

for Ontario Dental Hygienists

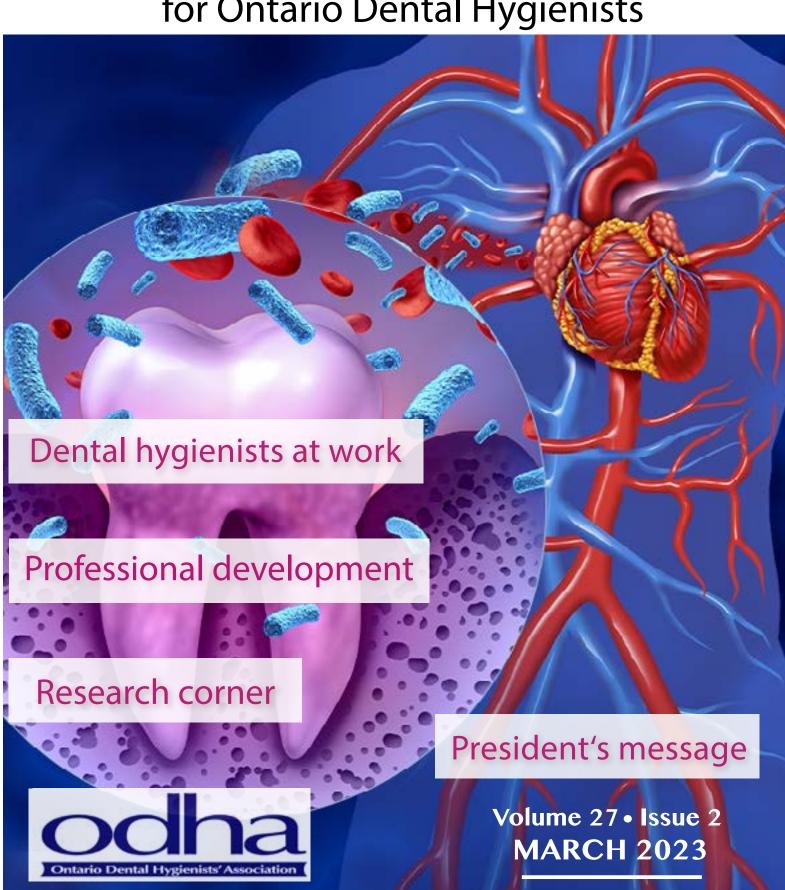
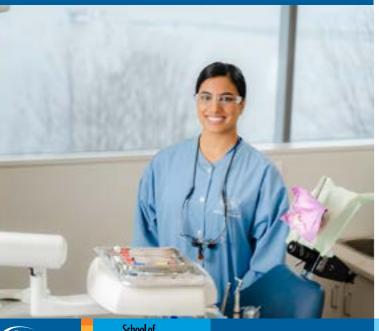


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PRESIDENT'S **MESSAGE**

Jody Allen, RDH, ODHA President

Hello everyone and happy spring,

As I near the end of my term as president and having been on the board of directors since 2015, I have seen many changes to our profession and to health care in general and how the ODHA has had to adapt to these changes to better serve our members.

Although it was a lot of work being a board member, it has been very rewarding and fun as well. I have met so many colleagues from across the province and Canada, had the opportunity to collaborate with the College of Dental Hygienists of Ontario, the Dental Hygiene Practitioners of Ontario, the Ontario Dental Association and the Denturist Association of Ontario, and learned a lot through my interactions.

Thank you for continuing to support the ODHA and trusting us to bring you top quality continuing education, the most comprehensive malpractice insurance required by the College of Dental Hygienists of Ontario, the many benefits and services we offer and the latest news from the oral care industry. There is strength in numbers and the more members we have, the better our voice when lobbying for change.

Please continue to enjoy our profession and be proud of your work; we are health-care prevention specialists and are an integral part of the health-care team! It has been an honour to serve as your president!

Best regards,

Jody Allen



Research corner

CARDIOVASCULAR DISEASE AND ORAL HEALTH

Kim Ivan, RDH, BIS (Hon) is an award-winning dental hygienist with over 37 years of dental hygiene and leadership experience. She is a long-time member and volunteer of ODHA serving in various capacities including former president. Currently, Kim is ODHA's Policy Advisor and Chair of the Research Advisory Board.

