Are YOU Ready for Influenza Season?
Health and Safety Considerations for Dental Health Care Workers and Their Clients
Turn to page 9 for details.
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The College of Registered Dental Hygienists of Alberta (CRDHA) exists so that Albertans will receive safe, high quality dental hygiene care from a continually advancing dental hygiene profession.

Reminders & Announcements

October 19-21, 2017: Canadian Dental Hygienists Association Conference, Translating Knowledge to Action, hosted in conjunction with the National Center for Dental Hygiene Research and Practice, Ottawa, ON

October 31, 2017: CRDHA Annual Renewal Deadline

March 8-10, 2018: Pacific Dental Conference, Vancouver, BC

April 26-28, 2018: CRDHA Annual Continuing Competence Event, “Mouth, Mind & Body Connections”, Coast Plaza Hotel and Convention Centre, Calgary, AB

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.
Dear friends and colleagues,

This is my last director’s column as CDHA president. It has been a very rewarding and educational year meeting dedicated oral health care professionals. I have been constantly impressed by the actions of individual dental hygienists as well as by their commitment to their clients and their profession.

One of the most rewarding meetings for me was with the Canadian Academy of Periodontology (CAP). I had the honour of presenting to their executive and board of directors—a first for both organizations. This opportunity resulted in a commitment to a continuing dialogue between CDHA and CAP. Enhancing collaboration between dental hygienists and periodontists will be of great benefit to clients and to dental health professionals.

In early July, the International Federation of Dental Hygienists (IFDH) hosted a social responsibility conference. “Gift From the Heart” placed second in the Dental Hygienist – Social Responsibility Award program; founder and coordinator Bev Woods was invited to present the program to those in attendance. Other Canadians attending and recognized were Denise Kokaram (The Alex Dental Health Bus program) and Shannon O’Neill (Syrian refugee oral health program). CDHA congratulate all these remarkable dental hygienists.

Please join CDHA’s board in Ottawa, October 19–21, at the conference, Translating Knowledge to Action. Jointly hosted with the National Center for Dental Hygiene Research and Practice, it promises to be a great learning opportunity. Come, connect, and reconnect with colleagues. Early bird registration ends September 15.

Gerry Cool, RDH
CDHA board director, Alberta

WHAT’S NEW AT CDHA?

PROFESSIONAL DEVELOPMENT
CDHA is committed to supporting your ongoing professional development so we’re thrilled to announce that all webinars will be available to members for FREE as of November 1, 2017, saving you hundreds of dollars.

Webinars now on demand:
Silver Diamine Fluoride for Caries Control
Oral Rinsing: What Should You Tell Your Clients?
2017 Job Market & Employment Survey Report, September 13, 2017
Dentin Hypersensitivity, September 20, 2017
sponsored by Colgate
Community Water Fluoridation, October 4, 2017

FREE webinars coming soon:
Challenges of Our Diabetic Clients, November 15, 2017
sponsored by SUNSTAR
www.cdha.ca/webinars

MEMBERSHIP RENEWAL
CDHA membership provides access to many great benefits. Check out our new benefits flyer to learn more: www.cdha.ca/benefits. Your CDHA membership is renewed when you complete your annual CDHA registration.

PARTNERS’ CIRCLE
CDHA’s Partners’ Circle is comprised of dental industry firms dedicated to the advancement of the dental hygiene profession and the important role that dental hygienists play in the oral health care team. We are extremely proud to announce the members of the 2017 CDHA Partners’ Circle: www.cdha.ca/partnersCircle

CDHA POSITION STATEMENT: COMMUNITY WATER FLUORIDATION
CDHA’s updated position statement on community water fluoridation is now available at www.cdha.ca/positionstatement

NDHW™ 2017
Another round of celebrations are over and our contest winners have been announced at www.cdha.ca/NDHW. Thanks to our sponsors Dentsply Sirona, Sunstar G•U•M, TD Insurance, PHILIPS Sonicare, and PHILIPS ZOOM! Mark your calendars now for #NDHW18 (April 7-13).

SAVE THE DATE
- CDHA National Conference, October 19 to 21, 2017
  Ottawa, Ontario. www.cdha.ca/2017conference

www.cdha.ca info@cdha.ca @thecdha www.facebook.com/theCDHA
Recently, I had the pleasure and honour of interviewing Brenda Walker to reflect on her career that includes being the first, and to date, only Registrar for a self-regulating dental hygiene profession in Alberta. However, my 30-minute interview barely scratches the surface of summarizing her impressive 46-year career as a dental hygienist; clinical dental hygiene instructor; chief administrative officer; registrar; chairperson of and presenter at multiple conferences and workshops; founding member of the Federation for Dental Hygiene Regulatory Authorities (FDHR); member of more than ten provincial and Canada-wide committees, task forces, commissions, and boards; and mentor to many. In addition during this time, Brenda always made time for her personal life as loving wife, mother, and grandmother.

