



OUTLOOK

British Columbia Dental Hygienists' Association



Your connection to a growing, vibrant professional community

Dental Hygienists Join Oral Health Screenings Offered at Pharmacy

In a press release dated April 20, 2016 London Drugs announced that oral health screening is to be an official program in select pharmacies. This decision was made following a successful pilot of the first oral cancer screening offered in their pharmacy in 2015. Between April 25 and May 18, 2016 London Drugs offered oral health screenings at 15 locations throughout Metro Vancouver. The launch of the program on April 25th included media coverage by Global TV and City TV's Breakfast Television.

Dental hygienist Stacey Rhodes-Neset, BCDHA member, DHDP clinical instructor at UBC and dental hygienist with the BC Cancer Agency, was lead clinician in the program alongside Dr. Ken Neuman, UBC Faculty of Dentistry and Wayne Rees, VP of VELscope® Imaging from LED Dental.



L-R. Stacey Rhodes-Neset, RDH; Dr. Ken Neuman, DDS; and Lily Liang, Patient Care Pharmacist, London Drugs.



Stacey on City TV's Breakfast Television.

Upon arrival at the pharmacy each pre-booked client was greeted by a London Drugs Patient Care Pharmacist who asked them to complete a questionnaire on tobacco use along with other pertinent questions. With smoking being a major cause of oral cancer, this screening program was an important component of London Drugs' overall smoking cessation program. The client was then taken to a consultation room where they were greeted by Stacey and Dr. Neuman.

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Message from the Chair

By Tammy Gulevich, RDH

One of my first official duties as chair is to write my message to you, our owners of the BCDHA. I am excited to be involved at this level and look forward to representing you as Chair of the Board.

I have been involved with the BCDHA for many years in different capacities. I graduated from the University of Alberta in 1987 and I have watched dental hygiene expand and flourish in many ways to promote the public's access to care.

One of the BCDHA's mandates is to support dental hygienists in the many possible roles they may take. It is important to use this resource as it is always encouraging to know that

others face the same challenges as you do. Speaking from experience, our rural and isolated dental hygienists can benefit greatly from a resource such as a professional association. The mentorship and advice we can share between our professional members is invaluable and it works both ways. We greatly appreciate input that members can give back to us as we set our goals for the future. The professional associations of CDHA and BCDHA have worked very hard to provide services to our members such as excellent liability insurance, the eCPS and many other discounted services such as life, disability and house insurance and the consumer Perks. While all these benefits are great for saving money, it is also important to remember the professional perks that come with your membership. The professional resources, mentor-

ship and political lobbying power are also invaluable.

As I write this, my hometown of Fort St. John is experiencing a state of emergency due to wildfires. Because it was so early in the year, provincial fire crews had not fully mobilized. Our community came together and literally helped extinguish the flames through pooling all our resources. This is a perfect example of how the community can help the individual in so many ways. Being part of a professional association is being part of the dental hygiene community, and therefore our strength is so much greater. Since most of you that read this message are already members, please remind and encourage your colleagues about how important a strong professional association is to our community of dental hygienists. •

BCDHA Grant Funds Supporting our Members and Their Communities

Since 2008, Tammy Gulevich, has applied for grant funds from BCDHA to support an award at the Northern BC Regional Science Fair. Tammy saw this as an opportunity to encourage students from grades 4 to 10 to learn more about oral health.

The BC Science Fair enables thousands of students to showcase their efforts in reaching a high level of achievement in Science.

This year's winner of the BCDHA Best Oral Hygiene Project was Rylan Pomeroy, a Grade 4 student from Charlie Lake with his project titled, "What's in your Mouth?". Rylan used agar plates and swabbed his mouth to study the different bacterial growth patterns after an assortment of foods. He was thrilled to win the trophy and \$50 cash prize.

BCDHA is pleased to have the opportunity to recognize the accomplishments of students who are exploring the area of oral health.

Thank you, Tammy, for your ongoing commitment to your local community and to the dental hygiene profession. •



Streamlined Professional Renewal

Starting in 2017, a new streamlined professional renewal process will be put in place that will see all practicing dental hygienists in British Columbia pay fees to the College of Dental Hygienists of British Columbia (CDHBC), the Canadian Dental Hygienists Association (CDHA) and the British Columbia Dental Hygienists' Association (BCDHA) at one time.

BCDHA and CDHA are committed to delivering top quality benefits to our members. But our work doesn't stop there as we are the only organizations that give a voice to the dental hygiene profession in British Columbia. Our biggest job is to advance the dental hygiene profession through dialogue with government, the public, the regulatory body, and other agencies. In order to ensure we have a strong profession, it is important that all dental hygienists support this important advocacy work at the local, provincial and national levels. We believe this is fair, as all dental hygienists benefit from our work.

BCDHA surveyed its membership in 2012 to determine if there was support for a change in this direction. Seventy-two percent of respondents indicated they "strongly agreed" or "agreed" with the requirement for all practicing dental hygienists to be members of the professional associations. Based on this support, BCDHA and CDHA jointly approached the CDHBC and asked the College to consider collecting the Association fees from each practicing registrant. Other professions, such as nursing and dentistry, already have this model in place.

