Are your immunizations up-to-date?

Sam, a registered dental hygienist, was providing dental hygiene care to Rita, a community health nurse. Sam talked with Rita about her periodontal status and made suggestions about some measures she could take to prevent periodontal disease. At that point Rita smiled and asked Sam, “I’m glad to hear that you are so interested in preventive health. Can I ask you if your immunizations are up-to-date?” Sam was grateful that he could say yes because he had recently had a flu shot and Hepatitis A&B vaccination but he couldn’t remember when he last had a tetanus vaccination. Humbly, Sam realized that he still had some checking up to do....

Prevention of infection by immunization is a lifelong process. There are a number of vaccines that all adults (18 years and older) require.

There are also other vaccines that need to be tailored to meet individual variations in risk resulting from occupation, foreign travel, underlying illness, lifestyle and age.

The CRDHA Practice Standards (Practice Standard 1.1.8a) state that registered dental hygienists ensure personal and client safety by maintaining an up-to-date immunization status. (1)


This article highlights recommendations from the Canadian Immunization Guide Seventh Edition - 2006 (1)
CRDHA Registration Renewal

CRDHA Registration Renewal Packages have been mailed.

We are asking for return of the renewal forms no later than October 10 in order to give the office sufficient time to mail out the new Practice Permits before the October 31 expiry date.

Cheques may be postdated to October 31, 2007. **Renewal forms must be received in the CRDHA office by closing on October 31, 2007.**

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

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**Please Note**

**Message from the Registrar**

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**Want to get InTouch with your CRDHA Council members?**

- **Jackie Blatz, RDH**
  
  President
  
  Fort Saskatchewan
  
  (780) 998-1262
  
  president@crdha.ca

- **Gerry Cool, RDH**
  
  Councilor
  
  Carseland
  
  c/o CRDHA office
  
  councillor@crdha.ca

- **Brenda Murray, RDH**
  
  Vice President
  
  Edmonton
  
  c/o CRDHA office
  
  councillor@crdha.ca

- **Jean Fraser**
  
  Public Member
  
  Calgary
  
  c/o CRDHA office
  
  councillor@crdha.ca

- **Rebecca Beaulne, RDH**
  
  Councilor
  
  Fort McMurray
  
  (780) 715-0319
  
  councillor@crdha.ca

- **Debbie Hubbard**
  
  Public Member
  
  Edmonton
  
  (780) 458-9286
  
  councillor@crdha.ca

- **Patricia (Trish) Clayton, RDH**
  
  Past President
  
  Edmonton
  
  (780) 463-0724
  
  councillor@crdha.ca

- **Wendy Maloney, RDH**
  
  Councilor
  
  Calgary
  
  c/o CRDHA office
  
  councillor@crdha.ca

- **Laura McLaughlin, RDH**
  
  Councilor
  
  Calgary
  
  c/o CRDHA office
  
  councillor@crdha.ca

- **Marianne Reeder, RDH**
  
  Councilor
  
  Medicine Hat
  
  (403) 529-9328
  
  councillor@crdha.ca

- **Tawyna Wilde, RDH**
  
  Councilor
  
  Edmonton
  
  c/o CRDHA office
  
  councillor@crdha.ca
Message from the registrar

CDHA Membership Fee Increase

Canadian Dental Hygienists Association (CDHA) has notified us of a 2007-2008 fee increase in the amount of $3.53 for General Members (practicing) and $1.96 for Non-Practicing Members. These fee increases are reflected in the fees listed on the CRDHA annual renewal application forms.

CDHA membership includes professional liability insurance coverage in the amount required for dental hygienists practicing in Alberta.

Notice of Expiry of Practice Permits

All Practice Permits will expire on October 31, 2007. In accordance with section 38 of the Health Professions Act and section 7.7 of the CRDHA Bylaws, Regulated members must submit a complete application for renewal of their practice permit, including a current CPR certificate and fees, by October 31. A renewal application package for the 2007-2008 membership year was mailed to all registrants on September 10, 2007. If you have not received your renewal package, please contact the CRDHA office, 1-877-465-1756 to request a duplicate package.

The application for renewal is a legal document which must be accurately completed, in its entirety, and returned to the CRDHA office along with full payment of fees. In order to allow for processing of applications by the expiry date of October 31, all applications and fees should be received in the CRDHA office by October 10, 2007.

In accordance with section 39 of the Health Professions Act, if a Regulated member’s renewal application is not received by the Registrar by October 31, the member’s Practice Permit is suspended. Continuing to provide dental hygiene services after suspension of the Practice Permit is a contravention of the Act subject to fines and penalties. In addition, professional liability insurance will be considered null and void.

Notice of Expiry of Non-Practicing Membership

All categories of Non-practicing memberships will expire on October 31, 2007. In accordance with section 8.5 of the CRDHA Bylaws, Non-practicing members must submit a complete application for renewal of their membership, including full payment of fees, by October 31, 2007. Failure to renew your membership will result in cancellation of your registration as a Non-practicing member.

CRA Ruling

In a June 11, 2007 External Technical Interpretation, Canada Revenue Agency notes that the payment of professional membership fees by an employer on behalf of employees is not a taxable benefit if the employer is the primary beneficiary. When the professional membership is related to an employee’s duties, and membership is a requirement of employment, the employer is likely the primary beneficiary.

Alberta’s Health Professions Act (“the Act”) requires that dental hygienists be regulated members of the CRDHA if they will be providing the professional services of a dental hygienist. The Act also states that no person shall knowingly employ a person to provide the professional services set out in the Act unless that person is a regulated member or is authorized to provide services pursuant to another enactment.
Message from the registrar

Infection Prevention & Control

In our July newsletter, I talked about the provincial review of infection prevention and control (IPC) being conducted following a situation concerning inadequate sterilization of surgical instruments at a hospital in Vegreville and an incident of improper disinfection and sterilization practices in a physician’s clinic in Lloydminster.

Health authorities and health professional regulatory bodies were asked to review and advise the Minister of Alberta Health and Wellness on their IPC policies, programs and systems. This information, along with what was learned in the recent review of IPC and sterilization issues in East Central Health Region, provide a picture of the current state of IPC in Alberta – including strengths and areas for improvement. Five main directions for moving forward were identified:

- Clarify accountability, roles and responsibilities in IPC;
- Implement and monitor provincial standards for IPC;
- Strengthen the health system’s capacity for IPC;
- Ensure the availability of IPC education and training;
- Enhance provincial co-ordination of IPC activities.


