
employee resigns as a result of the unprofessional conduct. An employer who fails to notify the complaints director is guilty of an offence and liable for a fine of up to $4,000 for the first offence. Fines for subsequent offences range up to $12,000.

The HPA definition of “unprofessional conduct” is very broad. Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services, contravening any Act that applies to the profession, and contravening a code of ethics or standards of practice are some examples from the definition of unprofessional conduct.

Registered dental hygienists also have a responsibility under the CRDHA Code of Ethics to take appropriate action to ensure client safety and quality of care when they suspect unethical or incompetent care. Principle 5: Accountability s.5.5.1 states “If a dental hygienist believes another dental hygienist has engaged in unethical or incompetent care, the dental hygienist has an obligation to report to the complaints director of the CRDHA.”

Registered dental hygienists are first encouraged to mentor new graduates or those who may not have had extensive practice experience in performing certain procedures. However, if the person will not accept mentoring, or their competence or behavior does not appear to be improving as a result of mentoring, a report must be made to the complaints director.

Registration Requirements
With the increased migration of dental hygienists to Alberta, CRDHA members have also expressed concern that applicants from out-of-province accredited or non-accredited programs may not meet the competencies required to practice in Alberta. The following overview of registration and assessment steps should reassure members that only those persons that meet specific requirements are placed on the register.

1. Applicable Legislative Provisions
The CRDHA processes all applications for registration in accordance with Part 2 of the Health Professions Act (the “HPA”) and sections 3, 4 and 5 of the Dental Hygienists Profession Regulation (the “Regulation”).

S.3 of the Regulation sets out the requirements necessary for an application to be approved, including having a degree or diploma in dental hygiene from a program approved by the council of the CRDHA and the successful completion of the necessary exams. The only council-approved program is the University of Alberta (U of A) Dental Hygiene Program. This approved program serves as the benchmark for assessing applications for registration.

S.4 of the Regulation accommodates inter-provincial trade agreements. Regardless of a person’s license status in any other province, state or country, they must comply with the HPA and the Regulation. Persons who are registered in good standing in another Canadian jurisdiction may have their application for registration considered under the Agreement on Internal Trade or, if applicable, the New West Partnership Trade Agreement. CRDHA may give consideration to the length of time the applicant has engaged in practice in the other jurisdiction. Applications from all recent graduates from dental hygiene programs other than the U of A program are considered under s.5 Substantial Equivalence.

3. Substantial Equivalence
CRDHA has a substantial equivalence assessment process in place for dealing with applications under s.5. There are two components to the substantial equivalence assessment process: (a) educational qualification review and recognition, and (b) clinical competence assessment.

Educational Qualification Review and Recognition
The same educational qualification review template is used for all substantial equivalence assessments. CRDHA does not expect all dental hygiene programs to be identical to the benchmark program. We accept that many diploma dental hygiene programs may not include certain courses such as statistics
Message from the registrar

and may, for example, have a lower level of chemistry and biochemistry course content. An applicant for registration would not be denied registration based solely on minor variances in their program. However, we do have concern when courses that lay the groundwork for dental hygiene practice are missing or vary substantially from the benchmark program (for example, community health components, oral biology, anatomy and physiology, head and neck anatomy, periodontology, the dental hygiene process of care, and dental hygiene clinical experiences).

Under s.5(1) of the Regulation, if it is determined that an applicant’s qualifications are substantially equivalent to the competence requirements of the U of A benchmark program, the applicant can be placed on the General Register.

If it cannot be determined that an applicant’s qualifications are substantially equivalent to the competence requirements of the U of A benchmark program, the Registrar may require further testing or assessment activities in accordance with s.5(2).

Clinical Competence Assessment
A clinical assessment is a second stage assessment used by the CRDHA. There are 2 circumstances where a clinical exam is required: (i) if the applicant’s dental hygiene program is not accredited by the Commission on Dental Accreditation of Canada (CDAC) at the time the applicant graduated from the dental hygiene program, and (ii) if substantial equivalency cannot be determined through a paper review of the applicant’s program information.

