



Mission Statement

The College of Dental Hygienists of Nova Scotia, in the best interest of the public, regulates members, promotes excellence in care and advances the profession.



Licence Renewal Report: Another Successful Year

Thank you to all our members! This licence renewal period was the smoothest so far. Members who were not sure about online renewal took advantage of our personal one on one service. A laptop computer was set up at the office so members could drop in and have Jenn walk them through the online renewal process. This personalized feature was greatly appreciated. Similarly Jenn often gave on the phone tutorials. Great job Jenn! Renewing online saves time and money and keeps our database more accurate as data entry errors are reduced.

Many members participated in the "Silly Secret Question" contest and some of them had Jenn laughing for days! The questions were placed in a random draw and the winner this year is Michelle Chittick whose secret question was: What colour are my shoes? Michelle's prize is a \$50 Ultimate Dining gift certificate. Due to the success of this year's contest, we plan to hold it again next year. Get your questions ready.

CDHNS Renewals	November 1, 2014	November 1, 2013
Practicing Licences	653	626
Non-Practicing Members	44	54
Provisional Licence Members	1	0
Life & Honourary Members	3	3
Total Membership	701	683
Cancelled Members	19	17
Struck Members	2	9

THE LICENCE RENEWAL PERIOD IS CHANGING

We have grown over the last few years! The CDHNS started in 2009 with a membership of 565 and five years later, we have over 700 members. The increased volume requires more time for processing of applications which can result in delays in renewing a licence and in an interruption in an individual's ability to practice. To allow sufficient time to obtain necessary follow up information to an application, we have been advised to move the deadline to **October 1st**.

All renewal documents including the licence renewal form, CPR certificate, and payment will need to be received by October 1st for processing and distribution of the new licences and membership cards by November 1st. Members who complete their CPR at their employment may wish to inform the coordinators of this new policy.

CDHNS GOVERNANCE

Dear Friends and Colleagues,

The fall has been very busy at CDHNS, to say the least!

We released our White Paper, entitled Dental Hygienists Prevent More to Treat Less. This document has generated some great discussions as well as some positive media coverage since the time of its release. If you haven't already done so, I would encourage you to log onto our website and take a look at the White Paper to see the work being done on behalf of dental hygienists in Nova Scotia.



We've also joined the table of the "Oral Health Advisory Committee" preparing recommendations for the Minister of Health and Wellness on the Nova Scotia Children's Oral Health Program. These discussions are ongoing, as we are still in Phase 1 of 3 of this work.

I would like to thank some outgoing Council members who will be leaving Council. Both Wendy Stewart and Sara Harding will be coming to the end of their terms as Council members this spring. Both of these ladies have worked very hard on behalf of CDHNS. Their input, commitment, and dedication to their role as members of council will certainly be missed. Thank you, Wendy and Sara!

With these vacancies being created, there will be opportunities for some new faces around our Council table. Please give some consideration to offering your time and expertise as a council member in the future.

As the holiday season quickly approaches, I would like to wish you a very Merry Christmas, and health and happiness in the coming year!

Sincerely,

Joyce Lind
Chair, CDHNS 2014-2015

"Following extensive research efforts and consultations with stakeholders, the College of Dental Hygienists of Nova Scotia developed a series of recommendations for transforming and improving Nova Scotians' oral health care outcomes."

The CDHNS has released its White Paper
**Dental Hygienists:
Prevent More to Treat Less**

This report can be found on our website, www.cdhns.ca.



"It's the right time to bring the right provider (dental hygienists) offering the right services (oral health preventive care) under the comprehensive umbrella of primary health care."

The Unison
is the official newsletter of the
**College of Dental Hygienists of
Nova Scotia.**

Editor-In-Chief: Rosemary Bourque RDH
Editorial Staff: Jenn MacKay-Myra

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CDHA NS Director: Joanne Noye

CDHNS Human Resources
Registrar: Patricia Grant
Admin. Assistant: Jenn MacKay-Myra

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CDHNS office:
Ardmale Professional Centre
11-2625 Joseph Howe Drive
Halifax Nova Scotia B3L 4G4
Website: www.cdhns.ca
E Mail: info@cdhns.ca
Phone: (902) 444-7241
Fax: (902) 444-7242

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Publication of an ad does
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the CDHNS agrees or
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We welcome your ideas,
articles and letters.
Submit to the
Editor at
unisonnews@cdhns.ca

NEXT DEADLINE
FOR SUBMISSIONS
MARCH 1, 2015

FROM THE DESK OF THE REGISTRAR

Since I wrote last time we have had a very busy fall not only with licence renewal but several other planned and unplanned activities. The following represent a few of the many projects and issues with which the CDHNS has been involved since the last edition of the Unison.



