



# Early Childhood Caries: Part 1

Judy Clarke, RDH, BSc (Dental Hygiene)

Some of you might be surprised to learn that Early Childhood Caries (ECC) is the most common chronic childhood disease with a prevalence five times that of asthma, seven times more than hay fever, and more common than rubella, mumps, measles, chicken pox and pertussis?<sup>1-4</sup> Early Childhood Caries (ECC) has often been referred to by names such as baby bottle tooth decay, nursing bottle syndrome, nursing caries and bottle mouth.<sup>1, 2, 5</sup>

This article is written in response to feedback from CRDHA members following the Early Childhood Caries Conference, organized by the Canadian Academy of Paediatric Dentistry and Calgary Health Region Dental Public Health, held in September 2007 in Calgary. Part One discusses prevalence, consequences, definition, biology and etiology, and treatment of ECC. Part Two will discuss prevention of ECC (including the prenatal connection), and the role all dental hygienists can play.



To identify risks and to screen for early childhood caries, a child's first visit to a dental hygienist or a dentist should be in the first 6 months after the eruption of the first tooth or by the first birthday.

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**Brenda Murray, RDH**  
*President*

Edmonton  
c/o CRDHA office  
president@crdha.ca

**Jean Fraser**  
*Public Member*

Calgary  
c/o CRDHA office  
councillor@crdha.ca

**Arlaine Monaghan**  
*Public Member*

Spruce Grove  
c/o CRDHA office  
councillor@crdha.ca

**Jacki Blatz, RDH**  
*Past President*

Fort Saskatchewan  
(780) 998-1262  
councillor@crdha.ca

**Sabrina Heglund, RDH**  
*Councillor*

Ardrossan  
c/o CRDHA office  
councillor@crdha.ca

**Shirley Smith, RDH**  
*Councillor*

Edmonton  
c/o CRDHA office  
councillor@crdha.ca

**Allison Boone, RDH**  
*Councillor*

Calgary  
c/o CRDHA office  
councillor@crdha.ca

**Debbie Hubbard**  
*Public Member*

Edmonton  
(780) 458-9286  
councillor@crdha.ca

**Tawyna Wilde, RDH**  
*Councillor*

Edmonton  
c/o CRDHA office  
councillor@crdha.ca

**Gerry Cool, RDH**  
*Vice President*

Carseland  
c/o CRDHA office  
councillor@crdha.ca

**Wendy Maloney**  
*Councillor*

Calgary  
c/o CRDHA office  
councillor@crdha.ca

**Jacki Blatz**  
*Representative to Canadian  
Dental Hygienists Association*  
(780) 998-1262

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The College of Registered Dental Hygienists of Alberta (CRDHA) invites submissions of original research, discussion papers and statements of opinion relevant to the dental hygiene profession for its official newsletter, *InTouch*. Submissions are subject to editorial approval and may be formatted and/or edited without notice. Contributions to *InTouch* do not necessarily represent the views of the CRDHA, its staff or Council, nor can the CRDHA guarantee the authenticity or accuracy of reported research. As well, the CRDHA does not endorse, warrant, or assume responsibility for the accuracy, reliability, truthfulness or appropriateness of information regarding products, services, manufacturers or suppliers contained in advertisements within or associated with the newsletter. Under no circumstances, including, but not limited to, negligence shall the CRDHA be liable for any direct, indirect, special, punitive, incidental, or consequential damages arising from the use, or neglect, of information contained in articles and/or advertisements within this publication.



*“Leadership and learning  
are indispensable to each other”*

*JOHN F. KENNEDY*

*I follow this in my own personal life and will endeavor to practice this as your President. I am looking forward to meeting with many of you over the next year and hope to encourage more CRDHA members to be involved in activities which promote the profession of dental hygiene in Alberta.*

## Brenda Murray, RDH

These two years of regulation under the *Health Professions Act (October 31, 2006)* have been an exciting time for the dental hygienists profession. You can review the 2007 Annual Report for details ([www.crdha.ca](http://www.crdha.ca)) Some of the most recent highlights include:

- Twenty-five CRDHA members have started their own practice in either a portable dental hygiene or stand alone practice setting.
- Rules regarding advertising are in place.
- Many insurance companies are starting to acknowledge that dental hygienists are health care providers who are entitled to be reimbursed fairly for their services.
- Dental hygienists can now register for the *Elements of Prescribing: A Pharmacy Refresher Course for Dental Hygienists*. Forty members on the CRDHA General register started the first course in July. Successful completion of

this course is the first step for a registered dental hygienist to be authorized to prescribe the limited drugs used in dental hygiene practice.

- Policies are in place to authorize registered dental hygienists to utilize their education in restorative duties.
- CRDHA members on the General Register are complying with the Continuing Competence program and many are excited to use the optional new self-assessment component.

It was an honor, on June 14, 2008, to be elected by CRDHA Council to be President for the 2008-2009 term beginning July 1, 2008. It is a privilege to serve in this capacity.

I would like to acknowledge each of the CRDHA Councillors, for the commitment, time and valuable input that they have given to the CRDHA. Thank you to outgoing Councillors: Rebecca Beaulne, Laura McLaughlin and Marianne Reeder for sharing

their insight and experience. Jacki Blatz now moves into the position of Past President. Gerry Cool, Wendy Maloney, and Tawnya Wilde are returning Regulated Member Councillors and Jean Fraser, Debbie Hubbard and Arlaine Monaghan continue to serve as public members.

Congratulations and a warm welcome to our newest CRDHA Councillors: Allison Boone, Sabrina Heglund and Shirley Smith, who were elected at the CRDHA Annual General Meeting in Calgary on May 3, 2008.

To learn more about your Councillors please see the next page: Introducing CRDHA Council.

I appreciate the opportunity to serve as your President as we further the goals of the CRDHA. Please feel free to contact me through the CRDHA office.

The College of Registered Dental Hygienists of Alberta (CRDHA) exists so that Albertans will receive safe, high quality dental hygiene care and the profession of dental hygiene is advanced.

# Introducing CRDHA Council 2008/2009

*CRDHA Councillors make an on ongoing commitment to the public and CRDHA members through participation in the governance of the College. As of June 30, 2008 Rebecca Beaulne, Laura McLaughlin and Marianne Reeder completed their terms as Councillors. We are grateful for their contribution. Trish Clayton has also finished her role as Past President. At the May 3, 2008 CRDHA Annual General Meeting three new Councillors: Allison Boone, Sabrina Heglund and Shirley Smith were elected.*



## **Brenda Murray**

Brenda Murray, a University of Alberta graduate, has been practicing clinical dental hygiene for the past

15 years. She was elected CRDHA President on June 14, 2008.



## **Jacki Blatz**

I am pleased to be returning to CRDHA Council this year. This is now my fifth year as a CRDHA Councillor. It

has truly been a pleasure to serve as President over the past two years. The highlights for me include seeing our regulations passed under the *Health Professions Act* to become the College and having the opportunity to connect with colleagues and members. I am in awe of the diversity of dental hygienists in our province and so proud of the work we all do. I am looking forward to another great year!



## **Allison Boone**

Allison Boone graduated from the University of Alberta in 1993. She currently lives in Calgary and works part time.

Since her graduation she has gained valuable experience working across the country in a variety of practice settings. Allison is excited with the opportunity of serving her profession as a Councillor. She is also excited about the future of dental hygiene in Alberta and promises to work hard to represent the interests of both the community and the dental hygienists profession. Allison is the mother of two children ages 7 and 5.