Clinical exam candidates must demonstrate competence in exposure and mounting of dental radiographs, interpretation and evaluation of radiographs; client assessment including medical history, vital signs, extra-oral and intra-oral examination, gingival/periodontal/deposit assessments; dental hygiene diagnosis and treatment planning; clinical management including infection prevention and control; client management including communication and oral health education; instrumentation (power and hand); and in adjunctive procedures such as application of fluoride.

4. National Certification
All applicants for registration, including U of A graduates, must provide evidence of successful completion of the National Dental Hygiene Certification Board Examination (NDHCBE). This examination is a written test that assesses the dental hygiene program graduate’s entry-level knowledge base. The NDHCBE does not test clinical competence and does not provide assurance of substantial equivalence. The NDCHB posts aggregate exam results, by school of graduation, on its website at http://www.ndhcb.ca/files/May_2010-aggregate_results.pdf.

5. Role of CDAC Accreditation
The Commission on Dental Accreditation of Canada (CDAC) sets minimum requirements for Canadian dental hygiene educational programs. A program must meet these basic minimum requirements to be granted and maintain accreditation status. CRDHA is not equipped to visit programs to gather more information than is available in the program’s paper documentation. CDAC, however, conducts both paper and on-site reviews. CDAC’s on-site reviews verify whether the paper documentation truly reflects the program, but CDAC does not assess the competence of individual students.

CDAC accreditation does not imply that graduates of an accredited program will automatically be granted registration or licensure by Canadian regulatory authorities. Accreditation does not determine substantial equivalence to the Alberta benchmark program, but accreditation status is looked to by CRDHA as another indication of a particular program’s strength or weakness.

Most people not closely involved with regulation of the dental hygiene profession may not be aware that in the past few years, at least 24 private dental hygiene schools have been opened in Ontario. As of June 2010 only 8 of these programs have been granted an accreditation status. Some of these 8 programs have only provisional accreditation, meaning there are substantial concerns that must be addressed or the accreditation status will be withdrawn. For a number of reasons, including shorter program length (e.g. 18 months versus 3 academic years) and lower entrance requirements (e.g. Grade 11 versus 1st year university level sciences) a number
of Albertans and other Canadian students have been attracted to these programs.

In response to concerns raised by students enrolled in and graduated from these programs, the Commission on Dental Accreditation of Canada, the National Dental Hygiene Certification Board, the Ontario Dental Hygienists Association, the College of Registered Dental Hygienists of Ontario, and other Canadian Dental Hygiene Regulatory Authorities, the Ontario Ministry of Colleges, Training and Universities has recently notified all private dental hygiene schools that they must obtain CDAC accreditation by December 2011.

6. Alberta Practice Considered

Alberta dental hygienists have the broadest scope of practice in North America, and are authorized to determine the need for and perform restricted activities such as scaling and root planing procedures; administering local anaesthesia by injection; prescribing Schedule 1 drugs; ordering, exposing and interpreting dental x-rays; ordering and administering nitrous oxide/oxygen conscious sedation - all without any type of supervision, over-site or direction from a dentist or other health practitioner.

Alberta dental hygienists also practice in the widest variety of practice settings, including true independent practice, which means there is no order from a dentist, no requirement that the client be examined by a dentist first, no requirement for additional training before being allowed to open a practice, and no list of restrictions on when or how treatment can be provided in a dental hygiene practice.

Graduates from the Council-approved U of A benchmark program have gained the competencies that allow them to immediately assume the full scope of dental hygiene practice including determining a dental hygiene diagnosis, initiating scaling and periodontal therapies, prescribing, exposing and interpreting dental x-rays, and administering local anaesthesia. The U of A program also lays the groundwork for completion of advanced practice courses.

The curriculum of a dental hygiene program is generally designed to prepare individuals to practice dental hygiene in the jurisdiction where the educational program is housed. Therefore, to ensure safe, competent care to all segments of the Alberta public in all practice settings, CRDHA needs to be certain that the competencies (knowledge, skills, attitude and judgment) of applicants from out-of-province dental hygiene programs are substantially equivalent to the competencies required for graduation from the U of A benchmark program.