After examining this request through the lens of protection of the public, the CDHBC granted our request. Starting March 1, 2017, all practicing BC dental hygienists will be required to pay fees to CDHBC and CDHA/BCDHA at the same time during the CDHBC renewal period. All practicing BC dental hygienists will enjoy a range of services and benefits, including automatic coverage by CDHA's professional liability insurance. Since not all professional liability insurance plans offer equal coverage, dental hygienists can be assured they are well protected under the policy offered through CDHA.

Another benefit of the Streamlined Renewal Process is that, starting on March 1, 2017, there will be complete alignment of three important time frames. For the first time ever, your CDHA/BCDHA membership, your professional liability insurance and your CDHBC registration will all run from March 1st to February 28th annually. As a BCDHA member, beginning in 2017 you will renew your membership (which includes your insurance) at the same time that you renew your CDHBC registration, all in one easy step. With this new, simplified renewal process, CDHBC will no longer require you to provide proof of insurance as it

is included as part of your membership/registration renewal.

Keep in mind that this new process does not come into effect until March 1, 2017. BCDHA members will need to ensure that they have professional liability insurance coverage between January 1 and February 28, 2017, as the current policy through CDHA will expire on December 31, 2016. To make this an easy transition, in the fall of 2016 you will be able to renew your CDHA/BCDHA membership for this interim period with a reduced fee and this will provide you with the required insurance for the first two months of 2017.

Some members have expressed concern over having to pay for their membership at the same time as their registration. To help make this process a bit easier, BC dental hygienists may now choose to make pre-payment contributions through a credit card to a refundable deposit account held through the College of Dental Hygienists of BC. These payments are set up by the individual in an amount and schedule of their choosing. They can be set up either on a monthly basis or even as a one-time payment. Any amount accumulated by January 2017 will be put towards the cost of their 2017-2018 renewal. This prepaid deposit amount is refundable if a BC dental hygienist decides to move out of province or cancel their registration prior to renewal. If you are interested in making a pre-payment on your 2017/2018 fees, this system can be accessed under the 'Make a Payment' tab of your registrant profile on the CDHBC website.

Starting in 2017, BC dental hygienists will equally financially support the advocacy efforts of the professional associations and will be represented with one united voice on national and provincial issues. At the same time, all BC dental hygienists will have access to quality continuing education and other important professional tools. A strong professional association means dental hygienists can depend on BCDHA and CDHA to take a leading role in advocacy and promotion of the profession, and offer an enhanced range of services and benefits.

We understand that there will be questions during this time of transition and we want to hear from you. If you have any questions or comments, please contact BCDHA at 1-888-305-3338 or 604-415-4559. •

Highlights of the 2016 Annual General Meeting



Board members L-R: Kyle Fraser (Greater Vancouver); Bev Jackson (Victoria); Connie Goertson (Kootenays); Brenda Currie (Fraser Valley); Tammy Gulevich (Northern BC) & Brenda Wisdom (Upper Island). Not shown: Mandy Hayre (Educators) and Karl Gunderson (Interior)

BCDHA's 52nd Annual General Meeting took place in Abbotsford on February 20, 2016. Every year the AGM provides a unique and valuable opportunity for the BCDHA board of directors to connect with members and gather information that guides the creation of BCDHA goals, also known as ENDS policies. This was the second year we also welcomed members from across the province who attended via the webcast. This continues to be a great way to engage all our members who cannot attend in person.

Chair Brenda Wisdom highlighted some of BCDHA's activities over the last year including our partnership with Ending Violence Association of BC and our "Dental Hygienists Make a Difference" contest. *(Members can find more details about key activities of BCDHA in the 2014-2015 Annual General Report available from the BCDHA website.)*



Brenda Wisdom welcomes new director Christina Capy.

The Board also thanked Cindy Fletcher, for her long-term service of 20 years as our Executive Director. Great job Cindy!

The board presented an information session and tutorial on some of the member benefits available such as Perks, Perkopolis, and the e-CPS.

The BCDHA board recognized the services of outgoing director Kyle Fraser (Greater Vancouver Region) and welcomed new director Christina Capy to the board. The board welcomed returning directors Brenda Currie (Fraser Valley), Tammy Gulevich (Northern) and Brenda Wisdom (Upper Island). Outgoing Chair, Brenda Wisdom welcomed the new officers of the board: Tammy Gulevich-Chair and Karl Gunderson-Vice Chair

We look forward to connecting through our AGM once again in February 2017. The meeting will take place in the lower mainland, location TBA with web casting available once again. •



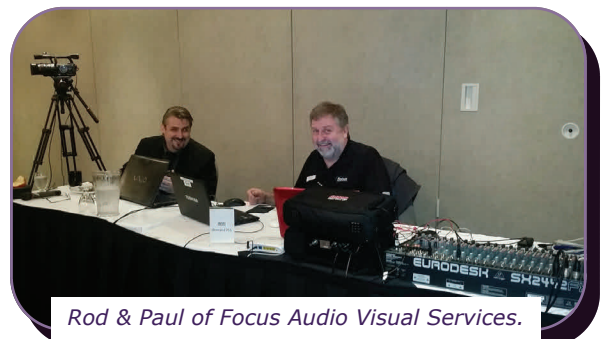
Tammy Gulevich (L) receives Chair's pin from Brenda Wisdom.