## **Gerry Cool**

My husband and I own and operate a working grain farm near Carseland, a small hamlet southeast of

Calgary. I juggle farm wife, dental hygienist and parenting with patience, humor and a big day timer! I love it all. What have I learned this first year on Council? Our organization is well represented and well regarded

nationally and internationally. The Council's governance model clearly defines roles and responsibilities of Council and the CEO. It ensures that policies and goals are clearly defined, monitored and evaluated regularly. My ah ha moment this year was the realization that Council's responsibility is not only to Alberta dental hygienists but to all Alberta citizens. It is my role as a Councillor to support dental hygienists in their professional capacities while being responsive to the oral health needs of our citizens.



## **Jean Fraser**

Jean was asked, "Why do you volunteer with CRDHA?" She replied, "Let me give you a quote. Because I know

that I will be associating with the best of the best and that I enjoy that relationship! How's that?! A highlight for me as a public member has been being part of the meteoric rise of the profession of dental hygiene. The changes have been so dramatic and are so significant that I find it amazing!"



**Sabrina Heglund**

My name is Sabrina Heglund and I have been a member of the CRDHA since 1993.

At this time there is an opportunity for me to serve our College by bringing professional accountability and tangible life experiences to the role of Councillor. As a graduate of the University of Alberta Dental Hygiene diploma program, and with ongoing education pursuing a PhD in Health Sciences, I believe I have much to contribute to the development of goals of the College. I hope to lend my expertise in discussions of leadership, professional integration of proactive clinical practice guidelines, and ongoing educational opportunities for all dental hygienists in Alberta.



**Debbie Hubbard**

With the restructuring of Health Regions that was recently announced, I am looking forward to

seeing how the dental hygienists continue to work towards providing quality services not only to the public in general but to those groups that have been identified in planning sessions as needing special focus, for example, seniors, preschoolers and individuals without access to insurance. I look forward to seeing how I might provide input and support to the College as new opportunities and challenges arise over the next few years.



**Wendy Maloney**

Wendy Maloney graduated from Algonquin College in Ontario in 1978 and has been a CRDHA member

since 2002. Wendy was elected to CRDHA Council in 2007. She is proud to be a part of the CRDHA, an organization which she believes is leading the way for legislative change in Canada.



**Arlaine Monaghan**

My career began as a teacher of Physical Education and Health, changed to motherhood, and on to volunteer

involvement in recreation, fitness and education networks at local through provincial levels. I then worked with the Physical Culture Association of Alberta, CNIB, Alberta Council on Aging and now facilitate the Enoch Diabetes Peer Support Network.

Volunteer involvement continues, currently being President of the Rotary Club of Spruce Grove, and serving on the Boards of the TransAlta Tri Leisure Centre, Halcyon Housing Foundation, and Capital Health Advisories: Mental Health, Geriatric and Glenrose Accessibility.

My appointment to CRDHA came as a pleasant surprise! Not only due to meeting so many enthusiastic, friendly and dedicated people, but in now recognizing the systemic health impacts of oral care and being able to share this important information in other networks.



**Shirley Smith**

While I have served as a Councillor in previous years, I am still at a point in my life and career where I feel I

can provide a contribution as well as receive a benefit from being involved. Although I think my involvement will contribute maturity and experience to the Council, I look forward to being on the Council for the learning opportunities it presents. As well, it is the profound evolution of my profession of dental hygiene that has given me a wonderful career and life and in part it is my way of giving back. I admire the professionalism and integrity that was demonstrated by our profession in the legislative changes process. I am pleased to be a part of the structure of CRDHA that moves our profession forward and to see what new opportunities evolve for the greater good of both the public and our members.



**Tawnya Wilde**

2007-2008 was my first term on Council and it was filled with significant changes

and advances to our profession. The coming year promises to be filled with more exciting opportunities for dental hygienists not only with the prescriber's course beginning, but also with the profession becoming much more accessible as we venture out with our own practices in clinic or in portable dental hygiene practice settings. As a registered dental hygienist, I am honored to add my voice to Council to help ensure a high standard of safe, quality dental hygiene care for Albertans.

## About the Author

Judy Clarke graduated from the University of Alberta in 1987 and completed her BSc degree in 2004. She has over 20 years experience in private practice with the exception of a 10 month public health position with Capital Health. Judy is a past President of ADHA and CDHA; has taught part time at the U of A; and is currently on the Exam Committee of the NDHCB. Additionally, she is Vice President of the Alberta SPCA and is a member of the U of A Dental Hygiene Alumni Association's Executive.

During her work in public health Judy realized the scope of the Early Childhood Caries and asked to share what she has learned with CRDHA members, through this two part newsletter article.

CRDHA acknowledges Judy's professional contributions. Thank you, Judy.



## Early Childhood Caries: A Public Health Epidemic

### Prevalence of Early Childhood Caries (ECC)

ECC is becoming such a widespread problem that alarms are being sounded by dental and health organizations worldwide:

- World Health Organization (WHO) World Oral Health Report 2003 states caries is considered a major oral health problem in most industrialized countries, affecting 60-90% of school aged children and the vast majority of adults.<sup>6</sup>
- American Academy of Pediatric Dentistry (AAPD) considers ECC to be a significant public health problem.<sup>7</sup>
- The Centers for Disease Control and Prevention (CDC) April 2007 *Trends in Oral Health Status* report indicates Americans of all ages continue to experience improvements in oral health except tooth decay in baby teeth increased in children aged 2 to 5 from 24 to 28% between 1988-1994 and 1999-2004.<sup>8</sup>

The situation in Canada parallels the rest of the world. Motivated by the growing concern in our country, over 250 people, including dental hygienists, dentists, dental assistants, and representatives from over 25 health and non-health related professions met in Calgary September, 2007 at the Early Childhood Caries Conference to

discuss what, Dr. Ross Anderson, Nova Scotia pediatric dentist described as, the "worst trend in pediatric caries ever."

ECC has become so common that it is currently considered the major public health epidemic facing dentistry in both underdeveloped and developed countries.<sup>9</sup> This trend has been years in the making. A literature search for this project, using MEDLINE, CINAHL and HealthSTAR search engines and searching terms such as ECC, etiology, prevalence, etc. resulted in numerous hits going back to the 1980's. One particular search, limited to articles from 2005 onward, resulted in over 50 publications alone. Researching and reporting on ECC has become a priority for many individuals.

Since the 1970's, decay has been on the decline due to the widespread use of fluoridated dentifrice, that is, with the exception of ECC.<sup>10</sup> ECC does not discriminate - children from families of every income level experience it; however, the most vulnerable are children from disadvantaged families, regardless of race, ethnicity and culture.<sup>11</sup> Both nationally and provincially, ECC disproportionately affects children of low income, immigrant and refugee families, as well as those among ethnic minorities and various Aboriginal populations.<sup>5, 10, 12</sup> ECC rates in these groups can reach 80%; First Nations communities report a prevalence between 32 – 79%.<sup>4, 5, 10</sup>

## Consequences

The consequences of ECC are far reaching, because children can experience a multitude of problems. Physically, these include pain, infections, abscesses, gastrointestinal disorders and low self-esteem. Increasing severity can cause chewing problems leading to malnutrition and insufficient physical development.<sup>7, 9, 10, 13, 14</sup> The physical manifestations contribute to loss of school days, increased days of restricted activity, diminished ability to learn and an overall reduced quality of life.<sup>7</sup> If left untreated, severe ECC can lead to increased hospitalizations and emergency room visits. The children are not alone in their suffering; for their parents, ECC means lost work days, financial costs, worry and stress.<sup>9</sup> The effects of ECC can follow children. Research indicates caries experience in the primary teeth is one of the most significant factors contributing to decay in adult teeth.<sup>7, 9, 10</sup>

## Definition

By definition, ECC is a broad term used to describe all caries in primary teeth, including cavitated and non-cavitated lesions.<sup>10</sup> The AAPD further defines ECC as "the presence of one or more decayed (non-cavitated or cavitated lesions), missing (due to caries), or filled tooth surfaces in any primary tooth in a child 71 months of age or younger. In children younger than 3 years of age, any sign of smooth-surface caries is indicative of severe early childhood caries (S-ECC). From ages 3 through 5, one or more cavitated, missing (due to caries), or filled smooth surfaces in primary maxillary anterior teeth or a decayed, missing or filled score of  $\geq 4$  (age 3),  $\geq 5$  (age 4), or  $\geq 6$  (age 5) surfaces constitutes S-ECC."<sup>7, 10</sup>



28 month old boy  
Photo courtesy of Dr. Ross Anderson, Dalhousie University

## Biology and Etiology

As oral health professionals, we know how vital the primary teeth are to a child's health, well being and growth. In addition to initiating food digestion, the teeth assist in speech, they preserve space for the permanent teeth, and they contribute to the development of a child's appearance, healthy social skills and self confidence.<sup>2</sup> In keeping with our role as prevention specialists, an understanding of the etiology specific to ECC is necessary to help children and their families.

