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Reminders & Announcements

February 8 - 10, 2019: University of Alberta Continuing Dental Education Passport Series - Banff Updater, Banff, AB

March 7 - 9, 2019: Pacific Dental Conference, Vancouver, BC

March 29 - 30, 2019: University of Alberta Continuing Dental Education Passport Series - Health is Wealth, Lake Louise, AB


June 10 - 14, 2019: Dental Hygiene 5-Day Refresher Course, University of Alberta Continuing Dental Education, Edmonton, AB

June 10 - 21, 2019: Dental Hygiene 10-Day Refresher Course, University of Alberta Continuing Dental Education, Edmonton, 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.
First, a great big SHOUT-OUT to ALL CRDHA MEMBERS and STAFF on another successful renewal year. This year was particularly challenging as CRDHA was transitioning to a new database while managing a very large number of renewals whose 3-year CCP reporting cycles ended. We shared your frustrations and appreciate all the patience and kindness demonstrated throughout this process. Fortunately, the new renewal program worked the majority of the time and we now have a simplified process for submission of your continuing education documents.

I would also like to take this opportunity, to say Thank You to Gerry Cool, whose term as the Canadian Dental Hygienists’ Association Alberta Director ended this past October. Gerry served in this position since 2012. We thank her for both her past and current volunteerism and hard work in serving the dental hygiene profession both provincially and on a national level.

The CRDHA is pleased to announce that Brenda Walker has returned in the role of Complaints Director. She will be handling all new complaints while Valerie Hill will complete all the currently open files as she transitions into retirement. Thank you, Val, for your long-time service and dedication to the profession of dental hygiene. We wish you much happiness for the future.

On October 19, 2018 recreational use of cannabis was legalized. In the ramp up to this date and continuing still, staff here at the College have been educating themselves on the subject and will continue to do so.

We see our purpose, as a regulatory body, to approach gathering information on cannabis in five distinct areas:

1. Fitness to Practice: being charged with ensuring the safety of Albertans receiving treatment by dental hygienists, we must have appropriate and lawful regulations to ensure the “fitness to practice” of our members.

2. Workplace Policies: as an employer, we must have policies and procedures in place regarding cannabis use. Additionally, policies and procedures are necessary in the workplaces of our members in order to protect public safety, and we may be called upon to give advice or direct members to appropriate information sources.

3. Standards of Practice and Code of Ethics: as the regulatory body, we establish the Standards of Practice and Code of Ethics for the dental hygiene profession in Alberta. Central to the provision of dental hygiene care is obtaining informed consent prior to commencing treatment. Informed consent cannot be given by persons who are high, either from cannabis, alcohol or other drugs.

4. Effects on Oral Health: central to the provision of effective and appropriate dental hygiene care is an understanding of the medical science behind any impacts cannabis products, including cannabinoids, have on oral health and whole-body health.

5. Alternate Use of Cannabis Products: use of cannabis products such as oils, in dental or dental hygiene treatment or for home use by clients.

What can you expect from the College on the topic of cannabis in near future?

- Newsletter articles on employment legal issues surrounding cannabis use in the workplace.
- Newsletter articles on professional conduct, discipline and licensing implications surrounding cannabis use by regulated members.

Unfortunately, as many of you have found out, there is very little credible, scientific research published as yet regarding the effects of cannabis product use on oral health. The CRDHA realizes that both our members and the public are eager for this information. We will continue to share articles or provide educational opportunities as they become known to us.
In Alberta this year, there have been significant changes to several different pieces of legislation that are important to Registered Dental Hygienists including the Employment Standards Code, Occupational Health and Safety Act, the Health Information Act, and the Health Professions Act. A new federal law was also implemented legalizing recreational cannabis use. We have reported some of these legislative changes to you previously through our quarterly newsletter and email updates; this particular newsletter column focuses on the new harassment provisions in the Occupational Health and Safety (OHS) Act which came into force on June 1, 2018.

Changes from the old OHS Act include broadening the definition of health and safety to include physical, psychological and social well-being. In addition, there are new provisions in the Act that define harassment and include definitions of violence to include psychological injury or harm and domestic or sexual violence.

In the definitions section of the Act, “Harassment” is defined as: “any single incident or repeated incidents of objectionable or unwelcome conduct, comment, bullying or action by a person that the person knows or ought reasonably to know will or would cause offence or humiliation to a worker, or adversely affects the worker’s health and safety, and includes

(i) conduct, comment, bullying or action because of race, religious beliefs, colour, physical disability, mental disability, age, ancestry, place of origin, marital status, source of income, family status, gender, gender identity, gender expression and sexual orientation, and

(ii) a sexual solicitation or advance, but excludes any reasonable conduct of an employer or supervisor in respect of the management of workers or a work site;”

The full Occupational Health and Safety Act can be found at this link: www.qp.alberta.ca/documents/Acts/O02P1.pdf

By including psychological and social well-being in the definition of health and safety, and by including bullying under the definition of harassment, people who are bullied in the workplace, whether overtly or passive aggressively, have an additional place to take their concerns. The College of Registered Dental Hygienists of Alberta believes addressing toxic workplace environments is in the best interests of the practitioners but also the public who are accessing services at that workplace.

Where to take a complaint about harassment in the workplace
In addition to trying to resolve a complaint internally, which in some cases isn’t possible, there are four external sources to which an individual can take their complaint:

1. Alberta Human Rights Commission
A complaint based on violation of human rights can be made to the Commission which has various methods of resolving complaints including being heard by a tribunal. Harassment charges only become discrimination (and qualify as a human rights complaint) if the harassment is related to one of the protections offered under the Human Rights Act (i.e. race, religion, gender, sexual orientation etc.)

2. Civil Action
This is typically seen as suing an employer for constructive dismissal or wrongful dismissal where the workplace was so toxic that it became impossible to carry out the work responsibilities. Courts have clarified what circumstances give rise to a poisoned work environment and have included serious wrongful behavior, harassment, and discrimination among those circumstances.
3. Alberta Occupational Health and Safety
A complaint can be made directly to this branch of the Government of Alberta and an investigation will be undertaken. Harassment is a chargeable offense under the OHS Act. If there is found to be breaches of the Act, severe penalties can be given to the employer. Enforceable penalties that can ordered under the OHS Act include stiff fines and/or imprisonment. To file a complaint:

- Call 1-866-415-8690 toll-free in Alberta or 780-415-8690 in Edmonton

4. Worker’s Compensation Board (WCB)
There is precedent for accepting claims based on breaches of psychological safety, most recently since 2017 and the recent start of the #MeToo Movement.

Registants of the College of Registered Dental Hygienists CRDHA) are bound by a Code of Ethics which also addresses conduct unbecoming of the profession. Harassing behaviors, including bullying, towards others in the workplace can be grounds for an investigation by the College under the Code of Ethics.

