

# MANITOBA DENTAL ASSISTANTS ASSOCIATION NEWSLETTER

Winter 2022



## *Have you Heard?*

The NOC has reclassified Dental Assistants...

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A Message  
from the  
**CDA**  
President

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**CDA**  
Position  
Statements  
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## **RDA of the Month Winners**

**October 2021**

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**November 2021**

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**December 2021**

*The Winner  
\$100 Gift Card  
Courtesy  
of Maxident !!!*



## **President's Message**

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**MDAA  
AGM/CE  
April 30, 2022  
*Save the Date!***

## ***The Manitoba Dental Association***

*Scope of Practice  
You **NEED** to Know*



*Introducing  
Events Discount Program*

**SAVE the Date**  
April 22 & 23, 2022

MDA Convention & Trade Show  
*Join us @ the MDAA Booth!*



# TABLE OF CONTENTS

<b>MDAA Presidents Message.....</b>	<b>3</b>
<b>RDA of the Month.....</b>	
<b>Courtney Marks (October 2021) .....</b>	<b>4</b>
<b>Beverly Porcalla (November 2021).....</b>	<b>5</b>
<b>Michelle Hannesson (December 2021).....</b>	<b>6</b>
<b>Grand Prize Winner of the Maxident Sponsored \$100.....</b>	<b>7</b>
<b>CDAА President’s Message (December 2021) .....</b>	<b>8,9</b>
<b>CDAА Announcement on Reclassification in NOC.....</b>	<b>10,11</b>
<b>CDAА Position Statements &amp; Resources.....</b>	
<b>Mitigating the Spread of Covid-19.....</b>	<b>12, 13</b>
<b>Self-Regulation of Dental Assistants Across Canada.....</b>	<b>14,15,16</b>
<b>Infographic - Resilience.....</b>	<b>17</b>
<b>MDA e alert - December 2, 2021.....</b>	<b>18</b>
<b>MDA e alert - January 4, 2022.....</b>	<b>19</b>
<b>From the Office of the Registrar (Update on CE requirement).....</b>	<b>20</b>
<b>MDA Scope of Practice .....</b>	<b>21,22,23</b>
<b>Save the Date - MDAA CE and AGM - April 30, 2022.....</b>	<b>24</b>
<b>Canadalife Center (code and discounts for MDAA Members.....</b>	<b>25</b>
<b>Funny Business (jokes &amp; memes).....</b>	<b>26</b>



Manitoba Dental Assistants Association  
142 – 99 Scurfield Boulevard  
Winnipeg, MB R3Y 1Y1  
Phone 204 586-7383  
Fax: 204 489-8033  
Email: [mdaa@mdaa.ca](mailto:mdaa@mdaa.ca)  
Website: [www.mdaa.ca](http://www.mdaa.ca)

## Winter Newsletter 2022

January 2022

### Manitoba Dental Assistants Association Newsletter

Well, here we are in the cold of winter with this nasty Omicron COVID variant biting on our tails; annoyingly a little closer than we would like. Basically, for most of us life is frustrating, and we are all tired. Then there is work; with all that we are dealing within our job environments. There are the patients to manage, staff and the anxiety of working with COVID in our lives. With so many people around us dealing with COVID contacts or having COVID, there are more and more people needing to self-isolate or quarantine. This makes our lives, jobs and family situations so challenging right now. All we can do is keep strong, focused and educated. We want to remind you there are ongoing updates from both the MDA, CDAA and the CDA; these can keep you updated with the most recent and pertinent information. Keep checking the emails and websites for information that can provide ongoing guidance.