ECC is an infectious, transmissible preventable chronic disease and, like all other types of caries, is a bio-film mediated acid demineralization of the enamel or dentin.<sup>1, 3, 11</sup> Recognizing that feeding practices alone do not cause decay, the old terms used to describe the condition (e.g., baby bottle decay) were collectively changed to Early Childhood Caries to more accurately describe the multi-factorial nature of the disease.<sup>1, 2, 12, 13, 15</sup> The risk factors unique to ECC include, but are not limited to, infant feeding practices, health beliefs, parental dental knowledge, diet, socio-economic level, health care delivery system, maternal nutrition, maternal oral health and oral health practices,<sup>2, 12, 15</sup>

ECC is characterized by early onset and rapid progression. Primary teeth are very susceptible to the deleterious effects of oral acid attacks. Until it has matured, the enamel is more porous and more easily dissolved by the acids in the mouth.<sup>10</sup> The caries process can begin as soon as the teeth erupt. Cavities have been visible as young as 8 to 10 months of age.<sup>1, 16</sup> ECC occurs in stages - pre-cavitation and cavitation:

### Pre-Cavitation

- This stage is characterized by white opaque sub-surface lesions (white lines or spots) where most of the mineral loss occurs beneath a relatively intact enamel surface.<sup>1, 10</sup>
- Lesions usually begin on the gingival crest of the maxillary anteriors smooth surfaces, but they can also appear on interproximal and palatal surfaces and in extreme cases, on incisal edges. Lesions then progress to the maxillary first molars and then other maxillary teeth and mandibular teeth.<sup>10, 11, 17</sup>

# Front & Centre

- Maxillary anteriors are the most affected, given their earlier eruption into the mouth and minimal to no saliva protection. The mandibular anteriors are rarely affected due to protection from the tongue and the buffering action of the saliva from the sublingual and submaxillary salivary glands.<sup>5</sup>
- If detected at this stage, the lesion is reversible; with appropriate interventions (e.g., fluoride toothpaste, fluoride varnish, diet modifications, etc), the demineralization can be reversed.

## Cavitation

- Further demineralization leads to the breakdown of the enamel surface.
- The white demineralized areas turn yellow, brown or black. The decay spreads quickly, sometimes to the point of extending around the circumference of the tooth. This extensive loss of hard tissue increases the tooth's susceptibility to crown fracture.<sup>10</sup>

The development of ECC requires the same three factors as all decay, namely a susceptible tooth surface, bacteria and sugar. It is the interaction of these variables, over a given time, and a demineralization rate exceeding remineralization, that results in the caries.<sup>1, 7, 10, 11</sup>

### 1. Teeth

In addition to immature enamel, teeth that erupt with enamel defects, in particular, rough enamel, are at a further risk. These hypoplastic defects are common in premature and low birth weight children and those with a systemic illness in the neonatal stage. Research shows a probable relationship between prenatal malnutrition and hypoplasia; research data also indicates a consistent association between clinical hypoplasia and ECC.<sup>10, 14</sup>

### 2. Bacteria

The bacterium primarily implicated in ECC is *Streptococcus mutans* (*S. mutans*).<sup>1, 10, 11</sup> In children with ECC, *S. mutans* regularly exceeded 30% of the plaque flora as compared to < 1% in children with negligible to no caries activity.<sup>2</sup> The uniqueness of ECC is infants are not born with oral bacteria; rather, the child must

become infected. Infection happens primary by vertical transmission from the mother (actions such as testing food on baby's spoon in her mouth then feeding the child or cleaning a soother in her mouth before placing it in the baby's mouth) and less so by the horizontal transmission from other family members.<sup>9, 11</sup> Mothers with active or untreated caries are a considerable risk for the child.

It was once believed that bacteria would only colonize on non-shedding hard oral tissues, but recent clinical studies demonstrate *S. mutans* will adhere to soft tissues in a pre-dentate mouth. Given this finding, it is not surprising the age of infection can be very young. In fact, *S. mutans* have been found in infants as young as 3 months of age.<sup>9, 11</sup> Therefore, the earlier the bacterial colonization, the more significant the ECC risk.

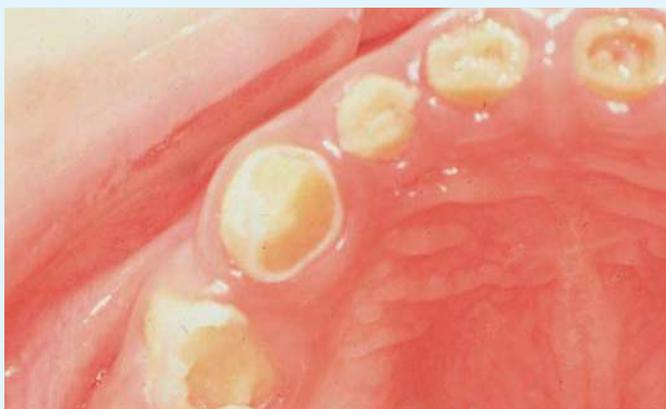
### 3. Sugar/Diet

The role of diet is crucial to the development of caries and ECC is no different. Not only is the type of food important, but frequency of intake as well.<sup>1, 7, 11</sup> Frequent and prolonged exposure to fermentable carbohydrates substantially increases the caries risk, especially on smooth surfaces.<sup>9</sup> *S. mutans* will metabolize all types of carbohydrates, but they are most efficient at producing acids from sugars, in particular, sucrose.<sup>1, 9, 10</sup> The sugars facilitate plaque adherence and are an energy reserve for continued acid production by the bacteria.<sup>9</sup> Sucrose, glucose and fructose are found everywhere, including fruit juices and infant formulas. Lactose found in cow's milk and milk based formulas is also a concern.<sup>10</sup> Additionally, one can not forget "healthy" concentrated natural sugar snacks such as raisins, fruit leathers, etc.