To learn more about empowering yourself to address toxic workplace situations, consider attending a workshop I am leading in Lake Louise in March for the University of Alberta Continuing Dental Education department’s Passport Series “Health is Wealth.” The workshop is entitled Workplace Culture and a Healthy Workplace Culture and includes topics such as identifying and stopping bad behavior, kindness in the workplace, and finding the courage to address bad behavior. I will also be presenting this workshop on May 4 at CRDHA’s Annual Continuing Competence Event, DHDx.

In the meantime, CRDHA staff are discussing the possibility of hosting webinars or workshops that facilitate discussion on creating healthy workplaces. Please contact the CRDHA practise advisors if you are interested in having this education available to your workplace and if you have any suggestions for content.

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**Certification in Dental Hygiene National Examination (CDHNE)**

The University of Alberta Continuing Dental Education (CDE) Department is proud to offer the Certification in Dental Hygiene National Examination (CDHNE). This 3-day intensive course is designed to prepare students for the CDHNE examination, which is the national examination administered by the Canadian Dental Hygienists Association (CDHA) to recognize the competence of dental hygienists.

**Course Dates and Locations**

- **February 20-22, 2019** in Calgary
- **April 20-22, 2019** in Edmonton
- **May 18-20, 2019** in Lethbridge
- **June 8-10, 2019** in Red Deer
- **July 6-8, 2019** in Medicine Hat
- **August 3-5, 2019** in Lloydminster

**Course Information**

- The course includes lectures, practical sessions, and self-assessment practice tests.
- Students will have access to a comprehensive study guide and exam preparation materials.
- The course is led by experienced dental hygienists with expertise in examination preparation.

**Registration**

- Early bird registration is available until January 10, 2019.
- Registration closes on January 25, 2019.

For more information or to register, please visit the University of Alberta Continuing Dental Education website or contact the CDE Department at cde@ualberta.ca.
Recently, members of the Alberta Dental Association & College were granted access to Alberta Netcare. How does this impact dental hygienists in Alberta?

What is Alberta Netcare?
Alberta Netcare is the name for all projects related to the provincial Electronic Health Record (EHR) system. It is a secure record of an individual Albertan’s key health information. It is not a patient’s full medical record but includes elements of health information relevant to patient care.

Information captured from patients’ clinical records include:

- laboratory test results, diagnostic imaging text reports, operative reports and many other types of transcribed clinical reports;
- a Medication Profile, including dosing information, prescribing physician details, and dispensing details;
- a concise record of in-patient, out-patient and emergency room visits with dates, facility, admission problem and discharge diagnosis;
- known allergies and intolerances;
- some immunization information; and
- personal demographic information to uniquely identify each patient and verify Alberta Health Care Insurance eligibility.

Individuals with access may:

- view specific lab results
- view diagnostic imaging reports
- organize records
- set alerts for drug-to-drug and drug-to-allergy interactions
- access the drug databases and print drug monographs and client handouts

Who Is Allowed Access to Alberta Netcare:
Only authorized custodians and their affiliates may access health information on Alberta Netcare.

Individual access level is based on both role and profession of the user. This means that access permissions and other security credentials are set up so that users have enough information to do their respective jobs, ensuring that information is accessed only on a “need to know” basis.

Who is a custodian or affiliate?
Registered dental hygienists in Alberta may be granted access to Netcare as “affiliates” only and will only receive access after the relevant authorized custodian has completed a series of privacy and security assessments.

Information users are only permitted to access information that is relevant to their role in the health system. The Health Information Act (HIA) requires custodians (either named health care organizations or named professions in the Health Information Regulation) and affiliates (employees, volunteers, contractors, and other authorized people who work for a custodian) to collect, use and disclose health information in only the most limited manner.

Responsibilities of individuals accessing Alberta Netcare
The CRDHA would like to remind its members of their professional obligations when managing client’s personal information. Confidentiality is the duty to protect and hold secret information acquired in the professional relationship. Dental hygienists must respect the privacy of clients and hold in confidence verbal, written and electronically transmitted client information except as required by law or as authorized by the client.

Viewing health information of individuals who are not clients or for purposes not related to the provision of professional services, such as records of friends and family members, is considered unprofessional conduct. One of the tenets of the Netcare portal is that access to an individual’s health record is tracked and auditable.

The HIA has established fines for individuals who knowingly collect, use, or disclose health information in contravention of the HIA. Individuals who breach privacy and access within Alberta Netcare could be subject to criminal charges and fines as well as disciplinary measures with the CRDHA.
Celebrating our successes and honouring our members is an important element of our professional College. If you believe one of your colleagues meets the criteria for a CRDHA award, please nominate them.

The nomination deadline for 2019 awards is March 29, 2019. Send your nomination to: 302, 8657 - 51 Avenue, Edmonton, AB T6E 6A8

**Joanne Clovis Community Health Award**
The Joanne Clovis Community Health Award was established in 1987 by the CRDHA to recognize the significant contributions of a dental hygienist to the oral health of the community.

**Marilyn Pawluk Mabey Award**
The Marilyn Pawluk Mabey Award was established in 1978 to honour and perpetuate the memory of Marilyn Pawluk Mabey, a member who enhanced the profession of dental hygiene in Alberta by modelling clinical competence, instructional excellence and professional development.

Award nomination forms for the Joanne Clovis Award and the Marilyn Pawluk Mabey Award are available on the CRDHA website [www.crdha.ca/about-crdha/awards.aspx](http://www.crdha.ca/about-crdha/awards.aspx)

**Service Recognition Certificates**

Please send a brief summary and two references supporting your recommendation for a Service Recognition Certificate. All nominations require written support from two CRDHA members in good standing.

**Community Service**
For members who made important contributions beyond their work requirements to the oral health needs and the welfare of others.

**Professional Service**
For members who made contributions which furthered the careers of dental hygienists and the dental hygiene profession.

**Scholastic/Research Service**
For members who made important scholastic and/or research contributions and achievements which furthered the dental hygiene profession.

Awards will be presented at the 2019 Annual Continuing Competence Event in Edmonton.

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**Student Awards**
Throughout the academic year, CRDHA offers several Academic Scholarships and Leadership awards to eligible University of Alberta Dental Hygiene Program students. Two of these awards were recently presented by Nadia Kobagi, on behalf of the CRDHA Council, at the U of A Dental Hygiene Alumni Chapter Black & White affair on November 23, 2018.

Katie Parker received the CRDHA Scholarship II Award in recognition of her superior academic achievement during her first year of the Dental Hygiene Program.

Janelle Laing was the recipient of the CRDHA Award for Leadership in DH II. This award recognizes promotion of peer morale, client advocacy, leadership and volunteerism in a student entering their second year in the Dental Hygiene Program.