Oral health and atherosclerotic cardiovascular disease: A review

Atherosclerotic cardiovascular disease is a leading cause of global disability and death. Periodontal disease is a prevalent chronic infection.

Accumulating evidence has linked periodontal disease (PD) to atherosclerotic cardiovascular disease (CVD). Research by Gianos et al. (2021) summarized biologic mechanisms and epidemiologic evidence linking poor oral health to CVD risk.

Oral dysbiosis, an imbalance in oral flora, may trigger bacteremia and facilitate systemic oral bacteria dissemination. PD can trigger bacteremia causing local and systemic inflammatory and immune-mediated responses. PD risk factors, including diabetes, obesity, and smoking, are also CVD risk factors, confounding PD and CVD relationship.

The **study** concluded, despite lack of causality, PD and CVD are inflammatory diseases sharing many pathophysiological pathways and risk factors. Increased public and provider awareness, interdisciplinary research, and clinical collaborations may greatly reduce PD prevalence and the associated burden of CVD.

Why I like this article:

- Discusses mechanisms linking PD to CVD, including bacterial translocation, inflammatory mechanisms, and immune activation.
- While it is unclear if treating PD can prevent CVD, a <u>systematic review</u> illustrated nonsurgical periodontal treatment significantly decreased C-reactive protein and leukocyte levels, blood serum inflammation markers, highlighting the vital role dental hygienists play in reducing inflammation and disease burden.

Enhance your learning on CVD and oral health by accessing:

- Conversations with Dr. Glogauer and Kim Ivan <u>Episodes 79 and 80</u> for CVD, risk factors, symptoms, and treatment, and <u>Episodes 37 and</u> <u>81</u> for links between oral health and CVD.
- Dental Hygiene Newswire for the research articles: <u>Periodontitis leads to systemic inflammation and hypertension</u> and <u>Improved oral hygiene care was associated with decreased risk of atrial fibrillation and heart failure.</u>
- ODHA's 'Oral Health and Overall Health' and 'Periodontal Disease' fact sheets to complement client education.

The oral microbiota in valvular heart disease: Current knowledge and future directions

Oral dysbiosis originates from two primary infections, caries, and periodontal disease (PD), and represents a risk factor for cardiovascular disease (CVD) development, such as atherosclerosis, coronary disease, and valvular heart disease (VHD). Research has revealed breakdown of the symbiotic relationship of resident microbiome increases risk of pathogens translocating from the oral cavity to heart valves, which may lead to permanent valve damage.

The <u>review</u> by Neculae et al. (2023) described pathophysiological links between oral dysbiosis and VHD, focusing on the microorganisms involved, prevention, and potential therapies in VHD management.

The link between oral dysbiosis and VHD includes the role of salivary microbiota, dental plaque, oral mucosa colonization, and periodontitis, plus oral bacteria detection in cardiovascular specimens.

The <u>study</u> concluded focusing on PD prevention, by targeting the oral microbiome, can benefit quality of life. Steps, such as host modulation, oral hygiene, and diet, can contribute to oral eubiosis. Using therapies, including prebiotics and probiotics, offers new directions.

Antimicrobial peptides, nanoscale drug delivery systems, vaccines, and oral microbiota transplant are potential new treatments requiring further study to generate additional therapies.

Why I like this article:

- Describes mechanisms behind local inflammation and dysbiosis that can induce bacteriemia by direct or immunemediated mechanisms impacting VHD, and emerging therapies for VHD management.
- Discusses antibiotic prophylaxis (AP) and bacterial resistance.

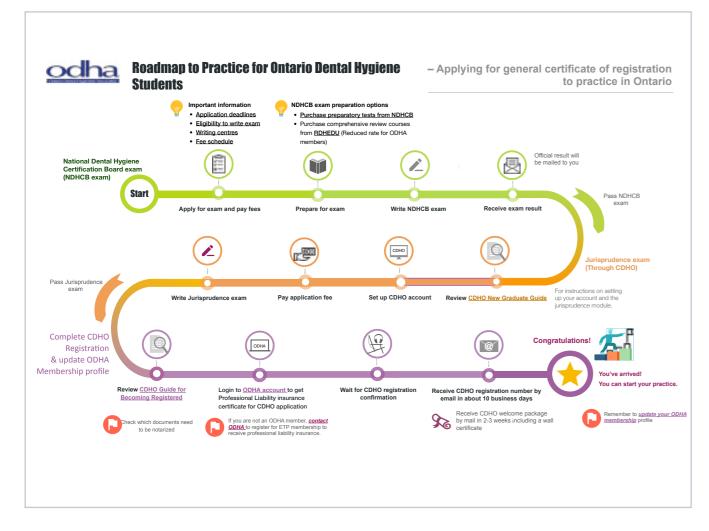
Refresh your knowledge on AP by accessing:

