



CDHM Connections

COLLEGE OF DENTAL HYGIENISTS OF MANITOBA

Ensuring the public has access to safe, competent dental hygiene care and expertise that contributes to improved oral and overall health.

Issue 4

June 2010

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Considering Alternative Practice Settings A CDHM Support and Study Group

As part of the College of Dental Hygienists of Manitoba's role in providing increased access to quality care for the public, the CDHM will be offering an opportunity to participate in a support and study group, *CONSIDERING ALTERNATIVE PRACTICE SETTINGS*.

REGISTER TO ATTEND THE INITIAL PLANNING MEETING!

WHEN: Thursday, June 10th from 7:00 - 8:30 pm

WHERE: The CDHM office at 109 - 420 Des Meurons St.

WHAT: Work together to:

- Discuss the purpose of the support and study group
- Set the ground rules for operation of the group
- Select topics based on learning objectives common to the group
- Determine frequency, length and location of group meetings

FACILITATOR: Mickey E. Wener, RDH, MEd

REGISTER: By contacting the CDHM office at cdhm@cdhm.info or at 204-219-2678 by June 3, 2010.

Who can it be, now? • It's up to you to decide!

Nominations Now Open for the 2010



Alumni of Distinction Award

The University of Manitoba Dental Alumni Association, in association with the Faculty of Dentistry and the School of Dental Hygiene at the University of Manitoba, welcomes nominations for the annual awards for excellence in oral health. Please see attached for the awards nomination form along with the criteria for the dentistry award.

Send your nomination to:

*Dental Hygiene Alumna of Distinction
School of Dental Hygiene, D212 Dental Building
780 Bannatyne, Winnipeg, MB, R3E 0W2*

Nominations can also be made via the Faculty of Dentistry website:

*www.umanitoba.ca/dentistry
Nominations close June 15, 2010.*





Registrar's Report May 2010 - Kellie Hildebrandt

"Life is not measured by the breaths we take, but by the moments that take our breath away."

In reflecting on one of my favourite quotes, I realize how it truly sums up my time here in Winnipeg; as Registrar - Executive Director with the CDHM and personally as a new mother. With that said, it is with a heavy heart that I must resign my position with the CDHM.

When I was offered the position of Interim Registrar in 2007, I was extremely excited. This job was perfect for me! I dedicated everything I had to offer the CDHM, its mandate and the profession we all know and love. I always made decisions that I felt were in the best interest of the College, and as a result, I believe we have accomplished a tremendous amount in the three years I have been here; initial registration, renewals, the start-up of an official office, the Continuing Competency Program, and the upcoming Competency Assessment, Refresher program, and public service announcement are huge milestones to be proud of.

Life changed significantly for me in 2008 when my daughter was born. I never imagined how being a mother would make me feel about aspects of my life and the decisions I make. As I am sure many of you can understand, being mothers yourself, the day we were blessed with Brooke in our lives, our world changed more significantly than we could have ever imagined. I love every moment I have with her and yearn for more each day that goes by.

For that reason, we are returning to Saskatoon where we have spent most of our married life and have many family and friends. There I plan to devote the majority of my time to Brooke in the next several formative years. As well, I plan to explore opportunities to return to clinical dental hygiene, education or perhaps the association or regulatory level, if and when these opportunities present themselves.

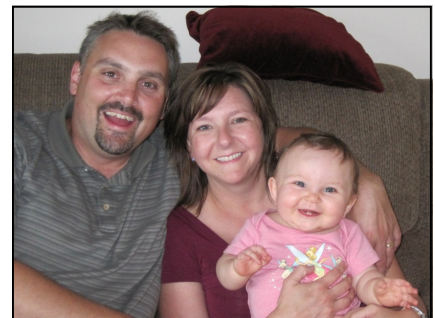
It has been fantastic to work with so many great people and to connect with colleagues and friends over the past few years. I feel proud to have been involved with a group of such devoted professionals; CDHM Council and Committees, the MDHA, the School of Dental Hygiene, and you the members.