**Noteworthy**
CRDHA member, Alumna of the University of Alberta Dental Hygiene Program and former CRDHA Registrar, Brenda Walker received a 2018 U of A Alumni Honour Award, in recognition of her impact on the dental hygiene profession in Alberta and Canada.
Advertising is a powerful means for professionals to communicate with clients and potential clients. This includes dental hygienists and their clients, whether care is provided in an independent dental hygiene clinic or in any other practice setting. It is the responsibility of the dental hygienist to advertise in an ethical, truthful and evidence-based manner.

Any dental hygienist with advertising must consider the regulatory rules that apply to its use. Advertising is defined in the CRDHA Code of Ethics as “any publication, or communication made orally, in print, or through social networks or other electronic media by, about or on behalf of a dental hygienist, dental hygiene practice, clinic or group, in the public in general, or even to one or more individuals for the promotion of a dental hygienist or a dental hygiene practice, clinic or group.” In summary, anything that is used to promote a dental hygienist or dental hygiene practice can be seen as advertising. This even includes the name of a dental hygiene practice.

The “CRDHA Rules Respecting Advertising” were recently expanded, updated and incorporated within the CRDHA Code of Ethics. The vast majority of the rules were integrated into Section 2: Veracity and Integrity.

- Veracity is the ethical principle of honesty and integrity relating to consistency of actions, values, methods, expectations and outcomes. This principle outlines that dental hygienists must be truthful and forthright at all times and in all professional matters.
- Under Section 2, items 2.7, 2.8, and 2.9 relate to advertising.
- The remaining items were included under Section 6: Professionalism.
- Professionalism is the commitment to use and advance professional knowledge and skills to serve the client and the public good.
- Under Section 6, items 6.11, 6.16, 6.17 relate to advertising.

You can find the amended Code of Ethics online at: [https://crdha.ca/media/249497/crdha-code-of-ethics_-_2018.pdf](https://crdha.ca/media/249497/crdha-code-of-ethics_-_2018.pdf)

Advertising Review
An advertising review is completed by Practice Advisors to ensure compliance to the CRDHA Code of Ethics. The advertising review is a risk mitigation exercise for the dental hygienist to ensure that all advertising, including a practice tradename or website URL, is in compliance with the CRDHA.

Therefore, we recommend you engage with us at the beginning of your advertising planning.

Although advertising reviews typically involve independent dental hygienists, any dental hygienist can consult with the Practice Advisors if they have questions about advertising.

The CRDHA Practice Advisors are available to consult on the CRDHA Code of Ethics or any other standards document or legislation governing dental hygiene practice in Alberta.

### 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.

[https://crdha.ca/the-profession/independent-practice.aspx](https://crdha.ca/the-profession/independent-practice.aspx)
Example Scenarios
These scenarios are fictional; any similarities to real situations are purely coincidental.

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Practice Advisors Review Points</th>
<th>Reasoning and Code of Ethics Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>A dental hygienist submits advertising for the dental hygiene clinic Outstanding Dental Hygiene Care, including the website for the clinic, and indicates that there are plans to advertise on a discount/coupon website. Reviewing the website, there are references to providing pain-free, affordable dental hygiene care and offering dental exams for clients. It also states that the clinic uses the latest technology and that they are tooth whitening specialists. There are client testimonials listed on the website.</td>
<td>Clinic name: Outstanding Dental Hygiene Care NOT Acceptable</td>
<td>See Section 2.9.9.5 - The clinic’s name implies superiority over other dental professionals. Use of a discount website to advertise NOT Acceptable</td>
</tr>
</tbody>
</table>
Assess and Address Orofacial Functional Patterns

By now, many of you have heard of orofacial myology and myofunctional therapy. For those who are not aware, orofacial myology is described as the study of the muscles of the mouth and the face with special focus given to muscles of the lips, cheeks and the tongue. Myofunctional therapy is designed to educate and train individuals on the proper resting postures and functional patterns of the muscles of the mouth and the face. Orofacial Myologists assess current resting and functional patterns of patients and make recommendations of exercises to address the orofacial myofunctional disorders (OMD’s).

I was first introduced to this area of study in 2003 after both of my children experienced dental and speech related symptoms and I was informed they would need speech therapy, myofunctional therapy and future orthodontic treatment. Additionally, I was told by our family dentist that genetic factors had created these symptoms. This prompted me to investigate further learning and I attended my first International Association of Orofacial Myology (IAOM)-approved course in 2006, going on to earn my international certification. I soon learned, and continue to strongly believe, that improper functional factors were more influential in helping to create my children’s symptoms.

Research shows the ideal resting posture of a relaxed face has lips touching and the tongue sitting in the roof of the mouth with teeth resting near occlusion, but slightly parted. The slightly parted vertical dimension between upper and lower teeth is known as the freeway space and should measure 2mm between the molars¹. With an open mouth resting posture, the freeway space is usually greater due to the tongue resting lower in the mouth. A prolonged increased freeway space during growth and development can contribute to vertical dental eruption². Many symptoms may arise as a result. Common symptoms include: speech problems, dental malocclusions, and other associated problems. One goal of the Certified Orofacial Myologist is to recapture a normal freeway space as the therapist attempts to educate the client and address the improper functional patterns.

To date, status as a Certified Orofacial Myologist (COM®) granted by the IAOM is the only orofacial therapy certification recognized by the CRDHA. For more information on this certification process, please see the article on page 4 of the FALL 2018 issue of InTouch, “What's in a Certification? The Oral Myology Certification Process” authored by Mary Billings or review the certification process on the IAOM website at www.iaom.com.

As a practicing Registered Dental Hygienist for 30 years, a Certified Orofacial Myologist® for almost 10 years and member of the International Association of Orofacial Myology (IAOM) Board of Examiners for more than two years, I continue to be fascinated with the results of myofunctional therapy I have witnessed. These results were possible only through collaboration with other interdisciplinary professionals which was essential to ensuring the overall treatment plan for the patient was individualized and thorough.
The first case I present to you is a patient who was referred to me by a dentist in April, 2010. This 12-year old patient had previously completed orthotropic and Biobloc treatment but was beginning to show signs of early orthotropic relapse. This preteen had a tendency to rest with an open mouth posture and was an oral breather. The photo taken on April 8, 2010 (Figure 1) showed this patient’s palatal rugae to be sharply defined and his upper laterals positioned slightly towards the lingual.

We began myofunctional therapy sessions by stressing the importance of a closed-mouth resting posture. Orofacial exercises were initiated to increase lip strength and other oral exercises focused on tongue and facial toning. By May 20, 2010 (Figure 2) I began to witness a change in the appearance of the rugae in the palate and a positive change in the position of the teeth. Please note, I never guarantee any tooth movement with therapy but I do guarantee that we will watch for any oral and facial changes with therapy. The visible changes you see occurred through orofacial exercises alone. This patient was not wearing any oral appliances during myofunctional therapy treatment.

