Cultural Competence in Dental Hygiene Practice

Alberta is more culturally diverse than ever. How can dental hygienists respond to the challenge of meeting the health care needs of culturally diverse populations?

See page 4 for more details
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Reminders & Announcements

October 21 & 22, 2016: Canadian Dental Hygienists Association Leadership Summit, Professional Development Session & AGM, Edmonton

October 31, 2016: CRDHA Annual Renewal Deadline

February 3 – 5, 2017: University of Alberta Continuing Dental Education Banff Updater 2017, Banff

April 27 - 29, 2017: CRDHA Annual Continuing Competence Event, Edmonton

October 19 – 21, 2017: CDHA National Conference, Ottawa

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.
Message from the registrar

Recordkeeping

At the CRDHA’s spring continuing competence event, Nicole Jamani, CRDHA legal counsel, and I presented a session on the HPA and Key Concepts in Discipline Hearings. We advised members that one of the critical elements in investigations and professional conduct hearings is the client record. The Fall issue of the newsletter seemed a timely opportunity to remind members of the elements of good recordkeeping.

Dental hygienists have a professional, ethical and legal responsibility to maintain complete and accurate client records that document all aspects of the dental hygiene process of care. Such records serve multiple purposes:

- Maintain a detailed history of client care and other interactions with the client.
- Facilitate the coordination and continuity of client care.
- Support communication between members of the health care team and with the client.
- Support communication with and referrals to dental specialists or other health professionals.
- Serve as evidence in the case of a complaint, insurance inquiry or law suit.

The Essentials

The detail required for each client record will vary according to the client’s age, health history and other factors; however, certain baseline information should be common to all client records. This information includes:

- Accurate demographic and general information
- A comprehensive, fully completed, and regularly updated health history, including vital signs
- A dental history and notes regarding the client’s “Chief Complaint”
- Documentation of all components of the dental hygiene process of care (assessment, diagnosis, planning, implementation, evaluation) in sufficient detail that another oral health professional can continue with the implementation of the dental hygiene care plan.¹ This includes:
  - All findings from the comprehensive initial client assessments along with updates entered during subsequent appointments
  - A dental hygiene diagnosis
  - A dental hygiene care plan
  - Progress notes documenting oral hygiene instruction provided, treatment performed and recommendations made at each visit, time spent, materials and drugs used, and evaluation of client progress in relation to the DH care plan and treatment provided
  - A record of recall frequency recommendations
- Documentation of consent, including all risks and alternative treatments presented to the client and remarks made by the client
- Documentation of the client’s informed refusal of diagnostic or

¹ This includes:

- All findings from the comprehensive initial client assessments along with updates entered during subsequent appointments
- A dental hygiene diagnosis
- A dental hygiene care plan
- Progress notes documenting oral hygiene instruction provided, treatment performed and recommendations made at each visit, time spent, materials and drugs used, and evaluation of client progress in relation to the DH care plan and treatment provided
- A record of recall frequency recommendations
- Documentation of consent, including all risks and alternative treatments presented to the client and remarks made by the client
- Documentation of the client’s informed refusal of diagnostic or

Brenda Walker, RDH
treatment procedures and the client’s reasons for refusal

• Documentation of consultations with and referrals to other providers

Recordkeeping Guidelines
To keep and maintain acceptable client records, dental hygienists should adhere to the following guidelines:

• Each page or component of the client record (e.g. clinical notes, perio charts, odontograms) is marked with the client’s name or unique identifier

• All entries are dated

• Medical history and clinical assessments are regularly reviewed and updated

• Entries are recorded during or promptly following the appointment

• Entries are recorded using clear, concise, objective statements

• Documentation contains common language and standard abbreviations readily understood by professional peers

• All elements of the periodontal assessment are detailed and well documented (e.g. probing depths, recession, furcations, mobility, hard and soft deposits, bleeding on probing, and periodontal descriptors such as tissue consistency and colour)

• Hand written entries are legible and written in black, permanent ink

• All entries, including electronic entries, are signed, initialed or otherwise attributable to the treating clinician

• Radiographs and other diagnostic aids (e.g. study models) are properly labelled, dated, and the interpretation of the findings is documented

• Errors are corrected by drawing a single line through the entry, writing the correct information above or immediately following the incorrect entry, and signing the new entry

• If a later edit is necessary, the information must follow the most recent entry in the client record and should begin with "{date} Addendum to {date} progress note," and must be signed

Clinical Progress Notes
Clinical progress notes need to document all elements of the dental process of care to provide sufficient information for someone else to be able to continue the dental hygiene care plan in your absence. Clinicians often develop their own approach to documentation based on the order in which procedures are conducted. There are also several formalized documentation systems available to guide practitioners through the documentation process (e.g. ADPIE, SOAP, PARTS). Whatever system or format you choose to use, you should remain consistent with its use in all client records.