I have sincerely appreciated the opportunity to lead the CDHM and am grateful that you have put your trust in me. We have accomplished a lot and I am proud to say I was a part of it. It is hard to believe that when we started, we had one or two binders of information, one small desk in my basement, with the Board of Assessors and I meeting frequently at my kitchen table. We have grown into an **organization**; one that has programs and services, a strong mandate, a professional and functional office, and is well respected within Manitoba and across the country. I have been fortunate to watch two 'babies' grow in the past few years; the CDHM and Brooke. When I stand back and think about it, it truly is amazing.

I would like to leave you with a one final message. Life is busy, stressful and full of difficult decisions. But please remember that we are part of an amazing, progressive, dynamic profession that is made up of wonderful people and professionals. I encourage you to make a difference; at work, at home, in the community - wherever and however you are able. As Edward Everett Hale once said, *"I am only one, but I am one. I cannot do everything, but I can do something. And I will not let what I cannot do interfere with what I can do."*

Thank you for allowing me to be part of this incredible journey. My time here will be forever treasured and hold a very special place in my heart.

Kellie Hildebrandt, RDH, MBA



Chair's Message - Mickey Emmons Wener



There has been a whirlwind of change at the College over the past several months!

The launching of the Continuing Competency Program (CCP) has certainly had us all on our toes as we have gathered your input, developed packages and forms, provided information sessions and hopefully prepared you to tackle your own quest for quality care. I would like to welcome our new CCP Coordinator, Sheryl Slosower, and encourage you to contact her if you are in need of clarification (ccp@cdhm.info).

Thank you to Council who continues to work hard on behalf of Manitobans and the College. We were pleased to add Christine (Saunders) Ronceray as a new Council member at our February 1, 2010 meeting. Christine brings a fresh perspective to our discussions as she ably represents younger practitioners and those from rural areas. As part of our many responsibilities, Council will be tackling an initiative focused on transitioning to being legislated under the *Regulated Health Profession's Act*.

As our office needs change and grow, so do our human resource needs. Our new Registration/Program Coordinator, Virginia Bagshaw, is proving to be a definite asset to the office. We also are excited to have Tara Kinchen as our new newsletter editor. Please share your ideas with her for newsletter features or information (cdhm@cdhm.info).

I am looking forward to facilitating a CDHM support and study group, *CONSIDERING ALTERNATIVE PRACTICE SETTINGS* as part of the College's role in providing increased access to quality care for the public. If you are interested in exploring part- or full-time practice in a setting such as a personal care home, hospital, First Nation's community, or possibly a sports mouthguard clinic, register to attend our initial planning session to be held at the CDHM office on Thursday, June 10th from 7:00 – 8:30 pm. (epp@cdhm.info)

Last, but certainly not least, we are in the process of recruiting a new Registrar-Executive Director as we say goodbye and good luck to Kellie Hildebrandt. Kellie's dedicated efforts have provided a strong foundation for the College, and stand us in good stead as we plan to take on a new person for this important role. As she, Brady & Brooke move back to Saskatoon, the College wishes them the very best in their future!

Yes, change is in the air, and with it comes not only challenge, but opportunity!

Mickey
Mickey Emmons Wener
CDHM Council Chair

UPCOMING MEETING DATES:

COUNCIL:
MAY 17, 2010
AUGUST 30, 2010



 Join us for a Farewell Reception for
 Kellie Hildebrandt
 Wednesday, June 16th, 6:00 – 8:00 pm
 The CDHM Office at 109 - 420 Des Meurons St.
 Please RSVP by June 11 to cdhm@cdhm.info

CDHM Office News

We are pleased to announce the addition of a few new CDHM team members:

Fax: 204-219-2679
Email: cdhm@cdhm.info
Website: www.cdhm.info
Monday-Thursday



Registration/Program Coordinator

Virginia Bagshaw assumed the position of Registration/Program Coordinator with the College in March 2010. She has been an invaluable asset to us thus far, due to her professional and helpful nature and her strong initiative. Virginia has a Bachelor of Arts degree in Psychology from the U of M and has a vast experience with not-for profit organizations, such as ours. In addition to her strong ability to organize and manage the many projects we have on the go, Virginia also runs her own interior design company. You can find her at the CDHM office Tuesday, Wednesday, and Thursday each week, and can contact her at cdhm@cdhm.info. We are extremely lucky to have her.