Kyle Fraser receives certificate of appreciation from Brenda Wisdom.



Linda Martens (L) won the 3M Gift Basket presented by BCDHA staff member Denise Pulice.

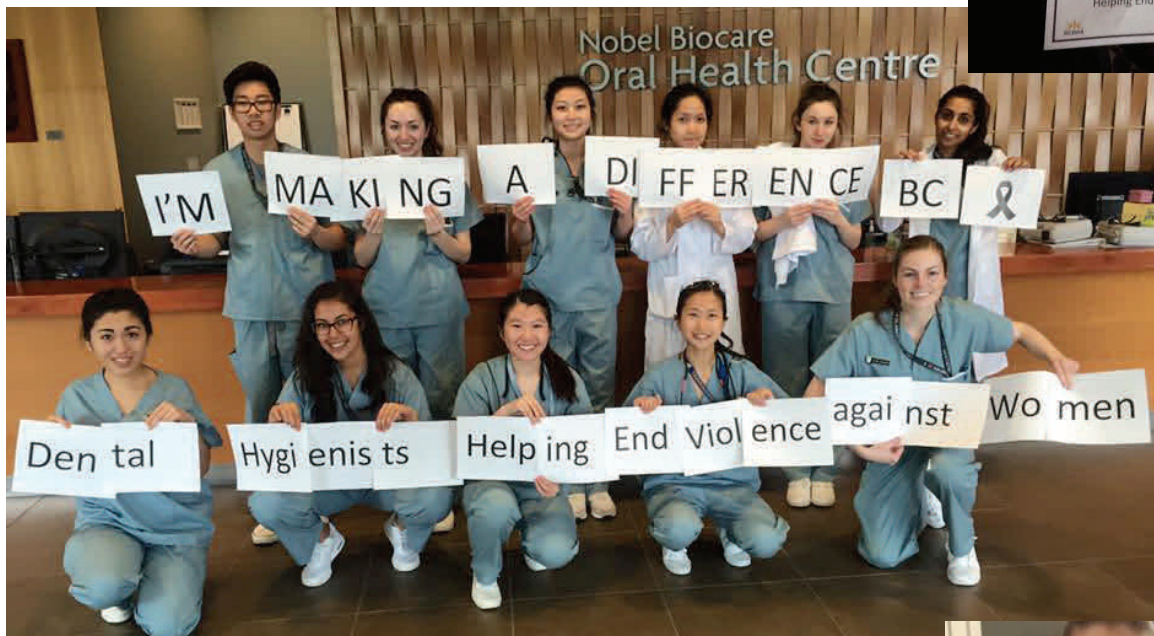


Rod & Paul of Focus Audio Visual Services.

BC Dental Hygienists Committed to Helping Victims of Violence

In December 2015 BCDHA, in partnership with the Ending Violence Association of BC, invited members to take part in a campaign to show their support in ending violence against women.

It is important for women in violent situations to know they have 'safe people' to go to for help. **YOU** can be that person! Each of us has an opportunity and responsibility to recognize the signs of violence and break the historical silence surrounding these issues.

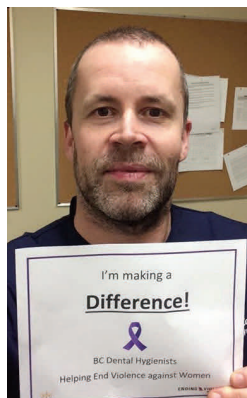


To help learn the necessary skills to talk to your clients about potential abuse BC dental hygienists have access to the online course **Detect, Respond, Refer: Ending Violence against Women**. Course details and a fact sheet to help you get started are available on the BCDHA website.

BC dental hygienists are making a difference!

Be More Than a Bystander!

Thank you to everyone that submitted their photos for the random prize draw. The winning photo was announced in the March eNews. •



The Road Less Travelled: Oral Cancer in Vietnam

A University of British Columbia Dental Hygiene Degree Program Outreach Initiative

by Delwyn Lee, Sonia Minhas BSc, Sherry Priebe, BDSc, MSc, RDH



"I appreciate opportunities that focus on British Columbia Dental Hygienists making an impact to increase oral healthcare knowledge not only locally in our communities but also globally. I enthusiastically took the challenge to lead the first dental hygienist led UBC/Vietnam Dental Hygiene Outreach Initiative. Two enthusiastic students of the UBC Dental Hygiene Degree Program (DHDP), Delwyn Lee (L) and Sonia Minhas (R), were selected to partake in this unique international project. The venture was exceptionally successful as we exchanged valuable knowledge with various Vietnamese health professionals."

- Sherry Priebe (BDSc, MSc, RDH)

With strong interests in working with special care populations and a passion for being involved in community oral health initiatives, the opportunity to pilot a UBC alumni funded international dental hygiene outreach initiative to Ho Chi Minh City (HCMC), Vietnam, was an opportunity of a lifetime for us. This venture was part of an ongoing collaboration between UBC Dentistry and the National Hospital of Odonto-Stomatology (NHOS). During our global community service, we discovered our ability to make international connections with various health professionals and our power to advocate for oral health, due to the mentorship of 'World Dental Hygienist Award in Research' recipient and strong advocate of community oral health, Ms. Sherry Priebe.