An example of acceptable clinical progress notes appears on the following page.

Risk Management
Be sure to gather and document comprehensive baseline information at every new client’s first appointment. Don’t be tempted to leave probing or other periodontal assessments to follow-up visits unless the client’s oral condition prevents probing (e.g. ANUG), which should be recorded. Complete, initial periodontal assessments support your DH care plan and appointment sequencing, allow accurate comparison of findings at follow-up visits, and provide evidence in the event of a misunderstanding or complaint by the client.

Unfortunately, unprofessional conduct complaints can occur against a dental hygienist who routinely meets every standard when providing dental hygiene services. Sometimes complaints are received by the CRDHA years after the client visit. Often, the details of the visit and even the client may have been forgotten by the dental hygienist. Therefore, comprehensive documentation in each client record becomes extremely important and is a dental hygienist’s best protection against allegations of wrongdoing.

From a legal perspective, if comprehensive assessment findings, treatment procedures, recommendations and referrals are not documented, it is like they never occurred. It is virtually impossible to defend yourself, the care you provided and the rationale for your clinical decisions without adequate documentation.

1 CRDHA Practice Standard 1.17.1
2 CRDHA Practice Standard 1.17.2
Clinical Progress Notes:

May 2, 2016  Date of sterilization and load number (or sterilization label affixed in client notes)

HHx review:  No contraindications to DH treatment, smokes ½ pack/day. BP = 128/85, Temp = 37C, Pulse = 74

Chief Complaint  sensitivity to cold lower right molar area, chipped molar upper left, bad taste in mouth

Dental Hx review  Last DH appointment approx. 5 years ago

Extraoral exam  Large swelling at base of occipital region, no tenderness to palpation – MD has seen it and is monitoring.

Intraoral exam  No soft tissue abnormalities detected. Caries 25D and fractured cusp 26MB, hypersensitive roots 45, 46, 47

Periodontal assessment  Full mouth probing completed (see probing chart for full details) - generalized 4 to 5 mm pockets posteriors; generalized moderate bleeding (see probing chart re: BOP and recession); generalized heavy calculus deposits; generalized moderate plaque; generalized moderate stain; tissues – generalized, red rolled margins; localized stippled and light pink mx anteriors

Radiographs  2 BWs – carious lesion noted on 25D

DH Diagnosis  Generalized chronic gingivitis and localized moderate chronic periodontitis, high caries risk – caries 25D and fractured cusp 26MB; client at contemplative stage for quitting smoking

DH Care Plan  Discussed options; fee estimate provided. Mr. Smith agrees to proposed DH Tx plan.

DH Tx provided  Administered LA, 3u sc (ultrasonic and hand scale) Quad 2. LA: 20% benzocaine topical anaesthetic applied at penetration sites for Quad 2; LA administered with 2% lidocaine 1:100,000 epinephrine. Used 2 carpules; breakdown as follows:

PSA: 0.9 ml of solution  GP: 0.6 ml of solution
IO: 1.2 ml of solution  NP: 0.45 ml of solution

Anaesthesia was complete. No adverse effects noted.

OHI  Explained plaque theory, discussed gingivitis and periodontitis, discussed link between smoking and periodontal disease, advised use of desensitizing dentifrice, recommended daily Listerine rinse. Client made aware of need for dental treatment re: 25 and 26, gave Mr. Smith information re: Ask, Advise and Assist tobacco reduction program.

Post-op  Written instructions provided. Discussed possibility of increased sensitivity to cold following scaling.