Continuing Competency Program (CCP) Coordinator

Sheryl Slosower was hired as the CCP Coordinator at the start of April, to continue the work of the CCP. Sheryl graduated from the School of Dental Hygiene, University of Manitoba in 1974 and has worked in the field in many capacities since then. At present, Sheryl is a part-time faculty member at the School of Dental Hygiene, working with the students in clinic as well as being Course Coordinator for Community Health. Currently, she is also working on completing her Bachelor's degree in dental hygiene, as one of the first students accepted into the BSc.DH program, newly offered at the U of M. Sheryl was a member of the Continuing Competency Committee from its beginnings and has worked tremendously hard on developing what it is today. Sheryl is at the CDHM office one day a week and she can be reached at ccp@cdhm.info.



Extended Practice Program (EPP) Coordinator

Mickey Emmons Wener has been contracted with the College to begin working with registered dental hygienists interested in exploring alternative practice settings. Mickey is an experienced educator, having taught throughout the dental hygiene curriculum at the University of Manitoba for over 25 years and lectured nationally and internationally with a focus on community health and communications. Through her significant involvement with efforts to achieve self-regulation and as Chair of the CDHM Council, she is very familiar with Manitoba's dental hygiene legislation and the legislative process. For a number of years, Mickey has been focused on community outreach, including developing and implementing mouthcare training for caregivers, networking with other health professionals and becoming familiar with the health care system. If you are interested in alternative practice opportunities or want to be involved with a study group related to this, please contact Mickey at the CDHM office at epp@cdhm.info.



Newsletter Editor

Tara Kinchen (Pshebnicki) has joined the CDHM as the new CDHM Connections editor. Tara graduated from the School of Dental Hygiene, University of Manitoba in 2000 and has worked in both Manitoba and Alberta. Through her practice in Calgary, she gained valuable experience with developing publications. We learned of Tara's experience through the search for the CCP Coordinator position and knew immediately that she had the personality and skills the College needed. We are very excited to have Tara on board and will look forward to viewing her creations as the year goes on. If you have any suggestions for articles, or would like to provide feedback regarding the newsletter, please contact Tara at cdhm@cdhm.info.

Now is the Time for Manitobans to Access Dental Hygiene Care

Laura MacDonald, Dip DH, BSc.D(DH), MEd, Associate Professor, School of Dental Hygiene, University of Manitoba

“Now is the time to increase Manitobans access to oral health care by self-regulated dental hygienists!” Sound like a familiar phrase. It was the key motto we used during our pursuit for self-regulation.

Now is the time for dental hygienists to provide Manitobans ways of accessing dental hygiene care.

The Dental Hygienists Act allows the College of Dental Hygienists of Manitoba (CDHM) to keep a roster of dental hygienists who have Extended Practice meaning these dental hygienists have the ability to provide dental hygiene care in non traditional settings such as long term care facilities and primary health care clinics. If our motto for self-regulation was to increase Manitobans access to oral health care by self-regulated dental hygienists, then we need to build that roster.

In the fall of 2009, I attended a workshop collaboratively presented by the Canadian Dental Hygienists Association and the Ottawa Dental Hygiene Society. It was entitled *Independent Practice Success*. The workshop was an excellent up-to-date comprehensive presentation on self initiated dental hygiene practice. It was rich in concepts, operation and management, marketing, and delivery of high quality dental hygiene care within dental hygiene administered practice settings.

No doubt, Manitoba dental hygienists would find the workshop of great value to their own knowledge base and consid-

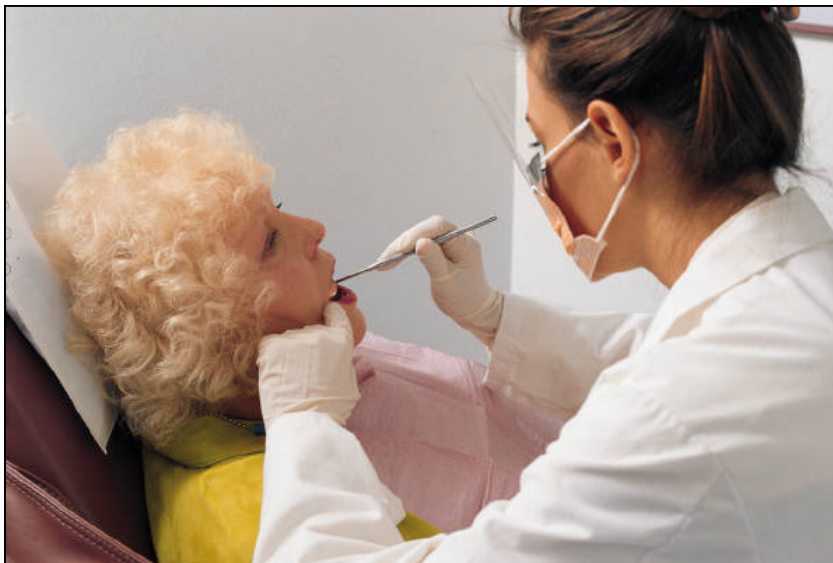
erations regarding designing and operating their own dental hygiene clinic wherever they see an unmet need for Manitobans—perhaps as a community-based clinic or in a rural town.