Bill 41 Proposed HPA Amendments

Hon. Dave Hancock, Minister of Health and Wellness, introduced Bill 41, Health Professions Statutes Amendment Act, 2007 on June 12 in the Legislative Assembly. In a news release that day, Minister Hancock said “The privilege of self-governance by health professions is highly valued and will continue to be strongly supported by this government. However, patient safety and the overarching public interest must be paramount. Bill 41 will provide Albertans with the assurance that government has the legislative authority to ensure public health is protected.”

Some of the proposed amendments were requested by the health professions, others have been introduced in response to the recent infection prevention and control issues.

Proposed amendments that will be of interest to regulated members and their employers include:

- Regulated members must report to the medical officer of health when they know of or have reason to suspect the existence of a nuisance or a threat that is or may be injurious or dangerous to the public health;
- Regulated members must provide employers with evidence of holding a practice permit and notify their employer if conditions are imposed on the permit or if the permit is suspended or cancelled during the period of employment;
- Making it an offense if a person knowingly employs a person who meets the requirements for registration as a regulated member but who is not a regulated member;
- Making it an offense if employers do not report to the College the termination, suspension or resignation of a regulated member because of conduct that in the employer’s opinion is unprofessional conduct as defined in the HPA;
- Making it an offense for an employer or other person to knowingly require a regulated member to provide a health service that would contravene an order of a hearing tribunal or council;

Bill 41 also proposes a new section to the HPA which creates extensive new powers that the Minister may invoke if he considers it to be “in the public interest”, in particular for matters related to health, safety or quality assurance. Under proposed amendments, the Minister could appoint an administrator to take over the running of a College where requested by a College or where the Minister is of the opinion that it is in the public interest or he believes a College requires support to carry out its duties. Bill 41 also proposes that the Lieutenant Governor in Council be authorized to make any Council regulations, bylaws, code of ethics or standards of practice for any of the professions.

Bill 41 is currently being reviewed by the Standing Committee on Community Services.
Childhood immunization programs have significantly reduced vaccine preventable diseases among children, but Canada’s population has an increasing number of adults who remain vulnerable to these diseases.

For example, a random digit dialing telephone survey conducted in 2002 among Canadians aged ≥ 18 found that only 54% of respondents had adequate coverage for tetanus, and this rate was lowest in those aged ≥ 60. Furthermore, although overall rates of vaccination are rising as compared with previous years, only two-thirds of Canadians aged ≥ 65 surveyed in 2000/2001 reported receiving influenza vaccination, and only 47% of those aged ≥ 20 with at least one chronic complication placing them at increased risk of influenza had been vaccinated.

Reasons for adults not being immunized

The following are common reasons for incomplete immunization in the adult years:

- lack of recommendation from their physician
- misrepresentation/ misunderstanding of the risks of vaccine and benefits of disease prevention in adults
- lack of understanding of vaccine safety and efficacy
- missed opportunities for receiving the vaccine at health care encounters in physicians’ offices, hospitals and nursing homes
- lack of publicly funded vaccine and reimbursement to health care providers lack of coordinated immunization programs for all adults
- lack of regulatory or legal requirements
- fear of injections
- lack of availability of up-to-date records and recording systems.

Immunization Truths

www.phac-aspc.gc.ca/publicat/cig-gci/p01-04_e.html

Immunization is the best protective strategy against vaccine-preventable diseases.

- The vaccines used in Canada are both effective and safe.
- Health authorities worldwide take vaccine safety very seriously. Expert committees in Canada investigate reports of serious adverse events following immunization.
- Vaccines do not weaken the immune system. Rather, they harness and train it to defend, rapidly, against vaccine-preventable pathogens before illness can occur.
- Vaccine-preventable infections are far more dangerous than vaccines (see the Table on Comparison of Effects of Diseases and Vaccines at the end of the Guide).
- The bacteria and viruses that cause vaccine-preventable diseases are not gone.
  - Diphtheria, pertussis, polio, measles, mumps, rubella, varicella, hepatitis A and B are well adapted human pathogens that, to a greater or lesser extent, are contagious and are still occurring in parts of the world.
  - Tetanus is a soil organism - it will never be eliminated.
  - Haemophilus influenzae type b, Streptococcus pneumoniae and Neisseria meningitidis can survive in the nose and throat and will likely never be completely eliminated.
- Unvaccinated individuals have a much greater chance of getting a vaccine-preventable disease than those who have received the vaccine. This is true even in countries where high levels of immunization provide some degree of protection to susceptible individuals (i.e., herd immunity). Three examples:
  - An outbreak of rubella occurred in 2005 among
unimmunized individuals in Ontario.

- Children in the United States who did not receive measles vaccine were 22 to 35 times more likely to get measles than immunized children.
- Children in the United States who did not receive pertussis vaccine were almost 6 times more likely to get whooping cough than immunized children.

- When vaccine coverage drops, vaccine-preventable diseases return:
  - In Japan, pertussis vaccine coverage dropped from 90% to less than 40% because of public concern over two infant deaths that followed DPT immunization. Prior to the drop in coverage there were 200 to 400 cases of pertussis each year in Japan. From 1976 to 1979, following the marked drop in vaccine coverage, there were 13,000 cases of pertussis, of which over 100 were fatal.
  - In Ireland, measles vaccine coverage dropped to 76% following allegations of a link with autism. The number of measles cases increased from 148 in 1999 to 1200 in 2000, along with several child deaths due to the complications of measles.

Table 5. Adult Immunization Schedule - Routinely for All

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dosing schedule (no record or unclear history of immunization)</th>
<th>Booster schedule (primary series completed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus and diphtheria given as Td; and pertussis given as Tdap</td>
<td>Doses 1 and 2, 4-8 weeks apart and dose 3 at 6-12 months later; one of the doses should be given as Tdap for pertussis protection</td>
<td>Td every 10 years; 1 dose should be given as Tdap if not previously given in adulthood</td>
</tr>
<tr>
<td>Measles, mumps and rubella given as MMR</td>
<td>1 dose for adults born in or after 1970 without a history of measles or those individuals without evidence of immunity to rubella or mumps; second dose for selected groups</td>
<td>Not routinely required</td>
</tr>
<tr>
<td>Varicella</td>
<td>Doses 1 and 2, at least 4 weeks apart for susceptible adults (no history of natural disease or seronegativity)</td>
<td>Not currently recommended</td>
</tr>
</tbody>
</table>

All Canadian adults require maintenance of immunity to tetanus and diphtheria, preferably with combined (Td) toxoid and a single dose of acellular pertussis vaccine. The first priority is to ensure that children receive the recommended series of doses, including the school leaving dose at 14 to 16 years of age, and that adults have completed primary immunization with Td. Currently, only a single dose of acellular pertussis (given as Tdap) is recommended in adulthood because the duration of protection from Tdap has yet to be determined. For adults not previously immunized against pertussis only one dose of Tdap is required as it is assumed that most adults will have some degree of immunity due to prior pertussis infection.