We had milestone moments that helped us develop as health care providers. Through experiences in providing oral hygiene care to the children living with disabilities at two orphanages, screening for oral cancerous lesions and helping assess treatment outcomes of oral cancer patients alongside oncologists at the Cancer hospital, promoting self-care practices to elementary school children in their classroom and presenting seminars to students of the School of Dental Nursing at the University of Medicine and Pharmacy and to oral health professionals at the NHOS, we appreciated the diverse and dynamic role that we can adopt as dental hygienists. "Sonia and Delwyn approached this opportunity not only with a willingness to give back to society but also with the desire to learn. Such an initiative strengthens students' international service-learning experiences and fosters global citizenship," states Zul Kanji, director of the DHDP at UBC.



(Continued on page 7)

Our time at the orphanages was life changing. Our very first experience as oral health volunteers in Vietnam took place at the Thien Phuoc and Huyen Cu Chi orphanages. We spent the full day providing preventive care to children, 2 to 18 years of age, who were living with developmental disabilities. Opportunities to provide care to children with cleft palates and other facial deformities allowed us to augment our skills and knowledge. We learned that these children were living with the repercussions of the Vietnam War in which the toxic herbicide, Agent Orange, was used to eliminate vegetation. This opportunity not only tested our ability to adapt in a foreign setting but also allowed us to demonstrate our ability to manage clients presenting with involuntary behaviours and movements as a result of their chronic disabilities.

Valuable knowledge was constantly exchanged between a variety of health professionals with whom we have built great friendships and connections during our visit to Vietnam. Another significant experience involved listening to case presentations about the impact of oral cancer in the Vietnamese community. Meeting with cancer patients and hearing their struggling history of advanced lesions as well as observing a glossectomy surgery at the Benh Vien Ung Buou Oncology Hospital are additional



As baccalaureate dental hygiene students with extensive experience in providing evidence based practice, we delivered interactive seminars on various subjects to a wide range of audiences. Our audience consisted of dental surgeons and dental nurses at the NHOS, dental nursing students at the University of Medicine and Pharmacy, Faculty of Odonto-Stomatology, elementary children at a local government school and children at two orphanages. We were pleased to see the success of our seminars as it was verbally expressed to be of value by the humble yet extremely educated health professional attendees. As we have future aspirations to become

examples of key memorable experiences that we would never have had in Canada as students. Our exposure to oral cancer and hearing first hand of its devastating effects has increased our awareness of health disparities among different cultures. This practical knowledge has reaffirmed to us the importance of completing extra-oral and intra-oral examinations. We highly recommend that all dental hygienists take the time to always include this examination in every appointment as it is a simple yet effective preventive measure that has the potential to save a life!



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professional educators, it was an extremely treasured experience to not only share information in formal settings with various audiences but also learn from such knowledgeable and highly regarded professionals.

Although our stay in Vietnam was short, we adopted dynamic roles as clinicians, educators, health promoters, oral health advocates, and most importantly, international change agents. We collaborated and coordinated with a network of directors and other decision makers at the institutions we visited with the aim of developing bridges for future related sustainable endeavours. We wholeheartedly encourage our fellow health professionals to ignite their passion for their profession by becoming involved in local and global volunteer initiatives as it has positively impacted our personal and professional lives. Being in the presence of like minded and driven professionals who devote their energy to their communities has inspired us to make a constructive impact in our community and facilitate the advancement of our profession.



We wish to sincerely thank the UBC Dentistry alumni, faculty and staff at UBC who supported this initiative, and the various health care providers with whom we collaborated in Vietnam. Without these collaborations, endeavours such as this project would not have been as influential or impactful. Collaborating globally with health professionals while increasing our oral health knowledge beyond what is taught or seen in Canada, is an experience we will cherish forever. •

Your Profession...



Oral Cancer Care Struggles with Three Misconceptions

By Jo-Anne Jones, RDH

April was Oral Cancer Awareness Month, turning the attention of our profession towards this insidious disease. There are many misconceptions and shocking truths surrounding oral cancer today, and every dental professional needs to be aware of them.

One of the first misconceptions is the prevalence of oral cancer. Many consider oral cancer to be somewhat rare. However, about 132 individuals will become victims of an oral cancer diagnosis each day in the U.S. alone; totalling over 48,000 annually.¹ An estimated 9,570 people will die of this cancer this year. Those who survive have to contend with disfigurement due to late stage discovery,

severe xerostomia, dietary restrictions, chronic pain, and the threat of recurrence on a day-to-day basis.²

Secondly, a huge misconception pervading the public at large is the confidence that non-smokers are not at any inherent risk for oral and/or oropharyngeal cancer. In fact, data supports a 50% decline in the incidence of smoking related oral and oropharyngeal cancer and a 225% increase in HPV (human papillomavirus) related oral and oropharyngeal cancers over the same study timeframe (1984-2004).³

HPV increasingly has been shown to be associated with squamous cell cancers of the oropharynx (near the base of the tongue and tonsillar areas).⁴ It is estimated that nearly all sexually active men and women will have an HPV infection in their lifetime.⁵

Most of the population will deal with the virus without any

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significant repercussions. A persistent infection with a high-risk strain such as HPV-16 poses a grave risk, though, of the development of oral and oropharyngeal cancer. Based on the available data, the incidence of HPV-positive oropharyngeal cancers could surpass the leading number of HPV-associated cervical cancers in the U.S. by 2020.⁶ The virus is commonly transmitted through sexual activity, namely oral sex.