Highlights of the workshop are as follows: envisioning a self-initiated dental hygiene practice; regulatory issues of such a practice; elements, surprises, and insights into developing a dental hygiene practice; and creating a network of dental hygienists who are engaging or would like to engage in self-initiated dental hygiene practice.

The CDHA, CDHM, and MDHA are all good resources for those dental hygienists who would like to investigate helping to build the roster of extended practice dental hygienists. Check out the CDHA website (<http://www.cdha.ca>) for the ‘Practice Success’ package found under the Professional heading of the webpage.

As a community of dental hygienists, **now is the time** to gather together, share our thoughts, and learn from others who have gone before us—let’s offer Manitobans dental hygiene care in settings that enable them to access our care.

Laura MacDonald



Complaints Committee Report - Cindy Isaac-Ploegman



The Complaints Committee of the College of Dental Hygienists of Manitoba met in the fall of 2009 to address two complaints cases; one anonymous complaint and another regarding an individual using the title of “dental hygienist” and practicing as one for the past ten years without a license in a dental practice here in Winnipeg.

Practicing without a license

The individual accused of practicing and representing herself as a dental hygienist was not licensed on the CDHM register of Dental Hygienists for 2009. This individual was in contravention of *The Dental Hygienists Act* 2(1), 2(2), 3(1), and 3(2) in that she was practicing as a dental hygienist, representing herself as a dental hygienist, and using the title “dental hygienist”. The CDHM sent a letter to the individual and her employer requesting that she cease from these activities. The accused individual responded in writing that she has retired and would not be practicing in any other office with no return address on her letter. Her employer responded in writing that they were unaware of her status and that she was no longer employed in that office or any affiliated entity. The CDHM sent a letter to the Manitoba Dental Association with the unlicensed individual’s name and the name of her employing dentist. Legal counsel to the CDHM has advised no further action be taken and the name of the individual not be released since legal prosecution was not needed.

Managing Anonymous Complaints

The challenge of managing anonymous cases is that there is no contact information for the person lodging the complaint. This means there is no opportunity for members of the Complaints Committee to ask further questions regarding the complaint, no chance for legitimizing the complaint through reviewing charts, dates, or patients’ names, and no ability for follow-up to see if the complaint has been rectified. The Complaints Committee for the College of Dental Hygienists of Manitoba’s recommendation is that anonymous complaints only be handled in an informal manner. This means in the case of the CDHM’s anonymous complaint a letter was sent to the individual the complaint was lodged against and he or she had an opportunity to respond in writing to the CDHM.

Cindy Isaak-Ploegman, Chair Complaints Committee;
Lisa Grayson, Complaints Committee member;
Kelly Tye Vallis, Complaints Committee member

MOVING?? Change of Name and Address Notification

It is essential that members of the College of Dental Hygienists of Manitoba (CDHM) 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 and address changes must be submitted in writing, or by email and should include the following information:

Name (in full)

CDHM Reg. Number: _____

New Name (in full, if applicable)

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 CDHM if you require further information. Telephone: 204-219-2678 Fax: 204-219-2679 or email: cdhm@cdhm.info

Continuing Competency Program (CCP) - Sheryl Slosower



I would like to take this opportunity to thank everyone for their attendance at the information sessions that have been provided. Your interest and participation demonstrates professionalism and concern for your continued competence.

