

CDHM News

Spring 2020

Mark your Calendars!

- ❖ CCP Extended Deadline is July 1st, 2020
- Check the CDHM Website, Facebook, and Twitter for October AGM Updates
- Next CDHM Council Meeting is September 25th
 26th, 2020

INSIDETHISISSUE

Council Chair and Vice Chair Report

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RHPA Survey Congratulations to our Winner

The CDHM Staff is Back at the Office!

We are happy to be back to the 'new normal' but to respect the health and safety of all 610 staff, we are not accepting walk in visitors at this uncertain time.

If it is necessary to see a CDHM staff person, please call (204) 219-2678 to make an appointment during the regular scheduled hours of 8:30am to 4:30pm, Monday to Friday.

Council and Vice Chair Report

"When the going seems all uphill, just think of the view from the top".

Our original intention was to offer some light-hearted

thoughts in the Spring Newsletter, hopes and wishes for good weather and sunshine. We now find ourselves in a world full of uncertainty and adjusting daily to new changes and environments. Corinne and I hope that each of you as members of CDHM can look forward with positivity and hope,

learning from the examples of goodness that have been seen in Manitoba and the world through our enforced isolation. Take comfort in knowing that you are not alone, and we are with you.





First of all, I would like to offer a huge thank you to Arlynn Brodie and the staff who have been keeping abreast of the changes and new conditions in these past 8 weeks. Along with attempts to work alongside the MDA, Arlynn has been keeping in persistent communication with government officials and Shared Health. They are working hard so that a return to work plan for Manitoba's dental hygienists is clear and thorough, ensuring your health, your family's health, and the wellbeing of the public. And thank you also to the Council who have been actively involved, going above and beyond our regular spring preparations. Along with daily reports from world leaders, they have remained on top of the constantly emerging scientific evidence and studies to keep as informed as possible.

Right around the corner will be longer days and warmer nights, more sunshine, and inner strength that offer each of us the hope that life will be better. To each and every member of CDHM: thank you for who and what you areawaiting for those brighter days

Sincerely,

Carol Hiscock, CDHM Council Chair Corinne Latozke, CDHM Vice Chair Corrine and I hope that each of you, as members of the CDHM, can look forward with positivity and hope...



Registrar's Message

True genius resides in the capacity of evaluation of uncertain, hazardous, and conflicting information.

Winston Churchill

As I sat down to write my message, I reflected on just how much has changed in the world, in our profession and in our personal lives since our last CDHM News was distributed last December. As we are adjusting to the new normal and new day to day responsibilities, there are many lingering questions about our future practice; how it will be different and what new challenges lay ahead. During these times of many unknowns, we mobilize ourselves to search for the evidence, to uncover the truth and to pursue the science. Often, however, the answers are not obvious, but clouded in uncertainty. But these times of uncertainty are at the "heart of human creativity" (*Ilya Prigogine*).

During the past couple of months, I have had conversations with many of you who are concerned about the ability to provide competent care for your patients as we return to work. It is clear you have been working through scenarios, critically thinking about how to meet these challenges while still providing safe care for your patients, yourself, and your colleagues. With this heightened awareness and time of questioning, comes an opportunity to grow and set new standards for professional practice. Thank-you for your integrity and being committed to your profession.

The College will continue to provide you with the latest available, best practice and scientific evidence to reduce the risk of novel coronavirus transmission in dental hygiene practice. Visit the CDHM website for relevant Shared Health COVID -19 Updates and communication from the College. Messaging from the College is also provided for you on Facebook and Twitter.

Wishing you a Happy and Healthy Spring!

Arlynn Brodie CDHM Registrar/Executive Director





Deputy Registrar's Message

Stranger than Fiction...

How has this pandemic changed our lives? We might all describe our experience differently depending on our personal situations and values, but to say the least, so far it has been a significant disruption.

How has this pandemic changed the work we do? As professional healthcare providers we value health and the safety of our patients, and this has not changed. Another thing that will not change are our Practice Standards and Competencies. When in doubt, check them out. The Interpretation Guidelines are also there to help guide dental hygienists through practice questions or concerns and as always, the CDHM staff is here to help navigate the rules and laws of the profession.

What has changed however, is how we proceed with the care we provide and how we keep our patients and ourselves safe. To this end, the COVID-19 pandemic has necessitated an Interim Infection Prevention Control (IPC) Guideline for dental hygiene. This document will be updated as the situation and evidence progress.