ECC is not caused solely by bottle use; rather, it is the inappropriate and prolonged use of baby bottles and baby cups. This use includes propping baby bottles in the bed with the child, nocturnal bottle feeding, frequent consumption of sweetened liquids (e.g., 100% juice, sweetened juices, juice punches, etc.) from bottles and sippy cups, and frequent snacking.<sup>9, 11</sup> Both baby bottles and the non-spill sippy cups are dangerous with respect to allowing infants and children to continually sip on the liquids throughout the day.<sup>11</sup>

Controversy exists as to a link between breastfeeding

and ECC. Limited data exists supporting breast feeding as a risk; some articles suggest other dietary habits are to blame.<sup>9</sup> However, if you were to ask dental professionals who deal with ECC on a daily basis, they would probably indicate a strong association between breastfeeding and decay. What do the experts say? The AAPD's position is that breast feeding on demand is associated with but not consistently implicated in ECC.<sup>7</sup> Other experts generally agree that ECC occurs most frequently in bottle fed infants and children and while the role of breastfeeding is less clear, breastfeeding does not ensure immunity to tooth decay.<sup>2</sup>



*3 year 10 month old, ad lib on demand nocturnal breast feeding*  
Photo courtesy of Dr. Ross Anderson, Dalhousie University

Keeping in mind that teeth, diet and bacteria are key components in the caries equation, it must not be forgotten that lack of toothbrushing and minimal to no exposure to fluoridated water also contribute to ECC.<sup>16</sup>

### Treatment

Treatment of ECC depends on the stage of the lesion. Pre-cavitated lesions can be treated and the early damage healed with the use of anti-cariogenic agents. These agents can reduce the risk of the development and progression of caries; in particular, fluoride varnish (children must be over age one) has been shown to reverse the demineralization.<sup>14, 17</sup> Treating cavitated lesions, on the other hand, presents many challenges. Given the very young age of many of the children and the level of cooperation required, conventional treatment is difficult. The current standard of care requires the use of general anesthetic.<sup>10, 11, 13</sup> Treatment is usually restricted to the

surgical removal or restoration of the teeth in conjunction with parental education.<sup>11</sup> To arrest the disease process, practitioners will often place stainless steel crowns, because crowns decrease the number of tooth surfaces at risk for new or secondary decay, and they are less likely than other restorative materials to require re-treatment.<sup>14</sup> Following surgery, the overall outcome can be poor unless the factors causing the decay are changed (e.g., diet, oral hygiene, etc.). Relapse is common with studies indicating rates between 23 to 52%<sup>10, 14</sup>

### Pre-Treatment



### Post-Treatment



Photos courtesy of Dr. Ross Anderson, Dalhousie University

Treating ECC is a very expensive, especially when sedation is involved. Private dental benefits and governments plans cover a majority of the average cost of \$2,500 per surgery.<sup>11</sup> The annual cost to British Columbia's private and public sector agencies combined in treating children 4 and under is over \$10 million dollars.<sup>11</sup> In fact, in the late 1990's, dental treatment was the most common surgical procedure for children in British Columbia hospitals.<sup>18</sup> For people without access to any dental benefits, the high cost places a tremendous burden on their family, especially if they are part of the low income bracket where ECC prevalence is so high.

It would seem that, given all the facts and statistics, the outlook for many children is not very promising. However, this is not the case. The CDA, AAPD and the American Academy of Pediatrics have all issued policy statements recommending actions to be taken to decrease the prevalence of ECC – their common message is that by age 1, children should be seen by a dentist for an ECC risk assessment.<sup>19, 20, 21</sup> Not only is this possible, it does happen and some of dental professionals who are checking the infants' teeth are our own dental hygiene colleagues. More in Part Two, October 2008.

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## Websites to visit

From Early Childhood Caries Conference in Calgary September 2007

[www.ecc-calgary.ca/documents/Ross\\_Anderson\\_ECC\\_presentation.pdf](http://www.ecc-calgary.ca/documents/Ross_Anderson_ECC_presentation.pdf)

[www.ecc-calgary.ca/documents/Peter\\_Cooney\\_presentation\\_ECCconference\\_sept.pdf](http://www.ecc-calgary.ca/documents/Peter_Cooney_presentation_ECCconference_sept.pdf)

[www.ecc-calgary.ca/documents/Lukes\\_ECC\\_presentation.pdf](http://www.ecc-calgary.ca/documents/Lukes_ECC_presentation.pdf)

National Maternal and Child Oral Health Resource Centre

[www.mchoralhealth.org](http://www.mchoralhealth.org)

[www.brightfutures.org/oralhealth/pdf/ErlyChldhd\\_31to37.pdf](http://www.brightfutures.org/oralhealth/pdf/ErlyChldhd_31to37.pdf)

Alberta Works Health Benefits

<http://employment.alberta.ca/hb>

# Health Benefits for Albertans with Limited Incomes

Through the Alberta Works initiative of the Government of Alberta, many individuals and families with limited incomes can access free health benefits through a variety of programs:

## Alberta Adult Health Benefit (AAHB)

– recently expanded to provide health benefits to women during pregnancy if they have limited household incomes, and to households with ongoing high prescription drug costs in relation to their income. The AAHB is also intended to help people make the transition from Income Support to employment, by providing continued health benefits coverage.

## Alberta Child Health Benefit (ACHB)

– for all children in families with limited incomes.

Income Support – all eligible individuals and families receiving Income Support also receive health benefits.

## What health benefits are covered?

These health benefit programs cover many drugs, vitamins, nutritional products, dental services, optical services, ambulance services and diabetic supplies.

Basic dental services such as extractions and fillings are covered, in order to alleviate pain and infection. In

some cases additional services such as cleaning and annual examinations are also covered.

More information about these health benefit programs is available in the new Alberta Works Health Benefits brochure or online at [www.employment.alberta.ca/hb](http://www.employment.alberta.ca/hb).

## How can front-line health professionals help?

As a dental hygienist you play a critical role in establishing contact with individuals and families. You can help ensure that people have the knowledge and support they need to apply for these health benefit programs.

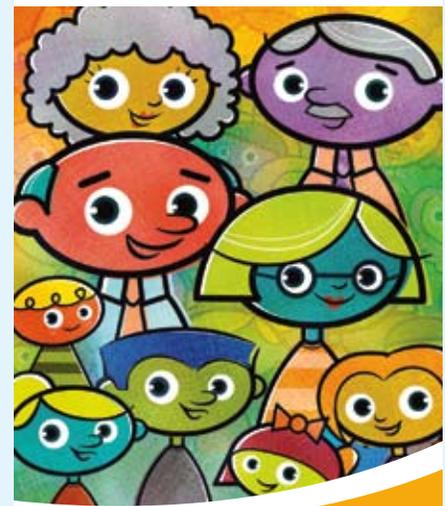
Most people who have signed up in the past found out about the programs through word-of-mouth. Your efforts to share information with eligible families can make a positive difference. Please contact the Alberta Works Health Benefits Contact Centre if you have questions or would like to order brochures and application kits for the AAHB and ACHB programs. You can also suggest to individuals that they contact the centre directly.

## Alberta Works Health Benefits Contact Centre:

Toll-free: 1-877-469-5437

In Edmonton: (780) 427-6848

<http://employment.alberta.ca/hb>



## Health Benefits

Under Alberta Works, eligible individuals and families with limited incomes can access free health benefits.

Knowing your family's health is cared for will bring you peace of mind.

For more detailed information please go to the Contact Us section on the back of this brochure.



The following chart provides income thresholds for the Alberta Adult Health Benefit and the Alberta Child Health Benefit programs:

Family Type	Max Income
Single Individual	\$15,107
Single Parent with 1 Child	\$24,397
Single Parent with 2 Children	\$28,327
Single Parent with 3 Children	\$33,180
Single Parent with 4 Children*	\$38,328
Couple with no children	\$21,150
Couple with 1 Child	\$28,539
Couple with 2 Children	\$33,470
Couple with 3 Children	\$37,969
Couple with 4 Children*	\$41,240

\*Add \$4345.00 for each additional child

# Message from the registrar



Brenda Walker, RDH

## Use of Lasers and Intense Pulsed Light for Dermatological Treatments

We have recently received calls from dental hygienists and their employers enquiring whether use of lasers and intense pulsed light for hair removal and treatment of skin conditions is a procedure that can be considered part of the practice of dental hygiene under the *Health Professions Act* and the Dental Hygienists Profession Regulation.