Combined measles, mumps, rubella vaccine (MMR) is preferred for vaccination of individuals not previously immunized against one or more of these viruses. Adults born before 1970 may be considered immune to measles. Adults born in 1970 or later who do not have documentation of adequate measles immunization or who are known to be seronegative should receive MMR vaccine. One additional dose of vaccine should be offered only to adults born in 1970 or later who are at greatest risk of exposure and who have not already received two doses or demonstrated immunity.

Immunizations recommended for adults – Routine

www.phac-aspc.gc.ca/publicat/cig-gci/p03-02_e.html
to measles. These people include travelers to a measles-endemic area, health care workers, students in post-secondary educational settings and military recruits. MMR is recommended for all adults without a history of mumps or mumps immunization. MMR vaccine should also be given to all adults without a history of rubella vaccination. Female adolescents and women of childbearing age should be vaccinated before pregnancy or post-partum, unless they have documented evidence of detectable antibody or prior vaccination. In addition, it is also important that health care workers of either sex be actively immunized against rubella because they may, through frequent face-to-face contact, expose pregnant women to rubella.

A history of chickenpox infection is adequate evidence of varicella immunity. Serologic testing should be performed in adults without a history of disease, as the majority of such adults will be immune and do not require the varicella vaccine. It is particularly important to promote varicella immunization with immigrants and refugees from tropical countries, women of childbearing age, those who are at occupational risk of exposure, including health care and child care workers, household contacts of immunocompromised persons, those with cystic fibrosis, and those susceptible adults exposed to a case of varicella. There are no data at present to guide recommendations for varicella booster dosing in adults following the primary vaccination series.

Health care workers, including hospital employees, other staff who work or study in hospitals (e.g., students in health care disciplines and contract workers), other health care personnel (e.g., those working in clinical laboratories, nursing homes and home care agencies) and child care workers, are at risk of exposure to communicable diseases because of their contact with patients or material from individuals with infections, both diagnosed and undiagnosed.

Hepatitis B is the most important vaccine-preventable infectious occupational disease for health care workers. The risk of being infected is a consequence of the prevalence of virus carriers in the population receiving care, the frequency of exposure to blood and other body fluids and the contagiousness of hepatitis B virus. Hepatitis B vaccine is recommended for health care workers and others who may be exposed to blood or blood products, or who may be at

**Immunizations for adults - Specific Risk Groups**

There are several specific groups of adults for whom certain vaccines are recommended because of the presence of risk factors for disease, and these are summarized in Table 6* In many cases, individual factors, and in particular the presence of underlying co-morbid illnesses, define groups that specifically benefit from certain vaccines. However, there are two commonly encountered groups of healthy adults who require assessment for a series of vaccines: health care workers and international travelers. In both of these groups, the priority should be to ensure that routinely recommended immunizations are completed and booster doses provided as indicated.

**Table 6. Adult Immunization Schedule - Specific Risk Situations**

<table>
<thead>
<tr>
<th>Vaccine or toxoid</th>
<th>Indication</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>Adults ≥ 65 years; Adults &lt; 65 years at high risk of influenza-related complications, their household contacts, health care workers, and all those wishing to be protected against influenza.</td>
<td>Every autumn using current recommended vaccine formulation</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Occupational risk, life-style, travel and living in areas lacking adequate sanitation. Outbreak control, post-exposure immunoprophylaxis. Patients with chronic liver disease.</td>
<td>2 doses 6-12 months apart</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Occupational risk, life-style, post-exposure immunoprophylaxis. Patients with chronic liver disease.</td>
<td>3 doses at 0, 1 and 6 months</td>
</tr>
</tbody>
</table>

*Table 6 has been adapted from the original to indicate additional immunization needed by registered dental hygienists. Recommendations for travelers have not been included in this adapted table.
increased risk of sharps injury, bites or penetrating injuries (for example, clients and staff of institutions for the developmentally challenged). **Annual Influenza immunization is recommended for all health care personnel who have contact with individuals in high-risk groups.** Such personnel include physicians, nurses and others in both hospital and outpatient settings; employees of chronic care facilities; and providers of home care, visiting nurses and volunteers. Influenza immunization of health care workers has been shown to reduce the mortality and morbidity of patients under their care in long-term settings and to reduce worker illness and absenteeism during the Influenza season. Other vaccines may be indicated for certain workers at particularly high risk of exposure, such as laboratory workers in specialized reference or research facilities. These include but are not limited to typhoid, meningococcal, BCG, rabies, and smallpox vaccines. An individualized risk-benefit assessment is required.

“Increasing the rate of Influenza vaccination of health care workers and household contacts of individuals with increased risk of Influenza complications will not only affect the vaccinated individuals but may also result in substantial secondary benefit to others.”

“Hepatitis A vaccination is recommended for those at increased risk of exposure (see the *Canadian Immunization Guide, Seventh Edition, 2006, Hepatitis A Vaccine chapter*). Universal immunization against hepatitis B is recommended in childhood in Canada, and opportunities should be provided for adults to receive hepatitis B vaccine. Adults who are at increased risk of exposure to hepatitis B by virtue of their occupation, lifestyle or environment should receive the vaccine at the earliest possible clinical encounter. Patients may be vaccinated simultaneously for hepatitis A and B using a combined vaccine. Because of their increased risk for complications, all non-immune patients with chronic liver disease should be vaccinated against hepatitis A and B.”

**CPR Requirements**

The Dental Hygienists Profession Regulation requires Regulated members applying for renewal of a practice permit to provide evidence of holding a current cardiopulmonary resuscitation certificate at the level required by Council. The course must be completed no longer than twelve months prior to the CRDHA Practice Permit renewal deadline of October 31, 2007.

Ensure that the CPR course you take includes 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.

The best way to ensure that required components are included in the CPR course is to take the course entitled “Healthcare Providers” (HCP). If the card issued to you does not indicate HCP, please have the instructor who delivered the course complete an Instructor Checklist indicating all requirements were taught. The Instructor Checklist form can be downloaded from the CRDHA website, www.crdha.ca.

A photocopy of your CPR wallet card and a completed CPR Certification Declaration Statement must accompany your application for renewal of your practice permit. A new practice permit will not be issued without evidence of the appropriate CPR training.