Even with these foundational professional structures in place, a 'new normal' means we may be faced with new situations that do not seem to have a clear "right" or "wrong". The unknowns can create challenges, conflict, and sometimes, ethical dilemmas. So how do we determine what is right? As always, we can refer to our <u>Code of Ethics</u>.

The CDHM adopted the CDHA's <u>Code of Ethics</u>, and as well as describing the 5 ethical principles, the document offers a very useful **8-step Ethical Guideline**, or framework (Appendix B) for decision making:

- 1. **Describe the issue** (What principles are involved?)
- 2. **Gather all the relevant information** (What is known/unknown?)
- 3. Clarify the challenge (Can a decision cause harm?)
- 4. **Identify the options** (The best option may not be obvious at first.)
- 5. **Assess all options** (What are the pros and cons of each option?)
- 6. **Decide on a course** (Does it uphold the ethical principles at stake?)
- 7. **Implement the decision** (Use care and attention to the concerns of all stakeholders.)
- 8. **Assess the consequences** (What did you learn from the experience?)

Recognizing an ethical dilemma can feel uncomfortable and doing the right thing can be hard. Having a method or framework for difficult decision-making can make all the difference in the careful exploration of a problem. Discussion and dialogue with others can also offer insights and perspectives that can be helpful in making ethical choices.

There is a lot that is out of our control right now, but in returning to practice we cannot go wrong when we keep the health and safety of patients, the public and ourselves our top priority. Be familiar with the guiding documents and structures of our profession and ask for help when needed.

Hoping this finds you well,

Valerie Olivier



Valerie Olivier

Council Meeting Highlights March 5th, 2020

Summary:

There is a vacancy for a public rep on a legislated committee. A request to government has been submitted. Reviewed the assignment process of public reps to committees. Members of public can also voluntarily apply for appointment at the Agencies, Boards and Commissions website: https://www.gov.mb.ca/government/abc/application.html

Alinity software upgrade transitioning is nearly complete.

Arlynn attended a Manitoba Institute for Patient Safety meeting on March 4th, and now sits on the Manitoba Alliance of Health Regulatory Colleges (MAHRC) Alliance Interprofessional Practice Direction committee.

The deadline for registrants to complete the Criminal Records Check (CRC) with Vulnerable Sector check, was March 1st. After discussions with other regulators, it was recommended that registrants complete a CRC every 5 years.

Council reviewed the updated Vital Tooth Whitening Interpretation Guideline as presented. Information and references have been updated, the document was informed by legal.

After discussions with other regulators, it was recommended that registrants complete a CRC every 5 years.

Council discussed options available for increasing the reach of our AGM to urban practitioners by using various technologies.

Guest speaker, Sharon Eadie,
Executive Director from College of
Occupational Therapists, presented an
overview of the Truth and
Reconciliation Commission (TRC)
report and its potential impact on
health regulatory Colleges.

Sharon also provided the results of the Alliance TRC survey that was distributed to all health regulators in Manitoba.

Council members worked in groups to review a number of Council policies to confirm their relevance and applicability.

Arlynn presented ongoing work on the question of alternative fee payment options for registrants and also discussed the capacity of the new Alinity software which allows registrants to print their own annual certificate of registration.

The upcoming CDHM/MDHA Mix & Mingle event was discussed as to the theme of the event and the participating roles of Council.

The Ownership Linkage (OL) committee reported on the need for community engagement and the potential for working with the MDHA



2020 CDHM Council (from L to R back row): Ernest Janzen, Carol Hiscock, Johanna Grant, Lucie Boutet, Corinne Latozke, and Christine Ronceray (from L to R front row): Jennifer Miller, Lezah Evan, Saima Klippenstein, and Kathleen Reid

Good To Know!



What is the difference between a surgical mask and N95 respirator?

Surgical masks (e.g. Level 2 or 3), sometimes referred to as facemasks, are different than respirators and are not designed nor approved to provide protection against airborne particles. Surgical masks are designed to provide barrier protection against droplets; however, they are not regulated for particulate filtration efficiency and they do not form an adequate seal to the wearer's face to be relied upon for respiratory protection. Without an adequate seal, air, and small particles leak around the edges of the respirator and into the wearer's breathing zone.

N95 respirator refers to an N95 filtering facepiece respirator (FFR) that seals to the face and uses a filter to remove at least 95% of airborne particles from the user's breathing air.

What is fit testing?