CRDHA: Thank you for agreeing, albeit reluctantly, to this interview. Some of your words today will be your last “Message from the Registrar” in the fall InTouch newsletter since you are retiring on September 30. Are you finding it difficult to wipe a smile off your face or is retirement something you are grappling with?

Brenda Walker: Really, I have mixed feelings about it. Certainly, I am really going miss working after all these years, but it’s time. I am ready for what comes next and to reset my priorities.

CRDHA: Now, I should warn you, this next question was not on the list I provided you previously.

BW: [laughing] So, you’re just like the media.

CRDHA: If you could sum up your entire dental hygiene career in three words, what words would you choose?

BW: Fulfilling. Challenging. Rewarding. And that’s just from the top of my head. You realize I am one of those kind of people who likes to think about things for a while.

CRDHA: As a little girl, what did you want to be when you grew up?

BW: When I was little, I thought that I would be either a nurse or a teacher. In those years, there really weren’t many other options promoted for women. I did apply to go into education at the same time as I applied to dental hygiene. I kept my options open. I was accepted to both, but I chose dental hygiene.

CRDHA: I guess you could say, in some ways, you combined education with dental hygiene early in your career. Clinical dental hygiene practice itself has an educational component, and you were also an instructor in the dental hygiene program at the U of A from 1975 until 1991, when you resigned to assume the registrar position. What influenced you in your decision to become a dental hygienist?

BW: A new family moved into the community where my family was living when I was a teenager and had asked me to babysit for them. I was probably
in Grade 11 at the time. The dad was a recent graduate of the dentistry program at the U of A. He asked me what I was going to do once I finished high school, to which I responded I was applying to education. He asked if I had ever considered dental hygiene. I said I knew nothing about it. He then proceeded to tell me about this new program at the U of A. I did a little bit of investigating and it sounded quite interesting. Dental hygiene was something very different and very new. And it was in Edmonton, at the U of A, so I applied and I got in. I was also accepted to education, but I chose dental hygiene.

CRDHA: You are the very first Registrar for a self-regulating dental hygiene profession in Alberta, first with the Alberta Dental Hygienists’ Association (ADHA) after the Dental Disciplines Act proclamation in 1990, and then continuing as the association became the College of Registered Dental Hygienists of Alberta (CRDHA) in 2006 under the Health Professions Act. Please tell me a little about how it came to be that you were first hired as Registrar.

BW: When the Dental Disciplines Act came into force, the ADHA then required a Registrar, so they advertised the position and sought applicants for it. I submitted my application, along with some other individuals, and I was the one selected.

I expect I was selected because of my prior experience. I had been on the Alberta Dental Hygienists’ Association Board, as it was called at that time; had been president and held other positions; and had been a CDHA director. I had some experience in my husband’s business from a business perspective. I had been a clinical instructor at the U of A on a part-time basis for 17 years and I’d been a clinical practitioner for 20 years. During the five years prior to the Dental Disciplines Act being proclaimed, I had worked very closely with legal counsel and government officials on the drafting of the Dental Hygiene Act and Regulation. Therefore, I was very familiar with the legislation and how it was to be interpreted.

CRDHA: In 1990, prior to your appointment as Registrar, you were one of four Acting Registrars with the ADHA when the Dental Disciplines Act came into effect. What do you remember about your first day as the inaugural “official” Registrar back in 1991?

BW: Honestly, I cannot remember that first day. I do remember the first few days of the four of us being appointed Acting Registrars after the Dental Disciplines Act came into effect and operating out of my dining room and fielding a lot of very angry telephone calls from members, at any time of the day or night, on my home phone. They were upset that they now had to register to practice in Alberta, and that there was going to be a fee that had to be paid annually. They were mad and it took a lot of talking to calm them down and help them understand that this was a good thing for the profession. I even had husbands calling me to complain.

CRDHA: Undeniably, the organization has come a long way since then and the early ADHA days prior to 1990, when funds were raised through the sale of t-shirts, sweatshirts, and Entertainment Books. When you think back on all the changes you have witnessed in the profession of dental hygiene, what are you most proud to have been a part of?

BW: I think being part of achieving self-regulation for the profession and the authority for dental hygienists to practice to the fullest scope of their competencies. Those, I believe, are the biggest achievements the profession has made.

CRDHA: As a dental hygienist, I thank you for helping to achieve that for us. Did you have a mentor, or mentors, in your beginning days as Registrar for a self-regulating profession?

BW: In the very beginning, it was Brian Curial, who was legal counsel at the time and involved in developing the Act and the Regulation. We retained him as ADHA’s lawyer and I continued to work closely with him on any new issues that arose. Brian subsequently linked me to Betty Lou, who was the Registrar for the occupational therapists, and to the Registrar for the physiotherapists. They were new to self-regulation as well. Both individuals were extremely kind in sharing policies, and how they had dealt with situations the first time their College faced them. We became good friends and close confidants over the years. Then, in return, when they were replaced by new Registrars, I tried to reciprocate as well as mentor other new Registrars in other professions as they came on board under the Health Professions Act.