CADA Preventive Dentistry Policies

In accordance with section 12(3) of the Dental Assistants Profession Regulation, a registered dental assistant (RDA) with the “advanced training” approved by the College of Alberta Dental Assistants (CADA) may provide scaling procedures to clients who meet specific criteria. A qualified RDA must work under the direction of a dentist or registered dental hygienist. Direction means on-site and able to assist. RDAs may not provide Preventive Dentistry Module (PDM) services independently.

This summer, the CADA council approved revisions to their PDM Policies and sent a notification letter to all 177 dental assistants who are authorized to practice limited scaling. Dental hygienists who choose to provide “direction” to a registered dental assistant should be familiar with the revised policies and ensure that clients meet the criteria set out in s.3 of the policy. In accordance with s.4 of the policy, the client, parent or guardian must be informed that a qualified RDA is performing the procedure.

A copy of the revised Preventive Dentistry Policy is available on the CADA website at http://www.abrda.ca/admin/content/default.cfm?PagId=10972. Please direct further questions regarding the practice of dental assistants to CADA at (780) 486-2526 or 1-800-355-8940.
The Health Information Act (HIA) has been in force as of May 16, 2003. Recent amendments to the HIA will impact your dental hygiene practice.

The Health Information Amendment Act (HIAA), the Health Information Amendment Regulation (HIAR), and the Alberta Electronic Health Record Regulation (EHRR) will come into force on September 1, 2010. While the amendments come into effect on September 1, 2010, members of the College of Registered Dental Hygienists of Alberta become custodians on March 1, 2011 (6 months following implementation of the Amendments). This will allow dental hygienists time to become familiar with the changes prior to mandatory implementation March 1, 2011.

The legislation refers to custodians and affiliates. A custodian is someone in the health system who receives and uses health information and is responsible for ensuring that it is protected, used and disclosed properly. An affiliate’s duties all stem from their relationship to a custodian. For example, a receptionist (an affiliate) working in a physician’s (the custodian) office may view patient files if the act is necessary to fulfill his/her duties to the custodian.

Custodian and affiliate responsibilities overlap in most areas. For example, affiliates may not view information that their duties do not require them to view, must utilize the least amount of information necessary to fulfill their duties, and must follow the highest degree of anonymity when collecting, using and disclosing health information. Custodians must follow these same principles.

We’ll emphasize that custodians are responsible for the actions of their affiliates. For example, a disclosure made by an affiliate is considered a disclosure by that affiliate’s custodian. The original HIA has been revised so you must refer to the amendments to the Act and Regulation when considering the HIA. The HIA is available online at: www.assembly.ab.ca/hiareview/health_information_act.pdf

HIAA: The HIAA amends the current Health Information Act (HIA). These amendments include:
• expanding the definition of custodian beyond the publicly-funded health system;
• establishing a legislative framework for the Alberta Electronic Health Record, or Netcare; and
• removing health service provider information from the definition of health information.

The HIAA is available online at www.qp.alberta.ca/574.cfm?page=2009CH25_UNPR.cfm&leg_type=Acts&isbncln=9780779742073.

HIAR: The HIAR amends the current Health Information Regulation (HIR). These amendments include:
• naming the health professions designated as custodians under the HIA;
• excluding certain services from the definition of ‘health service’, and
• prescribing the requirements for information manager agreements (IMAs).


EHRR: The EHRR both expands upon the legislative framework for Netcare prescribed in the HIAA, and creates rules for electronic health record information systems (EHRIS). This Regulation:
• designates Alberta Health and Wellness as the information manager for Netcare;
• prescribes requirements for custodians wishing to access Netcare; and
• establishes rules for mandatory EHRIS logs.


For further information, please contact the HIA Help Desk by telephone at 780-427-8089 or by email at hia-helpdesk@gov.ab.ca.
New Canadian recommendations on fluoride toothpaste for children

Young children tend to swallow toothpaste while brushing. For some time dental professionals have advised patients to brush twice a day and to limit children to a pea-size amount of paste. That message now changes following a new agreement by the Canadian Academy of Pediatric Dentistry, CDA and Health Canada. Your clinic team should begin telling families about a portion of fluoride toothpaste the size of a grain of rice for children up to age three years.

Discussing fluoride toothpaste with parents should include benefits (limiting tooth decay of the primary teeth – which have thin enamel, meaning decay can advance very quickly) and risks (enamel fluorosis of the child’s developing permanent teeth, which will not erupt or be visible for some years).