So as some of you may be aware recently there was some discussions with predominantly RDA members regarding a reference on social media relating to wages and job-related concerns. There were many participants with comments from RDA's and a few other members of the dental community. For the most part the conversation was of concern for the lack of generalized consistency of wages and additional job enhancements within the dental community for registered dental assistants. A few members reached out to our association with their comments and concerns and offerings for future assistance and support. We want to remind assistants that we need to band together and support each other. We all work in different types of offices and have many different environments. If we want to see change or consistency we need to work together and talk together and support each other. To make change we need everyone to matter, it helps to empower with engagement. The MDAA members should engage in the surveys and attend the AGM and read the materials that are sent out. I know it is easy to lose that focus with life being busy and families being of most importance, but this is your profession, and it matters to be involved. The board currently consists of approximately .0006 % of the total MDAA membership. It is difficult to make a difference with these small amounts of people choosing to be involved. It is important to know about your profession, what is expected and allowed. We found that many people were not aware of the many things that have been happening within the MDAA membership. We are intending to promote some of the many items that are accessible through our membership; the website is a great resource and is always being updated by Heather Kinsman our office CEO. She has painstakingly taken on the task of managing the website rather than paying for ongoing IT expenses. She takes pride in making the information accessible and attractive within the website, she is an asset to our organization.

I will wrap this up and let you graze through the next few pages to see what is new and happening in the last and next few months.

Thank you, respectfully submitted

Trina Bourgeois President of Manitoba Dental Assistants Association



# Courtney Marks

**Introducing the MDAA's RDA of the month for October 2021.**

**Courtney graduated from Red River in 2018. Her practicum was completed at All Smiles, and she has been with them ever since!**

**According to her co-workers she was quick to fit in the team with her positive attitude and team player work ethic. She is so cheerful, has a positive attitude and a way of making patients feel comfortable and at ease.**

**Outside the office Courtney loves to spend time with her family, especially her two young nephews! Described as a "foodie" she loves to go to the latest restaurants, as well as cooking new recipes at home. Her other passion is shopping!**

# RDA of the Month - November 2021



**Beverly  
Porcalla**

**Winner of the \$100 Amazon Gift  
Card Courtesy of Maixident!**

**We are proud to introduce Beverly Porcalla as our RDA of recognition for the month of November!**

**A graduate of CDI college in 2012. Beverly's compassion and overwhelming desire to work with the marginalized, underserved community led her to choose employment in an inner city organization.**

**Since her graduation in 2012 Beverly has been with the Siloam Mission working in the Saul Sair Health Center as a full time Dental Assistant and Administrative Assistant. The clinic serves to provide dental and health care to homeless woman and men that count on Siloam Mission for food, clothing and shelter.**

**Located within Siloam Mission the Saul Sair Health Center provides dental and health care provided solely by volunteer professionals.**

**Beverly has proven to be the most dedicated , reliable and knowledgeable employee "anybody would be proud to have in their employ" and thus was promoted to Clinic Supervisor to oversee not only the day to day operations of the dental clinic but of the entire clinic with its eight different health care disciplines.**

**In the words of Beverly's employer " I could not think of anybody more deserving than Beverly to be recognized as an outstanding member of her profession". We at the MDAA echo those sentiments and are extremely proud of Beverly's accomplishments and the way she gives back to the community through her profession and expertise.**





# Michelle Hannesson

As we finish out this year of showcasing such a talented group of RDAs, we feature what just might be a familiar face to many. We are proud to feature Michelle Hannesson as our last RDA of the Month for the year 2021.

Not only is Michelle currently the Academic Coordinator for the Dental Assisting Department at Red River Poly Tec but she is also a distinguished RRC alumni!

Following her completion of the Dental Assisting course at Red River Michelle's career path lead her to work primarily in Pedo and Ortho, were she worked for many years.

Michelle's passion for the dental assisting field and education led her to pursue and graduate with honors with her certificate in adult education. Starting out at RRC in the dental assisting program working with the international students Michelle became a full time instructor, where she has been the Academic Coordinator for the last three years.

Finding personal and professional fulfillment in her current position Michelle says that "working at RRC is a professional goal and dream come true, Working alongside such a dedicated team makes the work that much more enjoyable"

In her spare time, she loves to spend time with her husband and two daughters.