CRDHA: In your duties as Registrar, you have performed many tasks. What are some of the most unusual ones?

BW: The most unusual—and nobody, other than a handful of other people, would know about this—was having to move out of shared office space in the middle of the night. The company we were subletting office space from let me know late one afternoon that they were going into receivership. I phoned our lawyer and asked, “What do I do?” and “What do I need to be concerned about?” He replied, “You need to get out of there because if the receiver comes in, they can seize everything in that space, regardless of whether it is part of the company that is going into receivership or not.
So, you need to get all your member files, all your documents, and other materials, out of there as soon as you can.” So, I phoned the president and another council member who lived in Edmonton. They met me at the office, along with my husband, who brought a truck from work. We started at five o’clock that afternoon loading file boxes, upon file boxes, upon file boxes, into that truck. Finally, at midnight we were walking the last boxes out and I was on the outside of the building with a razor blade scraping our name off the door. My husband gave us a temporary office in his building and we lived there for a few months until we found another space.

CRDHA: Earlier, when I asked you to describe your career in three words, one of the words you chose was challenging. What are some of the biggest challenges you faced in your 26 years as Registrar?

BW: The absolute biggest challenge was having government recognize our profession as a separate and distinct profession from dentistry. And to have them consult with us directly, rather than going to dentistry and asking, “What do you think about dental hygiene doing this or that?”

It took a long time to build the trust with government and the understanding that we were at the stage where we were qualified to, and needed to, make those decisions ourselves.

CRDHA: So, did you have some pushback from dentistry?

BW: Oh, yes! Dentistry had been very patriarchal during the years prior. It was hard for them to lose control of the dental hygienists, the dental assistants, and the denturists. We were all struggling at that time. At least none of our members went to jail over this, like a couple of denturists did.

CRDHA: Would you say that things have gotten better with regards to relations with the dentists?

BW: Oh, absolutely. We are invited to all the discussions now—about public programs, about trade agreements; you name it. It has changed immensely.

CRDHA: What is the trickiest situation or setback you faced as Registrar?

BW: Well, I am one of those people who tries to anticipate all the things that could possibly go wrong before I take on any big project or try to do anything major. I usually also have a secondary plan or recovery plan. I can honestly say I haven’t had anything embarrassing or unexpected happen that I wasn’t prepared for, with, perhaps, the exception of the initial passing of the Dental Disciplines Act. First and second reading of the Act for self-regulation passed with no problems at all. There were no supervision clauses in it. Between the second and third reading, political action by some dentists resulted in an amendment to the Act putting in a requirement for a dental hygienist to work under the supervision of a dentist. It was as if the rug had been pulled out from under us at that point in time.

Later, government apologized for this clause, but said we would have to “live with it for bit. Prove that you are able to self-regulate, and do it well, and then come back to us in four or five years to revisit it.”

CRDHA: I’ll bet you can recall some very wonderful things that have happened along the way during your experience as Registrar.

BW: You know, I think that some of the things that made me feel good about my job and how I have done it was feedback from the members. And probably one of the things that meant the most to me, and it has happened a few times, is after having taken someone through the complaint and discipline process, that they came to me afterwards, even though they have gone through such a difficult process, and thanked me for treating them with dignity and respect. That is something that I have always tried to do. And the fact that they recognized it means a lot to me.

And, of course, some of the more public honours, such as the life membership with CDHA, are very important to me. And the Bulyea Cup award from the University of Alberta was a huge honour.

But really, it’s the little thank you that comes via a card, email, or phone call, or someone coming up to you after a meeting or tribunal, that have ended up having a very special place in my memories.

CRDHA: What is your favourite project to have worked on?

BW: You know, one of my most favorite projects was helping to establish the National Dental Hygiene Certification Board. It didn’t just help Alberta: it was for all of Canada. It took many years to get it up and running but it was worth it.

Now the next step will be to get a national clinical exam.

CRDHA: Today, would you change anything about the dental hygiene profession in the province of Alberta or the CRDHA itself?

BW: I don’t think there is anything about the College that I would change. We’ve done a lot of planning and thinking about how things were to be put in place. Our legislation serves us very well.

I would have liked to have seen the dental hygiene program at the U of A become a degree program faster than it did.

And I guess, as far as our legislation goes, I would like us to be able to say a
degree is the entry point to practice, but until more degree programs exist across Canada, we won’t be able to do that.

CRDHA: Do you have any words of advice to a person just graduating from dental hygiene today?

BW: Given some of the complaints CRDHA has received recently, it would have to be to follow what you have learned in your program. Don’t take shortcuts. Don’t let anyone try to tell you don’t need to do certain procedures or do them in less detail.

CRDHA: What do you wish other people knew about the dental hygiene profession?

BW: It would be nice if more people understood how important what dental hygienists do for them is to their overall health. But I think that’s coming.

CRDHA: Are you messy or organized?