Regulatory Issues

Government

Oral Health Advisory Group

In September the CDHNS was contacted by the Department of Health and Wellness to provide representation on an Oral Health Advisory Group. The Advisory Group is to generate a report and make recommendations for the Minister of Health and Wellness regarding a review of the COHP and other publicly funded programs and in Phase 3 a plan for an oral health strategy for the province. Council Chair, the Registrar, and Dianne Chalmers will serve on the Advisory Group for the CDHNS. The Group has been meeting on a biweekly basis and the work will continue until March 2015.

Appointment of Public Representatives

In June at the AGM of the Health Professions Regulatory Network I had the opportunity to speak with the Minister of Health and Wellness about government appointments to regulatory bodies on behalf of the Network. Over the summer there was some communication with the Department of Health and Wellness regarding submissions for appointments to the CDHNS Council. Recently we received notification that the appointments are likely to take place in January 2015.

Council Collaboration and Education

In October, the Council of the College held their fall meeting in Moncton NB to collaborate on Council/Board education with the New Brunswick College of Dental Hygienists (NBCDH). Two joint sessions were held, one was on Health Demographics, with Michelina Mancuso, Executive Director, Performance Measurement at the NB Health Council. The second session was with Joanie Brook from Medavie Bluecross who presented on investigation of insurance fraud. This brought up several issues and questions from the group regarding the use of dental hygiene codes and record keeping. This topic is one our members often ask about and we plan to feature in a future article.

Council members also had the opportunity while in Moncton to attend the CDHA Leadership Workshop and AGM. The leadership session was a very informative day with excellent speakers such as Huw Williams of Impact Public Affairs who lead the group in Advocacy and Media Training. The media training proved to be useful for our College this fall when we released the White Paper. We also heard from Barb Fry whose topic was "Got a Gap? Promoting Intergenerational Excellence in a Busy Practice Setting." Barb is from NS and would make an excellent speaker for our members at some point in the future.

Access to Care

As noted earlier the CDHNS White Paper- Dental Hygienists Prevent More to Treat Less was released in October and generated a fair amount of attention in the press. In all there were two newspaper articles, two radio interviews, and two television spots which featured either the Council Chair or the registrar promoting the Recommendations in the White Paper. The paper will serve as a position paper and reference document for government, and other health professions and stakeholders involved with health policy, planning, and service delivery. It is available online at www.cdhns.ca. Member of the CDHNS have met with staff in the Department of Health and Wellness in October to discuss the report and another meeting is scheduled in December.

Public Promotion

The CDHNS has once again placed an advertisement in the fall copy of our Children Magazine to increase the awareness of the public's knowledge of dental hygienists. Our Children Magazine has potential access to 350,000 households in HRM, through distribution in elementary school system.

On behalf of Jenn and me here at the College we wish each of you and your families a Happy Holiday and a Healthy and Prosperous New Year.

Patricia Grant

Patricia Grant, Registrar
December, 2014

CONTINUING COMPETENCY COMMITTEE

Happy Fall to all members of the CDHNS!

As we are all busily preparing for the most wonderful time of the year, I just want to take a few moments to update you on the most recent activities of the Continuing Competency Committee. The Committee met on November 8th for our fall meeting. There are a few things we would like to reiterate to our members:



You need to be familiar with the Guidelines. In particular, I wish to take the time to highlight a few of importance:

2.3 It is understood that all learning activities shall have significant intellectual or practical content related to the practice of dental hygiene, oral health, or the professional responsibility and ethical obligations of the member. The individual member's practice setting or environment will be considered by the Continuing Competency Committee when reviewing any requests for credit under the continuing competency program. Learning activities that support the regulated member's specific learning needs and area(s) of practice will be considered. This may include, but is not limited to, activities related to client assessment, dental hygiene diagnosis, treatment planning, implementation, evaluation, health promotion, research, epidemiology, communications, ergonomics, hazardous materials, health and safety, record keeping, administration and conflict resolution.

Please choose your continuing education courses wisely, with this guideline in mind!