Congratulations!!

**BEVERLY PORCALLA**

\$100 Gift Card Courtesy of Maxident

maxident  
PRACTICE MANAGEMENT SOFTWARE

Four Prizes of \$100 Gift Certificates Donated by Alex Zlatin from Maxident  
Towards the RDA of the Month!!!



# CDAA President's Message



## Message from your Canadian Dental Assistants' Association President December 2021

Season Greetings to my fellow dental assistants across Canada!

The past 2 years have been atypical as we all have had to find ways to cope with Covid-19 both in our dental practices and in our personal lives. As we enter from pandemic life into endemic life with Covid-19 I hope that you will find more opportunities to reconnect with family and friends. The holiday season brings more joy and hope into our day to day activities as we return to personal interactions with those who are important to us. These periods of respite from the everyday are times of rejuvenation and bring improved mood and a brighter perspective to most of us.

On behalf of the Board of Directors, I want to thank you for continuing to support the critical work of the CDAA through your membership dues. We cannot work to advance our profession, to conduct dental assistant relevant research, to advocate for our profession and to bring the voice and perspective of the dental assistant to national initiatives without you!

Your CDAA Board of Directors and CDAA Committees have been actively pursuing initiatives, and continuing to work on behalf of our profession. On November 6, 2021 our Board met in person in Ottawa to review the Consultation Report arising from CDAA's discussions with provincial representatives between January and April 2021. The report informed the resolutions that will be brought forward at the CDAA AGM in June 2022.

### **National Occupation Classification 2021 - The Big News!**

The CDAA is very pleased to report that – after many years of working on this initiative - the profession of dental assisting is now classified as a "skilled" profession under TEER 3 of the NOC 2021 and is no longer classified as an "unskilled" occupation in Canada. If you would like to review the NOC 2021, you can access the full database at: [NOC 2021 - Canada.ca \(esdc.gc.ca\)](https://esdc.gc.ca/noc2021)

There has been a flurry of work this past year by our Board and Committees that has resulted in a large number of consultation responses to Public Health Agency of Canada and Health Canada. As well, the CDAA has now posted new and updated Position Statements on our website, including Position Statements on: **Mitigating the Spread of Covid-19; Self-Regulation of Dental Assistants Across Canada; Oral Health Care Standards For Long-Term Care Facilities; and an updated version of Dental Assisting Across Canada.** We hope that you will visit [www.cdca.ca](http://www.cdca.ca) and check these out!

### **Looking Ahead to 2022....**

The CDAA has been working with our counterparts at the Canadian Dental Association and Canadian Dental Hygiene Association on important initiatives that will take off in the New Year. These include: partnering with the CDHA to update and standardize the oral health component of newborn information packages, currently distributed to new families across Canada; and, partnering with the CDA to develop an action plan to address the findings of the Factors, Realities, and Experiences of Employment as a Dental Assistant in Canada (FREEDAC) report. Also on our list of projects for 2022 will be to conduct a national wage and compensation survey to provide data that will assist provincial Organizational Member associations to address these issues with employers in their region.



# CDAA President's Message

## December 2021

There are going to be many opportunities for the CDAA to bring the voice and perspective of the Canadian dental assistant to the table on oral and general health initiatives through the many national relationships we have formed over the past years. To ensure that we strengthen our impact on the national scene we need the full support of the profession across our country. As we enter 2022, our request is that you, the individual dental assistant, will be our "champion" through your ongoing membership and by speaking out within your own regional dental assistant associations about the importance of individual dental assistants engaging in the business of our profession at the local, provincial and national levels. Together...we are stronger and can do great things for dental assistants in Canada!