CRDHA Continuing Competence Program Rule 9.2.5 provides that CPR certification qualifies for a maximum of three program credits.
You’ve been asking

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.

CRDHA INTOUCH OCTOBER 2007
In August 2007, the Health Quality Council of Alberta (HQCA) sent a memo entitled “Improving Patient Safety by Eliminating Unsafe Abbreviations from Medication Prescribing” to all regulatory bodies of health professionals who were identified as potential prescribers. This communiqué highlighted some of the safety issues that surround the use of the more error prone abbreviations and identified a prioritized list of “Do Not Use Abbreviations”. Incorrect use and misinterpretation of abbreviations are common sources of drug errors.

Commonly misinterpreted abbreviations should not be used when communicating medical or dental information. This includes in-office communications (including dental charts) and all forms of prescriptions and labels.

Employ these abbreviation strategies in all forms of communications:

- Never abbreviate drug names.
Avoid using abbreviations, symbols, and dose designations that are frequently misinterpreted.

When in doubt, write it out.

Remember, this is not just a prescriber issue – it is a culture of practice issue that is perpetuated in many ways throughout the healthcare system, often inadvertently by the myriad of ways all health professionals communicate about medication orders. Ambiguous medical notations, including use of abbreviations, symbols and dose designations, are one of the most common and preventable causes of medication errors.

Use of abbreviations in medication ordering is very common. Risk of errors is compounded by poor handwriting.

The hazardous medication ordering practices in the table on the previous page are the focus of a provincial initiative led by the Health Quality Council of Alberta to improve patient/client safety across the continuum of care.

HQCA developed a priority list based on a longer list compiled by the Institute for Safe Medication Practices – Canada (ISMP-Canada), which is adapted from an even more extensive list recommended by ISMP-US. The HQCA list is similar to the “Do Not Use” list adopted in 2004 by the USA Joint Commission on Accreditation of Healthcare Organizations in the USA.

A more comprehensive list, along with further details and information are highlighted in the CRDHA’s Elements of Prescribing: A Pharmacy Refresher Course for Dental Hygienists and the CRDHA Guidelines Regarding Prescription and Non-Prescription Drugs in Dental Hygiene Practice. For an extensive list of error prone abbreviations and recommended alternatives, see the Institute for Safe Medication Practices’ website (www.ismp.org/ Tools/abbreviationslist.pdf).

In addition to use of these abbreviations in clinical practice settings, the HQCA also asks you to consider other facets of your practice that you may be using these hazardous abbreviations, including:

- Publications that you author
- Teaching messages and materials used with students and colleagues, including teaching in undergraduate and continuing education programs

The CRDHA encourages all members to adopt these practices to help improve client safety. Improving client safety will take the combined efforts of all health care providers and organizations.

### Moving?

**Change of Name and Address Notification**

It is essential 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. Name changes must be submitted in writing. **DO NOT SUBMIT YOUR ADDRESS OR NAME CHANGES ON YOUR REQUEST FOR CONTINUING COMPETENCE PROGRAM CREDIT FORM.** 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>
<tr>
<td>Effective Date</td>
<td>Signature</td>
</tr>
</tbody>
</table>

Registrants are welcome to copy or cut out this name/address change card and use it to submit a new 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
Registered dental hygienists who employ any type of worker in their practices are generally aware of their responsibilities for the health and safety of their employees under Alberta’s Occupational Health and Safety Act, Radiation Protection Act, and Public Health Act and of their duty under Alberta’s Employment Standards Code. The Health Professions Act (HPA) adds further obligations regarding employees who are members of regulated health professions. For more information of the impact of the Health Professions Act on Employers consult the “Health Professions Act Employers Handbook” developed by Alberta Health and Wellness.

www.health.gov.ab.ca/professionals/HPAemployersHANDBOOK.pdf

Some of the topics in the handbook include:

**Mandatory registration for health care providers**

Under the HPA, health professionals who meet the requirements for registration must be registered with their regulatory college if they intend to provide the services described in section 46 of the Act. These services include:

- providing professional services directly to the public (Note that each regulated profession has a Schedule to the HPA which describes the profession’s common practices: “In their practice, [regulated practitioners] do one or more of the following...”);
- teaching the practice of a regulated profession to regulated members and students of the regulated profession; and
- supervising regulated members who provide professional services to the public.

The HPA prohibits persons from knowingly employing a person who is required to be registered under the HPA and is not registered, unless the person is authorized to provide the services under other health professional legislation.

If an employer is aware of an individual who meets the above criteria but is not registered, it is their responsibility to report this information to the applicable college. If the registrar of the applicable college learns of a person who the registrar believes may be required to be registered and is not, then the registrar may send the person a request to apply for registration. Should the person decide not to apply, the college may seek an injunction prohibiting the person from providing the services.

**Use of protected titles**

The HPA protects certain titles for the purpose of transparency and public accountability, within the context of the provision of health services. This makes it easier for the public to identify regulated health professionals, and if necessary to contact their regulatory colleges. Each Schedule to the HPA lists the titles that have been reserved for the exclusive use of the health profession. College regulations address how these titles are used within the profession.

**Reporting unprofessional conduct**

Employers are legally obligated to inform the college only if a practitioner’s employment is terminated or suspended, or the employee has resigned for reasons of unprofessional conduct.

A college’s formal involvement is not intended to replace or supersede employer remediation, investigative and disciplinary practices.

In the course of a formal investigation initiated by a college, employers may be required by college officials to
provide verbal and written information. Employers may also be compelled to attend disciplinary hearings.

Checking practice permits
A practice permit is a document issued by a college indicating that the regulated member’s registration with the college is current and that the regulated member is permitted to practice the profession, subject to any conditions on the permit. Practice permits are generally issued yearly by each college, although different periods of registration are possible (for example, a courtesy practice permit might be issued for a short term).

Practice permits must include the following information:
• The name of the college and that the permit is issued under the HPA.
• The member’s name and registration number.
• The category of registration.
• Any conditions on the member’s practice permit.
• The expiry date.

Some colleges may include a list of restricted activities on their members’ practice permits.

Receipt of information
A regulatory college must notify the employer when it cancels, suspends or places restrictions on the registration or practice of one of its members. This notification puts an onus on the employer to act accordingly.

The Employer’s Handbook contains many helpful explanations about the processes in place to regulatory healthcare workers in your employ. We encourage all dental hygienist employers to review it.