5.4 The Continuing Competency Committee of the College of Dental Hygienists is given the authority to approve or disapprove credits for courses or equivalents that it considers to be of questionable content to the practice of dental hygiene. Courses and credits may be approved in part or in whole by the committee.

In particular, these two courses have been reduced in the number of credits you can receive:

- Dal CE - Mindfulness for Health-Care and other Professionals: An 8-week Immersion in Self-Care - reduced to 8 CE from 16
- Henry Schein sponsored Infection Control course - reduced to 4.5 from 6

3.2.4 A member who, for health reasons, parental leave, or other personal reasons, is unable to pursue continuing education credits for more than a cumulative six-month period during a three-year cycle will be eligible to apply to have his/her cycle extended for a maximum of one year to conclude on the appropriate December 31st. It is the responsibility of the licensee to apply, in writing, to the Registrar for an extension of the cycle, as soon as possible prior to completion of the present three year cycle. Documentation is to be submitted if requested. A maximum of one extension per cycle will be granted.

This guideline applies to those of you who may be on or are going on parental leave. If you are on a parental leave, please be advised that it is your responsibility to advise the CDHNS, in writing, if it is your intention to request an interruption of your practising license (to a non-practising license). It is also your responsibility to request an interruption to your CE cycle.

4.1.1 Documentation for continuing competency credits should include:

- the member's name
- date
- speaker's name and qualifications
- topic
- course/presentation description
- length of the presentation

If the documentation does not include this information above, then use the CDHNS Certificate of Attendance for verification.

The Committee meets again in late January 2015 for our annual audit meeting, at which time we will audit 39 continuing competency records. Those members whose cycles end on December 31, 2014 and have been selected for the random audit have been notified in early December.

Until next time,
Merry Christmas Everyone!



Jackie White
CCC Chair

NOMINATIONS

2015 CDHNS Council Call for Nominations

Notice: CDHNS Nominations and Election Information

Five positions on the CDHNS Council will become vacant in May 2015.
This is a call for nominations to elect members to fill the vacant positions on the College Council.

General Information

The Council consists of 9 elected members of the CDHNS and three public representatives appointed by Governor in Council. The Council elects annually from amongst its members an executive committee. The Council meets a minimum of three times per year to conduct business and other conference calls and special meetings as needed. Council deliberations are guided by Vision and Mission statements. (all available on our website under Members Tab).

The College has adopted Policy Governance® as their governance model. Policy Governance is meant to enhance role clarity, operational transparency and guard the right of an organization to be faithfully served according to the organization's goals or end statements.

Orientation, ongoing education and reimbursement:

The CDHNS is committed to ongoing education of Council members and an orientation will be provided for all new members of Council. Council members are reimbursed their expenses for meetings and are provided honorariums according to the CDHNS expense policy. Creating a positive future for the profession is rewarding work. If you or someone you know would like to contribute through an elected position on the Council, please submit a nomination.

Under Policy Governance® the roles of Council include:

Specific job outputs of the council are those that ensure appropriate organizational performance.

Accordingly, the Council has direct responsibility to create and sustain;

1. The link between the ownership and the operational organization.
2. Written governing policies which address the broadest levels of all organizational decisions and situations.
 - A. Ends: Organizational products, impacts, benefits, outcomes, recipients, and their relative worth (what good for which recipients at what relative cost or relative worth).
 - B. Executive Limitations: Constraints on executive authority which establish the prudence and ethics boundaries within which all executive activity and decisions must take place.
 - C. Governance Process: Specification of how the council conceives, carries out, and monitors its own task.
 - D. Council-Management Relationship: How power is delegated and its proper use monitored; the Registrar role, authority and accountability.
3. Assurance of successful organizational performance on Ends and Executive Limitations.
4. Scope of practice decisions and related policy position statements that are in the best interests of protecting the public.
5. Decisions that are in the best interests of protecting the public relative to eligibility of dental hygiene programs.
6. Appointment of Credentials Committee as required by the Act. The Council may specify its terms but this committee is not accountable to Council. Council may hear appeals by members on licensing issues as determined by the legislation.
7. Appointment of the Hearing and Investigation Committees as per the Act. These committees are accountable to Council.
8. Appeals from persons denied by the Hearing Committee (as per Section #63 of the Act).
9. Other products required by the Bylaws, Act and Regulations including:
 - a. Regular Bylaw review
 - b. Annual General Meeting

NOMINATIONS

"If everyone is moving forward together....then success takes care of itself". - Henry Ford

Greetings Colleagues,

Serving on Council provides valuable personal and professional experiences but also directly benefits the dental hygiene profession through an infusion of fresh energy and ideas. As Chair of the Nominating Committee, I am writing to encourage each of you to consider putting your name forward to serve on CDHNS Council. Experience the rewards of engaging in your profession, stay current, broaden your perspective and make professional contacts. It entails a commitment of three weekends per year and a small amount of time to reflect and respond to issues brought before Council. Get involved and take pride in our profession as we strive to improve the oral health of Nova Scotians.