Parents don’t want their children to have either decay or fluorosis, and the recent Canadian Health Measures Survey found that most children in Canada do not have either one, so we’re on the right track. Enamel fluorosis of permanent teeth reflects the long-term average plasma concentration of fluoride available to the developing permanent tooth – and often toothpaste is the largest single dietary source.

Fluorosis varies in severity from barely detectable tiny lace-like white lines to chalky-white areas of the tooth (and rarely to heavily stained and pitted enamel). Moderate and severe dental fluorosis are so rare in Canada that the Canadian Health Measures Survey would not report the low numbers. Since all fluoride toothpaste in Canada contains 1000-1100 parts per million fluoride, we need to advise parents about the right thing to do. [Note: Canada does not have children’s toothpastes with reduced amount of fluoride – which are available in Australia and Europe]

By the child’s first birthday, their parents should have a dental visit to help determine the child’s risk of developing tooth decay and whether they could benefit from fluoridated toothpaste. If a child up to age 36 months is determined to be at risk of developing tooth decay, they should have their teeth brushed by an adult using a portion of fluoridated toothpaste the size of a grain of rice.

Children not at risk of caries should have their teeth brushed by an adult using a toothbrush moistened only with water. Children 3 – 6 years of age should be assisted with brushing their teeth by an adult and use only a small amount (e.g. size of a green pea) of fluoridated toothpaste. Teach the child to spit out after brushing.

The new guidelines have been established to minimize the risk of developing dental fluorosis while optimizing the benefits of fluoride. Find the new revised position statement (with a great photo of the different amounts of toothpaste) at: www.cda-adc.ca/_files/position_statements/Fluorides-English-2010-06-08.pdf

It has taken some time for Health Canada and CDA to develop a unified consistent message about using fluoride toothpaste for children. Let’s do our part by spreading the word among patients and families.

Figure 1. A rice grain sized portion of toothpaste on a child’s toothbrush is shown on the left. A pea-sized portion of toothpaste is shown on the right.
In July 2008 CRDHA launched *Elements of Prescribing: A Pharmacy Refresher Course for Dental Hygienists* (the Course). CRDHA is pleased to inform you that as of August 1, 2010, we have over 50 authorized dental hygienist prescribers. These dental hygienist prescribers continue to be the first in Canada to receive this prescriptive authority. Self-regulation of the dental hygienists profession in Alberta provided the legislative foundation for the possibility of dental hygienists becoming prescribers.

**Quick facts about Alberta’s dental hygienist prescribers:**
- 100% currently work as a registered dental hygienist.
- 70% of the prescribers are employed in an urban setting.
- 60% practice in a private dental office, which means that almost 40% work in non-traditional practice settings e.g., stand alone dental hygiene practices, mobile dental hygiene care, hospitals, and educational institutions.
- 100% of the prescribers who responded to a recent survey reported collaborating with other professionals regarding client drug use.
- The average age of the prescribers is 39 years.
- 96% are females and 4% are males.
- Average number of years of experience is 13.38 years.

They are now excited to embark on the next leg of their professional journey as prescribers working in collaborative interdisciplinary environments.

**How are pharmacists and physicians kept informed?**
CRDHA continues to work with the Alberta College of Pharmacists (ACP) and provides ACP with updated lists of authorized dental hygienist prescribers which all regulated pharmacists in the province can access. Further information has been provided to both ACP and the College of Physicians and Surgeons of Alberta (CPSA) to ensure that their members have a good understanding of the scope of practice of dental hygienist prescribers as well as the additional education the dental hygienist underwent prior to being issued a prescriber’s ID number.

**How do these prescribers keep up-to-date?**
There are a variety of ways that dental hygienist prescribers remain current with their prescribing knowledge and skills. For example, as one of the pre-conference seminars prior to the CRDHA’s Annual Continuing Competence Event, dental hygienist prescribers, and those currently registered in the Course, are invited to participate in a full morning of learning. The second annual seminar was held April 29, 2010. Once again, we were fortunate to have Dr. Ann Eshenaur Spolarich as one of the presenters who worked with this dedicated group.