Questions: Contact Brenda Walker, CRDHA Registrar, Toll Free (Alberta) 1-877-465-1756

Adapted from CPSA notice to physicians, February 2007

Alberta workplaces could be smoke-free by January

The Alberta government’s proposed Tobacco Reduction Act, introduced last June by Health Minister, Dave Hancock, is now ready for final passage in the Legislative Assembly.

If approved as drafted, Bill 45 will:
• make almost all workplaces and public establishments completely smoke-free;
• put an end to tobacco retail displays and promotions or powerwalls; and will
• ban tobacco sales in pharmacies, healthcare settings, and post-secondary institutions.

The bill represents one of the strongest provincial tobacco laws in Canada, and would bring Alberta in line with similar restrictions in Ontario, Quebec and Nova Scotia.

Bill 45 received unanimous all-party consent at the second reading stage on June 13 and is now ready for further debate and third reading when the Legislature convenes again in early November.

CRDHA is member of the Campaign for a Smoke-Free Alberta — a coalition of 15 prominent health organizations who are supporting the bill. The coalition has been actively campaigning for effective tobacco legislation for several years and secured the support of several important Tory candidates during last fall’s leadership race including Dave Hancock (Minister of Health), Lyle Oberg (Minister of Finance) and Ed Stelmach (Premier).

Recently, Alberta Health and Wellness released proposed regulations for Bill 45 that would require the workplace smoking ban to take effect by January 1, 2008 while the powerwall ban and the removal of tobacco from pharmacies would wait until July 1, 2008 and January 1, 2009 respectively.

The release of the proposed regulations demonstrate the health department’s and the minister’s enthusiasm to implement the bill. However, coalition members have criticized the proposed one-year delay for removing tobacco sales from pharmacies. Critics feel that the powerwall ban and the pharmacy sales ban should be implemented together for maximum effect.

CRDHA is asking members to contact their MLA to urge him or her to approve Bill 45 this fall and to implement the entire bill by July 1, 2008.

For more information contact Campaign for a Smoke-Free Alberta at www.smokefreealberta.com

Contact:
Angeline Webb; 403.968.8614
Gina Smith: 780.938.5862
Les Hagen: 780.919.5546

Adapted from CPSA notice to physicians, February 2007
Scholarship Acknowledgements

Thank you so much for selecting me for the CRDHA Leadership Award. The recognition and donation on your behalf are greatly appreciated.

Sara Berkel

Thank you for choosing me to be the recipient of the 2007 CRDHA Leadership in Dental Hygiene III Award. Your acknowledgement of my efforts within the community as well as the generous gift is greatly appreciated.

Christine Ta
Dental Hygiene, Class of 2007

My sincere thanks for the CRDHA Silver Scholarship in Dental Hygiene. I will proudly display my plaque at work and the monetary portion is much appreciated after an expensive three years! However, I am most thankful for the joy you have given my family: hearing the award announced at convocation made them very happy. Without this award I would never have known that I was second in my class.

Jessica Carson

Thank you so much for your generous donation to the dental hygiene program at the University of Alberta. It is with great pleasure that I not only receive the 2007 CRDHA 40th Anniversary Award, but also encourage other dental hygienists to enroll in the Degree Completion Program. Its focus on leadership and critical thinking skills, and commitment to quality oral health care has both reinforced and furthered the extensive formal training I had received as a diploma Dental Hygiene student at the University of Alberta, and has presented me with a broader range of career opportunities. Once again, I thank you for your recognition of my professional and academic achievements, and for your crucial support and involvement in the profession of dental hygiene.

Shiney Matsiskas

Thank you so much for your generous donation for the CRDHA Gold Scholarship in Dental Hygiene. It was a great honour to receive this award.

Best Regards
Samantha Lee

We are making the "Reading/Writing Connection" by learning to write from what we read.

ALDERSGROVE SCHOOL
Growing into the Future

To Whom It May Concern:

I am a grade 3 teacher at Aldergrove School and would like to express my sincere appreciation for a dental hygienist who went far beyond the call of duty in coming to share her expertise and knowledge with two grade three classes at this school.

Dental health care is an important component of our Health curriculum and I approached Betty Dalmer to see if she would come to speak to about fifty students. Mrs. Dalmer readily agreed to come and brought dental hygiene samples, workbooks as well as several pieces of equipment that she uses on her patients. She demonstrated correct brushing and flossing techniques and spoke with such tact and knowledge about teeth and their importance in maintaining a healthy lifestyle.

Mrs. Dalmer invited questions from the students and staff. Although some questions may have seemed quite elementary (coming from seven and eight year olds), she treated each query with such value and respect. I personally feel that Mrs. Dalmer is a hygienist who is gifted with many teaching qualities. I also know that our staff will certainly be inviting her to come back to our school in the future.

Sincerely Yours,

Mrs. M. Samchuk
(Grade 3 Teacher, Aldergrove School)
Building a Culture of SAFETY

2008 Annual Continuing Competence Event
Glenmore Inn and Convention Centre • Calgary • May 2 & 3, 2008

Evidence-based, educational presentations and workshops from well-respected, knowledgeable speakers featuring:

- Dr. John Cowell
  Health Quality Council of Alberta
- Dr. Michele Nanchoff-Glatt
  Health Communication
- Dr. David Clark
  The Mind and The Mouth
- Dr. Kim Raine
  Health Promotion
- Dr. Seema Ganatra
  Oral Pathology
- Patricia Edney
  Occupational Therapy / Dental Hygiene Practice
- Dr. Seema Ganatra
  Radiographic Interpretation
- Dr. Joanne Gurenlian
  Systemic Disease / Oral Health
- Dr. Lucenia Ortiz and
  Dr. Louanne Keenan
  Cultural Diversity
- Mickey Wener and
  Carol Yakiwchuk
  Long Term Care
  Dental Hygiene Practice

Workshops include

- Cheri Wu, Cavitron
  Ultrasonics
- Dr. Michele Nanchoff-Glatt
  Health Communication
- Stacy Mackie
  Pharmacy Resources

Also available

Take part in the pre-event evening session on Thursday, May 1, 2008 “Financial Finesse” with speaker, Donna Worthington. This session will be of general interest to all CRDHA members; in addition Donna will speak about some of the financial aspects of starting a new business.

Registration includes

- Presentations
- Workshops (limited attendance pre-registration required)
- Exhibitors Showcase
- Presidents Reception
- Breakfasts, Lunches and refreshment breaks on Friday and Saturday

Mark your calendar!