Please consider sharing your expertise and enthusiasm by offering your name as a Council nominee.

Angie Parker,
Nominating Committee Chair

Members should consider candidates who have:

- An interest in serving the professional regulatory body
- Integrity and good personal judgment
- The ability to put the public interest first and only subject to that the interest of the profession
- Effective interpersonal and communication skills
- A willingness to share opinions and ask questions
- The ability to listen to all perspectives without bias
- The willingness to commit time and energy

Election Process

- Following receipt of the nominations a Nomination Slate will be sent with the March/April edition of the Unison.
- Election of the CDHNS Council nominees will take place at the CDHNS AGM in May 2015.
- Members will be provided with a voting card.

Please remember to bring your membership (wallet) card or personal identification with you.

- Mail ballot: If you are unable to attend the AGM and wish to vote on the nominees you may request a ballot by mail from the College at info@cdhns.ca or calling 902 444-7241.
- Mail ballot envelopes will be numbered and must be received by the College by a date to be specified on the form.
- Mail ballots will be counted prior to the AGM and the results sealed until the day of the election.

Any member who is considering running for Council is invited to sit as an observer at the February 2015 Council Meeting. Please RSVP through the CDHNS at info@cdhns.ca

NOMINATION FORM

CDHNS Nomination Form Part I

For Members of the College of Dental Hygienists of Nova Scotia Council

- While it is not mandated in so far as possible the slate should represent diversity with respect to geography, practice setting, and experience.
- All nominees must be registered and licensed members of CDHNS in good standing.
- Nominations must be endorsed by two CDHNS members along with the consent of the nominee.
- Nominees must submit a biography form (included).
- Deadline for completed nominations to be received at the CDHNS office is midnight February 28, 2015. Nominations may remain open following this date if insufficient nominations are received to fill all vacant Council positions.

We, being members of CDHNS in good standing, nominate _____
(Print Name)

For the position of:

CDHNS Councilor: Two Year Term (starts May 2015 – Ends May/June 2017)

Nominated By _____ RDH Signature _____
(Please Print)

Nominated By _____ RDH Signature _____
(Please Print)

CONSENT:

I, _____ accept this nomination. _____
(Print Name) (Signature)

This form available for reprint on the CDHNS website (www.cdhns.ca) under Members Tab.
Nominations to be announced in the March/April issue of Unison and posted on our website.

Return this completed form to: CDHNS 11 – 2625 Joseph Howe Dr., Halifax NS B3L 4G4

Complete Part II on the other side of this page

Biography of Nominee for CDHNS Council Positions Part II

Name: _____

Address: _____

Telephone: Home _____ Work _____

Email: _____

Dental Hygiene Education Program/Institution: _____

Year of graduation: _____

Other Relevant Post-Secondary Education:

Dental Hygiene Professional Experience(s):

Please include practice settings and areas of responsibility.

Volunteer and/or Professional Activities:

Please include past or present volunteer experiences on Board(s), Council(s), or Committee(s)

Statement of Intent: Please write a brief statement on why you are standing for election to the Council you could include why you are interested in serving and what you hope to accomplish.

RESOURCE INFORMATION

Quality of life for women an issue: Canadian researchers find that in some matters of the heart, women do not fare as well as men

Vancouver – A Heart and Stroke Foundation study has found that women under age 55 fare worse than their male counterparts following a heart attack – and their health status declines more than that of their male counterparts after one month.

The AMI55 study found that women between the ages of 20 and 55 had significantly worse physical limitations, more recurrences of chest pain, and worse quality of life than men one month after a heart attack – and, compared to their baseline scores, declined in the areas of physical limitations and recurrences of chest pain. Among men, only physical limitations worsened from baseline to one month.

“While the high prevalence of traditional cardiac risk factors like diabetes, smoking, and high blood pressure contribute, they do not fully explain the poorer outcome in women,” says Dr. Karin Humphries, Heart and Stroke Foundation Professor in Women’s Cardiovascular Health at UBC. “This is why our study focuses on exploring non-traditional risk factors such as depression, anxiety, and social support.”