The following are discussion topics from the Continuing Competency Program (CCP) sessions to date:

- **Can we use the information given by Ms. Betsy Reynolds at the MDA 125th Annual Mid-Winter Convention as a competency goal?** Yes. Competency activities carried out within 24 months of the reporting period deadline (April 30th) will be considered eligible.
- **How do I become a mentor with the Winnipeg Interprofessional Student-Run Health Clinic –WISH clinic, and the School of Dental Hygiene/MDHA?** The WISH clinic is located in the Mount Carmel Clinic. If you are interested in volunteering your time as a mentor at clinic events or during shifts once the clinic is established, please contact Kyle Conrad at wish.dentalhygiene@gmail.com and the website wish.med.umanitoba.ca

The School of Dental Hygiene and the MDHA are recruiting experienced dental hygienists to act as mentors to first year dental hygiene students. Each mentor will have two students assigned to them. Mentors will allow students to visit and observe them in the practice setting, and to answer their practice/profession-related questions. The major requirements are to attend the opening assembly, to assist with the white coat ceremony, and to attend the MDA Graduation Breakfast. If you are interested in giving back to your profession through mentorship, please contact the School of Dental Hygiene at 789-3683 or the MDHA by email at: info@mdha.ca.

- **What are some of the continuing competency activities that are available other than educational courses or seminars?**
 1. Completing online courses: the CDHA website offers many professional development online courses and webinars.
 2. Reviewing professional journals/articles: the CDHA website has resources on position papers and statements. These position papers and statements outline CDHA's official positions on critical issues related to oral health care.

The Canadian Journal of Dental Hygiene publications help you keep up to date with the latest research and current issues facing the dental hygiene profession and can be accessed online at the CDHA website. The CDHM office also has The International Journal of Dental Hygiene.

3. Participation in study/ journal clubs
4. Watching dental hygiene DVDs: The **DVD Quarterly of Dental Hygiene** in partnership with the Canadian Dental Hygienists Association provides quality education to be studied on your own schedule. Combining science, evidence-based research and communication techniques, the *DVD Quarterly* assists you in your daily practice. Their website is www.dvdquarterly.com.

- **How do I access the CDHM Practice Standards and Dental Hygiene Competencies?** They are on the CDHM website under Legislation and Resources <http://cdhm.info/legislation/index.html>
- **Will I be penalized if my goal is not met or partially met?** No, we realize that not all goals will be met by the deadline. If you are interested in pursuing that goal for next year you can, providing, that other activities are implemented to further accomplish your goal.
- **Can I have the same goal as the other dental hygienists in my office?** Yes. However, forms (CCRs or PARs) would be completed and submitted individually. The CDHM encourages group learning, as this would facilitate effective implementation of the new skills or knowledge gained.
- **What is the external feedback form and is it mandatory to use?** It is not mandatory. Self-directed assessment should increasingly rely on external sources. Discussions, questions and feedback from peers, employers, and clients provide excellent resources for identifying deficiencies, continuing competency goals and professional development opportunities.

The philosophy of the program is to facilitate and encourage rather than to discipline.

The CDHM will be working closely with the MDHA in relation to activities/ programs being offered for the members. I encourage members to visit the website regularly (www.CDHM.info). Over the next several months, we will be posting the CCP package, the power point presentations from the information sessions, and additional resources to the Quality Care page to assist in achieving the CCP requirements.

As the Continuing Competency Program Coordinator, I am here to offer guidance, to be patient, positive, and encouraging as we all work on the CCP together. Please contact me with any questions, and suggestions at: ccp@cdhm.info or at 204-219-2678, ext.202. It is best to email as I am only at the CDHM office once a week.

I hope all of you have a wonderful and safe summer!



Outreach program delivers essential patient care and rewarding relationships

Terry Phillips, RDH

For urban dwellers, a trip to the dentist may not be eagerly anticipated, but at least it's usually reasonably convenient. For rural and remote residents, however, access to dental services may be inconvenient or, in many cases, simply unavailable. Therefore, if the residents can't come to the dentist, dental services may need to come to them.

Assiniboine Dental Group (ADG) has been taking its services to Gillam in northern Manitoba for over 40 years and, in the process, has built a relationship that has been rewarding to both the providers and recipients of dental care.