This annual event helps these prescribers (and current course participants) remain up-to-date and competent in the area of prescribing and the practice of dental hygiene. This workshop addresses new drug information and provides further opportunities for...
prescribers to sharpen their existing skills. Guest speakers participating in both workshops included a pharmacist and a representative from Health Canada’s MedEffect.

When will the next course be offered?
The participants in the third intake of the Course are nearing their course completion – many have completed their mandatory assignments and will be scheduling their final examination in the near future. The fourth intake will once again be open to all CRDHA members on the General Register. We anticipate that this course will be offered early 2011. Watch for a separate mailing arriving at your door!

Getting the word out to the rest of the world about Alberta’s prescribers
In July 2010, Dr. Ann Eshenaur Spolarich and Stacy Mackie were invited to the International Symposium on Dental Hygiene sponsored by the International Federation of Dental Hygienists (IFDH) in Glasgow, Scotland to give a presentation about Alberta’s Prescribing Program and dental hygienist prescribers. Dental hygienists from around the world were in the audience during the program. One attendee commented, “Alberta dental hygienists are so lucky!” Alberta dental hygienists are not lucky, but we are fortunate. Hard work and perseverance has allowed Alberta’s dental hygienists to practice to the full extent of their competencies.

Congratulations to all prescribers
The positive attitude, valuable participant feedback, and hard work and dedication of the course participants have helped make these first few intakes a great success. We are delighted to share some comments from a few of the dental hygienist prescribers from the “inaugural” July 2008 intake:

I feel that being a prescriber enables me to better address the treatment needs of my clients as I am able to provide more comprehensive care

and to assume a greater level of responsibility for their oral/overall health. When clients find out that dental hygienists are licensed to prescribe, they are quite surprised by this. I use this opportunity to engage in dialogue and educate clients about our educational backgrounds, credentials, and requirements for licensure. Despite all our efforts to advance the profession, there are still many members of the public who regard dental hygienists as little more than technicians vs. healthcare professionals who play an integral role in overall health. I think that knowing we can prescribe prompts clients to regard hygienists in a different light and garners more respect.

My favorite part of the course was the live interactive, online tutorials. This was beneficial because often during a session, someone would bring up a question that I had not considered or an individual would provide a different perspective on an issue. It was also reassuring to know that when I found a particular topic confusing, others felt the same; thus many of us were on the same page. I really thought it was a great learning experience!

I absolutely loved the pharmacy course. It was so thorough, and it met many learning needs: the visual, the auditory with yourself and Ann online, kinesthetic, and read/write. I am a visual/kinesthetic learner, so many of my needs were met. Also, the knowledge that I gained in working with individuals on multiple meds was incredibly helpful. Many patients were unaware of natural products that were interfering, supplements that would be helpful, foods to stay away from, etc. I was shocked at how many people were unaware of exactly what they were taking, what dosage, etc. Updating their medical histories as it pertained to their medicines was a nightmare at times.
Two third year students, Jacinda Neilson and Michelle Sutanto, from the University of Alberta Dental Hygiene Program were given the opportunity to be undergraduate research assistants under Professors Sandy Cobban and Eunice Edgington. The students were involved in two scoping reviews as part of a summer research assistantship. With support and encouragement from their mentors, the students submitted two abstracts that were then selected for poster presentations at the International Symposium on Dental Hygiene. The young women attended their first international conference in Glasgow, Scotland this July.

One of the posters involved socializing dental hygiene students into a research culture. The purpose was to describe learning opportunities and outcomes resulting from undergraduate dental hygiene students’ participation as faculty research assistants. Research skills learned included: developing and applying search strategies across multiple electronic databases, applying inclusion criteria to citation titles and abstracts, participation in data extraction, and understanding the contributions of each of these activities to the scoping review.

The other poster presentation involved a scoping review of valid and reliable assessment tools used in long term care facilities and was selected as a top 20 poster. The need for improved oral health in long-term care is great. This study included research surveying the assessment tools available for this age group. There are two categories: tools more appropriate for use by dental professionals, and tools for use by nurses or other healthcare staff. Some are more appropriate as screening tools, and others for detailed assessment of oral health. There were a high number of studies that used self-designed assessment tools with little discussion of reliability and validity.