Dr. Humphries attributes the slower recovery of women in part to prevalent social and cultural standards that typically place women in this age group in the role of primary caregiver.

“These women are likely not getting the support they need to recover from a heart attack,” she says. “Women are less likely to attend cardiac rehabilitation than their male counterparts even when they are referred. We need to help women overcome their barriers to this essential part of their recovery.”

Explanations for the difference in outcomes, she says, may be that women are presenting to hospital later, are less likely to believe they’re having a heart attack, are more likely to put off seeking treatment and often ignore or under-report their symptoms. Additionally, they are less aggressively investigated for heart disease.

She adds that outcomes in younger women could likely be improved by increased awareness of risk factors and of heart attack symptoms.

The study looked at 286 patients 55 years of age or younger, including 75 females. In B.C. alone, more than 1,000 adults under age 55 are admitted to hospital each year following a heart attack. Of these, 25 per cent are women.

“Our findings show that there is still a lot of room for improvement,” says co-researcher Mona Izadnegahdar, a PhD candidate in epidemiology at the UBC School of Population and Public Health. “We can improve these odds by increasing awareness of warning signs and symptoms of heart attack, recognizing and managing cardiac risk factors, as well as knowing about and accessing cardiac resources such as rehabilitation programs.”

The researchers also found in the same group of patients that, while chest pain was the most common heart attack symptom in both men and women, the women suffered a higher severity of chest pain. They also had a wider range of other pain symptoms than men, including neck and throat pain, and left arm and shoulder pain.

“This research is consistent with other studies suggesting that women suffer worse quality of life with a diagnosis of heart disease,” says Heart and Stroke Foundation spokesperson Dr. Beth Abramson. “Heart disease is a leading cause of death of women in Canada. Being aware of the warning signs and acting on them quickly can save lives and improve health outcomes.” She says that women and their family members should talk to their doctors, be aware of any symptoms, and understand that heart attacks can happen to them too.

The warning signs of a heart attack are:

- Chest discomfort (uncomfortable chest pressure, squeezing, fullness or pain, burning or heaviness)
- Discomfort in other areas of the upper body (neck, jaw, shoulder, arms, back)
- Shortness of breath
- Sweating
- Nausea
- Light-headedness

If you are experiencing any of these signs, call 9-1-1 or your local emergency number immediately.

You can read this article in full and more at **The Heart and Stroke Foundation National Website:**

<https://resuscitation.heartandstroke.ca/node/135>



RESOURCES Con't

Canadian Association of Public Health Dentistry Links to Reports and Resources Improving Access to Oral Health Care for Vulnerable People Living in Canada

The Canadian Academy of Health Sciences combines the Canadian Institute of Academic Medicine, in association with all health science disciplines, to represent the interests of the health science community in a truly broad based and representative body.

In 2014 The CAHS identified improving access to oral health care in Canada as a subject for an assessment.

Context

In recent decades, across many developed countries, including Canada, there has been a substantial improvement in the oral health of populations. Despite this, oral diseases such as dental decay and gum disease remain common, and increasing evidence now demonstrates links between oral health and general health conditions, such as a direct link between gum disease and diabetes. Furthermore, as with many other social, economic and health-related indicators, these improvements in oral health indicators for whole populations mask increasing inequalities within the populations. On top of this, in recent years it has been increasingly recognized that in countries with predominantly private dental care systems, access to oral health care for some groups is emerging as an increasing problem.

Findings

This report identifies a number of issues, which can be distilled to the following core problems:

- Vulnerable groups living in Canada have both the

highest level of oral health problems and the most difficulty accessing oral health care; and

- The public and private oral health care systems in Canada are not effective in providing reasonable access to oral health care for all vulnerable people living in Canada.

Recommendations

The recommendations designed to address the core problems identified in the report are grouped into a framework that provides a logical order of priority, proceeding as follows:

1. Communicate with relevant stakeholders concerning the core problems raised in the report.
2. Establish appropriate standards of preventive and restorative oral health care to which all people living in Canada should have reasonable access.
3. Identify the health care delivery systems and the personnel necessary to provide these standards of oral health care.
4. Identify how provision of these standards of preventive and restorative oral health care will be financed.