The health care partnership began in 1969, when one of ADG's founders—Dr. Walker Shortill—met John Knight, the head of the government district of Gillam. The relationship between ADG and the people of Gillam has been flourishing ever since.

Gillam is situated between Thompson and Churchill and in 1970 was isolated and accessible only by rail and air. The hydro town had a permanent population of 1100, supplemented by 3000 engineers and construction workers in a camp outside of town at the Kettle hydro-electric dam. Permanent and transient residents alike had no access to dental care, but Shortill and Knight soon fixed that.

A location for a dental office was made available in town. It had two permanent chairs and one portable chair for preventive services. Two dentists, two assistants and one hygienist from ADG's Winnipeg office would arrive in town with portable vacuum and compressor systems. These professionals worked tirelessly to see to the needs of everyone who walked through the door. ADG provided emergency, restorative and preventive services.

In the mid 1980's, the Town of Gillam and ADG collaborated with Manitoba Hydro to create a permanent, dedicated dental office featuring four permanent chairs with a central evacuation and compressor system. Since then, two teams have travelled to Gillam every spring and fall to work seven days straight. Each team consists of two dentists, two assistants and two hygienists. I count myself fortunate to be one of the hygienists who has made countless trips north and always look forward to seeing our long-time patients. When the provincial Children's Dental Health Program was in effect in the 1980's, every child in town and the outlying communities was seen for an exam and prophylaxis and any necessary restorative work. Many of these children are still patients today and bring their families to see us.

Having two teams go to Gillam has allowed for more comprehensive dentistry to be available to the community. The first team does all crown and bridge preparations and impressions, as well as initial prosthetic appointments. Then, usually 10 days to two weeks later, the second team arrives for seven days and cements any crowns and bridges and delivers prosthetics. There is an emphasis on the children of the community and preventive care. It only takes a call to the school to get a late student over for his appointment or to fill a vacant spot. The entire community knows when the "dental people" are in town, and they appreciate our efforts to make sure all our patients are comfortable dentally until we are in town again.

Since the emphasis on prevention during our initial visits in the 70's, we have observed an evolution of our practice in Gillam. Initially, pain management was a large part of our work. Now, after 40 years of consistent dental care in the community, we are able to practice more preventive and comprehensive dentistry.

ADG is proud of our 40 year relationship with the people of Gillam. Health services in northern Manitoba are typically marked by countless medical professionals coming and going, but when it comes to dental services in Gillam, there has been a consistent association with one dental group.

Each trip I make to Gillam, I leave knowing my services were of great benefit to northern Manitobans who might not have received essential dental services had we not left our offices in Winnipeg and travelled outside our normal work environment. Yes, we may have had to bunk in trailers for the duration of our visit and work long hours, but our northern sojourns have allowed me to build long-term and rewarding relationship with individuals, families and the community—an experience that never fails to reinforce my decision to become a health professional.



Oraqix

Oraqix: FDA approved needle-free subgingival anaesthetic agent providing patients an option in anesthesia for SRP procedures.

Oraqix is a combination of lidocaine and prilocaline mixed with a thermosetting polymer to provide a quick onset, short lived anesthesia to the gingival tissues. Oraqix is dispensed via cartridges inserted into an autoclavable dispenser. The Oraqix solution will be in an oil form at room temperature upon administration, and will solidify into a gel with exposure to your client’s body temperature. The gel remains in the sulcus long enough to allow the anesthetics to take effect and will be removed during scaling and root planing procedures. Once Oraqix is inserted into the gingival sulcus, it will take approximately 30 seconds for the gingival margin and periodontal tissues to be anesthetized. Overall duration of anesthesia ranges from 14-31 minutes with the average client responding to the anesthesia for approximately 20 minutes. Oraqix has been marketed as an effective, painless way to provide anesthesia for SRP procedures without the post-operative numbness that injectable local anesthesia provides. Studies related to the safety and efficacy of Oraqix are generally limited to adults between the ages of 18-65 years of age. Oraqix is either to be used with caution or contraindicated altogether in clients older than 65 years and younger than 18 years old.

There are also other medical conditions that will require further exploration prior to using Oraqix. These conditions can be found on the product monograph:

www.dentsply.ca/index.php?page=shop.product_details&flypage=flypage.tpl&product_id=518&category_id=52&option=com_virtuemart&Itemid=27

For further information consult your Dentsply representative, www.dentalcompare.com/spotlight.asp?spotlightid=15 and www.oraqix.com.