Dental hygienists with the appropriate education do use lasers and intense pulsed light (IPL) equipment in dental hygiene practice, primarily to treat periodontal conditions. **Use of lasers and IPL for hair removal and dermatological treatments is unrelated to the practice of dental hygiene.**

**Please be advised that dental hygienists:**

**(a) Must not provide or promote laser or IPL dermatological or**

**cosmetic services in connection with their practice of dental hygiene,**

**(b) Must not provide or offer laser or IPL dermatological or cosmetic services on the premises of any dental or dental hygiene practice, and**

**(c) Must not use any client's personal information collected in a dental hygiene practice for the purpose of marketing such dermatological or cosmetic services.**

Because the use of lasers and IPL for hair removal and dermatological treatments is unrelated to the practice of dental hygiene, a CRDHA member's professional liability insurance will not cover these activities.

## Engaging in Other Business Enterprises

There is nothing that specifically prohibits a CRDHA member from engaging in an enterprise other than dental hygiene practice. Prior to engaging in another enterprise, dental hygienists are cautioned to consider how their professional obligations may impact any provision of unrelated services. There can be no room for confusion that the services being offered in the other business enterprise are being offered by a dental hygienist or as part of the scope of practice of dental hygienists.

CRDHA members must sufficiently separate other business enterprises so that there is no intentional or unintentional implication that the services are being provided as part

of the practice of dental hygiene. If the CRDHA member intentionally or inadvertently allows confusion, the activity may then be deemed to fall within the scope and mandate of the College for both regulation and discipline. Where there is seen to be a link between the service provided and dental hygiene practice, unprofessional conduct may be considered to have taken place. In determining whether there is sufficient distinction between another business enterprise and the practice of dental hygiene, all circumstances in a case would be considered.

As an example, there would be little likelihood of confusion where the CRDHA member has a separate business of selling produce at a farmer's market on weekends. On the other hand, owning and operating a cosmetics/aesthetics business where the CRDHA member wears scrubs or a smock similar to that worn in dental hygiene practice, and where the member may be providing services to many of the same clients as are seen in his/her dental hygiene practice there is a much higher likelihood of confusion for the public.

Therefore, if a CRDHA member is an owner, operator or employee of a cosmetics/aesthetics facility, care must be taken to ensure it is understood by clients and the public that cosmetic or dermatological services are not being provided in the member's capacity as a dental hygienist.

Lasers and intense pulsed light (IPL) are becoming increasingly popular as methods for hair removal

or reduction, and the treatment of uneven skin pigmentation in cosmetic/aesthetic facilities even though such treatment is best offered by a physician who specializes in dermatology.

CRDHA members who wish to provide dermatological or cosmetic services as part of a cosmetic/aesthetic business enterprise:

- (a) Must not provide or offer dermatological or cosmetic services on the premises of any dental or dental hygiene practice,
- (b) Must not display evidence of their dental hygiene registration or any association with the CRDHA,
- (c) Must not promote the dermatological or cosmetic services of their cosmetic/aesthetic business enterprise in connection with their practice of dental hygiene, and
- (d) Must not use any client's personal information collected in a dental hygiene practice for the purpose of marketing another business enterprise.

Where dental hygiene clients and clients of the cosmetic/aesthetic business may be one and the same, CRDHA members must take steps to ensure the clients are aware the dermatological or cosmetic services are not part of a dental hygiene procedure.

### Unauthorized Practice

Through 2006 and 2007 CRDHA issued cease and desist notices to three individuals who were representing themselves as dental hygienists and performing dental

hygiene services, including restricted activities. These individuals had previously worked in dental offices as receptionists and dental assistants but had never completed a dental hygiene educational program.

One of these individuals was a dental assistant so the CRDHA reported her misconduct to the College of Alberta Dental Assistants (CADA). The CADA disciplined the individual and the findings and orders from the hearing were published in the spring issue of the CADA's *The Suture Line*. The individual received a reprimand, was assessed aggregate fines of \$5,000, and assessed a portion of the costs of the investigation and hearing in the amount of \$1,000. The written decision was also forwarded to the Minister of Justice and Attorney General in accordance with Section 80(2) of the *Health Professions Act*.

As the other two individuals were not regulated members of any professional college in Alberta, information regarding those cases was forwarded to the Crown Prosecutor's office. Due to statutory time limitations, one case has been closed. The other case was dealt with in criminal docket court in Calgary on June 6, 2008. The accused plead guilty to the charge of holding herself out as a Dental Hygienist contrary to s.2(2) of the Dental Disciplines Act. The judge imposed a penalty of \$1,000 plus the victim surcharge of \$150 with imprisonment in default of payment.

Employers are advised to contact the CRDHA to confirm the registration status of any individual applying for a position as a dental hygienist.

### Notice of Expiry of Practice Permits

All Practice Permits will expire on October 31, 2008. In accordance with section 38 of the *Health Professions Act* and section 7.7 of the CRDHA Bylaws, Regulated members must submit a complete application for renewal of their practice permit, including evidence of current CPR certification and fees, by October 31. A renewal application package for the 2008-2009 membership year will be mailed to all registrants in mid-September 2008. If you have not received your renewal package by the end of September, please contact Kim Koble at the CRDHA office (780) 465-1756 or call toll free at 1-877-465-1756 to request a duplicate package.

The application for renewal is a legal document which must be accurately completed, in its entirety and returned to the CRDHA office along with full payment of fees. In order to allow for processing of applications by the expiry date of October 31, **all applications and fees should be received in the CRDHA office by October 15, 2008.**

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

## Notice of Expiry of Non-Practicing and Student Membership

All categories of Non-Regulated (non-practicing) membership will expire on October 31, 2008. In accordance with section 8.5 of the CRDHA Bylaws, Non-regulated members must submit a complete application for renewal of their membership, including full payment of fees, by October 31, 2008. Failure to renew your membership will result in cancellation of your registration as a Non-regulated member.

## CPR Requirements

The Dental Hygienists Profession Regulation requires Regulated members applying for renewal of a practice permit to provide evidence of holding a current cardiopulmonary resuscitation certificate at the level required by Council. The course must be completed no longer than twelve months prior to the CRDHA Practice Permit renewal deadline of October 31, 2008.

In 2007, many course providers changed both the names and the content of their CPR courses. In the past, Level C CPR courses met the certification level required by Council, but that may no longer be the case.

Don't worry about the course name/ designation, just **ensure that the CPR course you take includes all of the following components:**

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

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

CRDHA Continuing Competence Program Rule 9.2.5 provides that CPR certification qualifies for a maximum of three program credits.



## Competence Committee Hearing

Pursuant to the Dental Hygienists Profession Regulation, regulated members of the CRDHA applying for renewal of a practice permit must provide evidence of holding a CPR certificate at the level required. Reminders of this requirement are published in the CRDHA newsletter and included in each member's annual renewal notice. The CPR certificate must be received along with the member's renewal application form and fees by October 31 each year.

Pursuant to the Registrar's referral of the matter to the Competence Committee in accordance with s.42(4) of the *Health Professions Act* (the Act), on April 17, 2008 the Competence Committee held a Hearing into the conduct of a member who failed to provide evidence of CPR certification at the level required, as a condition of renewal of a practice permit.

The Competence Committee found that the CPR requirements for Regulated members are clear; that the member's compliance with the requirements in four previous years provided some evidence the member was aware the requirements had to be met at the time the Application for Renewal is submitted; and that the CPR requirements are an important public safety prerequisite established as a condition of receiving a practice permit.

The Panel of the Competence Committee unanimously directed the Registrar to cancel the practice permit of the member under sections 40(2) and 43(4) of the Act.

# You've been asking



## Reporting Blood Borne Infections to the CRDHA

All health care workers with a history of human immunodeficiency virus (HIV), hepatitis B virus (HBV) or hepatitis C virus (HCV) positivity have an ethical obligation to report to their professional regulatory authority for referral to the Provincial Expert Review Panel if they perform any exposure-prone procedures. Exposure-prone procedures performed by dental hygienists include scaling, root planing and injection of local anaesthesia.