From our professional family here at CDAA to you and your colleagues across Canada, we wish you all the best in 2022! Until next time,

Dianne Hennig OStJ RDA MFR  
CDAA President



1-800-345-5137

[skavanagh@cdaa.ca](mailto:skavanagh@cdaa.ca)

[www.cdaa.ca](http://www.cdaa.ca)

<https://www.facebook.com/cdaa>

twitter @CDAA\_ACAD\_





## National Occupational Classification (NOC) How does the change to the NOC impact dental assistants?

In September 2021, the CDAA was very pleased to report that the profession of dental assisting is now classified as a “skilled” profession under TEER 3 of the NOC 2021 and is no longer classified as an “unskilled” occupation in Canada. Recognizing the profession of dental assisting correctly will support the future work of dental assistants and of the CDAA as it continues to advance the profession.

### Overview

The Government of Canada’s National Occupational Classification (NOC) provides a standardized language to describe the occupations of Canadians. It is a framework utilized by researchers, immigrants, economists and statisticians to obtain statistics, analyze labour market trends, and extract career planning information on the work performed by Canadians. On September 21, 2021, the Government of Canada released the amended NOC 2021, noting that it is the result of a major revision cycle that involved in-depth research, analysis, and assessment of the input received through consultations, occupational research, and input received from the public and stakeholders. The first major change to NOC 2021 is the replacement of skill levels with the Training, Education, Experience and Responsibilities (TEER) categories. This new terminology is more precise, as the NOC 2021 assesses not the level of skills but the level of training, of formal education, of experience required to gain entry into each occupation, and the responsibilities associated to it. The second major change revolves around the number of TEER categories. In the new NOC structure, there are six TEER categories. This change ensures clearer distinctions between the employment requirements associated with each TEER category, leading to a more consistent and homogeneous classification.

### How does the change to the NOC impact dental assistants?

Recognition of the skills, training, education, experience and responsibilities of the profession is significant as it acknowledges the legitimacy and nature of the work performed by qualified, licensed dental assistants. While individual dental assistants may not immediately be impacted by this change, the CDAA will use the NOC amendments to bolster our push for regulation in all provincial and territorial jurisdictions. In addition, we will use this to strengthen our argument for a standardized scope of practice across the country and to advocate for formal, recognized training of individuals in order to become dental assistants. A skilled profession, recognized for its level of training through post-secondary formal educational requirements and the requirement for a licensed exam in order to obtain licensure should not be diminished through



on the job training. Recognizing the profession of dental assisting correctly will support the future work of dental assistants and of the CDAA as it continues to advance the profession.

If you would like to review the NOC 2021, you can access the full database at:  
[NOC 2021 - Canada.ca \(esdc.gc.ca\)](https://nec.gc.ca/noc/2021)

### Next Steps

The CDAA will now focus its attention on ensuring that the description of the profession of dental assisting is accurate in the NOC 2021. In addition, the CDAA will advocate to other Government Departments to ensure professions in TEER 3 are included in their policies.

For more information, please contact:

Stephanie Mullen-Kavanagh  
Executive Director  
Canadian Dental Assistants' Association  
Suite 200, 440 Laurier Avenue West,  
Ottawa, Ontario K1R 7X6  
[skavanagh@cdaa.ca](mailto:skavanagh@cdaa.ca)





CANADIAN DENTAL  
ASSISTANTS ASSOCIATION  
ASSOCIATION CANADIENNE  
DES ASSISTANTS DENTAIRES

**CDAA Position Statement  
on**

**Mitigating the Spread of Covid-19  
Considerations for Oral Healthcare Providers**

***The Canadian Dental Assistants Association (CDAA), representing dental assistants across Canada, is joining our health care colleagues in encouraging all health care professionals, including oral health practitioners to be vaccinated against Covid-19. In addition, the CDAA calls on provincial and territorial governments to mandate the wearing of PPE that has been tested and shown to provide the highest level of protection to the wearer from Covid-19 in order to protect the health of those who work in the oral healthcare clinical environment.***

***Along with getting vaccinated, the CDAA encourages oral healthcare providers to follow all local and provincial public health protocols during the pandemic.***

**Background**

Dental assistants have a fundamental duty of care towards their patients and the public, while providing optimum oral healthcare to their patients. That care includes ensuring the health and safety of our patients while they are in our dental environment.