CDHM Position:

In the best interest of client safety, only registered dental hygienists with local anaesthetic education that are included on the Local Anaesthetic Roster may use oral anaesthetic mixtures that are inserted into the dental sulcus, such as Oraqix and Cetacaine. As with any new product, dental hygienists may be incorporating into their practice, the dental hygienist must ensure that she/he is competent in the appropriate administration techniques and has carefully reviewed the complete product information including mechanism of action, potential indications and contraindications for use, common side effects, etc. Additionally, the dental hygienist must know how to effectively manage adverse reactions to these products. Dental hygienists are expected to make evidence-based decisions regarding when it is appropriate to use such products for a client. Each case is client-specific.

Top 5 Reasons to Join the

Manitoba Dental Hygienists Association



Manitoba
Dental
Hygienists
Association

Find out more!

www.mdha.ca

email: info@mdha.ca

www.cdha.ca

1. **Reduced Fees on CE courses**
2. **Professional Updates & Communications**
3. **Membership has it's Benefits***
4. **Stay Connected with Alumni**
5. **Give back to your Profession & Community**

*Members have access to a comprehensive insurance program, designed specifically for hygienists, plus our growing partner discount with savings on technology, uniforms, personal & auto insurance and much more!

Prevention of Infective Endocarditis

The current guidelines for the prevention of infective endocarditis (IE) were updated in 2007 by the American Heart Association (AHA) with a more focused update on Valvular Heart Disease in 2008. The previous guidelines were based on five underlying principles:

1. IE is an uncommon but life-threatening disease where prevention of it is more preferable to treatment of established infection
2. Certain underlying cardiac conditions predispose to IE
3. Bacteremia with organisms known to cause IE occurs commonly in association with invasive dental procedures
4. Antibiotic prophylaxis was proven to be effective for prevention of experimental IE in animals
5. Antibiotic prophylaxis was thought to be effective in humans for prevention of IE associated with invasive dental procedures

The committee charged with the task of revising these guidelines concluded that the first four principles are still valid but the validity of the fifth principle had been questioned. They concluded that:

- Bacteremia resulting from daily activities is much more likely to cause IE than bacteremia associated with a dental procedure
- Only an extremely small number of cases of IE might be prevented by antibiotic prophylaxis even with 100% effectiveness
- The conditions still requiring IE prophylaxis would be limited
- Antibiotic prophylaxis is no longer recommended for any other form of congenital heart disease, except for those conditions listed in the table below
- Antibiotic prophylaxis is reasonable for all dental procedures that involve manipulation of gingival tissues or the periapical region of a tooth or perforation of oral mucosa only for those patients with underlying cardiac conditions associated with the highest risk of adverse outcome from IE

Cardiac conditions associated with the highest risk of adverse outcome from endocarditis for which prophylaxis with dental procedures is reasonable

1. Prosthetic cardiac valve or prosthetic material used for cardiac valve repair
2. Previous IE
3. Congenital heart disease (CHD)*
 - Unrepaired cyanotic CHD, including palliative shunts and conduits
 - Completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention, during the first 6 months after the procedure†
 - Repaired CHD with residual defects at the site or adjacent to the site of a prosthetic patch or prosthetic device (which inhibit endothelialization)
4. Cardiac transplant that develops heart valve problems

***Except for the conditions listed above, antibiotic prophylaxis is no longer recommended for any other form of CHD recommended for any other form of CHD, including mitral valve prolapse, rheumatic heart disease, bicuspid valve disease, calcified aortic stenosis, congenital heart defects such as ventricular septal defects, atrial septal defects and hypertrophic cardiomyopathy.**

Dental procedures that require antibiotic prophylaxis

1. Scaling and root planing of teeth
2. Periodontal procedures
 - curetting tissue
 - periodontal probing
 - periodontal surgery
 - subgingival placement of antibiotic fibers and strips
3. Tooth extraction
4. Suture removal
5. Biopsies
6. Prophylactic cleaning of teeth and implants where bleeding is anticipated
7. Dental implant placement and replantation of avulsed teeth
8. Endodontic instrumentation or surgery beyond the apex
9. Placement of orthodontic bands
10. Intraligamentary and intraosseous local anesthetic injections

***Conditions that do not require prophylaxis for IE include routine local anaesthetic injection through non-infected tissue, taking radiographs, placement of removable prosthetic or orthodontic appliances, adjustment of orthodontic appliances, placement of orthodontic brackets, shedding of deciduous teeth, and bleeding from trauma to the lips**

Prevention of Infective Endocarditis-continued.....