Health and safety legislation (CAN/CSA-Z94.4) requires respirators be fit tested for the wearer. There are many companies that do respirator fit testing and provide a certificate or a written report of successful completion. When properly fitted and worn, minimal leakage occurs around the edges of an N95 respirator when the user inhales, ensuring that the user's breathing air is being directed through the filter material. In the case of an improperly fitting mask, gases, vapors, and particles in the air will take the path of least resistance and bypass the part of the respirator that captures, or filters hazards out.

A respirator fit test is to confirm that the fit of any respirator forms a tight seal on the wearer's face before it is used in the workplace. A qualitative fit test is a pass/fail test that relies on the individual's sensory detection of a test agent, such as taste, smell, or involuntary cough (a reaction to irritant smoke*). A quantitative fit test uses an instrument to numerically measure the effectiveness of the respirator.

It is recommended that fit testing be conducted annually, and repeated if there are changes in the wearer's physical condition that could affect respirator fit (e.g. cosmetic surgery, weigh gain or loss). A successful fit test only qualifies the wearer to use the specific brand/make/model and size of respirator that he or she wore during that test. Respirator sizing is not standardized across models or brands. A fit test should not be confused with a user seal check. A user seal check is a quick check performed by the wearer each time the respirator is put on. It determines if the respirator is properly seated to the face or needs to be readjusted.

When should N95 be worn?

CDC prioritizes respirator use for healthcare personnel in close contact with (i.e., within 6 feet of) patients with suspected or confirmed coronavirus disease (COVID-19), during aerosol generating procedures, and for infectious diseases when airborne precautions should be followed.

Source: CDC -Proper N95 Respirator Use for Respiratory Protection Preparedness

MDHA Executive Director's Message

Although the past few months have looked very different for the MDHA and all Manitoba dental hygienists, we are still here – and working to support our members in new ways.

The MDHA, in conjunction with the CDHM, hosted its first ever online webinar to replace the in person Mix & Mingle originally scheduled to take place at the MDA/CDA Convention in early April. Due to substantially more registrations than originally anticipated, the event was offered twice, with back to back offerings on April 16th. Members were provided an opportunity to join their colleagues in a virtual environment to discuss the overarching theme of 'Advancing the Profession'. MDHA President, Laura MacDonald provided greetings on behalf of the MDHA, while Arlynn Brodie, CDHM Registrar and Corinne Latozke, CDHM Council Chair welcome participants on behalf of the CDHM. Ondina Love, CDHA CEO and Kathy Yerex, CDHA MB Representative also attended and provided an update on the latest from the CDHA and their work to support members through the COVID-19 pandemic. Once greetings were complete, Val Olivier, CDHM Deputy Registrar and Laura MacDonald, MDHA President guided participants through a thought provoking and challenging exercise which included questions and an opportunity to share thoughts within the chat forum of the online platform. We saw over 300 Manitoba dental hygienists participate in the two webinars and were proud of how smoothly and effectively they ran. We look forward to being able to offer more opportunities in the future!

The MDHA Annual General Meeting, originally scheduled for early June at the Canad Inns Polo Park will be rescheduled to be offered virtually as well. Although the date isn't 100% set at this time, we are looking at holding the virtual event in mid-June on a weeknight. Please watch your emails and our Facebook page/website for the official announcement. We encourage all members to attend if they are able.

Although the landscape of our lives is very different at the moment, I sincerely hope that this message finds you living a positive 'new normal'. These are unprecedented and ever-changing times and at the MDHA we hope we can continue to support our members through it all.

Stay safe and well

Lee Hurton MDHA Executive Director





Is there new way?



And the Winner is...

The CDHM and the RHPA committee would like to extend a sincere thank-you to all registrants who participated in the RHPA survey in February 2020. There was a very good response with 33% of members completing the survey! We received many insightful and useful comments that helped us to confirm our current scope of practice in the province. The survey information is also being used to assist us in directing our future practice, help align our practice with other provinces, and to strengthen our application to government in the RHPA process.

Thank-you again!!!

We are also excited to announce the winner of the prize draw for the survey participation is Susan Regimbal, a private practice hygienist working in downtown Winnipeg!!! Congratulations Susan, we hope you enjoy your Polo Park gift card!!!

Please watch for future RHPA updates in the next CDHM newsletter and on the website. We encourage you to stay informed during this process and remember that your support can help to shape the future of your profession!





RHPA Survey Winner: Susan Regimbal, RDH