BW: Organized in my mind, but messy in my office. But it’s organized mess.

CRDHA: Are you a glass half full of half empty person?

BW: I honestly don’t know. I just like to weigh all the pros and cons. Maybe a glass half full but I just need to know all the possible ways to get the glass to all the way full.

CRDHA: What’s your first project come October 1?

BW: Spending more time with family and friends. Work sometimes took a higher priority and I want to change that. And maybe tending to a neglected garden.

CRDHA: Lastly, what might I, or someone reading this, be surprised to learn about you?

BW: I like fast cars. And I like to drive them fast.

As I was reviewing my notes and listening to the recording of this interview, it struck me how special Brenda is—both as a leader and as a person. She carefully ponders all sides of any issue, weighing the pros and cons to make the best possible decision as well as formulates a backup plan. Yet, at the same time, she can act quickly, decisively, and selflessly—even in the middle of night should the need arise. I wonder if dental hygienists in Alberta would have today’s ability to practice independently if not for her resolve and perseverance in the face of adversity.

The CRDHA operates under a culture of engagement that is accountable, collaborative, communicative, and committed to efficiency, integrity, and respect. This culture exists largely due to the leadership skills of Brenda Walker. She truly walks, talks, and lives these values.

I am forever grateful for all the work and dedication Brenda has given to the dental hygiene profession. She has certainly paved the road for dental hygiene in Alberta and across the country. Drive your fast cars Brenda, but also enjoy your new-found time out of the fast lane.
Farewell & Best Wishes to Stacy Bryan

It is with both sadness and best wishes that we announce the resignation of Stacy Bryan, CRDHA Deputy Registrar. While we are very disappointed to lose Stacy, the Council and staff of the CRDHA wish her all the best in her new position as Registrar of the College of Dental Hygienists of Nova Scotia.

We greatly appreciated the dedication Stacy has shown to the CRDHA in her 15 years as Deputy Registrar. At various times during her employment Stacy served as Acting Registrar, Hearings Director, and Inspector. She assisted in implementation of the Health Professions Act; coordinated the CRDHA inspection team; provided managerial and policy support to statutory committees; assisted in matters related to quality assurance and public protection, including infection prevention and control (IPC); and contributed to and coordinated major projects for the CRDHA, the most onerous being the development and delivery of the CRDHA Pharmacy Refresher Course.

Stacy has been Alberta’s lead in developing exam stations and administrative guides for the AB, BC, and ON colleges’ initiative to develop a standardized dental hygiene clinical examination; and for the past two years has represented the CRDHA on the National Dental Hygiene Certification Board and at the Federation of Dental Hygiene Regulatory Authorities of Canada meetings.

On completion of her Master’s Degree in Leadership, Stacy accepted responsibility for human resources management in the CRDHA office. Her commitment to a culture of engagement has resulted in a management team that has fully embraced the core values of accountability, collaboration, commitment to excellence, efficiency, integrity and respect.

Prior to her employment with the CRDHA, Stacy was a dedicated volunteer with community groups and the Alberta Dental Hygienists Association (ADHA), serving on numerous committees. She played a key role on the strategy committee whose work resulted in the implementation of a bachelor’s degree for dental hygiene in Alberta. She chaired the Northern Alberta Dental Hygienists Association in 1995-96. She was elected to the Council of the Alberta Dental Hygienists Association in 1996 and served as President from 1998-2000.

Stacy joined the CRDHA staff as Deputy Registrar in 2002. She will be greatly missed by all of us in the CRDHA office and those external agencies with whom she has been our representative. Alberta’s loss will be Nova Scotia’s gain. All the best to you, Stacy.
Informed Consent
Before providing dental hygiene care or treatment to a client, dental hygienists have an obligation to obtain informed consent. This process involves actively involving the client in their oral care by communicating relevant information openly, truthfully and in recognition of the client’s needs, values and capacity to understand. Some of the client complaints CRDHA has recently received could have been avoided if informed consent was obtained and documented prior to treatment commencement.

Obligations of informed consent requirements can be found in both the CRDHA Practice Standards and the CRDHA Code of Ethics.

CRDHA Practice Standards
1. Professional and General Responsibilities
   “1.7 Recognize client rights and the inherent dignity of the client by obtaining informed client consent, respecting privacy, and maintaining confidentiality.”

CRDHA Code of Ethics
Principle 3: Autonomy and Informed Consent
“Autonomy pertains to the right to make one’s own choices. Dental hygienists assist clients in making informed choices by communicating relevant information openly and truthfully. The client makes the final decision on choice of service and on choice of practitioner to perform the service.”