Access to the Provincial Expert Review Panel is through referral from a health care worker's regulatory authority.

Registered dental hygienists who have tested positively to HIV, HBV or HCV should contact the CRDHA Registrar, Brenda Walker, in person or by telephone at 1-877-465-1756 for further information and referral to the Expert Review Panel.

## When can I be authorized to perform restorative activities under S.13(2)c of the Dental Hygienists Profession Regulation?

We are aware that a number of CRDHA members have completed restorative courses either as part of their basic dental hygiene education or through continuing education courses. If you have completed a restorative course you may be eligible to apply for authorization to perform restorative procedures of a permanent nature.

Section 13 of the Dental Hygienists Profession Regulation identifies restorative procedures of a permanent nature as one of the "restricted activities" that dental hygienists may be authorized by the Registrar to provide. The regulation requires advanced training to perform this restricted activity. Dental hygienists are not authorized to cut teeth as part of the performance of restorative procedures of a permanent nature.

The Regulation requires that restorative procedures of a permanent nature be performed "in collaboration with a dentist". This means that the dentist must prepare (cut) the tooth prior to the dental hygienist placing, carving and finishing the restorative material.

Please refer to the special mailing that was sent to each CRDHA member in June 2008. All applications will be reviewed on an individual basis.

## When can I apply for a Prescriber's ID number in order to issue prescriptions for the subset of drugs used in dental hygiene practice?

You can apply for a Prescriber's ID number once you have successfully completed the requirements (course work, assignments and examination) of *Elements of Prescribing: A Pharmacy Refresher Course for Dental Hygienists*.

Upon successful completion of the course, you must

- apply and be placed on the CRDHA Roster of members authorized to prescribe, and
- be listed with the Alberta College of Pharmacists as a recognized prescriber.

See page 14 for further information about the course.

## Elements of Prescribing: A Pharmacy Refresher Course for Dental Hygienists

CRDHA is pleased to announce the launch of *Elements of Prescribing: A Pharmacy Refresher Course for Dental Hygienists*. Successful completion of this course is a pre-requisite for any CRDHA member in good standing on the General register who wants to obtain a CRDHA prescriber's identification (ID) number. Forty CRDHA members from a variety of practice settings will participate in the first round of the course which starts on July 14, 2008.

The overriding goal of this self-study course is to ensure that dental

hygienist prescribers provide safe, accurate prescriptions for the narrow subset of drugs used in dental hygiene practice as indicated in Section 13 of the Dental Hygienists Profession Regulation under the *Health Professions Act (HPA)*.

This course has been developed by a team of experts and is designed to address the participants' learning needs by building on the prior knowledge that registered dental hygienists have obtained in undergraduate education. An objective of the course is to ensure

that participants acquire a standard level of knowledge regardless of educational background or years of experience.

Stacy Mackie, CRDHA Deputy Registrar and Pharmacy Refresher Course Administrator commented, "We are delighted to offer this course to Alberta registered dental hygienists. Alberta leads the world with the legislation that allows dental hygienists to practice to the full extent of their competencies in a variety of practice

settings. CRDHA members have patiently waited for this course and we are grateful that it is finally ready to go." For more than three years a team including Stacy Mackie, project lead, Dr. Ann Eshenaur Spolarich, content expert and Angela Wiens, instructional designer, have labored on the project. When asked to comment on the course Roberta Stasyk, course reviewer, responded, "It has been a pleasure to work with Stacy, Ann and Angela on this project. As a pharmacist I am very impressed with CRDHA's initiative in preparing this in-depth refresher course. They have prepared a very high quality program. Well done!"

CRDHA members received a mailing in June with information about the course. Please read all of the information thoroughly before contacting CRDHA for information.

### Authors

#### **Stacy Mackie, RDH**

Stacy Mackie is a 1989 University of Alberta dental hygiene program graduate. She served as the project lead for this course on behalf of the College of Registered Dental Hygienists of Alberta (CRDHA). Stacy has worked in a variety of settings, including community health, private practice, and Alberta's professional regulatory body for dental hygienists. Currently, she divides her professional practice between Deputy Registrar for the CRDHA and part-time clinical practice.

The image shows the cover of a course material. At the top left is the logo for the College of Registered Dental Hygienists of Alberta. Below it is a blue banner with the text "Learn more about CRDHA Dental Hygienist Prescribing Education". The main title is "Elements of Prescribing: A Pharmacy Refresher Course for Dental Hygienists". Below the title is a paragraph of text: "Elements of Prescribing: A Pharmacy Refresher Course for Dental Hygienists has been developed by a team of experts and is designed to address the participants' learning needs by building on the prior knowledge that registered dental hygienists have obtained in undergraduate education. The course is designed to ensure a standard level of knowledge regardless of educational background or years of experience." Below this text is a diagram of the human body showing internal organs and systems, with labels for "Respiratory System", "Circulatory System", "Digestive System", and "Urinary System". At the bottom left is another paragraph: "The overriding goal of this self-study course is to ensure that dental hygienist prescribers provide safe, accurate prescriptions for the narrow subset of drugs used in dental hygiene practice as indicated in Section 13 of the Dental Hygienists Profession Regulation under the Health Professions Act (HPA)."

### **Ann Eshenaur Spolarich, RDH, PhD**

Ann Eshenaur Spolarich is an internationally recognized author and speaker on pharmacology and the care of medically complex patients. She has presented over 750 lectures and has over 60 professional publications. She is a faculty member at the Arizona School of Dentistry and Oral Health, the University of Southern California Dental School, and the University of Maryland Dental School. Ann is also an independent educational and research consultant, and practices dental hygiene part-time.

### **Main Reviewers**

#### **Ken Bryan, BSc, DDS**

Dr. Ken Bryan received his DDS from the University of Alberta, after a BSc at the University of Calgary. Prior to entering the oral health field, Ken was

an educator in Calgary, teaching math and science courses. His experience as a practising dentist included clinical instructor at the University of Alberta's dental program; private practice in Edmonton, AB, and Vernon, BC; and group practices at the hospital in Hazelton, BC, and at the Armed Forces Base in Edmonton, AB as a civilian dentist.

#### **Roberta Stasyk, BScPharm**

Roberta Stasyk obtained a Bachelor of Science in Pharmacy from the University of Alberta and is pursuing a Master of Education with a specialty in Workplace and Adult Learning through the University of Calgary. She has worked in community and hospital practice and is currently the Competence Director for the Alberta College of Pharmacists.



*The pharmacy refresher course is an incredibly innovative, ground-breaking program for the profession of dental hygiene. It is exciting to know that dental*

*hygienists who successfully complete this educational program will be able to provide their clients with a valuable service that will improve the quality and delivery of dental hygiene care to those living in Alberta. I commend the CRDHA for their leadership and foresight in bringing this aspect of care delivery to reality within our profession.*

*It has been my pleasure to serve as one of the content experts in both the conception and the design of the program. The goal of this program is to prepare safe and effective dental*

*hygienist prescribers. So, in addition to possessing the skills to safely prescribe a limited number of drugs, dental hygienist prescribers will also know how to more effectively manage medical emergencies that arise in the oral health care environment, how to manage oral complications associated with drug therapy, and how to reduce medication errors in clinical practice.*

*Helping to develop this course has been the highlight of my professional career. It is truly rewarding to see the CRDHA advancing the dental hygiene profession. CRDHA has set the bar very high, to which the global dental hygiene can only hope to aspire. I wish everyone the best of luck and I look forward to working with you all on this project.*

*Ann Eshenaur Spolarich, RDH, PhD*

### **Competence Program Self Assessment**

Over 160 people attended CRDHA Self Assessment workshops in Calgary and Edmonton in April, 2008. These workshops provided opportunities for introduction to the Self Assessment component of the CRDHA Continuing Competence Program, and for those who were somewhat familiar with the Self Assessment package to delve further into developing learning objectives. The small group activities provided opportunities for sharing ideas of possible learning opportunities to address learning needs and to answer questions about the self assessment process.