- Conversations with Dr. Glogauer and Kim Ivan <u>Episodes 23 and 80</u>.
- Premedication Guidelines for Dental Professionals course by Sue Scherer, RDH, BS., which reviews AP guidelines and antibiotic stewardship.
- Anne Augustin's article on antimicrobial resistance.

Disclaimer: Research corner is not intended to provide clinical advice nor should it be used as a replacement for professional dental or medical advice. Dental hygienists are encouraged to consult with CDHO practice advisors and refer to CDHO guidelines. Dental hygienists are responsible for the decisions they make and for the consequences associated with those decisions.

ROADMAP TO PRACTICE FOR ONTARIO DENTAL HYGIENE STUDENTS – A STEP BY STEP GUIDE

Preparing to graduate and fulfill all the various requirements to become a registered dental hygienist in Ontario can be overwhelming. In order to assist students with these requirements, ODHA has developed the Roadmap to Practice for Ontario Dental Hygiene Students. This resource outlines all the steps dental hygiene students must follow to become registered to practice in Ontario, from planning their National Dental Hygiene Certification Board (NDHCB) exam date, completing their College of Dental Hygienists of Ontario (CDHO) registration, obtaining their professional liability (malpractice) insurance to beginning to practice.



Click on the Roadmap to download.

STUDENT AMBASSADOR PROFILE - Peter Botros

Why do you want to become a dental hygienist?

I have a passion for working with people and I truly enjoy forming long-lasting genuine relationships. I feel fulfilled when I share knowledge with someone and see it transform their life for the better. I wanted my career to reflect these passions, and I felt becoming a dental hygienist would give me the opportunity to form very fruitful relationships with my clients and allow me the privilege to educate them on valuable oral and overall health, to help empower and promote their overall wellbeing.

What type of practice setting do you hope to work in?

The beauty of our profession is there are multiple opportunities and various settings within which to apply yourself as a dental hygienist. I believe, I would enjoy working in public health, especially in an educational capacity. However, I understand life has a funny way of happening, and I am truly excited to venture on this journey, and I know it will be very fulfilling and worth all the sacrifices.

Tell us about your best study tip or technique.

I think when it comes to the dental hygiene program, my best study tip is actually not a study tip! Because of how overwhelming this program can be, it's critical to make time to step away from everything school related, and just allow your mind and body to unplug and enjoy your family and friends. I would say this is far more important than any studying tip. Taking care of your mind and body is ultimately what will carry you through this journey.

When you start working, what aspect of the job do you think you'll enjoy most?

The part I am looking forward to the most is forming these fruitful relationships with my future clients and



working with them to simplify their dental hygiene experience and truly make it work for them. I'll do my absolute best to have clients look forward to recare visits and truly understand the importance of homecare routine in achieving their oral and overall health goals.

What do you like to do for entertainment and tell us a fun fact about yourself?

I like to go for walks and love to play tennis. When I came to Canada, I was introduced to tennis through the community centre. I fell in love with the sport, thanks to Roger Federer's sportsmanship. I watched a lot of YouTube videos about his one-handed backhand and forehand strokes and I would go practice them on a court at the community centre. I hope to one day share my passion about this sport with my daughter, and it would be a dream come true to meet Roger Federer in-person, and thank him for what he offered to this beautiful sport of tennis.

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- Rosema NAM et al. The effect of different interdental cleaning devices on gingival bleeding. J Int Acad Periodontol. 2011;13(1):2-10.
 Barnes CM et al. Comparison of irrigation to floss as an adjunct to toothbrushing: effect on bleeding, gingivitis and supragingival plaques. J Clin Dent. 2005;16(3):71-77.
- 4. Gorur A et al. Biofilm removal with a dental water jet. Compend Contin Educ Dent. 2009;30(Suppl 1):1-6





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Anne Augustin, MLT, CIC, is an infection prevention and control professional with over 30 years of experience. She is a member of Infection Prevention and Control Canada.