It is reasonable to expect some patients to be confused and concerned about how the new recommendations affect them. It is helpful to remind them of a few facts:

- Random bacteremias are more likely to occur from daily activities such as chewing food, toothbrushing and flossing than from dental procedures
- The risk of antibiotic-associated adverse reactions including the development of drug-resistant bacteria exceeds any possible benefits of antibiotic prophylaxis
- Maintenance of optimal oral health may decrease the incidence of bacteremia from daily activities and is more important than antibiotic prophylaxis for dental procedures

This is a brief summary of the recommendations and should not be used in lieu of professional medical advice. For further information on antibiotic protocols as well as a more detailed look of the AHA's recommendations refer to:

<http://circ.ahajournals.org/cgi/reprint/CIRCULATIONAHA.106.183095> and http://cdho.org/Practice_AntibioticProphylaxis.htm

NOTICE: CDSPI Malpractice Coverage for Manitoba Dental Hygienists

Please be advised that malpractice insurance acquired through CDSPI may not provide coverage for all scopes of practise permitted under The Dental Hygienists Act. As there are specific limitations in practise under this policy which are not consistent with the full scope of practise permitted under our legislation, the CDHM Council and our legal counsel are providing this information to members.

During the renewal period, we were informed that CDSPI policy details had changed in relation to dental hygiene malpractice insurance. The following information was provided:

"To continue to be an eligible participant in the Malpractice Insurance plan of the Canadian Dentists' Insurance program, you must be employed by or under contract to a licensed dentist and:

- You must perform dental services only when you are in the office of or acting under the direction or supervision of a licensed dentist if you are a hygienist, certified dental assistant or dental nurse.*

If you cannot meet these eligibility requirements, you can no longer maintain Malpractice Insurance through the Insurance Program."

Further to that, the CDHM was informed that CDSPI malpractice coverage does not apply to any claims arising out of a malpractice, error or mistake committed by a dental hygienist while knowingly acting outside of the supervision requirements imposed by any applicable health discipline legislation or, while such person is not directed or supervised by a dentist.

Upon consultation with CDHM legal counsel regarding the wordings of the CDSPI policy, the policy is subject to interpretation because the wordings do not define "direction or supervision of a dentist". In addition, the policy has requirements as to who is eligible for insurance.

Specifically related to the settings defined in section 2(1) of *The Dental Hygiene Regulations*, the following would apply:

1. **In a dentist's office:** CDSPI insurance may provide coverage if the RDH works under the supervision/direction of a dentist. A RDH must be employed by, or under contract to a dentist to be eligible for coverage.
2. **In a facility:** CDSPI insurance would only provide coverage if a dentist was involved in the direction and supervision of the RDH. A RDH must be employed by, or under contract to a dentist as opposed to a facility to be eligible for coverage.
3. **As part of an oral health program:** CDSPI insurance would only provide coverage if a dentist was involved in the direction and supervision of the RDH. A RDH is employed by, or under contract to a dentist as opposed to an oral health program to be eligible for coverage.
4. **A setting approved by the patient's dentist:** CDSPI insurance provides coverage if the RDH works under the supervision/direction of a dentist. A RDH must be employed by, or under contract to a dentist to be eligible for coverage.

It is the CDHM's responsibility to ensure that all registrants have adequate malpractice insurance in order to practise dental hygiene in Manitoba. Although the CDHM is not in a position to offer legal advice to its members, we feel it is important that all members be informed of this exclusion, and eligibility requirement. We advise members to consult with CDSPI or other insurance carriers, as to any employment situations or uncertainties that exist regarding the question of direction or supervision and/or eligibility requirements.

In the future, CDHM may consider revisions to the regulations regarding liability insurance requirements to ensure that all registered dental hygienists have coverage which is applicable for the full scope of practice permitted under the Act.