Another shocking truth is that despite its relative ease in diagnosis compared to other cancer sites in the body, oral cancer is routinely discovered in its later stages.⁷ If the cancer is diagnosed at an early stage, the 5-year survival rate is 83%. Only about a third of cases are diagnosed at this earlier stage. If the cancer has spread to surrounding tissues or organs and/or the regional lymph nodes, the 5-year survival rate is 62%. If the cancer has spread to a distant part of the body, the 5-year survival rate drops to 38%. The most recent Surveillance, Epidemiology, and End Results (SEER) National Cancer Institute Surveillance Research Program illustrates the probability of surviving 5 years following a diagnosis of oral cancer.⁸

With the focus on the escalating rise of the non-traditional oral and oropharyngeal cancer profile, it is imperative that we do not overlook the obvious risk associated with tobacco and alcohol use. Youth trends with smokeless tobacco and the combination of binge consumption of alcohol and tobacco products have all heightened the risk factors related to the development of oral cancer. Also, our dental patient population today is quite culturally diverse, with many patients retaining habits through the immigration process such as the use of betel quid and the areca nut.

Lastly, the myth surrounding the attainment of “false positives” by adjunctive screening devices needs to be addressed. With the continual increase in incidence of oral and oropharyngeal cancers and the prevalence of later stage discovery, it is clear that we are not doing enough.

“On the basis of the available literature, the authors determined that a COE (clinical oral examination) of mucosal lesions generally is not predictive of histologic diagnosis,” reported the *Journal of the American Dental Association*.⁹ “The fact that OSCCs (oral squamous cell carcinomas) often are diagnosed at an advanced stage of disease indicates the need for improving the COE and for developing adjuncts to help detect and diagnose oral mucosal lesions.”

The *Journal of Oral Pathology and Medicine* published a study to examine the use of an LED Dental VELscope utilizing direct fluorescence visualization (FV) by dental practitioners as an aid in decision-making during screening for cancer and other oral lesions. Deciding when a patient needs to be referred is a critical and difficult decision. The results of the study involving the screening of 2,404 patients over 11 months supported the conclusion that integrating FV into a process of assessing and reassessing lesions significantly improved this model.¹⁰

Subsequently, the *Journal of the American Medical Association* published a study entitled “Fluorescence

Visualization-Guided Surgery for Early Stage Oral Cancer” demonstrating a significant reduction in the rate of local recurrence of early-stage squamous cell carcinoma and high-grade precancerous lesions in patients where VELscope tissue FV was used to assist in determining the surgical margin for excision, compared to those patients where conventional methods were used.¹¹

“The results of this important clinical study will be of great interest to oral cancer patients and practitioners alike,” commented Dr. David Gane, CEO of LED Dental. “It adds to the growing body of peer reviewed literature that corroborates the use of VELscope as an effective adjunct in oral cancer treatment, while further supporting its use in concert with a comprehensive oral examination to screen for the presence of oral cancers



and pre-cancers.”

We know the statistics. Now it is time to beat the odds and sound a call to action for every one of us to perform a head and neck examination including an oral cancer screening on every adult every year. We also must utilize the best tools to elevate the opportunity to discover this disease in its earliest stages. Loupes for magnification and better visual acuity and adjunctive screening tools that show what may not have been visible with a white light examination are the least we can offer to our deserving patients.

If you or a family member were dealing with an undetermined medical condition, would you not want the best that science had to offer for early stage discovery? As the age-old golden rule says, “in everything, then, do unto others as you would have them do to you.”

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Oral Health Screenings at London Drugs *(Continued from page 1)*

Each client received a head and neck screening and an intra-oral assessment which was enhanced with the fluorescence visualization technology of the Velscope® Vx. Also on hand to assist with clients and provide oral health information pamphlets and personal self-care product recommendations were graduating UBC dental hygiene degree students who volunteered at each location.

Upon completion of the screening each client was provided with an evaluation summary. Anyone with atypical tissues was referred to the Next Gen Oral Dysplasia Clinic with a complimentary follow-up by the Oral Medicine team of Dr. Denise Laronde and Dr. Bertrand Chan. Each screening at the pharmacy cost \$25, of which \$5 was donated to the BC Oral Cancer Prevention Program.

This collaborative event was a wonderful opportunity to enhance the public's awareness of the importance of early detection of oral cancer. •



L-R. Stacey Rhodes-Nesset, RDH with Matt Laul & Natalie Grzegocki, graduating DHDP students from UBC.