Important Points to Consider
1. All consent shall be informed, whether it is expressed verbally or in writing, or implied by circumstance, as appropriate.
2. If a client is under the age of 18 years, a regulated member must:
   a. determine whether the client is a mature minor with the capacity to give informed consent; and
   b. if the client is not a mature minor, seek informed consent from the client’s legal guardian, in accordance with legislation.
3. If an adult client lacks capacity to give informed consent, a regulated member must seek informed consent from the client’s legal guardian or substitute decision maker, in accordance with legislation.
4. A regulated member who has reasonable grounds to believe an informed consent decision by a legal guardian or substitute decision maker is not in the best interests of the client should obtain advice from their regulatory body (CRDHA) or legal counsel. The incident may need to be further reported to Protection for Persons in Care (PPC) at 1-888-357-9339 or to law enforcement.
5. A regulated member must honour and respect the client’s informed choices, including refusal of treatment (informed refusal).

In the case of informed refusal, the client record must include documentation of the refusal as well as the client understanding of the...
implications. Consider the additional legal protection of a signed informed refusal in the client treatment chart. Informed consent is not a one-time event, even when a signed informed consent has been obtained. It is a process that needs to be repeated over time. Consent forms should be reviewed and supplemented with clear documentation of continued consent in the client record. Informed consent means you have provided the client with information about the proposed treatment, including material effects and costs, significant risks and side effects of the proposed treatment, alternative treatments and the consequences of not having the treatment. You must also answer the client’s questions. If the client is a minor or lacks the capacity to make a decision, consent must be obtained from the client’s agent. You may wish to consider the additional legal protection of a written consent form. However, a signed consent form is not necessarily an “informed” consent. The understanding of the client, or client’s decision maker, is the key factor.

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 anaesthetic. 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 may contact the CRDHA Acting Registrar, Dale Cooney, in person or by telephone at 780-465-1756 or toll free 1-877-465-1756 for further information and referral to the Expert Review Panel.

Oral Medicine Grad Program Accepting Patient Referrals

The School of Dentistry’s Oral Medicine Graduate Program is accepting patient referrals. We are striving to cater to our patients in need by increasing the capacity of patient intake with four residents in the program.

The oral medicine residents diagnose and treat medically related disorders and conditions affecting the oral and maxillofacial region, including oral mucosal diseases and salivary gland disorders; and assess and manage orofacial pain disorders and oral chemosensory disorders.

Oral medicine doctors typically partner with and work closely with many different healthcare professionals:

- General dentists and dental specialists (e.g.: oral and maxillofacial pathologists, periodontists, endodontists, oral and maxillofacial surgeons)
- Primary care physicians (e.g.: family medicine, internal medicine)
- Dermatologists
- Oncologists (cancer doctors)
- Otolaryngologists (ear, nose and throat doctors)
- Gastroenterologists
- Rheumatologists
- Neurologists
- Physical therapists

This program is a much-needed dental specialty as there is an increased need for diagnosis and management of oral conditions and systemic conditions affecting the oral cavity. This program allows for increased and effective collaboration between practitioners of oral health care and physicians dealing with complex medical cases.

Independent Dental Hygiene Practice

If you are a CRDHA member who is considering setting up an independent dental hygiene practice, please contact one of the CRDHA practice advisors to receive a series of emails with important information related to independent practice.

Resources, including a timeline which can be used in the initial phases of planning and opening, are available on the CRDHA website.

If you are opening, or have already opened, an independent dental hygiene practice be sure to register it with the CRDHA to comply with CRDHA Bylaw 11.3.

Visit the CRDHA website to access the independent dental hygiene practice resources and registration form.

www.crdha.ca/the-profession/independent-practice.aspx

UNIVERSITY OF ALBERTA
FACULTY OF MEDICINE & DENTISTRY
School of Dentistry
Background
Contact with clients or patients, or material from clients or patients, with both diagnosed and non-diagnosed infection, places health care workers (HCWs) at risk of exposure to vaccine-preventable communicable diseases. Maintenance of immunity through immunization is therefore an important preventative and infection control strategy which safeguards HCWs and protects clients and patients.

Health care worker (HCW), as defined by Alberta Health (AH), includes:

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

Community setting: Includes locations where health care workers, including students in health care disciplines, may assess and provide care to clients or patients.

(Standard for Immunization for Health Care Workers - Provincial Immunization Standard - Alberta Health Services, Revised June 01, 2015)

Immunization requirements are included as part of the Infection Prevention and Control (IPC) Standards and Risk Management for Dentistry, which has been adopted by the CRDHA.


The CRDHA Practice Standard 1.1.8a requires registered dental hygienists to ensure personal and client safety by maintaining an up-to-date immunization status. Immunizations for hepatitis B and rubella (MMR) are mandatory.

HCW Immunization Standards in Alberta
(From Standard for Immunization for Health Care Workers, Alberta Health Services, Revised June 01, 2015. Link appears in previous text.)