November of 2021, the World Health Organization (WHO) stated "Antimicrobial resistance (AMR) is a global health and development threat" and is "one of the top 10 global public health threats facing humanity"1,2 due to the inability to treat some infections.3 It is estimated infections caused by AMR organisms kill 700,000 people each year globally, and in Canada resistant bacteria are responsible for approximately 1 in 19 deaths per year.^{4,5} The Council of Canadian Academies attribute a \$1.4 billion cost to the Canadian health-care system due to AMR organisms.⁶ These costs result from affected individuals having longer length of stay in hospitals, longer courses of treatment, and other associated expenses.⁶ The antimicrobial resistant bacteria of particular concern in Canada include methicillin resistant Staphylococcus aureus (MRSA), vancomycin-resistant Enterococci (VRE), carbapenemase-producing Enterobacterales (CPE),4 and the newest AMR organism, Candida auris.7 The primary cause of increasing AMR is the inappropriate use of antimicrobials;^{1,2} however, AMR organisms may also be transmitted due to poor infection prevention and control practices (IPAC).8

What does AMR mean for dentistry? Haas et al. asked this guestion in 1998 and despite the dearth of evidence regarding dentistry's role in AMR, they advised dentists should use antimicrobials in a responsible manner to ensure effective treatment and decrease the risk of AMR development.9 In 2020, the Office of the Chief Dental Officer of Canada (OCDOC) stated "antibiotic

prescriptions for oral health reasons, are increasing over time, and 60% to 80% of antibiotics prescribed in a dental setting are not necessarily clinically indicated."10

What can those working in oral health care do to help prevent the further development of AMR organisms? The OCDOC described a national plan composed of four elements: surveillance; antimicrobial stewardship; infection prevention and control practices; and research and innovation, with antimicrobial stewardship and IPAC practices being the two elements most easily initiated by oral health practitioners.¹⁰

How would initiation of these elements look in an oral healthcare practice? OCDOC states dentists should follow the evidence-based guidelines and prescribing protocols endorsed by their regulatory bodies.¹⁰ Practices could consider adding guestions regarding exposure to / carriage of / infection with AMR organisms to the client medical history collected. All members of the oral health team in a given practice should be educated and trained on IPAC practices.¹¹ These would include, but are not limited to, the Four Moments of Hand Hygiene, how to perform a pointof-care risk assessment (PCRA), correct selection of personal protective equipment based on their PCRA and the client's medical history (e.g., known to carry MRSA), and how to clean an operatory after each client.

AMR organisms are a serious public health concern. Assessing the use of antimicrobials, reviewing IPAC practices in one's own practice and making changes to improve will be better for your clients and will be better for the health-care system.

* References available upon request

PROFESSIONAL DEVELOPMENT

ODHA offers high-quality online learning courses by industry professionals. The following 2023 NEW courses have been added to <u>ODHA's online learning platform</u>. Topics include oral inflammation, guided biofilm therapy, acid erosion, IPAC, older adults, premedication, and HPV and cancer.

Guided Biofilm Therapy

Presented by Julie DiNardo, RDH, FAAOSH. Sponsored by <u>Oral Science</u>.

Inflammaging and Oral Health

Presented by Dr. Michael Glogauer, DDS, PhD, Dip. Perio Sponsored by Philips.

The Role of the IPAC Officer

Presented by Michelle Aubé (Simmonds), RDH. Sponsored by maxill.

Oral Implications in Older Adults: A Growing Need for Care

Presented by Dr. Mariana Leon, DDS, RDH. Sponsored by Colgate.

Worn Out! How to Relieve and Manage Erosion

Presented by Dr. Mariana Leon, DDS, RDH. Sponsored by <u>Colgate</u>.

Premedication Guidelines for Dental Professionals

Presented by Sue Scherer, RDH, BS. Sponsored by Waterpik.

Head and Neck Cancers: Human Papillomavirus (HPV)

Presented by Dr. Marla Shapiro, C.M.F, MDCM, CCFP, MHSC, FRCPC, FCFP, NCMP.

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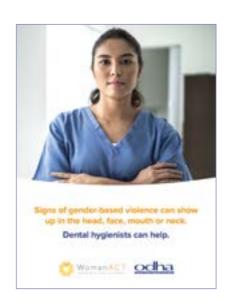
Detecting and Responding to Gender-Based Violence for the Oral Health Professional

In Canada, more than 4 in 10 women have experienced intimate partner violence, and physical injuries often show up in the head, face, mouth, or neck. With this in mind, ODHA and WomanACT have partnered to develop a virtual course: <u>Detecting and Responding to Gender-Based Violence for the Oral Health Professional</u>.