Signed  Jane Doe, RDH

#1: (Today) Quad 2: Anaesthetize quadrant; power scale quadrant; hand scale; OHI. Note: Chose Q2 so area is in better condition for restoration placement by DDS

#2: Quad 3: Anaesthetize quadrant; power scale quadrant; hand scale; check Q2 & scale PRN; OHI: Evaluate home care effectiveness; discuss link between smoking and periodontal disease; consider sulcabrush, establish home care goals

#3: Quad 4: Anaesthetize quadrant; power scale quadrant; hand scale; check Q2 & 3, scale PRN; desensitize 45, 46, 47. OHI: Discuss Ask, Advise, Assist info provided; (goal setting re: quit date)

#4: Quad 1: Anaesthetize quadrant; power scale quadrant; hand scale; check Q2,3 & 4, scale PRN. OHI: Assess home care effectiveness and sensitivity in Q4

#5: 4 to 6 weeks after appt #4: reassess; re-evaluate probing, tissue and plaque control in all quadrants, and evaluate need for selective polish, fluoride

OHI  Explained plaque theory, discussed gingivitis and periodontitis, discussed link between smoking and periodontal disease, advised use of desensitizing dentifrice, recommended daily Listerine rinse. Client made aware of need for dental treatment re: 25 and 26, gave Mr. Smith information re: Ask, Advise and Assist tobacco reduction program.

Post-op  Written instructions provided. Discussed possibility of increased sensitivity to cold following scaling.

Signed  Jane Doe, RDH

Warning: Merely recording “May 2, 2016. LA Quad 2, 3u scale Quad 2, and OHI” went by the wayside in the 1990s and should not be the only entries regarding a DH appointment anymore!
Alberta’s Cultural Landscape

According to the 2011 National Household Survey\(^1\), Canada’s ethnocultural make-up has been shaped over time by immigrants and their descendants. Each new wave of immigration has added to our ethnic and cultural composition. Recently, the largest group of newcomers to Canada has come from Asia, including the Middle East. Canada’s ethnocultural mosaic is evident through its immigrant population, the ethnocultural backgrounds of its people, the visible minority population, linguistic characteristics and religious diversity.

Within the national framework, Alberta is home to a relatively high proportion of Canada’s foreign-born population. As well, Alberta is one of the four provinces that received the most recent immigrants who arrived between 2006 and 2011, along with Ontario, Quebec, British Columbia.

The Challenge for Health Care Practitioners

A growing challenge for health professionals is to be aware of and respond to the increasingly culturally diverse population. Evidence indicates that certain groups, such as immigrants, refugees, our Aboriginal population, and visible minorities are often vulnerable due to a number of socio-economic factors, resulting in a disproportionate rate of chronic disease, including oral disease.\(^2\)

Improving cultural competence within the health care professions has been identified as a strategy to help reduce health disparities.

In health care, problems with communication are generally attributed to language barriers, culturally inappropriate words, and images which can in turn contribute to problems such as the misuse of medication or the misunderstanding of prevention messages and/or treatment recommendations.\(^3\) Cultural differences can contribute to problems at any stage of the dental hygiene process of care: assessment, diagnosis, planning, implementation, and evaluation.

How can health care providers improve cultural competence? Providing culturally appropriate care means that health care providers and organizations are sensitive to cultural differences and tailor their approaches to meet the specific needs of clients and their families.\(^4\)

To do this, health care providers need to better understand the many words that describe culture and the effects of culture on the people that they serve.\(^5\)

Kamrul, Malin and Ramsden offer the following terminology:

Culture: a set of similar ideas and practices shared by a group of people about appropriate behaviour and values. People who share these basic cultural attributes tend to act, eat, and dress, as well as think about life, in similar ways.

Cultural awareness: the recognition that not all people are from the same cultural background. People have different behaviour, values, and approaches to life.

Cultural sensitivity: the recognition of differences between cultures. These differences are reflected in the ways that different groups communicate and relate to one another, and they carry over into interactions with health care providers.

Cultural competency: a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables the system or professionals to work effectively in cross-cultural situations. It is a process and not an outcome.

Tips for Cultural Competence\(^6\)

Cultural factors can influence clients’ health beliefs, behaviors, and responses to medical and oral health issues. Here are some tips from the Agency for Healthcare Research and Quality on how to consider cultural differences as you build effective relationships with clients during shared decision-making.

Learn how to interact with diverse clients

Keep an open mind. Remember that each client has a unique set of beliefs and values, and they may not share yours.

Ask clients about their beliefs regarding their health condition. (e.g., “What do you think caused the problem? Why do you think it started when it did?”)

This information will allow you to make the most of your interactions during shared decision making. Recognize and understand that the meaning or value of disease prevention, intervention, and treatment may vary greatly among cultures.

Be aware of your own culture and how
that may affect how you communicate with your clients.