May 2-3, 2008
Continuing Competence

In Person Learning Opportunities

October 11, 2007
PROVINCE WIDE
Edmonton host site
Videoconference
Infection Control
Speaker: Dr. Trey Petty
Contact: CRDHA office
1-877-465-1756

October 20, 2007
EDMONTON
Restorative Materials in Pediatric Dentistry
Speaker: Dr. Kevin Donly
Contact: U of A Dept of Dentistry Con. Ed.
Trish (780) 492-5391

October 23, 2007
GRANDE PRAIRIE
Antibiotic Resistance & Adjunctive Periodontal Therapy, Today
Speaker: Susan Isaac
Contact: CRDHA office
1-877-465-1756

October 24, 2007
EDMONTON
Antibiotic Resistance & Adjunctive Periodontal Therapy, Today
Speaker: Susan Isaac
Contact: CRDHA office
1-877-465-1756

October 30, 2007
EDMONTON
Ortho Theory Exam - Registration Deadline – July 30, 2007
Contact: U of A Dept of Dentistry Con. Ed.
Trish (780) 492-5391

November 2-4, 2007
EDMONTON
IV Sedation Refresher - Registration Deadline – October 19, 2007
Contact: U of A Dept of Dentistry Con. Ed.
Trish (780) 492-5391

November 10-13, 2007
VICTORIA
Current Concepts in Dentistry
University of Victoria
Speakers: Dr. Molinari, Dr. Lam, Dr. Clark, Dr. Tenebaum
Contact: UVic office: (250) 721-4747
register@uvcs.uvic.ca

November 16-18, 2007
EDMONTON
Orthodontic Clinical Module - Registration Deadline –
October 31, 2007
Contact: U of A Dept of Dentistry Con. Ed.
Trish (780) 492-5391

November 22, 2007
EDMONTON
A Day At A Perio Office
Speakers: Dr. Colin Wiebe, Bonnie Hoath
Contact: CRDHA office
1-877-465-1756

November 27, 2007
CALGARY
A Day At A Perio Office
Speakers: Dr. Colin Wiebe, Bonnie Hoath
Contact: CRDHA office
1-877-465-1756

December 1, 2007
EDMONTON
Nitrous Oxide Course - Registration Deadline – November 1st, 2007
Contact: U of A Dept of Dentistry Con. Ed.
Trish (780) 492-5391

University of Alberta Dentistry Continuing Education Courses
- Local Anaesthetic
- Orthodontics
- Nitrous Oxide / Oxygen Conscious Sedation

Contact: Trish Baker (780) 492-5391
Website: www.dent.ualberta.ca/continuing.cfm

University of Alberta Dental Hygiene Program Dental Hygiene Refresher Course

Contact: Brenda Walker
CRDHA Registrar
1-877-465-1756
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<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Event Details</th>
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<tr>
<td>January 17-20, 2008</td>
<td>EDMONTON</td>
<td>Local Anesthetic Module - Registration Deadline – October 17, 2007</td>
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<td>January 26, 2008</td>
<td>EDMONTON</td>
<td>CPR - Registration Deadline – December 14, 2007</td>
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<td>February 8-10, 2008</td>
<td>EDMONTON</td>
<td>Ortho Clinical - Registration Deadline – January 25, 2008</td>
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<td>May 1-3, 2008</td>
<td>EDMONTON</td>
<td>IV Sedation – Session III - Registration Deadline – December 3, 2007</td>
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<td>May 2 &amp; 3, 2008</td>
<td>EDMONTON</td>
<td>CRDHA Annual Continuing Competence Event</td>
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<td>Contact: CRDHA office 1-877-465-1756</td>
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<td>May 3, 2008</td>
<td>EDMONTON</td>
<td>CRDHA Annual General Meeting</td>
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<td>Contact: CRDHA Office 1-877-465-1756</td>
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<td>May 14, 2008</td>
<td>EDMONTON</td>
<td>Ortho Theory Exam - Registration Deadline – February 14, 2008</td>
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<td>May 30-June 1, 2008</td>
<td>EDMONTON</td>
<td>Ortho Clinical - Registration deadline – May 16, 2008</td>
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<td>June 5-8, 2008</td>
<td>EDMONTON</td>
<td>Local Anesthetic Module - Registration Deadline – March 5, 2008</td>
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<td>Trish (780) 492-5391</td>
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<td>June 14, 2008</td>
<td>EDMONTON</td>
<td>Location to be determined</td>
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<td>Nitrous Oxide Course - Registration Deadline – May 14, 2008</td>
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On-line Learning Opportunities

Following are some on-line sites that offer a wide variety of courses and which were accessible at the time of printing this newsletter. The following sites may assess a user fee and/or require registration with user name and password:

**Canadian Dental Hygienists Association (CDHA)**
www.cdha.ca

Introducing two new courses from the Canadian Dental Hygienists Association (CDHA):

**Difficult Conversations**
Do you find it hard to deliver tough messages? Do you get anxious when others get angry at you? Do you avoid conversations that may end in arguments? The Stitt Feld Handy Group Online Difficult Conversations Course is designed to help you have the hard but necessary conversations that we all have to face.

**Negotiation**
As a dental hygienist you negotiate on an ongoing basis in your day-to-day life. When negotiating an issue that is very important to you, do you find yourself at the losing end of the negotiation? You may already be a good communicator, but you may like to improve your negotiation skills to achieve better results and be more effective in all areas of your life. This course will assist you in developing or improving your persuasive communication skills.

**The National Maternal and Child Oral Health Resource Center (OHRC)**

The National Maternal and Child Oral Health Resource Center (OHRC) is pleased to announce the availability of a new web-based continuing education (CE) course, Special Care: An Oral Health Professional’s Guide to Serving Young Children with Special Health Care Needs. Four CDRHA CCP credits will be awarded upon successful completion of the course. This course contains 5 Modules and is free of charge.

**Special Care Dentistry Resources for Dental Professionals**
www.scadonline.org/displaycommon.cfm?an=1&subarticlenbr=81

Special Care Dentistry Association is dedicated to providing exceptional oral health care to special needs patients.

**The University of Iowa Geriatric Education Centre**
www.healthcare.uiowa.edu/gec/publications/info-connect/default.asp

Info-Connect brochures provide succinct, practical references for nursing home practitioners on key clinical topics.

The Iowa Geriatric Education Center offers online learning opportunities for healthcare professionals and trainees. To learn more about any of our e-learning products, or to access a product visit this website.

Watch for these free, curriculum based healthy living programs coming soon.
Websites To Visit

Business

Bank of Montreal
www4.bmo.com/popup/0,2284,35490_15688524,00.html

The Bank of Montreal hosts Business Coach podcasts on a variety of business related topics. A podcast is an audio or video file that you can download onto your computer or media player and listen to or watch whenever and wherever you want. You may download individual podcast episodes at your leisure, or subscribe to a podcast so that it is automatically downloaded to your computer as soon as it becomes available.