Some attendees had already taken part in 2007 sessions held around the province and were able to encourage first time attendees. Some attendees have used this as an opportunity to start a study club.

Completion of the self assessment and associated learning objectives enables a CRDHA member to request continuing competence program credit for the self assessment (limited category; maximum 2 program credits per year). Currently the self assessment component of the continuing competence program is considered to be optional; after a review of the first three year cycle of the continuing competence program the self assessment component could become a mandatory component of the continuing competence program.

# Noteworthy

## Congratulations To The University Of Alberta Dental Hygiene Program Graduates Of 2008

CRDHA Council and membership extend sincere congratulations to the University of Alberta Dental Hygiene Program Graduates of 2008. We acknowledge the effort and accomplishment of each graduate in attaining this goal. The following people graduated from the U of A Dental Hygiene Program June, 2008.

Mary Atienza	Erin Laird	Brittney Sikora
Sara Berkel	Cindy Lau	Meghan Smith
Jessica Bonise	Cindy Lieu	LaNae Speidel
Janne Cheung	Winnie Lung	Dariya Topalova
Natalie Choma	Michelle Lupul	Le Tran
Christie Daye	Shannon McCarthy	Sohia Trieu
Amber Ek	Alicia Mocan	Melanie Westberg
Alysha Ferguson	Jennifer Pedersen	Jessie Wong
Theresa Fisher	Kim Peters	Sharon Wong
Jodi Frison	Carla Prodor	Kelsey Yaremko
Jamie Goertz	Sharleen Pyarali	Joanna Yu
Sarah Herbert	Amber Reesor	Tammy Zimmer
Allison Keating	Renae Robert	Louisa Zylstra
Melissa Kokoroyannis	Chanell Russell	

We wish each graduate continued success in their professional endeavors and we encourage each of you to become active in College initiatives and opportunities.

Also, we hope that each CRDHA member will find opportunities to personally welcome new graduates whom you encounter in the workplace. Find way to include these individuals in professional development opportunities. For example, invite a new member to attend continuing competence events, CRDHA meetings and/or member consultations.

### The University of Alberta Dental Hygiene Alumni Association invites all U of A Dental Hygiene Alumni to attend the 1st Annual Reunion Reception

**September 20, 2008 • 4:30 pm to 6:00 pm**  
Shaw Conference Centre, Salon 2

Please RSVP by September 16 at:  
[www.ualberta.ca/alumni/centenary](http://www.ualberta.ca/alumni/centenary) or call Vi at 780-492-2896 or  
email at [vi.warkentin@ualberta.ca](mailto:vi.warkentin@ualberta.ca) for more information.  
Toll Free: 1-800-661-2593

## Joanne Clovis Award Nomination

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

The deadline for nomination for the Joanne Clovis Award has been extended to September 1, 2008. A nomination form is available on the CRDHA website or by contacting the CRDHA office.

### Nomination Criteria

- Nominee must be a member in good standing with the CRDHA
- Nominee's contribution may be through active community service, health promotion or a major community project.
- The contribution should be one of notable impact on the oral health of the community

### Nomination Process

- Nomination requires written support of two (2) registered CRDHA members in good standing
- Submit to the CRDHA by 4:00 pm, September 1, 2008

### Award Presentation

The award may be presented at a CRDHA member event by the President or his/her designate. Send the completed form with supporting documentation and signatures to:

CRDHA  
#206, 8657-51 Avenue  
Edmonton, AB T6E 6A8  
Fax: (780) 440-0544

## Annual Continuing Competence Event

Excellent, organized, professional, informative, stimulating were words used by one participant to describe the 2008 Annual Continuing Competence Event. A record 374 participants attended all or part of the 2008 CRDHA Annual Continuing Competence (ACC) Event. The theme, *Creating a Culture of Safety*, was addressed during a program which featured 13 exceptional speakers. The Prescribing Resources and the hands on Ultrasonic sessions were sold out in the first few days of registration and we have been asked to offer these again.

### Thank You Volunteers

Thank you to everyone who assisted with the 2008 CRDHA Annual Continuing Competence Event.

### Early Bird Winner

The winner of the early bird draw for reimbursement of ACC Event registration fee is Sabrina Rhemtulla.

### President's Reception

The popular event on Friday after the educational sessions gave CRDHA members an informal opportunity to meet with CRDHA Councillors and staff.

### U of A Dental Hygiene Program Student Poster Presentations

- *"Excellent student presentations that generated discussion among conference attendees."*
- *"Each was excellent and many were relevant to my dh practice personally."*
- *"I'm glad they were displayed. They did a great job."*
- *"Excellent job on all poster presentations."*
- *"Well done and conveniently displayed."*

### Participant Comments

Feedback from participants indicated a high degree of satisfaction with the 2008 ACC Event. They appreciated the variety of presentation topics which were relevant to practice and met their learning needs. They indicated that the venue and the time of year were both appropriate. Participants also indicated that more time could have been spent on some of the topics.

- *"Excellent; Very refreshing."*
- *"Thanks! Two days of good information."*
- *"All excellent speakers, very knowledgeable in their respective fields. Interesting topics too!"*
- *"Wonderful conference; I thoroughly enjoyed each day."*
- *"Good variety of topics; Great event; will be coming next year!"*
- *"Limited attendance sessions were great but not enough people could attend. Please offer these again at a future conference."*
- *"Thank you! Wonderful conference – I learned a lot. See you next year."*
- *"Thanks for including topic/issues applicable for hygienists employed in settings other than private practice."*
- *"Great speakers, nice diversity of topics covered in presentations – best event I've attended!"*

### Exhibitors Showcase

The CRDHA appreciates the support of the following organizations through their participation in the Exhibitors Showcase.

- 3M ESPE
- Alberta Cancer Board: AA&R Program
- Alberta Milk
- Aurum Group of Companies
- Business Link
- Dentsply Canada Ltd.
- Designs for Vision, Inc.
- DNS Distributors Ltd.
- GC America Inc.
- GlaxoSmithKline Consumer Healthcare
- Health Quality Council of Alberta
- Henry Schein Canada
- Oral Dent Pharma
- PPB Enterprises Inc.
- Proctor & Gamble
- Progressive Edge Dental Services Inc.
- Sonicare / Philips Oral Healthcare
- Straumann
- Sunstar Canada

### Sponsors

We thank our sponsors for their generosity.

- Alberta Milk
- Bolton Dental Manufacturing
- Dentsply Canada
- Health Quality Council of Alberta
- Heron Printing

# Continuing Competence

## In Person Learning Opportunities

September 26, 2008

### EDMONTON

Northwest Dental Expo

Contact: EDDS

Phone: (780) 642-8270

e-mail: eddsconnect@hotmail.com

October 11 - 12, 2008

### REGINA

Local Anesthesia Review Course  
(02-1424)

Contact: Saskatchewan Institute of Applied Science and Technology

Phone: (306) 798-4314

October 11 - 13, 2008

### REGINA

Local Anesthesia Course (02-1423)

Contact: Saskatchewan Institute of Applied Science and Technology

Phone: (306) 798-4314

October 21, 2008

### EDMONTON

Host Modulation

Speaker: Dr. Michael Eggert

Contact: U of A Dental

Hygiene Alumni

Phone: (780) 492-2896

1-800-661-2593

www.ualberta.ca/alumni/

dhaacecourse

April 30, May 1 & 2, 2009

### EDMONTON

CRDHA Annual Continuing Competence Event

New Venue - River Cree Resort

Mark your calendar now!