The patient continued to diligently perform orofacial exercises that I upgraded in terms of degree of difficulty over a period of a year and a half. By Oct. 13, 2011 (Figure 3), the palate and bite had changed into a favorable result. It is my opinion that this patient now had orofacial functional patterns that were complimentary to the artificial form that had been previously created. I saw this patient for a follow up appointment in May of 2013 (Figure 4) where he appeared to be orally and dentally stable. When we compare the appearance of the palate from April 8, 2010 to May 16, 2013, there seems to be a remarkable positive difference. It is my professional opinion that orofacial toning of the lips and the tongue helped to remold this patient’s palate and reposition his teeth into a stable and desirable location.
The second patient I present to you in this article is a 10-year old who was referred to me by a general dentist on June 21, 2012. This patient previously underwent palatal and mandibular arch expansion but presented with an open mouth resting posture and an anterior tongue thrust due to a low and forward resting posture of the tongue. The referring dentist was concerned that the improper functional patterns would not allow this patient’s bite to close properly.

When I viewed the picture of this patient’s palate, the palatal rugae were once again very well defined and the shape and slope of alveolar bone in the palate, in my opinion, were not allowing the tongue to reach the depth of the palate. (see Figure 5). Notice the anterior rest position of the tongue and bite pattern in Figure 6. Determined to focus on lip closure and tongue toning, the patient, his mother, and I began to work together to set up an orofacial exercise regime that the patient could perform and monitor on a long-term basis.

We worked together through weeks, months and years of therapy and collaborated with the referring dentist as we gradually increased the amount of time between myofunctional therapy sessions in order to monitor progress. The most recent pictures in this patient’s file were taken on March 1, 2018. Figures 7 & 8 reveal significant changes in the shape and slope of the alveolar bone in this patient’s palate along with a change in the patient’s bite.

Although the bite of this patient is not perfect, the patient and his mother are very happy with results of the therapy and strongly believe that the positive changes of the palate and the bite are due to addressing the improper functional patterns, specifically the suction of the tongue within the palate and the position of the tongue at rest and during swallowing.
My final case study is a 19-year old female referred to me by an orthodontist. This was a complex case as the patient’s orthodontic banding was initiated in Kenya prior to her arrival in Edmonton. The orthodontist in Kenya suggested extractions of the upper bicuspids to “make room in her mouth for her teeth” since the patient suffered from anterior open bite. The Edmonton orthodontist did not want to proceed with any type of orthodontic treatment to try to close her open bite until her tongue thrust habit was broken.

My comprehensive orofacial evaluation on May 11, 2017 revealed a 5mm anterior open bite, a forward resting tongue posture (Figure 9), a continuous open mouth resting posture and a significant overjet (Figure 10). I stressed the importance of a closed mouth resting posture and recommended that the patient hold a bread clip between her lips to enforce that posture. Tongue toning was discussed and instructions were given to begin tongue clicks (the action of suctioning the tongue to the palate and then releasing the tongue quickly to provide a clicking sound).

My recommendations for this patient were to return for myofunctional therapy at her earliest convenience to continue lip, tongue and facial toning. I also recommended she see her Edmonton orthodontist for oral/palatal expansion. The patient informed me that she had limited financial resources and would not be able pursue such treatment at this time. Overall, this patient saw me for only three appointments, the orofacial evaluation, week #1 of therapy and week #2 of therapy. The last time this patient returned for treatment was in August of 2017. (See Figures 11 and 12.) All oral, lip, and dental changes occurred with myofunctional therapy alone as the patient’s original brackets/wires were in place and no orthodontic adjustments to those brackets/wires had occurred. After witnessing these oral and dental changes and knowing that no orthodontic adjustments were performed during this period, I am further convinced of the importance of assessing and addressing all orofacial functional patterns.

References
By 1965, almost half of Canadians smoked. Since then, significant progress has been made in tobacco control, dramatically reducing smoking prevalence rates. In 2001 the Government of Canada introduced the Federal Tobacco Control Strategy (FTCS), and in 2002, the Alberta Tobacco Reduction Strategy (ATRS) occurred. These two strategies have dovetailed to result in significant successes by, among others, reducing smoking rates and protecting persons against the harmful effects of second-hand smoke. The Alberta strategy also includes measures to promote cessation education for health professionals, and the expansion of workplace, school-based and community tobacco-cessation programs - key features of any successful tobacco control strategy. In 2015 the smoking prevalence rates hit an all-time low of 13%; an achievement likely resulting from the combined effects of measures like the graphic warnings on cigarette packages, toll-free smokers’ helplines, cessation programs, and campaigns aimed at younger smokers.

However, despite the measures implemented under the federal and provincial strategies, the most recent prevalence rates of smoking spiked to 15% (and 19% in Alberta) in persons aged 15 and older, for combined daily and non-daily smoking. It is evident that tobacco control in Canada is losing ground, and disproportionately so in Alberta. The increase from the years prior also raises questions about the effectiveness of both the federal and the provincial tobacco control strategies.

Some suggest that, since 2015, the lead up to 2018 legalization of cannabis for recreational purposes may, at least in part, have contributed to this spike. In October, Canada became only the second country globally to legalize cannabis consumption for recreational purposes on a national level. A recent survey suggested that 22% of Canadians reported having used cannabis in the past 12 months, with provincial rates widely ranging from 16% to 39%. The prevalence rates of e-cigarette consumption (vaping) have also increased dramatically, another factor that should be considered in the overall changes in smoking prevalence rates. The federal government’s stated goal to reduce the overall tobacco smoking rate in Canada to less than 5% by 2035 appears to be in jeopardy, and it is clear that further steps are needed to get back on track.

The contribution of tobacco and cannabis to the development of oral disease
Tobacco delivers nicotine, which is the addictive constituent among the more than 7,000 chemicals delivered to the smoker. Patterson (2017) eloquently summarized the vast body of evidence in support of tobacco consumption, for both smokeless and combustible tobacco, causing oral and systemic disease, resulting in premature death and disease: Tobacco consumption represents the most significant risk for periodontal disease, which is 2-6 times higher than in non-smokers. What is challenging, is early identification due to increased keratinization of the gingival tissue, masking early signs of inflammation and resulting in a delay in the provision of treatment. There is also an increased risk of caries, leukoplakia, smoker’s melanosis, nicotinic stomatitis and other mucosal lesions as well the
development of oral cancer. Aesthetic issues such as halitosis, altered taste and discolouration of teeth, restorations and dentures, are also common. With the consumption of smokeless tobacco, there is an observation of increased abrasion of tooth structure, resulting in complications. Consumption of tobacco during pregnancy may result in oral developmental abnormalities in the newborn, such as cleft palate, asymmetry and altered tooth size.