Reach out to cultural brokers to help you learn more about the differences and similarities between cultures. They can tell you how to better address the clients you serve regarding cultural appropriateness, beliefs about health, and barriers to communication. Cultural brokers might include other health care professionals, social service workers or cultural group leaders. Ask them to suggest resources you can use to learn more about your clients’ cultures.

Know what you don’t know. You won’t be able to learn about every aspect of every client’s culture. Don’t be afraid to let them know that you are unfamiliar with their culture. Invite them to explain what is important to them and how getting healthy and staying healthy works in their community.

Keep in mind that culture is not homogenous. There is great diversity among individuals—even in the smallest cultural group. Remember, culture changes over time, especially when one cultural group is exposed to and influenced by another culture.

Provide culturally appropriate decision aids
Ask your client about his or her learning preferences to help you present information better during shared decision-making. Find out if your client prefers for you to offer materials in print, video, or audio format. Ask your client if he or she would like you to explain by talking, using a model, making a drawing, or demonstrating how to do something. You may find your client wants you to present information in a variety of ways.

If you use multimedia aids or other health resources for treatment, ensure they reflect the cultures of the clients you serve.

When possible, offer aids, treatment summaries, and educational materials that have culturally relevant descriptions of risks and benefits of treatment options. The best material meets cultural and health literacy or plain language standards.

Provide qualified medical interpreters
Provide qualified medical interpreters for clients whose English proficiency is limited. The use of unqualified interpreters—such as a family member, friend, or unqualified staff member—is not advisable. Never use a minor child to interpret. Using unqualified interpreters is more likely to result in misunderstandings and medical errors.

Expose cultural misunderstandings by asking clients to say in their own words what you have taught them.

Work to build trust
Show respect for your clients in culturally appropriate ways. Make it clear that your role is to help them choose from among the options, and to provide the information they need for their decision-making.

A focus group of five dental hygienists discussed their understanding of cultural competence in a pilot study published in the Canadian Journal of Dental Hygiene (2014). The following excerpt provides one example of the challenges faced in providing culturally competent care. The dental hygienists discussed how they would obtain informed consent when working with culturally diverse clientele:

The group discussed how they would ask for the help of a “family member who could speak English” to translate the information. Initially the group did not believe that there had been any misunderstandings when using such a person as an interpreter, and that there were no ethical issues to doing so. However, once it was suggested that this could be problematic, because the family member may not interpret the information in its entirety depending on his or her own views of health care, the family’s financial situation or their comprehension of the information being provided, they agreed that a family member might not be the best person to act as interpreter.

It also did not occur to the group that, within different cultures, there may be a hierarchy of decision making within the family unit that could lead to a less than accurate translation. One member shared a story about an elderly client who was living in a residential care facility for whom she recommended oral hygiene aids as well as dental treatment. The client’s son had rejected the recommendations because, as he said, “well he’s not going to need his teeth much longer so what’s the point.” The group realized that a language barrier was not an issue in this case, but that there were differences in values.
Recognize that in many cultures, family members are deeply involved in health decisions. Involve extended family members, when appropriate, in shared decision-making and when planning care.

Encourage clients to ask you questions. Explain that asking questions is a good way to learn about health problems and options for treatment. Say, “What questions do you have for me today?” Don’t assume that nodding or saying “yes” means comprehension has been achieved. Ask clients or family members to convey the information in their own words to make sure they understand.

Assess your own awareness

Health care professionals who are interested in assessing their own awareness level can try Alberta Health Services’ Diversity Awareness Self-Reflection Tool, available at http://www.albertahealthservices.ca/assets/Infofor/hp/if-hp-ed-cdm-div-reflection-tool.pdf. This is a practical tool for health care teams that asks you to reflect on your own practices in three categories: physical environment, materials and resources; communication styles; and values and attitudes.

References:

Statistics Canada’s 2011 National Household Survey reflects growing trends in immigration and ethnocultural diversity in Canada.

One out of 5 people in Canada’s population is foreign-born. In 2011, Canada had a foreign-born population of about 6,775,800 people.

Alberta is home to a high proportion of Canada’s foreign-born population. In 2011, Alberta’s immigrants made up 9.5% of all the immigrants in Canada. This represents the fourth highest share among provinces and territories.

Most newcomers settle in large urban centres. Calgary took in 6.1% of the 1.2 million immigrants who arrived in Canada between 2006 and 2011: about 70,700 individuals. Another 4.3%, or 50,000, settled in Edmonton.