## Northwest Dental Exposition 2008 Be Dentally Great in 2008!

Presented by the Edmonton & District Dental Society

**Friday, September 26, 2008 – 8 am to 6 pm**

Shaw Conference Centre, 9797 Jasper Avenue, Edmonton, AB

**DON'T FORGET TO REGISTER!** Free Registration ends September 19th, 2008. BY FAX 780-642-8267 or ONLINE at [www.edds.ca](http://www.edds.ca) or EMAIL [eddsconnect@hotmail.com](mailto:eddsconnect@hotmail.com) or [comsconnect@hotmail.com](mailto:comsconnect@hotmail.com) (\$25.00 charge for on-site Registration)

### Featuring:

- |                       |   |
|-----------------------|---|
| Dr. Dale Miles -      | Digital Radiographs   |
| Dr. Nicolas Loebel -  | Photodynamic Disinfection                                       |
| Dr. Cathie Bergeron - | Keys to Improve Direct Composite Restorations in Daily Practice |
| Dr. Dan Poticny -     | Digital Dental Workflow...Digital Patient Experience            |
| Dr. Bill Preshing -   | Antibiotic Prophylaxis Update                                   |



# UNIVERSITY OF ALBERTA

## Faculty Of Medicine And Dentistry University Of Alberta Interviewers For The 2009 Dental Hygiene Class

The Department of Dentistry is beginning to make arrangements for conducting approximately 80-100 interviews for the 2009 dental hygiene diploma applicants. If you are interested in volunteering as an interviewer, please contact the Department of Dentistry Admission Office at (780) 492-1319 by November 1, 2008.

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

In preparation for selecting the 2009 year two class, the Department of Dentistry will be holding an Interview Training Workshop on Saturday, January 31, 2009 from 9:00 am to 1:00 pm for all interviewers. The University of Alberta Dental Hygiene Program participates in the Canadian Dental Association interview. In the interest of reducing variance among the teams, we ask all volunteer interviewers to attend the Interview Training Workshop.

The admission interview dates have been scheduled for Saturday, March 14, 2009 and Saturday, March 21, 2009 of which one, or both dates, may be selected. In addition, a limited number of interviews may be scheduled in May or June.



**New dates for 2008/2009  
continuing competency  
opportunities in perio:**

**Advanced Instrumentation Workshop –  
The Basics**

Oct 25, 2008      5 hour clinical  
session-maximum  
4 participants per  
session

**Advanced Instrumentation Workshop –  
Furcations**

May 9, 2009      2 hour clinical  
session-maximum  
8 participants per  
sessions

**Instrument Options For Advanced  
Periodontal Hand Instrumentation**

Nov 15, 2008      3 hour lecture

**Implementing a Periodontal Hygiene  
Program**

Feb 28, 2009      3 hour lecture

**Instrument Sharpening**

Apr 18, 2009      2 hour lecture/  
clinical session-  
maximum 10  
participants per  
session

**For more information or to register  
please call Bonnie Hoath at  
(403) 278-5446 (day), (403) 254-9421 (eve)  
or visit [www.periodimensions.com](http://www.periodimensions.com)**

**The Central Alberta Dental  
Hygiene Study Club Presents  
A Day Seminar Featuring:**

Dr. David French: Peri-implantitis and Rapidly  
Progressive Periodontal Disease as well as the  
Management of these Conditions

Dr. Trey Petty Topic: Oral Pathology

**Saturday October 18, 2008  
8:00 am - 4:00 pm at the Black Knight Inn**

For registration form and more information email  
[cadhsc@gmail.com](mailto:cadhsc@gmail.com).

**Fees:** RDA/RDH \$75.00, Dentists \$125.00.  
Please add \$25.00 for registration at the door.

Send fees and registration form to:  
CADHSC  
242 Kendrew Drive  
Red Deer, AB T4P 3Z1

**The GUMS R US Study Club**

in collaboration with Dr. Shalesh Dave

Presents: **Inflammation In Periodontal Disease**

This lecture will cover the inflammation basis of  
periodontal destruction and implications for patient  
management and systemic links.

**Location and address:**

Glenmore Inn  
2720 Glenmore Trail S.E.  
Calgary, Alberta

**Date and Time:** Thursday, November 6, 2008, 7-9 PM

Fee: \$40 (all proceeds to go to The Mustard Seed)

**To Register:** Call Wanda Piattelli (403) 249-3458 or  
Bonnie Hoath (403) 254-9421 (Registration deadline is  
October 20, 2008)

**Eligible for Two  
Continuing Competence Program Credits**

# Filling In

DENTAL STAFF AGENCY

FILLING IN Dental Staff Agency is a well established and respected agency looking for enthusiastic registered dental hygienists in the Edmonton area who are interested in making a great wage. Work the hours that suit your lifestyle and take the opportunity to work in different office settings.

FILLING IN focuses on temporary and permanent placements.

Call Crystal for further information at (780) 710-1288 or fax your resume to (780) 433-9962.

## Part-Time Registered Dental Hygienist

A dental hygienist is needed for a maternity leave at the Oyen Dental Clinic in Southeastern Alberta. Our office is open Mondays and Tuesdays.

Fax resume to (403) 664-2845 or email to [ritaflynnfoley@shaw.ca](mailto:ritaflynnfoley@shaw.ca)

For more information call our office at (403) 664-3774.

## Registered Dental Hygienist

Central Alberta Dental Office requires a Registered Dental Hygienist to join a busy practice. Excellent wages and friendly relaxed working atmosphere. Full or part time can be accommodated.

Please fax resume to: (403) 845-7868 or Email: [chatenay@telus.net](mailto:chatenay@telus.net)

## Clinical Course on Implant Hygiene

Location: 213 Le Marchand Mansion  
Edmonton, Alberta  
Dates: Friday, October 17, 2008 or  
Friday, November 14, 2008  
Fee: \$199.00

### Course Description:

This one day, seven hour course, will address treatment options for edentulism using dental implants. It will include clinical observation of implant surgery and maintenance protocols relating to peri-implant tissue assessment parameters, in-office armamentarium and patient homecare strategies. This course is offered to CRDHA General Members.

### Contact:

Karima Bapoo-Mohamed  
(780) 488 1240  
(780) 908 0790

## Join Your Colleagues!

The University of Alberta Dental Hygiene Alumni Association sponsored course: *Host Modulation as a Concept in the Clinical Management of Periodontal Disease*.

**Tuesday, October 21, 2008 , 7:00 - 9:00 pm**  
Dentistry Pharmacy Centre, U of A campus  
Dr. Michael Eggert

\$30 pre-registration and \$35 at the door  
Contact: U of A Dental Hygiene Alumni  
[www.ualberta.ca/alumni/dhaacecourse](http://www.ualberta.ca/alumni/dhaacecourse)  
Phone: (780) 492-2896 or 1-800-661-2593

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 Email: nancy@yellowraincoat.ca

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[www.CanadaBusiness.ca/alberta](http://www.CanadaBusiness.ca/alberta)

**CALL**  
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**1 800 272-9675**

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## Moving?

### Change of Name and Address Notification

It is essential that members of the College of Registered Dental Hygienists of Alberta (CRDHA) ensure that their mailing address is always current. Incorrect or out of date addresses can lead to missed mailings which may include important notices and documents. Name changes must be submitted in writing. Address changes are best submitted in writing and should include the following information:

Name (in full)		CRDHA ID Number
New Name (in full)		Old Address
New Address	Home Phone	Email
Effective Date	Signature	

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

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



COLLEGE OF REGISTERED  
DENTAL HYGIENISTS  
OF ALBERTA

Return undeliverable Canadian addresses to:

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