Registrants’ Handbook Documents

CRDHA
www.crdha.ca

Access the CRDHA website for the following documents pertaining to dental hygiene practice in Alberta:

- Health Professions Act
- Dental Hygienists Profession Regulation
- CRDHA Code of Ethics
- CRDHA Practice Standards
- CRDHA Continuing Competence Program Rules
- CRDHA Continuing Competence Program Forms

Immunization

Statement on Influenza Vaccination

The national goal of influenza immunization programs is to prevent serious illness caused by influenza and its complications, including death. The National Advisory Committee on Immunization (NACI) therefore recommends that priority be given to immunization of those persons at high risk of influenza-related complications, those capable of transmitting influenza to individuals at high risk of complications, and those who provide essential community services; however, NACI encourages annual vaccine for all Canadians. Visit this site for further information.

National Advisory Committee on Immunization (NACI)
www.naci.gc.ca

The National Advisory Committee on Immunization (NACI) provides the Public Health Agency of Canada with ongoing medical, scientific, and public health advice regarding vaccines approved for use in humans in Canada and recommendations for immunization. For updates and supplements to the Canadian Immunization Guide or more information about the National Advisory Committee on Immunization (NACI), visit the web site at:

National Network for Immunization Information (NNii)
www.immunizationinfo.org

The mission of the National Network for Immunization Information (NNii) is to provide the public, health professionals, policy makers, and the media with up-to-date, scientifically valid information related to immunization to help them understand the issues and to make informed decisions. This is a USA organization.

Additional Resources

SmokeFree Alberta
www.smokefreealberta.com

The Campaign for a Smoke-Free Alberta supports the Health Minister, Dave Hancock, in his efforts to see that tobacco reduction legislation is passed. Visit this website to see how you can help.

University of Alberta Alumni Association
www.uofaweb.ualberta.ca/alumnichapters/dentalhygiene.cfm

Our mission is to promote and enhance the Dental Hygiene program at the University of Alberta, its students and its alumni. Your donations which are greatly appreciated will be used to provide further opportunities for alumni to communicate, to increase fellowship among our colleagues, and to support the ongoing excellence of our profession. Anyone who makes a donation over $10 will receive an official U of A tax receipt.

Human Atlas
http://www.calgaryhealthregion.ca/media/human_atlas/index.html

The Calgary Health Region site has some simple animated medical videos which describe medical conditions and / or treatment. For example, blood pressure, lung cancer, gingivitis, root canal. This would be a good chairside audiovisual aid.
CE Delivered to Alberta’s Registered Dental Hygienists

Alberta’s registered dental hygienists have discovered a convenient way to access continuing competence opportunities at home. *The DVD Quarterly of Dental Hygiene* provides access to 12 credit hours per year in the easy-to-view DVD format at relatively low cost.

“I particularly appreciate being able to view and review this material at my convenience,” reports Calgary dental hygienist Lois Stobbe, who has been in practice for 23 years. “As well, the quality of the Quarterly’s programming is consistently high.”

Founded in partnership with the Canadian Dental Hygienists Association in 2005 to respond to the dental hygienists’ requirement for continuing competence to maintain professional standing, the DVD Quarterly has over 2000 subscribers. Publisher Ray Homer, President of CME Network, notes that the four issues per year are mailed to dental hygienists across Canada as well as in the US, Europe, the Caribbean, Australia and New Zealand. About 14% of current subscribers are in Alberta.

The clinical approach of the programming on topics such as, Treatment Planning, Periodontics and Laser Techniques has drawn high marks from dental hygienists in past issues. Upcoming presentations in the Fall and Winter editions include Ultrasonics, Ergonomic Tips and Oral Systemic Links.

A new feature which is proving popular is the full service website introduced in June. At www.dvdquarterly.com dental hygienists may subscribe, renew their subscriptions, take Q&A tests and receive their certificates of participation all on-line. Ray Homer points out that the addition of the one-stop Quarterly website means that dental hygienists are now offered the choice of taking their Q&A tests either by mail via the traditional paper-based method enclosed with the DVD or instantly via the web.

In assessing the *DVD Quarterly of Dental Hygiene*’s contribution, Lois Stobbe concludes that continuing competence is a key to maintaining professional standards in this changing field. “I value my Quarterly library of DVD’s to provide this ongoing learning support.”

To subscribe to the *DVD Quarterly of Dental Hygiene*, visit www.dvdquarterly.com or call toll-free 1-866-999-2999.
Offering lectures and clinical sessions for the 2007/2008 academic year:

Instrument Options for Advanced Periodontal Hand Instrumentation
October 13, 2007     3 hour lecture

Advanced Periodontal Hand Instrumentation-Furcations
February 2, 2008     2 hour clinical session-maximum 8 participants per session

Implementing a Periodontal Program
April 26, 2008     3 hour lecture

Instrument Sharpening
May 10, 2008     2 hour lecture/clinical session-maximum 10 participants per session

For more information or to register please call Bonnie Hoath at (403) 278-5446 (day), (403) 254-9421 (eve) or visit www.periodidimensions.com

The Department of Dentistry is beginning arrangements for conducting approximately 80-100 interviews for year two dental hygiene diploma candidates 2008 year. If you are interested in volunteering as an interviewer, please contact the Department of Dentistry Admission Office at (780) 492-1319 by NOVEMBER 1st, 2007.

Without the valuable support of volunteer interviewers we would not be able to have an interview process for prospective students. You possibly have the most insight into the suitability of candidates, so we urge you to volunteer a few hours to help assess potential students. The results of an interview can have significant influence on a candidate’s placement in a class of 40 students. Your assistance is most appreciated by the Admissions Committee.

In preparation for selecting the 2008 year two class, the Department of Dentistry will be holding an Interview Training Workshop on Saturday, February 2, 2008 from 9:00 am to 1:00 pm for all interviewers.

The University of Alberta Dental Hygiene Program participates in the Canadian Dental Association interview. In the interest of reducing variance among the teams, we ask all volunteer interviewers to attend the Interview Training Workshop. (Participation in the workshop is eligible for hour-for-hour Continuing Competence Program Credit for CRDHA members).

The admission interview dates have been scheduled for Saturday, March 8, 2008 and Saturday, March 15, 2008 of which one, or both dates, may be selected. In addition, a limited number of interviews may be scheduled in May or June.