Asia is the largest source of immigrants. Canada’s immigrant population reported close to 200 countries as a place of birth in 2011. Asia, including the Middle East, remained Canada’s largest source of immigrants between 2006 and 2011. The share of immigration also increased from Africa, Caribbean, Central and South America in the past five years.

One out of every 5 people reported as a visible minority. In 2011, nearly 6,264,800 people (19.1% of Canada’s total population) identified themselves as a member of the visible minority population.

For more resources relevant to cultural competence, please see Resources (page 14).
Due to staff retirements and membership growth, the CRDHA has added three new members to the staff management team this year. We are pleased to welcome the newest team members: Kim Bernard, Alysha Ferguson and Kathy Rehill.

Who’s Who at the CRDHA

The following list identifies individual staff roles within the organization. You can contact any member of our staff at (780) 465-1756 or toll-free at 1(877) 465-1756.

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Dental Hygiene Program receives approval to offer a degree-only program effective 2017

The dental hygiene program at the University of Alberta (U of A) was established as a diploma program in 1961. Since 2000, the program has offered both a diploma and degree exit. Dr. Sharon Compton, Director of the U of A Dental Hygiene Program, recently announced that effective 2017, the program will only admit students into a degree program. A diploma program will no longer be offered. Following completion of a pre-professional year of studies, students will enter the dental hygiene degree program which will encompass three years of dental hygiene study.

This is a momentous milestone for the dental hygiene program and for the School of Dentistry. Moving to a degree-only program will serve to best address aspects of student learning and student wellness resulting in an enriched overall program experience for the students.

Baccalaureate education provides a pathway for graduate studies and allows dental hygienists to deepen their body of knowledge to guide the profession and best support the oral health of Albertans.

The U of A will continue to offer its Post Diploma Degree Completion Program for prior graduates of the U of A Dental Hygiene Diploma program or graduates of other accredited Canadian or international diploma dental hygiene programs.

Request for Interviewers for the 2017 Dental Hygiene Class

The School of Dentistry is beginning to make arrangements for conducting approximately 105 interviews for the 2017 dental hygiene program applicants. If you are interested in volunteering as an interviewer, please contact the School of Dentistry Admission Office at admissions.dentistry@ualberta.ca by December 1, 2016.

We require all individuals interested in participating as an interviewer to attend the Interview Training Workshop to learn more about the Multiple Mini Interview process and have the opportunity to be calibrated. In the past, Continuing Competence Program credit has been granted for participation in the workshop. Interviewers who have completed the Interview Training Workshop within the last two years are not required to repeat the workshop.

Without the valuable support of volunteer interviewers we would not be able to have an interview process for prospective students. You have considerable experience and 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 42 students.

In preparation for selecting the 2017 year two class, the School of Dentistry will be holding an Interview Training Workshop on Saturday, February 11, 2017 from 9:00 am to 1:00 pm for all interviewers.

The admission interview day has been scheduled for Saturday, March 4, 2017.

Your assistance is most appreciated by the Admissions Committee.
Preventing for Flu Season

Protect your clients, yourself, and your family through immunization.

2016 Immunization

The anticipated start date for the 2016-2017 Influenza Immunization Program will be October 24, 2016 pending vaccine availability.3

Your Annual Immunization

It is estimated that influenza causes about 12,200 hospitalizations and 3,500 deaths in Canada each year. People who are potentially capable of transmitting influenza to those at high risk should receive annual vaccination. Immunization of health care providers decreases their own risk of illness, as well as the risk of death and other serious outcomes among the clients for whom they provide care.

CRDHA Practice Standard 1.18.2(a) requires that registered dental hygienists ensure personal and client safety by maintaining an up-to-date immunization status.

Immunization requirements are included as part of the Infection Prevention and Control (IPC) Standards and Risk Management for Dentistry which have been adopted by the CRDHA. All Dental Health Care Providers should be adequately immunized against:

- Hepatitis B*
- Measles
- Mumps
- Rubella* (mandated under Public Health Act)
- Varicella
- Influenza
- Diphtheria, tetanus

* Immunization for Hepatitis B and Rubella are mandatory. The IPC standard says “all Dental Health Care Providers should be adequately immunized against the other communicable diseases on the list.”