Vaccinations have proven to reduce the severity of disease in vaccinated individuals and have proven to reduce the viral load in those individuals should they contract the disease. Reduced severity of disease means fewer burdens on our healthcare system in caring for those who become infected with Covid-19. Reduced viral load means the vaccinated individual is less likely to spread the disease to others.

Limiting the transmission of Covid-19 in the oral healthcare setting requires rigorous infection prevention and control measures, of which PPE is a fundamental element. High quality and appropriately applied PPE is essential to limit the acquisition and transmission of the virus to protect both oral health professionals, the patients they care for, and the wider community.



### Benefits

As the highly contagious Covid-19 variants continue to surge across Canada, vaccination of oral health care practitioners and the required use of high quality and appropriate PPE are additional measures that will help to decrease infection rates, increase protection of our oral health workforce and significantly reduce the burden on the capacity of the overall Canadian health care system.

The use of high-level PPE will not only limit disease spread but ensures that there will be adequate numbers of clinical dental staff to meet the oral healthcare needs of the public during this global pandemic.

### Conclusion

The support of dental employers through ensuring that their clinical dental staff is provided with the appropriate and high quality PPE is essential to mitigating the transmission of Covid-19.

The support of governments in mandating that appropriate PPE be provided to all healthcare providers, including oral healthcare clinical staff, will ensure that dental employers are providing a safer working environment and safer treatment setting for patients, especially vulnerable populations.

Encouraging oral healthcare providers to take advantage of all vaccinations available to protect their personal health, respects individual agency and increases the overall health of the dental workforce. Encouraging oral healthcare providers to follow their regional public health protocols increases the safety of those individuals and their patients.

Ensuring the safety of our patients to the best of our ability has, and always will be, a top priority of the Canadian Dental Assistants Association. Dental assistants have proven this throughout the pandemic as they have bravely adapted to additional protocols and procedures to continue to deliver essential and safe oral healthcare to their patients.

**Statement approved by the CDAA Board of Directors on: October 21, 2021**



CANADIAN DENTAL  
ASSISTANTS ASSOCIATION  
ASSOCIATION CANADIENNE  
DES ASSISTANT.E.S DENTAIRES

## CDA Position Statement

on

### SELF-REGULATION OF DENTAL ASSISTANTS ACROSS CANADA

**The position of the Canadian Dental Assistants Association (CDA) is that the practice of dental assisting be self-regulated throughout all provinces and territories in Canada for protection of the public, accountability of the profession, standardized education, professional recognition, and transparency.**

#### Background

The Canadian oral healthcare team is composed of 6 professions:

- Dentists,
- Dental assistants (DAs),
- Dental hygienists,
- Dental technicians,
- Dental therapists, and
- Denturists.

All of these workers are regulated in all provinces and territories throughout Canada with the exception of DAs, who are not regulated in Ontario, Quebec and the Territories. *(Note: Dental Technicians are not regulated in the province of Manitoba only)*

The majority of health care workers across Canada are subject to some form of regulation (Adams, 2010) and according to the World Health Organization (WHO), most health care providers in Canada are organized as self-governing professions under provincial and territorial law (1). The practice of dental assisting is regulated in only eight of the ten provinces but not in the territories nor in Canada's two most populated provinces: Ontario and Quebec. DAs are self-regulating only in Alberta and Saskatchewan. Elsewhere, DAs are regulated by dental Boards (Newfoundland and Labrador, Nova Scotia), dentists' Colleges (British Columbia, Manitoba), dental Councils (Prince Edward Island) and dentists' societies (New Brunswick).