Read the whole report at:

<http://www.caahs-acss.ca/improving-access-to-oral-health-care-for-vulnerable-people-living-in-canada-2/>

For general oral health Information and Resources visit the Health Canada website.

<http://www.hc-sc.gc.ca/hl-vs/oral-bucco/index-eng.php>

Dental Hygiene Student Presentations

Join Dalhousie's Faculty of Dentistry for the 2015 Student Table Clinics and Dental Hygiene Presentations on Friday, January 30 from 5:00-8:00 pm in the Dalhousie Dental Clinic (5981 University Avenue), followed by a reception and award presentations. All oral health care providers and university members are invited to attend this complimentary event, and attendees are eligible for up to two credit hours of continuing dental education credits.

In addition, groups of 3-4 second year dental hygiene students will give 10-15 minute evidence-based PowerPoint presentations on the dental hygiene implications of "Abuse and Addiction." The presentations will be held in classrooms and scheduled in a way that allows individuals to see all presentations. A fact sheet summarizing key information will be provided to those who attend.

Each presentation will be given three times, please see the schedule for times and room numbers.

Time	Room 4116 A	Room 4117 B	Room C
First Presentation			
5:00	Woman Abuse	Alcohol Addiction	Human Trafficking
5:20	Recreational Drug #1	Child Abuse	Tobacco
5:40	Elder Abuse	Tobacco alternatives	Recreational Drug #2
Second Presentation			
6:00	Woman Abuse	Alcohol Addiction	Human Trafficking
6:20	Recreational Drug #1	Child Abuse	Tobacco
6:40	Elder Abuse	Tobacco alternatives	Recreational Drug #2
Third Presentation			
7:00	Woman Abuse	Alcohol Addiction	Human Trafficking
7:20	Recreational Drug #1	Child Abuse	Tobacco
7:40	Elder Abuse	Tobacco alternatives	Recreational Drug #2



CANADIAN ACADEMY OF ORAL
AND MAXILLOFACIAL RADIOLOGY
ACADEMIE CANADIENNE DE
RADIOLOGIE BUCCALE ET
MAXILLOFACIALE



Image Gently in Dentistry, kick-off on September 24, 2014

Image Gently has great news! As you know, the CAOMR is a member of the Alliance for Radiation Safety in Pediatric Imaging – the Image Gently Alliance. Our news is we are now reaching out to the Dental Community with the next campaign message: Image Gently in Dentistry.

Eager to aid dental professionals optimize the radiation dose used in dental imaging exams performed on children, the campaign message is simple: When performing imaging exams on children:

- Only perform imaging when there is a clear medical or dental benefit to the child.
- Use the lowest amount of radiation for adequate imaging based on the size of the child.
- Only take images on the indicated area and always using the thyroid collar.
- Avoid multiple unnecessary images.
- Use alternative diagnostic studies (such as ultrasound or MRI), if possible.

We invite you to share this message with your friends and colleagues in the dental community (and with your dentist!) The Image Gently Web site (www.imagegently.org) always contains the latest research and educational materials to help imaging providers determine the appropriate radiation techniques to use in the imaging of children, as well as helpful protocols for you to follow at your facility. This is also information to pass along to parents.

This effort would not have been possible without the enthusiastic support and collaboration from the Dental community: to date the following related organizations have joined the Alliance:

- American Academy of Oral and Maxillofacial Radiology
- American Academy of Periodontology
- American Academy of Oral and Maxillofacial Pathology
- American Academy of Pediatric Dentistry
- American Association of Endodontics
- American Dental Association
- American Dental Education Association
- Canadian Academy of Oral and Maxillofacial Radiology
- The European Academy of DentoMaxilloFacial Radiology

Click here to visit the Image Gently website (<http://www.imagegently.org>) today and pledge to do your part to “child-size” the radiation dose used in children’s imaging. Your active participation is appreciated.

Important Dates to Remember

*Dalhousie Table Clinic
January 30, 2015*

*National Dental Hygienist Week
April 5-11, 2015*

*Gift From the Heart Day
February 7, 2015*

*CDHNS Council Meeting
May 22, 23, 24, 2015*

*CDHNS Council Meeting
February 6, 7, 8, 2015*

*Tentative CDHNS AGM
May 23, 2015*

*CDHNS Council Nominations Forms Due
February 28, 2015*

College of Dental Hygienists of Nova Scotia
11-2625 Joseph Howe Drive
Halifax NS B3L 4G4

www.cdhns.ca



*Happy Holidays
from the CDHNS!*