Cannabis use is independently associated with oral health risks in those who do not consume tobacco. Like for tobacco, cannabis consumption is associated with increased risk of periodontal disease. Chronic inflammation (e.g. in stomatitis) is a risk factor for the development of oral cancer. The degree of tooth loss at age 32 years is related to the level of cannabis use, irrespective of tobacco smoking and may interfere with the viability of dental implants. Saliva product in the mouth is reduced by both cannabis and tobacco, resulting in dry mouth, with foreseeable adverse consequences.

Despite the vast body of knowledge of the oral health impacts of tobacco smoking, the impact of cannabis will likely be better studied in light of the recent legalization. To date, the joint adverse impact of cannabis and tobacco on oral health remains insufficiently explored.

The role of dental health professionals in tobacco cessation

Although cessation interventions are proven to work, it may take several quit attempts before a person achieves sustained remission from tobacco use. Almost three quarters of Canadians visit a dental office every year, placing the dental health professional in an ideal position to offer these interventions.

Yet, most persons who quit, end up doing so on their own, and without the help of a health professional, in part because interventions are not consistently offered by these professionals. In Canada, provincial dental regulatory authorities widely support the notion of the use pharmacotherapy for treating tobacco addiction and cessation is widely acknowledged as included in the scope of practice for dental professionals. Despite this, many practitioners are not engaged or involved in this crucial health promotional and potentially life-saving activity. This reflects a significant missed opportunity, raising ethical and legal questions.

What are the barriers to offering cessation interventions?

Several barriers have been identified to the integration of tobacco cessation into dental practice, the most common of which is a lack of education/training. Although most patients actually welcome and expect cessation services, many dental professionals also reported thinking that patients would be resistant to tobacco cessation services, and they fear alienating patients. Other barriers to cessation include the amount of time required to deliver such, as well as issues with reimbursement or an unfamiliarity with referral options.

What works?

The brief interventions such as the 5 As, includes the components of Ask, Assess, Advise, Arrange and Assist, and are proven to increase quit rates. (see Figure 2).

Note: In the 4th A (“Assist”) of the 5 A’s of the algorithm, several safe and efficacious medication options are available, some of which have to be prescribed (e.g. by a dentist), while others are available over the counter. A medication algorithm for
Integrating cessation into daily practice

There are several strategies for integrating cessation into dental practice⁶,¹¹, requiring a collaborative effort. It is important that the entire office team be involved in the planning and implementation of a cessation program, it is often the dental hygienist who delivers the cessation counselling intervention. Some of the basic strategies offered include using the 5 As, selecting an office smoking cessation coordinator, creating a tobacco-free environment, identifying all patients who use tobacco, developing patient-targeted tobacco cessation plans, and providing supportive follow-up.

An adaptable and pragmatic 8-Step Smoking Cessation Program¹¹ allows for broad integration of evidence-based cessation interventions into daily practice. It has been demonstrated that dental professionals who use brief interventions that are based on the 5 As model and that are integrated into daily dental practice in a systematic way can increase quit rates among their patients. One such step-wise approach is as follows¹¹:

1. **Ask**: “Have you used any tobacco products in the last year?”
   - No
   - Yes

2. **Advise**: “The best thing you can do for your health is to abstain from using tobacco. We can help you with that.”
   - Brief mood assessment
   - “Are you considering making a change with your tobacco use?”
   - Yes
   - No

3. **Assess**: “Are you considering making a change with your tobacco use?”
   - Yes
   - No

4. **Assist**: Offer psycho-social support and menu of cessation medications
   - In Hospital
   - Nicotine Detoxification
   - Referral no later than discharge

5. **Arrange**: Treatment follow-up and monitor mood

Where do we go from here?

Comprehensive tobacco control programs work best and no such program will be credible unless it includes smoking cessation programming¹². There are a number of considerations for dental professionals:

1. The e-cigarette market is booming, and greater numbers of Canadians vape. It has been suggested that smokers who vape are generally less likely to quit smoking. There is also the concern with dual use, and potential harms from long term use. Although e-cigarettes are likely less harmful than combusted tobacco smoke inhalation, in part because it contains fewer toxins and other cancer-causing substances, it is not considered a reasonable solution to the tobacco epidemic. Recommending vaping to patients as a measure to quit smoking tobacco is not supported at this time.

2. Both the federal and provincial strategies require a rethinking as significant ground has been lost, and much more could be done, e.g. regulating and restricting the places where tobacco is sold, and better regulatory controls over the actual cigarette itself is required. Plain packaging is proven to aid in tobacco control, and mobilizing wide-spread
mechanisms to help people quit smoking is also required. Dental professionals can play an important role in advocating for these changes.

3. Cannabis is legal for recreational purposes, and this is highly unlikely to change. Patients should be counselled on the adverse oral effects of combustible cannabis. Along with existing evidence-based tobacco cessation recommendations, patients should be advised to avoid smoking any combustible products, whether tobacco, cannabis, or a combination. Alcohol-containing mouth rinses may exacerbate dry mouth caused by cannabis, and should hence be avoided. Due to the physiological impact of cannabis on the cardiovascular system, abstinence from any cannabis is recommended for at least one week prior to any dental procedure. Tetrahydrocannabinol is highly fat-soluble and may take an extended period of time to sufficiently wash out of the body.

4. The dental practitioner remains ideally placed to offer tobacco cessation interventions, and thereby significantly contribute to health promotion, education and disease prevention. This is, in part because the majority of Canadians visit a dental office annually, and many of these persons may not necessarily see any other health professional. Yet, there is a missed opportunity in dental practice, and several barriers to service delivery remain intact. Many of these barriers can be successfully addressed on practice level, and the Dental Hygienist is in a favourable position to champion this. It remains our duty to treat this chronic, yet treatable condition of tobacco use disorder, and a failure to treat should be viewed as a serious lapse of professional practice, not unlike failure to treat other medical conditions that fall within our scope of practice.

Out and About – Town Hall Meeting

On November 28, CRDHA hosted its first Town Hall meeting in Cold Lake. The response was phenomenal. We received valuable comments and feedback from those in attendance and were able to share information in return. Once the weather is more conducive to safe travel, we will be heading out on the road again. Please watch your Inboxes. We will send an email announcement when we plan to be in your area.

References
5. Schauer GL, et al. (2017). Marijuana and tobacco co-administration in blunts, spliffs, and mulled cigarettes: A systematic literature review. Addict Behav. 64:200-211.
With hundreds of privacy impact assessments (PIAs) reviewed per year, and thousands since 2001, when the Office of the Information and Privacy Commissioner (OIPC) introduced its first PIA questionnaire, the OIPC has identified some recurring issues when PIAs are submitted.

This article is meant to provide dental hygienists with an understanding of some of the common missing elements in PIAs submitted to the OIPC, and to help limit the amount of back and forth between dental hygienists and OIPC staff when PIAs are being reviewed.