Michelle and Jacinda had a unique experience at the conference, learning greatly from their peers and colleagues from all over the world. This would not have been possible without the support and funding from the CRDHA. These students now look forward to participating in further dental hygiene research.
A profession recognizes the accomplishments of its members and encourages students in the profession through the administration of an Awards Program. The following awards were presented at the University of Alberta Alumni Association Luncheon, June 4, 2010.

Gold Medal: Gabriella Panaro
Dental Hygiene Awards for BSc (Dental Hygiene Specialization)

40th Anniversary Award: Linda Mac
Dental Hygiene Awards for BSc (Dental Hygiene Specialization)

CRDHA Endowed Scholarship: Ashley Lynes
Dental Hygiene Awards for Students entering BSc (Dental Hygiene Specialization)

Gold Scholarship in DH: Laura Murchison
Dental Hygiene Awards for Diploma Graduates

Silver Scholarship in DH: Katherine Huska
Dental Hygiene Awards for Diploma Graduates

Award for Leadership DH 111: Laila Ahmed
Dental Hygiene Awards for Diploma Graduates

Student Award of Merit: Cassandra Bell (Photo not available. Presented at CRDHA Brunch, April 5, 2010)

Congratulations to the University of Alberta Dental Hygiene Program Graduates of 2010

CRDHA Council and membership extend sincere congratulations to the University of Alberta Dental Hygiene Program Graduates of 2010. We acknowledge the effort and accomplishment of each graduate in attaining this goal. The following people graduated from the U of A Dental Hygiene Program June, 2010:

Kayla Adin
Laila Ahmed
Erika Antinew
Darla Balog
Cassandra Bell
Josipa Bubalo
Shauna Bungay
Natasha Burian
Barb Cameron
Shirley Chan
Ellisha Cunningham
Jenna Deluca
Shazeen Dewji
Jacalyn Dietz
Rachel Dul
Justin Eveneshen
Dominique Frost
Jennifer Holtby
Lisa Hughes
Sheila Husband
Katherine Huska
Melanie Kochanski
Amanda Kozakewich
Shelly Kyle
Iris Lok
Julia Luu
Ashley Lynes
Whitney Milkovich
Amanda Mo
Kaitlin Morgan
Rhonda Morton
Laura Murchison
Michelle Muwanguzi
Jacinda Neilson
Amanda Schesnuk
Kaylee Sokoluk
Michelle Sutanto
Kelli Thorson
Whitney Torrie
Daryl Ushko
Jessica Wong
Michelle Wong
Angelica Yee
Kirsten Zad

We wish each graduate continued success in your professional endeavors and we encourage each of you to become active in CRDHA initiatives and opportunities. Also, we encourage CRDHA members to find opportunities to personally welcome new graduates in the workplace. Find ways to include these individuals in professional development opportunities; invite a new member to attend continuing competence events and meetings or to join a study club. Get to know each other and develop positive professional relationships based on mutual respect and learning from each other.
Bachelor of Science (Dental Hygiene Specialization)
Post-Diploma Degree Completion Education - University of Alberta

Obtain your degree in Dental Hygiene through distance education. Stay at home and continue working while finishing your degree! Application for admission is available at www.registrar.ualberta.ca

Apply online by November 1, 2010 to begin fall term in 2011.

There are 3 streams (A, B, and C) for the Degree Completion Program. The program stream depends on what year and where you obtained your dental hygiene diploma. Primarily, the Degree Completion Program involves the completion of 10 courses. Prior to beginning any stream, dental hygienists must have completed an accredited dental hygiene diploma program and 30 units of course weight in post-secondary education including English, Psychology and Sociology. Please refer to section 114.4 of the university calendar available at www.registrar.ualberta.ca/calendar/Undergrad/Medicine-and-Dentistry/Programs/114.4.html

For admissions information, contact Melanie Grams (melanie.grams@ualberta.ca) 780-492-6437

Why choose to continue your education?