National Dental Hygienists' Week/Oral Health Month

Camosun College Dental Hygiene Awareness Walk

The Camosun College dental hygiene students and faculty participated in a National Dental Hygiene Awareness Walk to promote the good work that our colleagues and mentors are doing throughout our province. The students created signs and slogans that increased the public's awareness of the link between oral health and overall health, our scope of practice, and the impact that oral disease has on general health. The students also focused on improving access to oral health care for remote communities, orofacial injury prevention, and water fluoridation.

In the morning, the walk began with a brief presentation to Camosun College President, Sherri Bell

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where the students shared with her the challenges that dental hygienists face and the victories that have been gained in recent years. Dental hygiene is now the 6th largest registered profession in Canada and where inter-collaborative practice with other health care practitioners is an important focus when advocating for the public. The Camosun College senior students also presented President Bell with the Healthy Smile Certificate, given to deserving recipients who display "A+ in brushing and flossing."

In the morning, the senior students completed an 8km walk on Shelbourne Avenue to Ring Road of the University of Victoria, where toothbrushes, CDHA pamphlets, and information about the Camosun College dental clinic was given to anyone who was interested. The students gave out over 300 toothbrushes and promotional materials to the passersby and students at UVIC. In the afternoon, the junior students walked on one of the busiest

streets in Victoria, Hillside Avenue and 'almost' stopped traffic in the four corners of Shelbourne and Hillside. Signs were waved, more toothbrushes and promotional materials were handed out, cars responded with honks, waves, and the occasional, "I love my dental hygienist!" shout-out.

With their "purple on", the event was a day to give a nod to all the hardworking dental hygienists out there who are consistently making a difference in the work they are doing. Thank you to the dental hygiene students for a job well done.

Thank you to BCDHA and CDHA and Camosun College for the continued support in ensuring that events like this continue. •



Dental day at the TEETH Clinic in Nelson, BC



Our free (or by donation) dental day was held on Saturday April 16th. I'm happy to report it was a very successful event. The schedule was fully booked with patients that had registered with TEETH clinic and they were able to have dental treatment and/or dental hygiene treatment completed for free or if they could, it was optional to provide a small donation to the clinic. All staff volunteered, without pay on this day.

- Christine Chore, RDH, PID, BSc (DH)



Visit British Columbia Dental Hygienists' Association on Facebook to view more photos of this and other events.



Kamloops Health Unit Promotes Oral Health Month

The Kamloops Health Unit promoted Oral Health month in three different areas of the building - the dental area, the baby immunization clinic waiting room and the adult immunization waiting room.

Beyond our display boards and pamphlets we had a *Spin The Wheel* where the public received various prizes that helped them to maintain their oral health. The colouring sheet and dental quiz provided by CDHA during National Dental Hygienists Week was sent out to all staff to challenge their knowledge.

- Corrie Ross, RDH



The dental team including CDA's, RDH's and admin staff from L-R Ainsley Bouveur, Carolynne Epp, Deb Alore, Stephanie Conroy, Corrie Ross, Joan Reiswig, Brittany Stumpf. Missing is Laura Leadbetter-Fuoco and Vivian Dukquits.

Your Community...



What better way to launch NDHW™ than with Gift from the Heart on April 9th. Gift from the Heart is a national one day event which allows registered dental hygienists to give back to their communities by providing no cost dental hygiene care.

Victoria's Dental Hygiene Clinic, owned by BCDHA member Mary Ellen Breckenridge, was one of ten clinics that took part this year. •



Victoria's Dental Hygiene Clinic was featured in the Times Colonist newspaper.



Monica Gock (L) with Monica Maletz outside Coast Smiles Dental Hygiene Services Clinic, Sechelt, BC

On Sunday April 17th Monica Maletz, RDH and Monica Gock, RDH provided free dental hygiene treatment for six patients at *Coast Smiles Dental Hygiene Services Clinic* in Sechelt, BC. Their focus was young moms from a local shelter who had not had any dental treatment due to various reasons.

One client had not had her teeth cleaned in 20 years and she was very scared when she came in. Her thank-you card stated "your kindness and encouragement helped me conquer 20+ years of fear." She returned the following week to have her hygiene treatment completed and is now willing to see a local dentist who has agreed to do an exam and X-rays even though she has no coverage.

Another client had a lot of decay - the result of chewing mints. This was her way of managing stress and keeping her from using alcohol. She has no Ministry dental coverage until 2017 after starting a root canal to save a tooth and relieve her pain.

There were many other stories but it was a day that Monika and I felt made a difference in our community and established the dental hygienist as a person they could trust. I encourage other hygienists to take part in next year's Gift from the Heart. It will remind you why you chose dental hygiene as a profession.

- Monica Maletz, RDH •

VIU Mind, Body & Soul Health and Wellness Fair - Nanaimo

Vancouver Island University dental hygiene students (L to R) Megan Elliot, Tessa Friman, and Rachel Jackson.



If your clinic takes part in the GFTH next year and you would like to be included in the Outlook, send name and photos to: Outlook@bcdha.bc.ca.

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WISH Drop-In Centre Society - VCDH Community Project

In October and November 2015 students from the Vancouver College of Dental Hygiene embarked on a project that promoted oral health among some of the women who are involved in Vancouver's street based sex trade.

The WISH drop in center society operates out of a facility in downtown Vancouver and its goal is "to accommodate the needs of sex-working women seeking safety and respite".