This self-guided course provides dental hygienists with the knowledge to identify behavioural and physical signs of gender-based violence and respond effectively. Visit ODHA website for details.

Coming soon!





The FREE webcast: Infection Control Update by Linda McLarty will be released in May.

Great open-access resource for oral health professionals

ODHA's <u>Dental Hygiene Newswire</u> is a mobile-friendly, open access resource for all Ontario dental hygienists, dental hygiene students and other oral health professionals in Canada. It contains the latest research, updates and news on various topics such as oral health, mental health, diseases, addictions, wellness, etc., which can be used toward your quality assurance learning goals. It is updated 3-4 times a month by adding new research articles or ODHA news.



https://dhnewswire.odha.on.ca

Free audiocasts for ODHA members

Join Dr. Michael Glogauer, DDS, PhD, Dip. Perio, and Kim Ivan, RDH, BIS (Hon) biweekly for new <u>audiocast episodes</u> including evidence-based information, covering a widerange of important topics applicable to the oral health profession.

There are 24 new audiocast episodes presented by Dr. Michael Glogauer and Kim Ivan each year, representing over 14 hours of professional development. For additional layered learning, there are 24 keynotes and more than 841 additional resources included for quality assurance learning goals. Plus, over 112 client resources to share in practice.



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- Study includes complex oral health care needs, health promotion, disease processes
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 Advanced Diploma or Diploma dental hygiene program



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DENTAL HYGIENISTS AT WORK

Kirsten Barber, RDH

Kirsten Barber, has been in a registered dental hygienist for 15 years. Over the years, she has seen several changes in the industry and is excited to see what the future holds.

Kirsten started her dental hygiene career at a family dental office in Guelph. Initially, she felt overwhelmed transitioning from school to a busy office, but "I was very fortunate because the whole team was so supportive. They helped me navigate my way through a very busy clinical schedule, and taught me how to communicate effectively with clients."

In 2018, Kirsten accepted a position with the Region of Waterloo Public Health. As a public health dental hygienist, Kirsten's role is diverse and rewarding. She works in public health dental clinics offering preventative dental services, participates in school dental screening programs, navigates access to dental care for those in need, collaborates with other health-care professionals in planning and implementing programs, and advocates for equal access to dental care for all Ontarians.

The COVID-19 pandemic brought change to Kirsten's role as a registered health-care professional. She

was redeployed into COVID-19 case and contact management roles, along with other dental hygienists. Although the work was challenging, Kirsten felt like she was contributing to the greater good and her background as a dental hygienist brought value to her team.

Currently, Kirsten is the acting manager for the dental health program at the Region of Waterloo Public Health. "The best part of this role is being involved with all the

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behind scenes with strategizing and decision making, witnessing first-hand the effort and collaboration that goes into innovating and implementing new ideas." Through her role as a manager, she has learned a lot about herself and encourages everyone to trust themselves and take the next career step.

Kirsten first joined the ODHA as a student member and admires the advocacy ODHA does for the profession, and has always felt supported by her provincial association. She has used many of the member benefits/services and found the legal line to be hugely valuable. "I used this free benefit when I received a new employment contract after a change in ownership at a dental practice. I found the service to be prompt, and the advice given was extremely helpful."

Kirsten is an active member of the ODHA Public Awareness Advisory Committee (PAAC), the Ontario Association of Public Health Dentistry (OAPHD), the Canadian Association of Public Health Dentistry (CAPHD), and the Indigenous Dental Association of Canada (IDAC). Outside of work, Kirsten loves spending time with her family, especially her husband, son, daughter, and pets. She also loves spending time with horses or going on a trail ride.

Kirsten's advice to dental hygienists starting their career

is to take advantage of working with experienced clinicians. She recommends listening to the way they communicate with clients, asking for tips if you're struggling with a skill, and absorbing as much information from them as possible. Kirsten also encourages everyone to explore various clinical settings, join study groups or committees, and network as much as possible. She suggests finding something in the field you are passionate about, which keeps you excited to go to work.



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November	Oct 2	Nov 10	Nov 30

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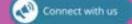












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