All HCWs should be adequately immunized against:

- hepatitis B
- MMR (measles; mumps; rubella (rubella is mandated under the Public Health Act))

Regarding measles (red measles); the vaccine should be offered to susceptible workers. Assessment for measles immunization and the number of doses required is dependent upon the age and the occupation of the worker and may be recommended for workers such as:

- Those born in 1970 or later who do not have evidence of immunity to measles or documented immunization. However, susceptible health care workers should receive MMR vaccine regardless of
year of birth. (From Canadian Immunization Guide Part 4 - see link below.)
• Health care workers.
• Students at post-secondary educational institutions.
• Varicella (chickenpox)
• Annual influenza
• Diphtheria and tetanus/pertussis
  For optimal protection, booster doses of Td (tetanus and diphtheria) should be given routinely every 10 years. One adult booster dose should include an acellular pertussis component (dTap) unless a dose of this vaccine was received at 12 years of age or older.

For additional information, please see the Canadian Immunization Guide - Part 3 - Vaccination of Specific Populations - Immunization of Workers - Table 1 / Recommended immunization, health care workers.

www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-3-vaccination-specific-populations/page-11-immunization-workers.html#p3c10t1

Note: There are certain vaccines that are recommended for adults based on their age or other individual risk factors (e.g. medical conditions or lifestyle) but not because of occupational risk of exposure. (e.g. pneumococcal polysaccharide vaccine) These vaccines are NOT addressed in the Provincial Immunization Standard. The expectation would be that if these individual risk factors were identified in a HCW, the HCW would be referred to Public Health or their physician for further assessment.

For additional information, or if you have questions regarding HCW Immunization Standards in Alberta, visit Communicable Disease Control at: http://www.albertahealthservices.ca/info/Page10813.aspx or phone HealthLink at 811.

Occupational Health and Safety Considerations Regarding a Workplace Immunization Program

Workers in a variety of settings may be exposed to biohazardous substances that cause disease. Immunization is one of the control measures used to prevent illness.

(From: Immunizations for Worker Exposure at https://work.alberta.ca/documents/ohs-bulletin-mg024.pdf)

Hazards

There are requirements in both the Occupational Health and Safety (OHS) Act (Section 2(1) and 2(2)) as well as the OHS Code to protect health and safety in any work setting, and to all workplace hazards. This includes biohazards.

Note: requirements extend to both employers and employees.

The Alberta OHS Code has a general requirement for employers and employees to assess and control hazards. It requires employers to:

• Assess hazards.
• Involve workers in the assessment.
• Inform workers about the hazards and methods of control.

Section 7 states:

• An employer must assess a worksite and identify existing and potential hazards before work begins at the work site or prior to the construction of a new work site.
• An employer must prepare a report of the results of a hazard assessment and the methods used to control or eliminate the hazards identified.

To ensure workers are informed about the hazards, the OHS Code, Section 8, states:

• An employer must involve affected workers in the hazard assessment and in the control or elimination of the hazards identified.
• An employer must ensure that workers affected by the hazards identified in a hazard assessment report are informed of the hazards and of the methods used to control or eliminate the hazards.

There are additional controls specified for biohazards found in Section 528(1); “An employer must establish policies and procedures dealing with storing, handling, using and disposing of biohazardous materials.”

Hazard Assessment:

Prior to implementing a workplace immunization program, it is important to complete a hazard assessment to determine workers’ risk of exposure. Where workers are required to handle, use or produce an infectious material or organism, or are likely to be exposed to an infectious material or organism at a place of employment, the employer must conduct a hazard assessment that identifies existing and potential exposure to infectious substances.

This will include:

• Reviewing job tasks performed.
• Identifying all tasks and procedures, as well as job classifications, where there is potential for occupational exposure to infectious substances.
• Identifying all workers who may be exposed to the infectious substance.

The hazard assessment must also include control methods. To implement hazard controls, the employer should develop a plan that includes all methods of control to eliminate or prevent exposure. The “hierarchy of controls” (elimination/substitution, engineering, administrative, personal protective equipment) must be observed.
Workplace Immunization Policy(ies) and Program:
An immunization policy and program is a proactive mechanism to reduce risk of communicable diseases for dental workers. Each dental employer should have an immunization and health surveillance program in place that is appropriate to the size and type of workplace.

Immunization and health surveillance programs in the dental healthcare setting should include:
- Education about vaccine-preventable diseases.
- Risk assessment to determine the need for immunization or surveillance based on potential exposure.
- Administration of immunizations or referral for immunizations, as appropriate.
- Documentation and follow-up of any baseline health assessments, communicable disease status and immunizations.

Ideally, the immunization and surveillance programs should provide easy, authorized access to dental worker immune status records for follow up of exposure incidents and outbreaks. Immunizations or baseline testing may be required prior to commencement of work.

For more information on biological hazards and controls, and workplace immunization policy and program for dental workers please refer to:

Employer and Employee responsibilities
(Adapted from: Standard of Immunization for Health Care Workers - Provincial Immunization Standard - Alberta Health Services, Revised June 01, 2015)

The employer should:
- Assess the immunization status of each HCW at the time of initial employment.
- Obtain full immunization history including documentation of the doses received and adequate dates of administration for all routine immunizations and other vaccines received.
- Offer immunization at the earliest opportunity to HCW with inadequate documentation or without evidence of adequate immunity where applicable.
- Maintain records of all immunizations and serologic tests.
- Institute an immunization recall system when necessary.