There is little doubt DAs comprise the largest oral health workforce in Canada, estimated to be over 60,000 licensed practitioners. Interestingly, Alberta and Saskatchewan, the only provinces where DAs are self-regulating, have the highest ratios of DAs to dentists. These provinces also have the highest scope of practice and DAs do more direct patient treatment.

The scope of practice and training for DAs varies considerably across Canada. In Alberta and Saskatchewan, which have the highest scopes of practice, the profession of dental assisting is self-regulated, assuring the accountability of the profession to the public and great oversight of the profession. In the two largest provinces of Ontario and Quebec there is no regulation of DAs. In Quebec, DAs do not perform direct patient care but are responsible for Infection Prevention and Control which directly impacts patient safety. Despite the standards established by the National Dental Assistants Examining Board, not all provinces and territories have recognized the need for regulation of the profession and are arguably putting the public at risk by neglecting this method of accountability and oversight.



DAs in unregulated provinces and territories are at the mercy of their employers. Dentists can and do hire workers without any formal training and have them perform dental assisting tasks such as instrument sterilization and treatment room disinfection. Deferring the responsibility of monitoring and oversight of DAs to the supervising dentist is not always in the best interest of the public. By allowing "on the job" training by individual dentists who are not utilizing accredited programs for distance learning, our governments are placing the public at risk. Having dentists in charge of the training and practice of DAs runs the risk of them confusing their own financial self-interests with provincial policy goals and public protection/interest. This can also apply to professional protection from competition when dentists seek to prevent non-dentists from providing services which can be provided by other regulated oral healthcare professionals and which could result in lower costs and improved access to those services by the public. There are now non-regulated non-professional individuals providing tooth-whitening, custom mouth guards, "fashion braces" and similar dental related services even in provinces where regulation exists which may be harmful to the public at large. It is an inherent conflict of interest for DAs to be regulated by their employer and this model does not ensure public protection (2).

"Professionals cannot be trusted to put the public interest above their own; as a result, there needs to be more government oversight to restrict professionals' excesses" (Adams, 2016)(3).

Given that DAs in most regions across the country are performing direct hands-on patient care and tasks critical to patient health and safety, prudence suggests policymakers would want regulation to maintain a record of DAs who provide such services and to ensure the standard of care is being met. Regulation, formal education and a license, registration, or practice permit need to be a requirement for all oral healthcare clinical workers as a means of ensuring safe standards are being met.

### Benefits of Self-Regulation

Self-regulation allows for public accountability, public participation in professional regulation, general reduction of health costs, distinguishes qualified and competent professionals by restricting the practice of services to select individuals, enables evaluation of the degree of risk to the health and safety of the public from "incompetent, unethical or impaired practice of the profession", facilitates determination of an appropriate scope of practice of a profession, and ensures educational requirements for a profession. Regulated professionals will need to undertake continuing training and development to ensure they remain qualified and competent, further enhancing public protection (4).

Self-regulation ensures the accountability that maintains and enhances the public's confidence in a profession and in setting and upholding professional standards. It evidences the confidence of regulated professionals in the standard of services they provide. The public is assured that self-regulated professionals are so confident in their conduct and that their services will be delivered to an acceptable standard that they offer themselves up for judgment should that not be the case (5).

In Canada, regulation of professions and licensed occupations falls under provincial jurisdiction. In provinces without regulation of DAs there is no oversight to ensure that nobody's health is put at risk by unskilled and untrained practitioners. In addition, the way in which dental assisting is regulated, or not, also affects labour mobility. According to the tenets outlined in the Agreement on Internal Trade (AIT) co-signed by all Canadian provincial governments, chapter seven "Labour Mobility" provides guidelines regarding the establishment of occupational standards within a province. Specifically, the purpose of chapter seven of the Agreement is to eliminate or reduce measures adopted or maintained by each co-signing province/territory that restrict or



impair labour mobility in Canada and, in particular, to enable any worker certified for an occupation by a regulatory authority of one province/territory to be recognized as qualified for that occupation by all other provinces/territories (6). The CDAA believes the existing regulatory landscape of dental assisting in Canada, does not uphold the requirements outlined in this Agreement. Further, the regulation of dental assisting is in stark contrast to the regulation of dentists and hygienists who enjoy similar regulatory structures that are nearly identical from province to province, with practitioners required to graduate from an accredited program and pass a national exam. This consistency ensures mobility between regions of Canada and ensures public protection is guaranteed regardless of where an individual accesses oral healthcare from these practitioners (7).