• Broadens and extends understanding of dental hygiene within overall health and well-being
• Enables dental hygienists to continuously apply knowledge in diverse practice settings
• Facilitates access to graduate education
• Enhances role of dental hygienists in the interdisciplinary healthcare team
• Provides opportunity to expand your personal development
Attend this excellent event to:
• Experience exceptional speakers
• Explore topics directly relevant to dental hygiene practice
• Enrich your practice
• Engage with colleagues
• Earn pertinent Continuing Competence Credit
• Enjoy yourself at the Westin: no cooking, no cleanup!

Register early for an entry for the Early Bird Draw!

Registration includes:
• Presentations
• Workshops (limited attendance, pre-registration mandatory)
• Trends and Technology Tradeshow
• Council Reception
• Breakfast, lunches and refreshment breaks on Friday and Saturday

Speakers include:
• Rebecca Wilder: Hot Topics in Perio
• Dr. Ann Eshenaur Spolarich: Back by popular demand!
• Carol Lee: Innovative Approach to Ergonomics

CRDHA Annual Continuing Competence Event
April 29-30, 2011
Pre-Event April 28
Westin Hotel
Edmonton, Alberta

Watch for online registration coming soon! http://accevent.crdha.ca
Assigning Program Credits
Self Directed Study Courses

Refer to CRDHA Continuing Competence Program Rules (www.crdha.ca/Members/LegislationandStandardsofPractice.aspx) for details about allocation of credit for Unlimited (CH01) /Limited (CH02) Credit Activities.

Maximum Allowable Program Credits per Course

While there is no limit on the number of self-directed study courses an individual can take, CCP Rule 7, excerpted below, applies.

CCP Rule 7 Maximum Allowable Program Credits per Course indicates:

7.1 No one course may qualify for more than 25 program credits.
7.2 Only actual hours attended should be reported.
7.3 Typically, one program credit is awarded per hour of participation unless otherwise determined by the Competence Committee.
7.4 In the event that a learning activity continues into the evening hours, a maximum of 10 program credits per 24-hour period may be claimed.

Self Directed Study

CCP Rule 9.1.3 Self Directed Study indicates:

“Program credits are granted according to recommendations made by the course provider, the publisher, or the Competence Committee, with consideration given to the amount of time necessary to cover the material and to take the examination. Assignment of program credits will not include the additional time the registrant takes to study or review the materials. The Competence Committee makes the final approval for the number of credits awarded for any online course.”

The Competence Committee has determined that the number of credits indicated by some providers for self-directed study courses is not consistent with the content of the courses.

On-line courses from the following providers are eligible for only 50% of the credits indicated by the provider (as of November 26, 2009):

- I Need CE: www.ineedce.com (e.g. Hu-Friedy, PenWell)
- Hygiene Town: www.towniecentral.com/Hygienetown/OnlineCE.aspx (applies to courses taken starting October 1, 2010)

Home-study, paper-based courses from the following provider are eligible for only 50% of the credits indicated by the provider. (applies to courses taken starting October 1, 2010)

- Institute for Natural Resources (INR)

Other Practice Related Category

CCP Rule 9.2.2 Other Practice Related indicates:

Other learning activities or programs that relate to practice (e.g., marketing course, communications course, ergonomics in practice) may be eligible for hour-for-hour program credits to a maximum of 9 program credits in the relevant 3-year period. Program credit requests submitted under this category must be relevant to the General member’s practice of dental hygiene. Documentation that supports how this learning activity is relevant to the General member’s practice must be submitted with the request form.

Documentation must include three specific, concrete examples of how learning will be used in the General member’s practice and how it applies to continuing competence.

Although CRDHA recognizes the value of extra-curricular activities and self-interest learning in maintaining life balance, such activities will not be considered for credit under the Continuing Competence Program.

In-Person

CRDHA Annual Continuing Competence Event
April 29-30, 2011
Pre-Event April 28
Edmonton

Mark Your Calendar!
http://accevent.crdha.ca
Contact: 780-465-1756

UNIVERSITY OF ALBERTA SPONSORED COURSES

U of A Continuing Dental Education offers a variety of courses. For the most up to date information visit www.dent.ualberta.ca/ContinuingEducation.cfm

OTHER OPPORTUNITIES

Visit www.crdha.ca events for a listing of learning opportunities sponsored by CRDHA and other providers such as other regulatory colleges, associations or study clubs.
Websites to Visit

Legislation Regarding Dental Hygiene Profession
The CRDHA website includes further information and links to legislation.
www.crdha.ca/Members/LegislationandStandardsofPractice.aspx
www.crdha.ca/Members/LegislativeChanges.aspx

The Safe Use of Energy Drinks
Learn more about the difference between and the effects of energy drinks and sports drinks.