What is a PIA?
A PIA is used to identify and address potential privacy and security risks that may occur in the course of implementing an administrative practice or information system that involves the collection, use or disclosure of personal information or individually identifying health information (health information). The OIPC process involves an analysis of potential impacts to privacy and a consideration of measures to mitigate these impacts.

PIAs are typically focused on specific projects (e.g. practice management software). PIAs also include an examination of office or organization practices and policies, since policies – or a lack thereof – may affect your ability to ensure that privacy protecting measures are applied consistently to specific projects (e.g. breach response policies).

The OIPC’s Privacy Impact Assessment Requirements guide (the guide) outlines the five sections – Sections A to E – that comprise a PIA submission to the OIPC, and outlines what is expected in the submissions. The following provides a brief overview of each section and applicable common missing elements.

**Project Summary**
Section A of the guide asks for a concise summary of the proposed project. The description should include the project’s objectives, why the project must collect, use or disclose personal or health information, and an outline of the risks to privacy.

Often missing in the project summary is the name of the system or software being implemented. For example, if practice management software is being implemented as part of the project to collect, use or disclose personal or health information, name the software.

**Organizational Privacy Management**
Section B of the guide asks for a description of privacy management, such as how privacy policies are developed, approved and implemented, how employees are trained on policies, how breaches are identified and managed, and how access or correction requests are processed.

A lack of policies to govern privacy management can lead to inconsistency in privacy and security practices. To effectively support a PIA submission, it’s important to provide a copy of privacy, training and breach response policies, and associated enforcement mechanisms, to support the PIA project.

**Project Privacy Analysis**
Section C of the guide asks for the specific types of personal or health information involved in the project, what information flows are involved, how individuals will be notified about the purposes for which their personal or health information is collected, and whether consent is considered in the project.

**Health Information Listing**
Be specific when listing the types of personal or health information involved in the project. For example, if collecting registration information, what types of personal or health information are asked for on registration forms, and is what is asked reasonable for the service being provided.

**Information Flow Analysis**
When describing information flows, dental hygienists are responsible to identify the legal authority for the collection, use or disclosure of personal or health information. It’s incumbent upon the custodian to cite the appropriate section (legal authority) for each information flow. The OIPC often sees a custodian cite a range of or several Health Information Act (HIA or the “Act) sections and apply those sections to the entire project. However, it’s not the OIPC’s responsibility to figure out the legal authority for each information flow on the custodian’s behalf.
Notice vs. Consent
Collection notices are an important aspect of HIA. The medium of a notice should match the medium of how it’s collected. For example, if collecting information on a registration form, does the registration form have a privacy notice on it as required by HIA (section 22(3))? Or when collecting information over the phone, do you provide the collection notice during the phone call? Also, be mindful of disability accommodation when providing notices.

Finally, there is often confusion between the collection notice and consent requirements. There are specific requirements in the Act for both, which dental hygienists are responsible for addressing in their PIA.

Contracts and Agreements
PIA submissions require a description of contracts or agreements with third parties involved in the project, including information manager agreements (IMAs). These agreements should also include provisions binding providers to a standard of privacy protection equivalent to HIA. The OIPC also asks dental hygienists to consider providing copies of third party agreements, or at a minimum a copy of the privacy provisions from those agreements.

Often these descriptions of contracts or agreements are absent or do not meet requirements when PIAs are submitted to the OIPC.

Beyond an IMA with IT service providers, also think about agreements with other service providers (section 66 of HIA), such as cleaning or paper shredding businesses.

Out-of-Country Service Providers
Transferring or storing personal or health information outside Alberta is permitted under HIA, but there are certain risks which must be addressed when choosing to do so. For example, when making contractual agreements with out-of-province or out-of-country service providers, ensure the contracts contain language that meets the specific IMA requirements under HIA (section 66) and the Health Information Regulation (section 7.2).

Project Privacy Risk Mitigation
Section D of the guide asks about how employees or third parties, among others, are given access to specific types of personal or health information, how privacy risks have been identified and what specific mitigation measures are in place, how compliance with privacy protections is monitored, and how PIAs will be reviewed periodically and revised, as necessary.

Access Controls
Access controls speak to how access to specific personal or health information by employees or third parties is granted to ensure access is based on a “need to know” (i.e. access to personal or health information is limited to least amount needed for service being provided).

One common issue is when, for example, there are no parameters or constraints on what types of personal or health information can be accessed by a third party. For example, IT service providers may be given access to all records, including paper records, which highlights the need to understand contractual agreements and limit a service provider’s access or permission to personal or health information to only what is reasonable to provide that service.

Privacy Risk Table
The guide provides an example risk table. It’s the responsibility of dental hygienists to identify further risks than those outlined in the example.

Additionally, PIA writers often forget that risk can arise from the “way we do business.” Consider business-related operations and risks that can arise from such things as work from home arrangements, bring your own device programs, etc.

Mitigation Measures for Project
Be sure to describe how a mitigation measure is specifically used to mitigate risk. For example, a system may require a password, but passwords must have certain features to effectively mitigate risk. For example, describe what the password policy is and how the policy will be implemented in the practice management software being considered.

Additionally, if submitting PIAs on two different information systems, while some risks and mitigation controls may overlap, take the extra step to identify differences – a risk table should never look exactly the same for two different systems.

Monitoring
System monitoring is critical in information systems. A system may be able to note when a person logs into the system, but doesn’t have activity auditing capabilities (e.g. when viewing or using a patient’s file). Access logs are necessary for identifying and responding to breaches. (Access logs must meet the requirements of section 6 of the Electronic Health Record Regulation.)

In addition to having activity auditing capabilities, PIAs should note how often accesses to personal or health information are audited and who does the audit.
Policy and Procedure Attachments

Section E of the guide asks for copies of policy documents, including a privacy policy table to summarize all applicable policies and procedures, as well as general privacy policies, policies specific to the PIA project, and previous PIA submissions if applicable.

It’s worth reiterating that a copy of relevant privacy, training and breach response policies, and associated enforcement mechanisms, are required to be submitted.

Summary of Common Missing Elements in PIAs

1. Name of the information system.
2. Copies of privacy, training and breach response policies, and associated enforcement mechanisms.
3. List specific types of personal or health information being collected.
4. Cite specific legal authorities or provisions associated with each information flow in the PIA; don’t provide a general list of sections.
5. Provide privacy notices in the medium the information was collected.
6. Consider consent requirements listed in the applicable legislation.
7. Ensure that the information manager agreements or contracts made with third parties meet requirements of the Health Information Regulation (section 7.2).
8. Limit employees or service providers access to personal or health information to “need to know” or only what is reasonable to provide a service.
9. Identify further risks than those outlined in the example table in the guide. Consider business-related operations and risks that can arise from such things as work from home arrangements, bring your own device programs, etc.
10. Be specific when describing how a mitigation control will manage a specific privacy risk.
11. System monitoring is critical in information systems. Access logs are necessary for identifying and responding to breaches.