The students procured donations of printed cards, bags, toothpaste, floss, toothbrushes and rinse and, as a team, packed the bags and delivered them for distribution at WISH.

The students really enjoyed the project and were thrilled to be able to contribute in a small way to the oral health of these women. •



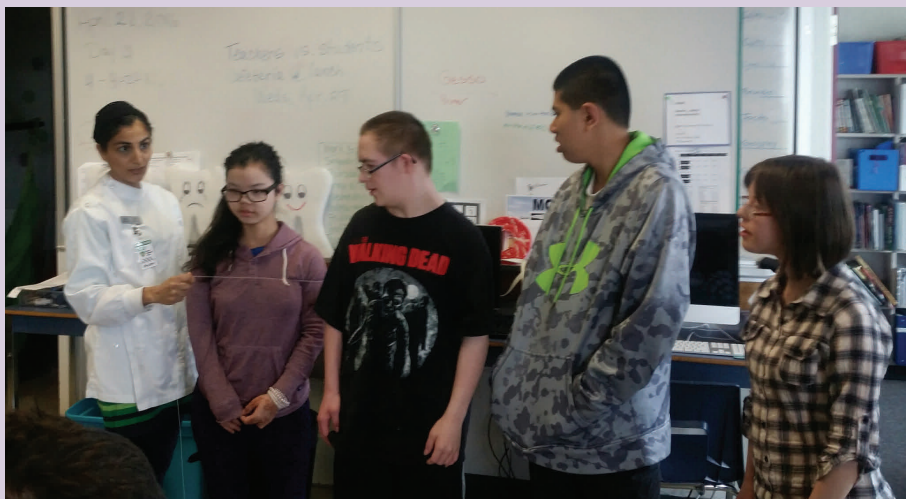
Translink Health Fair - Surrey

"I am glad that the BCDHA was able to be at the fair and I had a great time educating the Translink employees about the link between oral health and overall health. They were happy to receive oral care goodies and asked lots of questions. Over the two hours I saw about 40 employees. It was great to meet other volunteers from other health organizations and discuss how oral health linked to their causes."

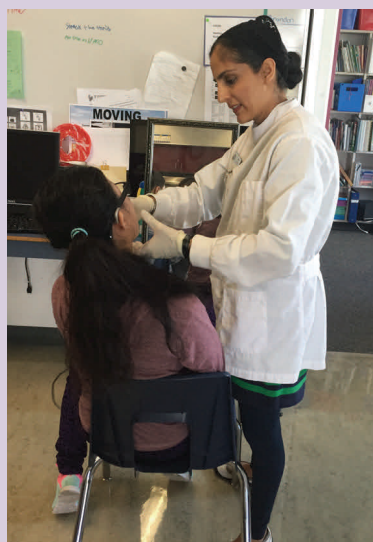
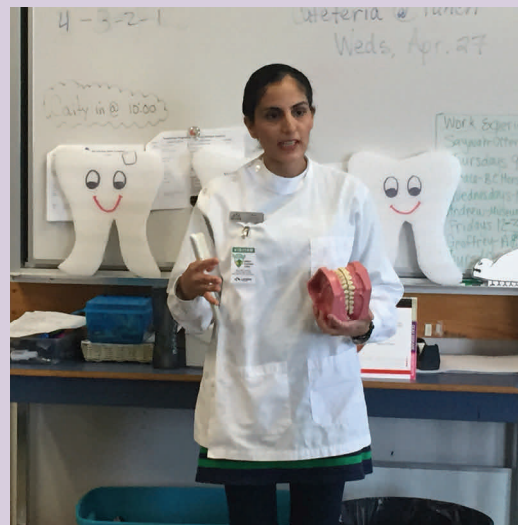
- Michelle Antifaeff •



Langley Secondary School



BCDHA member Balbeer Deol with grade 9 students with special needs at Langley Secondary School.



Health Fair at Crystal Mall, Burnaby



BCDHA member Joyce Kwok with a member of the public at the fair.

Bulletin Board



Dear Colleagues;

Share A Smile Society (www.shareasmile.ca) is a registered charity managed entirely by volunteers. It invites volunteer dental professionals and students to help improve oral health in remote communities in Canada and abroad.

In 2016, Share a Smile received a grant from BCDHA to help fund the travel and accommodation fees for 4 qualified registered dental hygiene volunteers. If you are interested in joining us in September to visit the beautiful Nootka Sound of Vancouver Island and volunteer your services to the people in these communities, please send your resume, your license information including your BCDHA number, and a letter of interest to info@shareasmile.ca or by mail to 629 Wentworth Street, Nanaimo, BC V9R 3E6.

Heather Cooper, RDH
President
Share A Smile Society
info@shareasmile.ca
www.shareasmile.ca

Best wishes to these members that have retired!

Jeanne Coombes
Gillian Cornish
Sandra Howell
Nancy Richet
Cynthia Schiller



What are you waiting for? Join today and start saving! It's **FREE.**



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Thanks to Bonnie Craig, Loretta Frolek & Carol Kline
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SEND US YOUR ANNOUNCEMENTS, EVENTS AND PHOTOS

Do you have an announcement, event or story idea? We welcome articles of 500 words or less. Topics should be of interest to your colleagues or provide food for thought. Submissions published subject to Editorial Board approval & space.