Quality Care for Seniors: Resources for Practice
The Education Resource centre is a provincial health care library and information resource centre funded by Alberta Health & Wellness. The centre provides resources and services to all regions, organizations and agencies that provide supportive living, home living, and facility-based continuing care services in Alberta, Canada. ERC customers represent all health care disciplines and are committed to learning and teaching in support of quality care for seniors.
www.educationresourcecentre.ca

Flu Shots
Flu season is approaching. Learn more about influenza vaccination from the Public Health Agency of Canada.
www.phac-aspc.gc.ca/naci-ccni/index-eng.php

Access the Alberta Health and Wellness site for Health Professionals for Alberta specific information about influenza.
www.health.alberta.ca/health-professionals.html

The GUMS R US Study Club
in collaboration with Dr. Thomas Yu DMD, MSc, FRCD(C)
Presents: Implant Supportive Therapy
This lecture will cover the basics of implant hygiene therapy, including anatomy, maintenance therapy and complications.

Course Objectives:
At the completion of this course, the dental hygienist will:
1. Know the differences of peri-implant tissues versus natural teeth
2. Identify the structure and attachment of implant components from various manufacturers
3. Recognize and manage peri-implant mucositis and peri-implantitis
4. Establish a protocol for the maintenance of implants, including treatment in the periodontally-compromised patient

Date: Thursday, November 18 or November 25, 2010 (6-8 pm)
Location: 1333 8th St SW, Suite 1007 (corner of 8th St & 14th Ave)
Fee: $30 (all proceeds will be donated to Calgary Mustard Seed Ministry)
To Register: Please call Judi at 403-228-2059

This course is eligible for two Continuing Competence Program Credits

New dates for 2010/2011 continuing competency opportunities in perio:

Advanced Instrumentation Workshop – The Basics
5 hour clinical session-maximum 4 participants per session
Calgary – Dec 11, 2010 or May 7, 2011

Advanced Instrumentation Workshop – Furcations
2 hour clinical session-maximum 8 participants per sessions
Calgary – Mar 5, 2011

Instrument Options For Advanced Periodontal Hand Instrumentation
3 hour lecture
Calgary – Dec 12, 2010 • Edmonton – May 14, 2011

Implementing a Periodontal Hygiene Program - 3 hour lecture
Calgary – Feb 5, 2011 • Edmonton – Oct 2, 2010

Instrument Sharpening
2 hour lecture/clinical session-maximum 10 participants per session
Calgary – Apr 14, 2011 • Edmonton – Oct 2, 2010

For more information or to register please call
Bonnie Hoath at (403) 710-8435 (day), (403) 254-9421 (eve)
or visit www.periodidimensions.com
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- Certificate of Participation available for each issue

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206, 8657 51 Avenue NW
Edmonton, AB T6E 6A8

### Moving? Change of Name and Address Notification

The Dental Hygienists Profession Regulation requires that members of the College of Registered Dental Hygienists of Alberta (CRDHA) ensure that their mailing address is always current. Incorrect or out of date addresses can lead to missed mailings which may include important notices and documents. S. 31(1) of the Dental Hygienists Profession Regulation requires that members must provide a home address, telephone number, email address and fax (if applicable) when there are any changes to the information or at the request of the Registrar. Name changes must be submitted in writing. Address changes are best submitted in writing and should include the following information:

<table>
<thead>
<tr>
<th>Name (in full)</th>
<th>CRDHA ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Name (in full)</td>
<td>Old Address</td>
</tr>
<tr>
<td>New Address</td>
<td>Home Phone</td>
</tr>
</tbody>
</table>

Effective Date | Signature

Registrants are welcome to copy or cut out this name/address change card and use it to submit a name change or address change. Please contact the College of Registered Dental Hygienists of Alberta if you require further information.

Telephone: Toll Free (Alberta) 1-877-465-1756 Fax: (780) 440-0544 or email: info@crdha.ca

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