References

1. Section 64 of the Health Information Act (HIA) requires submission of a PIA for review by the OIPC.

For the eleventh consecutive year, the “Gift from the Heart” event provides Registered Dental Hygienists across Canada with an opportunity to come together and reach out into their communities.

On Saturday April 6, 2019, Registered Dental Hygienists across Canada are opening their doors and their hearts to provide no-cost preventive dental hygiene services to those who may be financially unable to afford oral health-care or have difficulty accessing dental hygiene services.

Gift from the Heart marks the start of National Dental Hygiene Week in Canada.

For more information and to volunteer your participation in this worthy endeavor, visit www.giftfromtheheart.ca.

Tax time is just around the corner. Are you prepared?

Self-employed or employee? Contract of services or contracted for services? The answers have serious implications for income tax, employment insurance eligibility and Canada Pension. Canada Customs and Revenue Agency (CRA) has specific regulations for each category and they determine the status. The CRDHA has received several enquiries recently from the CRA seeking information about members which we are legally required to provide.

Not sure of your status? You can request a ruling from CRA.

Visit www.canada.ca/content/dam/cra-arc/formspubs/pub/rc4110/rc4110-18e.pdf for more information.
Dear Alberta dental hygiene friends,

Thank you very much for electing me as the Alberta CDHA board director. I am honored to hold this position and am humbled to be following in the footsteps of outgoing board director Gerry Cool.

I attended my first CDHA board meetings in October 2018 at the leadership summit in Charlottetown, Prince Edward Island. It was a fabulous summit with inspirational speakers and leaders in dental hygiene from around our country. I encourage you to plan now and consider attending CDHA’s national conference in St. John’s, Newfoundland & Labrador this Fall.

An alumna of the University of Alberta dental hygiene program, I celebrated 25 years as a registered dental hygienist in June! For the past 14 years I have been a full-time faculty member at the University of Alberta and currently serve as assistant director of dental hygiene clinical education. I also continue to practice one day per week, working in the same office for almost 23 years. Privately I am a mum of an amazing young man, William, and, for relaxation, I read, cycle to work, swim, and ski.

Thank you to everyone who took part in CDHA’s Healthy and Respectful Workplace survey. The results will be used to develop resources and initiatives to support all dental hygienists in building positive working environments. As CDHA owners, we can maintain a healthy work–life balance now with help from our new Member and Family Assistance Program, available at www.cdha.ca/homewood.

As winter approaches, I encourage you all to obtain your influenza vaccination and enjoy your beautiful Alberta skies!

Sincerely,
Alexandra DE Sheppard, RDH, BA, MEd
CDHA board director, Alberta
directors@cdha.ca

WHAT’S NEW AT CDHA?

PROFESSIONAL DEVELOPMENT
CDHA is committed to supporting your ongoing professional development with webinars that are now available to members for FREE, saving you hundreds of dollars.

NEW webinars on demand:
Homewood Health: Member & Family Assistance Program
Fundamentals of Educational Assessment
Identifying Product Hazards in the Dental Setting, sponsored by Johnson & Johnson

Webinars coming soon:
Cannabis, January 30, 2019, sponsored by Philips
How to Put Your Purple On! for NDHW™, February 20, 2019
Understanding Cardiovascular Conditions, March 20, 2019, sponsored by Crest + Oral-B
Noise Levels in the Workplace, April 17, 2019
www.cdha.ca/webinars

2019 Conference:
Save the date! CDHA will host its next national conference, October 3-5, 2019, in St. John’s, Newfoundland & Labrador. Make plans now to join us on the rock! Registration will open in early 2019. www.cdha.ca/conference

NEW MEMBERSHIP BENEFIT
In response to your feedback, we have added a new member and family assistance program to our suite of premium member benefits! You and your family can now receive confidential counselling for any challenge including workplace, stress, and family issues.
Details at www.cdha.ca/homewood

POSITION PAPER AND STATEMENT ON SILVER DIAMINE FLUORIDE
CDHA’s position paper on silver diamine fluoride (SDF) was published in the October 2018 issue of the Canadian Journal of Dental Hygiene. To learn more about the short- and long-term effectiveness, safety, and acceptance of SDF therapy for children and adults with carious lesions and/or dentinal hypersensitivity as it applies to dental hygiene practice, download the position paper and statement at www.cdha.ca/positionstatement

2017–2018 ANNUAL REPORT
View and download CDHA’s 2017–2018 annual report, which summarizes our progress over the past year in meeting the organizational ends (or goals) established by the board of directors. The annual report is also available in French. www.cdha.ca/annualreport

AWARD NOMINATIONS OPEN
Do you know a CDHA member who has made outstanding contributions to the dental hygiene profession? Consider nominating them for CDHA’s Award of Merit, Distinguished Service or Life Membership Award. The deadline for nominations is January 31, 2019. www.cdha.ca/awards
Bill 21

Bill 21 received royal assent on November 19, 2018 and amended the Health Professions Act. Titled “An Act to Protect Patients”, the premise of this new law is to protect patients from sexual misconduct and sexual abuse from members of the regulated health professions, increase victim support and require more transparency of regulatory colleges when dealing with complaints of this nature.

What is sexual abuse and misconduct

Under the new legislation:

Sexual abuse is defined as the threatened, attempted or actual conduct of a regulated member towards a patient that is of a sexual nature and includes any of the following conduct:
- Sexual intercourse between a regulated member and a patient of that regulated member
- Genital to genital, genital to anal, oral to genital, or oral to anal contact between a regulated member and a patient of that regulated member
- Masturbation of a regulated member by, or in the presence of, a patient of that regulated member
- Masturbation of a regulated member’s patient by that regulated member
- Encouraging a regulated member’s patient to masturbate in the presence of that regulated member
- Touching of a sexual nature of a patient’s genitals, anus, breasts or buttocks by a regulated member

Sexual misconduct is defined as any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature by a regulated member towards a patient, that a regulated member knows, or should know, would cause offence, humiliation, or adversely affect the patient’s health and wellbeing.

The new law applies to all health professionals regulated under the Health Professions Act. This includes dental hygienists.

Summary of important changes affecting you and CRDHA

Bill 21 defines sexual abuse and sexual conduct and specifies mandatory disciplinary action: Permanent cancellation of practice permit for hearing tribunal findings of sexual abuse and 5-year practice permit suspension for findings of sexual misconduct, with all findings to be posted clearly and consistently online.

New CRDHA applicants, as of November 19, 2018, are required to submit a criminal reference check with their applications.