The best time for occupational health programs to review immunization status and provide recommended immunizations for HCWs is on commencement of employment. To ensure all HCWs are fully immunized, employers should have an occupational health service or program that includes the provision of appropriate occupational vaccines on employment.

Employers and workers should check with their local public health clinics regarding the cost of vaccines and payment for administering vaccines if not covered by Alberta Health. For more detailed information of specific immunizations, contact your local public health clinic or Communicable Disease Control at http://www.albertahealthservices.ca/info/Page10813.aspx

The HCW (employee) should:
- Initiate and follow through with the assessment of their immunization status with the occupational health program in place at their workplace.
- Provide their employer a full immunization history including documentation of the vaccine doses received and dates of administration.
- Follow through with recommended immunizations to ensure adequate protection against vaccine preventable diseases.
- Maintain their immunization record(s) as a part of their personal health care information.

HCWs are accountable to provide this documentation to employers and may need to refer to this information over the years, as part of their ongoing health status.

Annual (or Seasonal) Influenza Immunization Program

The purpose of Alberta’s Seasonal Influenza Immunization Program is to reduce the incidence of influenza in Alberta and the impact of this illness on Albertans. Although annual influenza immunization is recommended for all Albertans, it is particularly important for all health care workers and other care providers in facilities and community settings who, through their activities, are potentially capable of transmitting influenza to those at elevated risk of influenza complications.

Influenza vaccination provides benefits to HCW and to the patients or clients they care for. Influenza is a vaccine-preventable disease. HCWs who have direct patient contact (i.e. activities that allow opportunities for influenza transmission between a HCW and a patient) should consider it their responsibility to provide the highest standard of care, which includes annual influenza vaccination. Transmission of influenza between infected HCWs and their vulnerable patients or clients may result in significant morbidity and...
mortality. In 2016-2017, at least 63 deaths in Alberta were attributed to influenza, 1,633 persons were admitted to hospital, and 108 of those admissions required intensive care. The elderly, the very young, pregnant women and those living with chronic or immune-compromising conditions are particularly vulnerable. Be part of the initiative to reduce the impact of influenza disease and contribute to the health and well-being of Albertan.

For additional information, please see the Canadian Immunization Guide - Part 3 - Vaccination of Specific Populations - Immunization of Workers - Table 1 / Recommended immunization, health care workers AND refer to Influenza Vaccine in Part 4 for additional information. www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-3-vaccination-specific-populations/page-11-immunization-workers.html#p3c10t1


Additional Resources and Resource Summary

Canadian Patient Safety Institute www.patientsafetyinstitute.ca
Immunize Canada /For Health Care Providers https://immunize.ca/influenza-campaign
Alberta Health Services www.albertahealthservices.ca/influenza/influenza.aspx
Immunize Canada https://immunize.ca/practice-guides-and-references
Alberta OHS Health Care Publication Guides http://work.alberta.ca/occupational-health-safety/ohs-publications.html#healthcare

Best Practices for Occupational Health and Safety in the Healthcare Industry

- Volume 1: Overview of Best Practices in OHS in the Healthcare Industry
- Volume 2: Best Practices for the Assessment and Control of Biological Hazards
- Volume 3: Best Practices for the Assessment and Control of Chemical Hazards
- Volume 4: Best Practices for the Assessment and Control of Physical Hazards
- Volume 5: Best Practices for the Assessment and Control of Psychological Hazards
The School of Dentistry is beginning to make arrangements for conducting approximately 105 interviews for the 2018 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, 2017.

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 Fall 2018 class, the School of Dentistry will be holding an Interview Training Workshop on Saturday, February 10, 2018 from 9:00 am to 1:00 pm for all interviewers. The admission interview day has been scheduled for Saturday, March 10, 2018.

Your assistance is most appreciated by the Admissions Committee.
Continuing Competence

2017-2018 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 and Local Anaesthetic Refresher
- Nitrous Oxide/Oxygen Conscious Sedation
- Orthodontic Module
- Focus on Dental Health Series
- Cone Beam CT (CBCT) for the RDA/RDH

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

dentce@ualberta.ca
Phone: (780) 492-1894
Phone: (780) 492-5391

Focus on Dental Health Series

*Teenagers: What Their Mouths are Telling You but They’re Not. Practical Information on Teen Health Issues* presented by Susan Woodley.
  - Oct 17 6-8 pm *Calgary*
  - Oct 19 6-8 pm *Edmonton*

*Cone Beam CT (CBCT) for RDH and RDA*
  - Nov 24 8-5 pm *Edmonton*

October 2017

**OTTAWA, ON**  
Canadian Dental Hygienists Association National Conference  
October 19 - 21, 2017  
[www.cdha.ca > education> 2017 National Conference](http://www.cdha.ca)