Email to: outlook@bcdha.bc.ca

YOU...

Duty to Report

REPORTING CONCERNS ABOUT CHILDREN AND YOUTH

WHO SHOULD REPORT?

In BC anyone who has reason to believe that a child or youth under 19 has been or is likely to be abused or neglected and that the parent is unwilling or unable to protect the child or youth, **must** report the suspected abuse or neglect to the Ministry of Children and Family Development. Everyone in the community should be alert to signs of abuse or neglect in children and youth. Their safety, welfare and well-being are a community responsibility.

WHEN MUST A REPORT BE MADE

A report to the Ministry of Children and Family Development **must** be made when you have reason to believe that a child or youth:

- » Has been, or is likely to be, physically harmed, sexually abused or sexually exploited by a parent or another person and the parent is unwilling or unable to protect the child or youth;
- » Has been or is likely to be physically harmed because of neglect by the child or youth's parent;
- » Is emotionally harmed by the parent's conduct;
- » Is or has been absent from home in circumstances that endanger the child or youth's safety or well-being;
- » Has been abandoned and adequate

provisions have not been made for the child or youth's care;

- » Is living in a situation where there is domestic violence by or towards a person with whom the child or youth resides;
- » Is likely to have seriously impaired development by a treatable condition and the child or youth's parent refuses to provide consent to treatment;

If you are concerned about the safety or well-being of a child or youth, it is your legal duty to report the concern to the Ministry of Children & Family Development.

- » Has a parent that is unable or unwilling to care for the child or youth and has not made adequate provisions for the child or youth's care; or
- » Has a parent that is no longer alive and adequate provisions have not been made for the child or youth's care.

WHAT DOES "REASON TO BELIEVE" MEAN?

"Reason to believe" simply means that, based on what you have seen or information you have received, you believe a child or youth has been or is likely to be at risk. You do not need to be certain. It is the child protection

worker's job to determine whether or not abuse or neglect has occurred or is likely to occur.

FAILURE TO REPORT

Failing to promptly report suspected abuse or neglect to the Ministry of Children and Family Development is a serious offence under the Child, Family and Community Service Act and carries a maximum penalty of a \$10,000 fine, six months in jail, or both.

No action for damages may be brought against you for reporting information under the Child, Family and Community Service Act unless you knowingly report false information, or the report was not made in good faith. •

TO MAKE A CHILD PROTECTION REPORT:

1 (800) 663-9122

FOR MORE INFORMATION:

www.mcf.gov.bc.ca/child_protection/pdf/handbook_action_child_abuse.pdf

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YOUR VOICE

BCDHA & CDHA are the only organizations that give a voice to the dental hygiene profession in British Columbia.

By supporting your professional association you ensure that important issues will be heard.

We can't do it without you!

References (Continued from page 9)

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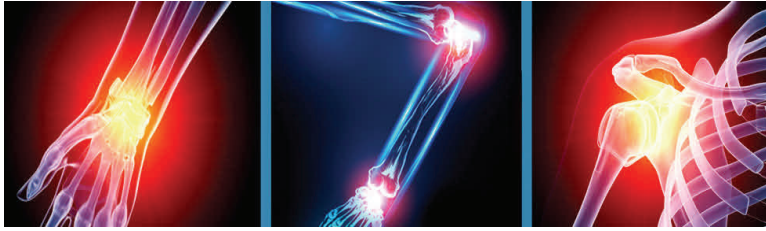
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Upper Extremity Tendonitis



By Coral Koke, BSc PT Registered Physiotherapist
Metrotown Orthopedic and Sports Physiotherapy

Tendonitis results from overuse and repetitive movements related to work or sport. This is most commonly observed in the shoulder, elbow and wrist in the Dental Hygienist population. It is important for all dental hygienists to recognize the signs of tendonitis and learn how to manage these symptoms.

Symptoms:

- Swelling in the shoulder, elbow, wrist or thumb.
- Pain – may be sharp or dull ache.
- Weakness in the upper limb especially grip strength.

Treatment:

- Rest / Ice / bracing.
- Anti-inflammatories.
- Physiotherapy which would include: pain control, treatment for swelling, stretching and strengthening program, brace prescription.



Coral holds a Bachelor of Science Rehabilitation Medicine from UBC. She is committed to providing the best practice to all of her clients. Her focus is on motivating and encouraging her clients to return to their optimum function. Coral is Cyriax trained in spinal assessment and manipulation. Her special interests are lumbar pain, shoulder dysfunction and post mastectomy rehabilitation.

Coral is a member of the Canadian Physiotherapy Association.

Prevention:

- Ease up: Avoid activities that put excessive stress on the shoulder elbow and wrist tendons for prolonged periods.
- What does ease up look like for you?
- Frequently change your position while working i.e. Mini movement breaks.
- Improve or change your technique and positioning.
- Stretch in between patients.
- Prepare your muscles better: Strengthening muscles used in your work place will help them better withstand the stress and load. This may actually mean improving the core muscle groups in order to decrease the stress on the smaller more vulnerable muscles. •

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