All Colleges, including CRDHA, are required to:
- Provide victims of sexual abuse or sexual misconduct by a regulated member with funding for treatment and counselling
- Provide training for members and staff to prevent and address sexual abuse and sexual misconduct issues
- Create new standards of practice surrounding sexual abuse and sexual misconduct issues which must be approved by the Minister of Health, including defining:
  - Who a “patient/client” is and setting rules for when intimate relationships can occur between regulated members and patients/clients
  - When or if a regulated member may provide treatment to a spouse or interdependent partner

For more information or to view the entire bill visit: www.alberta.ca/protecting-patients-against-sexual-abuse.aspx

The government provided very strict timelines for all the health regulatory bodies to submit their new standards of practice for approval. Member consultation is an important aspect of this process. THANK YOU to all who participated in the member survey and called the office with your questions and comments. We had an incredible response rate.
New Benefit

Member & Family Assistance Program

Counselling
Including workplace, stress, and family issues

Coaching
Life balance and health issues, or support for career management

Online Resources
Interactive tools and a library of health, life balance, and workplace articles

For access, visit cdha.ca/Homewood

What is the Canadian Dental Connection website?
This website was designed for oral health professionals interested in working in northern, remote and underserved communities in Canada and for clinics in these areas. It was developed by a group of the Faculty of Dentistry at McGill University with several partners and a financial contribution from the Public Health Agency of Canada.

What does the Canadian Dental Connection website mean for you?
This simple, bilingual, and free tool includes a job matching component, where clinics can post an oral health position and professionals can have a profile and apply for positions. It also includes training modules to help oral health professionals prepare to work in northern, remote and underserved communities. Anyone interested in learning more about cultural competency, trauma-informed care and the application of these notions in Indigenous settings can benefit from this resource.

Visit the Canadian Dental Connection website today!
English: www.dentalconnection.ca
French: www.connexiondentaire.ca
Continuing Competence

2019 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.

Courses of interest to registered dental hygienists include:
- Local Anaesthetic
- 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.dentistry.ualberta.ca/ContinuingDentalEducation.aspx

February 2019
BANFF, AB
Passport Series - Banff Updater
February 3 - 4, 2019
U of A Continuing Dental Education

March 2019
VANCOUVER, BC
Pacific Dental Conference
March 7 - 9, 2019
Registration opens Oct 15, 2018
www.pdconf.com

LAKE LOUISE, AB
Passport Series - Health is Wealth
March 29 - 30, 2019
U of A Continuing Dental Education

May 2019
EDMONTON, AB
CRDHA Annual Continuing Competence Event
DHdx
Double Tree West Edmonton
May 2 - 4, 2019
Registration opens February 19, 2019

June 2019
EDMONTON, AB
Dental Hygiene 5-Day Refresher Course
June 10 - 14, 2019
University of Alberta Continuing Dental Education

EDMONTON, AB
Dental Hygiene 10-Day Refresher Course
June 10 - 21, 2019
University of Alberta Continuing Dental Education

August 2019
BRISBANE, AUSTRALIA
2019 International Symposium on Dental Hygiene (ISDH)

October 2019
ST. JOHN’S, NEWFOUNDLAND
CDHA National Conference 2019
October 3 - 5, 2019
Registration will open in early 2019.

2019 Continuing education speakers and seminars are also offered through:
Calgary and District Dental Society
info@cdds.ca
www.cdds.ca/seminars/

Edmonton and District Dental Society
eddssconnect@hotmail.com
www.eddsonline.com

The CRDHA Competence Committee determines the eligibility of specific courses for Continuing Competence Program (CCP) credit. Some courses may fall into the category of Limited Continuing Competence Program Activities. It is the responsibility of the learner to be aware of their Limited CCP credits. It is also the responsibility of each CRDHA member to ensure they are practicing within the scope of practice defined for Alberta dental hygienists. If you have any questions or doubts about a learning opportunity, please call the CRDHA offices prior to enrolling.
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 username and password.

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

Dental Hygiene Quarterly (DHQ)  www.dentalhygienequarterly.ca

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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<tr>
<td>Crest and Oral B (Proctor and Gamble)</td>
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<td>Colgate Professional Education</td>
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<td>Hygienetown</td>
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<td>INR Biomed</td>
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<td>I Need CE (Dental Academy of Continuing Education)</td>
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<td>Pharmacy Times: Courses relate mostly to the Pharmacy Profession.</td>
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<td>CDE World</td>
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<th>Courses from the providers named below are eligible for the number of the credits indicated by the provider.</th>
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<td>American Dental Hygienists Association</td>
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<td>Dental Learning Network (Academy of Dental Learning)</td>
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<td>Dimensions of Dental Hygiene (Belmont)</td>
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<tr>
<td>Health Studies Institute</td>
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Online continuing dental education is a convenient way to learn at your own pace, anywhere, anytime.
Study Restorative Dental Hygiene at George Brown College

• Learn esthetic restorative procedures as it relates to dentistry and dental hygiene practice
• Increase your career opportunities and earning potential
• Study at the Daphne Cockwell Centre for Health Sciences at our Waterfront Campus (TTC accessible)
• Program runs from September to April with classes Monday – Wednesday

Apply Now for September 2019

Contact Melissa Crawford at 1-800-265-2002, ext. 4555 or mcrawfor@georgebrown.ca
georgebrown.ca/rdh

The University of Alberta Dental Hygiene Alumni Chapter is proud to co-host the annual

Dental and Dental Hygiene Alumni Reception at the Pacific Dental Conference (PDC)

Friday, March 8, 2019
6 p.m. - 8 p.m.
Cypress Suite, Pan Pacific Hotel
999 Canada Place #300, Vancouver, BC

The Dental Hygiene Alumni Chapter and the Dental Alumni Association invite all University of Alberta DH and DDS alumni to an alumni reception being held in conjunction with the Pacific Dental Conference (PDC) in Vancouver.

Free event. Registration required.
Register at uab.ca/dhalum

The University of Alberta Alumni
Dental Hygiene Alumni Chapter

Pacific Dental Conference
March 7-9, 2019
Join us in Vancouver, Canada

• 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 150 speakers and 250 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)

Registration and program information at...

www.pdconf.com

Featured Speakers

Cheri Wu
Periodontics
Karen Davis
Dental Hygiene
Samuel B. Low
Laser Dentistry

Marianne Dryer
Dental Hygiene
Peter Ikansah
Pharmacology
Diane Millar
Dental Hygiene

March 9
RECEIVE 3 CE/PD Hours

DOWNLOAD YOUR FREE Trial

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NEW!
Online is now on the rdhu portal
handouts included mobile friendly

UNIVERSITY OF ALBERTA

DENTAL HYGIENE REFRESHER 2019

JUNE 10-14 (5 day)
JUNE 10-21 (10 day)
REGISTRATION DEADLINE: MARCH 1

UNIVERSITY OF ALBERTA
FACULTY OF MEDICINE & DENTISTRY
Continuing Dental Education
WWW.DENTISTRY.UALBERTA.CA/CDE
Return undeliverable Canadian addresses to:

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