It is the position of the CDAA that in order to protect the public, it is imperative that the regulation of dental assisting be brought into alignment with our oral health colleagues.

## Conclusion

Greater awareness in recognizing the critical role of a dental assistant as a defender of public health is a fundamental step in helping governments understand that the self-regulation, education, licensing, and/or credentialing of dental assistants is necessary. Dental-assisting education and certification are not just recognition of knowledge-based competence; professional credentials also provide the public with a sense of safety and well-being. When the most important job a dental assistant performs on a day-to-day basis is infection control to keep the public safe from unnecessary transmission and harm, isn't it time for dental assistant education and self-regulation to become a priority for provincial governments (2)?

It is unacceptable that educated professionals cannot find decent work because employers may choose to hire cheap labour "off the street" and then ostentatiously provide "on the job training". It is unacceptable for educated professionals to become de-professionalized and unable to legally practice the skills for which they have been certified, simply because they move to a more populated and competitive province.

Dental assistants are vital members of the oral health care team and, as such, should have some form of recognition of their qualifications and competence via registration and/or certification, as well as self-regulation and oversight (2).

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3 <https://journals.oslomet.no/index.php/pp/article/download/1587/1586?inline=1>

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**Link to CDAA Position Paper on Self-Regulation for Dental Assistants:** N/A at this time

**Statement approved by the CDAA Board of Directors on:** November 29, 2021

**Statement reviewed, revised and approved by the CDAA Board of Directors on:** N/A at this time



# CDAA



## RESILIENCE – WHAT IS IT? AND HOW TO BUILD IT FOR A HEALTHIER YOU

The Covid-19 pandemic has been difficult, particularly on dental assistants who bravely face the risk to their health and their families' health while providing an essential service to Canadians. Studies are emerging that show the pandemic has disproportionately affected women in an extraordinarily significant way, negatively impacting their experiences at home, their health, their work, and their economic well-being.

**Resilience** is the ability to recover from setbacks, adapt well to change, and keep going in the face of adversity. Are **YOU** resilient?

### How to become more resilient and healthier

#### BELONGING

Resilient individuals believe what they do has an impact and that they contribute to something bigger. To create a sense of belonging connect with at least one other person who helps you feel acknowledged, seen and loved. Seek out people who share the same values and interests as you.

#### PERSPECTIVE

Resilient individuals align their outlook (mind) with their emotions (heart) when facing challenges. To gain a balanced view of a situation, listen to your head and your "gut". Strive to close the gap between the two and align your intellect with your emotions.

#### ACCEPTANCE

Resilient individuals view a challenge or hardship as an opportunity for future growth. Instead of asking "why" something happened, instead ask yourself: *How* it occurred? Followed by *what* can I do differently to solve it?

#### HOPE

Resilient individuals experience hope as an elevating feeling that acknowledges there will be pitfalls and obstacles along their path to a better future. Strive to confront your circumstances, courageously believing in your capabilities and lean toward a positive outcome.

#### HUMOUR

Resilient individuals have the strength to see the humor in their circumstances. Strive to not take yourself so seriously. Laugh – it releases natural endorphins and instantly makes you feel better. Take a deep breath.

For more resources on building resiliency for yourself, family members, children, and in the workplace during uncertain times please visit: <https://robynehd.ca/open-resources/>

**CDAA: Advocating for you!**



# e-Alert



Manitoba  
Dental  
Association

Important

## E-Alert January 4th 2022

Dear Member Dentist and Dental Assistant,

With the increase in community spread as a result of the omicron variant, we want to keep members updated on the most current guidance from Shared Health related to the management of staff during this time.