**EDMONTON, AB**  
Northwest Dental Exposition  
Friday, October 6, 2017  
Shaw Conference Centre  
[eddsonline.com/program_events/index.php](http://eddsonline.com/program_events/index.php)

March 2018

**VANCOUVER, BC**  
Pacific Dental Conference  
March 8 - 10, 2017  
[www.pdconf.com](http://www.pdconf.com)

April 2018

**CALGARY, AB**  
CRDHA Annual Continuing Competence Event  
Mouth, Mind & Body Connections  
April 26 – 28, 2018  
Coast Plaza Hotel & Conference Centre  
Various speakers and workshops to be determined  
Sponsored by CRDHA

2017-2018 Continuing education speakers and seminars are also offered through:

Calgary and District Dental Society  
info@cd.dds.ca  
[www.cdds.ca/seminars/](http://www.cdds.ca/seminars/)

Edmonton and District Dental Society  
eddsconect@hotmail.com  
[www.eddsonline.com](http://www.eddsonline.com)
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.

Indigenous Cultural Safety (ICS) Resources
www.sanyas.ca/home
ICS training, delivered by the Provincial Health Services Authority of British Columbia, is designed to increase knowledge and skills of those who work with Aboriginal people. Resources and webinars are available.

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>
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<tbody>
<tr>
<td>Crest Oral B/Proctor and Gamble; (Dental Resources; Dental Care)</td>
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<tr>
<td>Hygienetown</td>
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<tr>
<td>INR Biomed</td>
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<tr>
<td>I Need CE (Penwell, Hu-Friedy)</td>
</tr>
<tr>
<td>Pharmacy Times: Courses relate mostly to the Pharmacy Profession.</td>
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<tr>
<td>CDE World</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Courses from the providers named below are eligible for the number of the credits indicated by the provider.</th>
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<tr>
<td>American Dental Association</td>
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<tr>
<td>American Dental Hygienists Association</td>
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<tr>
<td>Dental Learning Network (Academy of Dental Learning)</td>
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<tr>
<td>Dimensions of Dental Hygiene (Belmont)</td>
</tr>
<tr>
<td>Health Studies Institute</td>
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</tbody>
</table>

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

Renew your 2017–2018 membership today and be CDHA/CRDHA strong with premium membership benefits including:

- Free webinars—both live and on demand*
- CDHA Protect—professional liability insurance including free legal advice
- Job board–400 positions posted annually
- Publications, resources, and discounted conferences, workshops, and courses
- CPS e-suite—your primary source for the most current drug and therapeutic information
- CDHA Perks—entertainment discounts that have already saved members over $214,000

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)

*Pre-existing fee-based on-demand webinars will be available for free starting November 1, 2017.

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**UNIVERSITY OF ALBERTA**
**FACULTY OF MEDICINE & DENTISTRY**
Continuing Dental Education

**TEENAGERS – WHAT THEIR MOUTHS ARE TELLING YOU, BUT THEY’RE NOT:**
Practical Information on Teen Health Issues

- **October 17th – Calgary**
- **October 19th – Edmonton**

6:00 pm – 8:00pm

**$75**

(*+ GST = $78.75*)

**BONUS for the FIRST 50 Participants:** Each attendee will receive an orthodontic bundle, which includes a Sonicare toothbrush, an Airfloss Pro and many of Phillips OH BreathRX products.

Register Online at: [www.dentistry.ualberta.ca/CDE](http://www.dentistry.ualberta.ca/CDE)
Dental Hygiene Quarterly

- 12 Hours of Professional Development from the comfort of your own home on your schedule!
- Variety of dental hygiene related topics
  - Engaging presenters
  - Evidence based material
- Special Bonus Feature has been added on each edition highlighting different dental hygiene products and companies

Formerly known as DVD Quarterly of Dental Hygiene and is now under new ownership with rdhu
Stay tuned for the new website!
In Partnership with The Canadian Dental Hygiene Association

Call: 1-855-295-7348
www.dentalhygienequarterly.ca

$199.95 for a One-Year Subscription
25% Discount for CDHA Members - $149.95

Pacific Dental Conference

March 8-10, 2018
Join us in Vancouver, BC

Three days of varied and contemporary continuing dental education sessions are offered (something for your whole team)
Lunches and Exhibit Hall Receptions included in the registration fee for all three days
Over 140 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 (Thurs/Fri)
PDC Lab Expo on Saturday – One day of exhibits area and lectures for Dental Technicians and all Dental team (lunch included)

Featured Speakers

Peter Jacobsen
Pharmacology
Kristina Perschbacher
Oral Medicine/Oral Pathology
Susanne Perschbacher
Radiology
Meg Soper
Communications
Juan F. Yepes
Pediatrics
Jo-Anne Jones
Dental Hygiene

Complete speaker roster available for viewing Oct 15th at pdconf.com

Online registration and program information at: www.pdconf.com
Return undeliverable Canadian addresses to:

College of Registered
Dental Hygienists of Alberta
302, 8657 51 Avenue NW
Edmonton, AB T6E 6A8