The Informed Entrepreneur: 
A Primer for the Business of Dental Hygiene

CRDHA members have asked for a resource about planning for and operating an independent dental hygiene practice. Do you have questions such as:

- What do I need to know about the business?
- How should I structure my practice?
- How do I address some day-to-day operational issues?
- How do I finance this business?
- What other resources are out there?

It is our pleasure to make this manual: The Informed Entrepreneur: A Primer for the Business of Dental Hygiene available for purchase for CRDHA members on a cost recovery basis.

Please send me ________ copy(s) of the manual which is priced at $40.00 (forty dollars) per copy.

My cheque or money order in the amount of $_________ is enclosed.

CRDHA ID # ________________________________
Name ________________________________
Mailing Address ________________________________
Phone (H): ____________________ Phone (W): ____________________
Email: ________________________________
**Part-time Registered Dental Hygienist**

We are a busy, well-established family practice in Sherwood Park, Alberta, a beautiful community ten minutes east of Edmonton. We have an opening for an RDH for two Saturdays a month, with hours from 8am-2pm. This is a perfect position for you to increase your hours or if you have young children and are available on Saturdays. Take this amazing opportunity to be part of our great team.

Contact us now for more information.
Phone: (780) 449-5467 or email: smilesherwoodpark@shaw.ca.

---

**Registered Dental Hygienist required**

For Mountain View Dental Centre

Excellent, Friendly, Family Practice
Please fax, mail or drop by a resume
Fax: (403) 845-7605
Mail: Box 1840, 5040A – 50 Street
Rocky Mountain House, AB T4T 2A1

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**HAVE YOU CONSIDERED THE**

**benefits**

**OF A PERSONALLY OWNED**

**DISABILITY INSURANCE PROGRAM?**

A personal disability insurance policy will protect you from the financial hazards from an accident or illness with no risk to you of...

- the contract being cancelled by the insurer;
- any provision of the contract being altered;
- the premiums being increased.

We can explain the differences between the CDHA & CDSPI (group employee plan) and an individual policy. We will design a program specific to your individual needs.

Nancy McKenzie, RHU
Suite 102, 718 - 12 Avenue SW
Calgary, AB T2R 0H7
Tel 403.265.5681
Cel 403.612.8772
1.877.217.1303
Email: nancy@yellowraincoat.ca

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**Pacific Dental Conference**

March 6-8, 2008
Vancouver, BC Canada

Experience Vancouver...
Join us for an enriching learning experience!

- Over 10,000 attendees expected
- Over 500 exhibitor booths
- International line-up of speakers
- Up to 12.5 hours of CE courses

Easy Online Registration and program information at...

www.pdconf.com

Online registration opens October 15th, 2007
Save money by registering before January 18th, 2008

---

**temp911**

Dental Staffing Agency Inc.

Currently seeking RDA, RDH and Receptionist for full-time, part-time and temporary placement with various dental offices in the city. Please submit your resume today.

**Edmonton Contact**
Phone: (780) 489-0828
Fax: (780) 489-0885

**Calgary Contact**
Phone: (403) 237-8857
Fax: (403) 237-8859

Email: temp911@shaw.ca

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**Mark these dates on your calendar now!**

**Pacific Dental Conference**

March 6-8, 2008
Vancouver, BC Canada

Experience Vancouver...
Join us for an enriching learning experience!

- Over 10,000 attendees expected
- Over 500 exhibitor booths
- International line-up of speakers
- Up to 12.5 hours of CE courses

Easy Online Registration and program information at...

www.pdconf.com

Online registration opens October 15th, 2007
Save money by registering before January 18th, 2008
University of Alberta
Dental Hygiene Clinical Instructors

The Dental Hygiene Program, University of Alberta is accepting applications for part-time Dental Hygiene Clinical Instructors, responsible for clinical instruction.

Applicants must be a registered dental hygienist, holding a current College of Registered Dental Hygienists of Alberta Practice Permit. Preference will be given to applicants with a Bachelor’s degree. Applicants must have at least four years, and preferably more than five years of clinical practice experience. Local anaesthetic training is preferred but not required.

To apply, please send a resume by email or mail to:

Dr. Sharon Compton, Director
Dental Hygiene Program
2032 Dentistry/Pharmacy Centre
University of Alberta
Edmonton, AB  T6G 2N8

Phone:  (780) 492-4479
Fax:  (780) 492-8552
E-mail:  scompton@ualberta.ca

CPR CERTIFICATION
You and your co-workers need CPR certification annually.
As a leading provider for the Canadian Red Cross, the Rescue Training Institute is here to provide you with that CPR training and certification.

- Meets requirements of the College of Registered Dental Hygienists of Alberta
- Training happens right at your office (Edmonton and area)
- Courses based on your schedule
- $60 per person (after 15% discount applied for CRDHA members)

Rescue Training Institute
Be Prepared...to survive

Call Now!

rest.com
www.first-aid.ca
info@first-aid.ca
(780) 125-8900

Jelscorp

www.jelscorp.com

Customized Dental Hygiene Office Setup &
Expert Advice from Qualified Professionals
2619 - 35th Street SW
Calgary, Alberta
T2E 2Y3

(403) 697-3493
jebo@sb.com

Rescue Training Institute can help you

ADVERTISE
If you’re looking for a registered dental hygienist to fill a position on the team, or have a product or service for sale visit www.crdha.ca and click on Employment Opportunities

New for 2008!
RDH Rocky Mountain Rhapsody
Exclusive Dental Hygiene Conference
Banff Centre
107 Tunnel Mt Dr. Banff Alberta
Fri March 14th and Sat March 15th

Featuring
Dr. Esther Wilkins RDH DMD
The RDH Event of the Year!
Dynamic Speakers
Breakfast ~ Lunch ~ Exhibits
Register On Line for Discounts

View www.ConEdGroup.com for details or call Nancy Smith 604-575-4570
Presented by CE Solutions
Return undeliverable Canadian addresses to:

College of Registered Dental Hygienists of Alberta
206, 8657 51 Avenue NW
Edmonton, AB T6E 6A8

“I am valued”
Shaheen, Dental Hygienist
Altima Erin Mills Town Centre Dental

“For us, providing compassionate care is always our top priority. My team members and their extended families come to Altima.” Shaheen.

Shaheen made the right choice when she joined the Altima family. She loves Altima’s unique structure and the dynamics of her team. At Altima, everyone contributes and works together to achieve and discover both their personal and team goals.

Visit us online to view our current job opportunities and to be a part of our success!

Ontario • 20 Dental Centres • www.altima.ca
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