For More Information

For Alberta-specific information about influenza:

www.albertahealthservices.ca/influenza/influenza.aspx

For influenza surveillance reports at the provincial, national and international levels:


United States: Centers for Disease Control and Prevention

www.cdc.gov/flu/weekly

International: World Health Organization

http://www.who.int/influenza/surveillance_monitoring/en/

References:


Radiation Regulation

Health Canada is undertaking proposed amendments to the Radiation Emitting Devices Regulations (Dental X-ray equipment). These amendments will update Canada’s regulatory oversight for radiation safety on new and modern dental X-ray equipment technologies and align Canada’s regulations with the current International Electrotechnical Commission (IEC) Standards, which are already employed by the United States and the European Union.

Amending the Regulations will:
(1) Set out strengthened radiation safety requirements for new and modern dental X-ray equipment (e.g. a requirement to increase the minimum peak X-ray tube voltage from 50 kV to 60 kV reduces unnecessary radiation exposure of patients to low energy X-rays that do not contribute to image formation);
(2) Address a broader scope of dental X-ray technologies (e.g. cone beam computed tomography (CBCT) and hand-held equipment); and
(3) Require manufacturers to provide more information to support optimized equipment use (e.g. quality control specifications).

Timeline and Consultation

The proposed amendments to the Radiation Emitting Devices Regulations (Dental X-ray equipment) were published for consultation in Canada Gazette, Part I, pages 2079-2107, on June 18, 2016.

The proposed Regulations come into force six months after the day that they are published in the Canada Gazette, Part II, allowing manufacturers sufficient time to align themselves with the amended Regulations.

Provincial Changes to Radiation Equipment Registration and Renewal

Watch for communication from the Alberta Association of Safety Partnerships detailing changes to existing dental radiation equipment registration, certificate renewal, and equipment status and quality assurance reporting.

See the following link for the complete Regulatory Impact Analysis Statement, including issues, objectives, description, rational, implementation, enforcement and service standards surrounding the regulations. www.gazette.gc.ca/rp-pr/p1/2016/2016-06-18/html/reg3-eng.php
WHMIS

The Workplace Hazardous Materials Information System (WHMIS) is Canada's national hazard communication standard. The key elements of the system are hazard classification, cautionary labelling of containers, the provision of safety data sheets and worker education and training programs.

For more information:

Transition from WHMIS 1988 to WHMIS 2015
On February 11, 2015 the federal WHMIS legislation was amended to align with the Globally Harmonized System of Classification and Labelling for chemicals (GHS). Alberta will amend the Occupational Health and Safety (OHS) Code, Part 29 to be consistent with the federal legislation. During the transition period, suppliers of “hazardous products” will be allowed to comply with either the old system (WHMIS 1988) or the new (WHMIS 2015). All suppliers must provide information in compliance with WHMIS 2015 by June 2018.

Your Responsibility
A worker who works with WHMIS regulated products must participate in education and training sessions, and follow the safe work procedures established by their employer.

For more information:
www.ccohs.ca/oshanswers/chemicals/whmis_ghs/education_training.html

E-Courses
If you wish to participate in a commercially developed course, the Canadian Center for Occupational Health and Safety in partnership with the Hazardous Material Bureau of Health Canada has developed an e-course to provide worker education on the new WHMIS system. This course can be taken by dental health workers, has a nominal registration free, and is eligible for continuing competence credits.

For more information:
www.ccohs.ca/products/courses/whmis_workers/

Misleading Information about Workplace Training
Alberta Jobs, Skills, Training and Labour (JSTL) been receiving reports and complaints about aggressive, high-pressure sales tactics by commercial providers of WHMIS workplace safety training. When contacted, employers may be given the impression that the caller is someone who represents the government and that the commercial provider’s training course is required and/or endorsed by JSTL.

You should be aware that JSTL is not affiliated with these commercial training providers. There is no requirement for an employer to use a commercial training provider or materials created by a commercial company to conduct WHMIS training.

For more information:
## Continuing Competence

### 2016 - 2017 U of A Continuing Dental Education

The University of Alberta’s Continuing Dental Education (CDE) program provides specialized education and certification programs to postgraduate dentists, dental hygienists, dental assistants and dental laboratory technicians.

Using innovative, evidence-based educational activities, CDE develops, provides and evaluates learning opportunities and resources and as a result, the CDE participants are better able to meet their own professional development requirements.

Advanced practice courses of interest to registered dental hygienists include:

- Local Anaesthetic
- Nitrous Oxide Oxygen Conscious Sedation
- Orthodontic Module

For the most up-to-date information on the wide variety of courses being offered, visit: [www.dentistry.ualberta.ca/CDE](http://www.dentistry.ualberta.ca/CDE)

### October 2016

**EDMONTON, AB**

Canadian Dental Hygienists Association Leadership Summit, Professional Development Session & AGM  
October 21 & 22, 2016  
[www.cdha.ca/2016Edmonton](http://www.cdha.ca/2016Edmonton)

### February 2017

**BANFF, AB**

University of Alberta Continuing Dental Education Banff Updater  
February 3 - 5, 2017  
[www.dentistry.ualberta.ca/CDE](http://www.dentistry.ualberta.ca/CDE)

### April 2017

**EDMONTON, AB**

CRDHA Annual Continuing Competence Event  
April 27 - 29, 2017  
DoubleTree by Hilton Hotel West Edmonton  
Various speakers and workshops (to be announced)  
Sponsored by CRDHA  
[info@crdha.ca](mailto:info@crdha.ca)

### October 2017

**OTTAWA, ON**

Canadian Dental Hygienists Association National Conference  
October 19 – 21, 2017  
Continuing Competence Online

Following are some online sites which were accessible at the time of printing this newsletter. Providers may assess a user fee and/or require registration with user name and password.

**Canadian Dental Hygienists Association (CDHA)**
www.cdha.ca
Some CDHA courses have limitations on the eligibility for CCP credit.

**American Dental Association**
www.adaceonline.org

**American Dental Hygienists Association**
www.adha.org/ce-courses

**Introduction to Chronic Disease Management**
www.albertahealthservices.ca/info/Page7736.aspx

**Coursera**
www.coursera.org/
Online courses from various universities. Some courses are free. Diverse topics include for example: Health Leadership; Health Literacy; Interprofessional Practice; Drugs and the Brain; Human Physiology.

Assigning Program Credits for Online Courses

The CRDHA Competence Committee determines the eligibility of specific courses for Continuing Competence Program credit. CRDHA Continuing Competence Program (CCP) Rule 9.1.3 Self Directed Study states: “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 course.”

The Competence Committee determined that the number of credits indicated by some course providers is not consistent with the content of the courses. The Competence Committee considered the allocation of program credit by the online course providers listed below and determined the following:

<table>
<thead>
<tr>
<th>Courses from the providers named below are eligible for 50% of the credits indicated by the provider.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crest Oral B/Proctor and Gamble; (Dental Resources; Dental Care)</td>
</tr>
<tr>
<td>Hygienetown</td>
</tr>
<tr>
<td>INR Biomed</td>
</tr>
<tr>
<td>I Need CE (Penwell, Hu-Friedy)</td>
</tr>
<tr>
<td>Pharmacy Times: Courses relate mostly to the Pharmacy Profession.</td>
</tr>
<tr>
<td>CDE World</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Courses from the providers named below are eligible for the number of the credits indicated by the provider.</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Dental Association</td>
</tr>
<tr>
<td>American Dental Hygienists Association</td>
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<tr>
<td>Dental Learning Network (Academy of Dental Learning)</td>
</tr>
<tr>
<td>Dimensions of Dental Hygiene (Belmont)</td>
</tr>
<tr>
<td>Health Studies Institute</td>
</tr>
</tbody>
</table>

Online continuing dental education is a convenient way to learn at your own pace, anywhere, anytime.
Resources

CRDHA Members Sign In Online

Sign in to the CRDHA member page on the CRDHA website to access valuable resources such as:

- IPC Standards
- Donning and Doffing PPE Resources
- IPC Manual Development Resources and video
- Continuing Competence Program Rules

You can also do the following from the member sign in page:

- Update Your Personal Information
- View or Print Your CCP Transcript
- Upload Current CPR Document
- Annual Renewal
- View or Print Your Renewal Receipt (once your online renewal has been accepted. Receipts are no longer sent by mail.)

Cultural Competence

Alberta Health Services: Diverse Populations
Provides links to initiatives, research and education related to diverse populations.

www.albertahealthservices.ca/info/Page8431.aspx

Alberta Health Services: Diversity Awareness Self-Reflection Tool
Provides a practical tool for assessing your own diversity awareness as a health care provider.


American Medical Association
Provides information and resources that health care staff can use to provide better care to clients with limited English proficiency.


BC Women’s Hospital & Health Centre: Culturally Connected
Offers practical information and tools for health professionals to support children, youth, women, and families from culturally and linguistically diverse backgrounds.

https://culturallyconnected.ca/

Workplace Safety

Canada’s Healthy Workplace Month
Provides web-based sources for workplace health and wellness information, such as healthy workplace tools, resources and best practice examples, to help organizations create healthy workplaces with benefits for employees and themselves.

http://healthyworkplacemonth.ca/en/resources/key

Safety Competencies
Outlines a framework of six core domains of abilities relevant to health care professionals, to support safer patient care.

www.patientsafetyinstitute.ca/en/toolsResources/safetyCompetencies/Pages/default.aspx
FINAL REMINDER!
RENEW NOW WITH CDHA/CRDHA

Renew your 2016-2017 membership today and be CDHA/CRDHA strong with premium membership benefits including:

- CDHA Protect—professional liability insurance with enhanced coverage including free legal advice
- Discounted registration fee for CDHA’s 2017 global conference
- Publications, resources, and other professional development opportunities
- e-CPS/RxTx—your primary source for the most current drug and therapeutic information
- CDHA Perks—entertainment discounts that have already saved members over $140,000

View the complete list at [www.cdha.ca/Benefits](http://www.cdha.ca/Benefits)
Renew your membership at [www.crdha.ca](http://www.crdha.ca)

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Pacific Dental Conference

**March 9-11, 2017**
Join us in Vancouver, BC

**Inspiring program**  
**Fantastic networking**  
**Unforgettable location!**

- Three days of varied and contemporary continuing education sessions
- Over 130 speakers and 150 open sessions and hands-on courses to choose from, as well as the Live Dentistry Stage in the Exhibit Hall
- Over 300 exhibiting companies in the spacious PDC Exhibit Hall
- Fantastic shopping, beautiful seawall access within blocks of your hotel, and great spring skiing, golfing and cycling

Online registration begins October 15th, 2016 at... [www.pdconf.com](http://www.pdconf.com)

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**Featured Speakers**

- Harold Crossley  
  Pharmacology
- Kristy Menage Bernie  
  Dental Hygiene
- Rosemary Bray  
  Team Communications
- Stanley F. Malamed  
  Anaesthesia
- Steve Gilliland  
  Communications
- John Alonge  
  Oral Surgery

Complete speaker roster available for viewing Oct 15th at pdconf.com
NEW SESSIONS:
• Infection Prevention & Control
• Where the Wheels Hit the Road: Caring for Our Dental Patients with Medical Concerns
• Current Trends in E-Cigs & Tobacco Use
• Piezoelectric VERSUS Magnetostrictive Ultrasonic Scaling

RETURNING SESSIONS:
• Neuromodulators
• Managing Medical Emergencies
• Sedation Updater
• Accounting & Tax Practices
• Investment Strategies

More sessions to be added, save the date and check our website!

SUPERBOWL PARTY
FEB 5TH - FAIRMONT ROYAL SUITE
sponsored by
Richardson GMP & MNP

UNIVERSITY OF ALBERTA
FACULTY OF MEDICINE & DENTISTRY
Continuing Dental Education

ANYEDUCATIONAL AVALANCHE COMING YOUR WAY
FEBRUARY 3-5, 2017
FAIRMONT BANFF SPRINGS

For more information and to register: www.dentistry.ualberta.ca/CDE
PH: 780-492-5391
EM: dentce@ualberta.ca

The AlbertaQuits Learning Series is a free, professional development program that teaches health professionals how to talk with their patients about quitting tobacco.

Visit http://www.albertaquits.ca/learning/index

Anyone can develop Alzheimer’s or other types of dementia.

Learn more.

alzheimercalgary.ca
New number.
Same trusted health advice.

811
Health Link
Health Advice 24/7

New number.
Same trusted health advice.

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Health Link
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DVD Quarterly of Dental Hygiene

Add to your Continuing Competence Program credits at home

The DVD Quarterly has provided:
- 10 years of quality education
- 200 video presentations
- 960,000 educational credit hours
- to 8,000 subscribers

Completion Certificates 12 hr/yr

CDHA Members Receive a 25% Pricing Discount
CDHA Member Cost $149.95 + 13% HST = $169.45
CDHA non-member cost $199.95 + 13% HST = $225.95

Visit www.dvdquarterly.com to subscribe, or call 1-866-999-2999

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