There are 3 specific documents we want to bring your attention to. Please take the time to read and share with your colleagues in the dental office.

### **1- Manitoba Public Health has updated COVID-19 Isolation**

**Requirements** ( <https://sharedhealthmb.ca/files/covid-19-isolation-period-changes.pdf> )

- **Fully vaccinated individuals** who have tested positive for COVID-19, are now required to self-isolate for a full **five (5) days** following symptom onset OR following their positive test result (if asymptomatic).
- **On day six (6)**, following symptom onset OR following positive test result (for asymptomatic), the self-isolation requirement will end. This is a change from the previous 10-day isolation requirement, and aligns with recent guidance from public health bodies and changes implemented in other jurisdictions.
- **Please note the following important changes are retroactive for health-care workers who developed symptoms or tested positive for COVID-19 on or after December 21, 2021.**

### **2- Self-isolation requirements and return to work for health-care workers who have tested positive for COVID-19 FAQ** <https://sharedhealthmb.ca/files/covid-19-self-isolation-and-return-to-work-faq.pdf>

- **The questions and answers provides guidance to employers to deal with this.**

### **3- Shared Health has recently update their screening tool for healthcare workers:** <https://sharedhealthmb.ca/files/covid-19-staff-screening-tool.pdf>

- **Staff are required to self-screen for COVID-19 symptoms and exposure prior to reporting for work.**

We are again reminding members about the need for social distancing in all common areas in dental offices.

Furthermore, the **MDA Pathways Document** still remains in effect for all private dental offices in Manitoba: <https://files.constantcontact.com/eea33206301/d1924994-a332-484c-aa81-f3b4b2bf51f1.pdf?rdr=true>

Thank you for your continued efforts in keeping all staff and patients safe.

If you have any questions, I can be reached at my confidential email: [president@manitobadentist.ca](mailto:president@manitobadentist.ca)

Dr. Christopher J. Cottick  
President and Board Chair

# e-Alert



Manitoba  
Dental  
Association

New

**December 2, 2021**

## E- Alert December 2, 2021

Section XIV 2. of the *Bylaw for Registration and Certification of Dental Assistants* confers upon the MDA Board the ability to enumerate additional activities that a Registered Dental Assistant may perform on an approved roster.

The MDA Board has accepted a recommendation by the Scope of Practice Committee that Registered Dental Assistants, listed on the Preventative Scaling Roster, be allowed to increase the sub-gingival scaling depth, for the removal of calculus, from 2mm to a maximum depth of 3mm. This change is effective immediately and pertains only to those listed on the Preventative Scaling Roster. This change will be reflected in an amendment to Schedule E of the Bylaw - *Additional Authorized Activities for a Registered Dental Assistant on the Preventative Scaling Roster*.

It is important to remember that an RDA performing an activity authorized on the preventative scaling roster, must limit his or her dental assisting activities to situations under the effective supervision, control, and delegation of a licensed MDA dentist.

Please feel free to reach out to myself or Dr. Chris Cottick, MDA President, for any questions on the matter.

Respectfully,

Dr. Arun Misra LLB, DMD  
MDA Registrar



# e-Alert



**Manitoba  
Dental  
Association**

**November 8, 2021**

*In case you  
missed it*

**Manitoba  
Dental  
Association**



✓ 202 – 1735 Corydon Avenue, Winnipeg, MB R3N 0K4

☎ 204.988.5300

☎ 204.988.5310

🌐 [ManitobaDentist.ca](http://ManitobaDentist.ca)

@ [office@ManitobaDentist.ca](mailto:office@ManitobaDentist.ca)

**From the Office of the Registrar**

**November 8th, 2021**

MDA Members and Registrants,

During the height of the pandemic an extension to postpone all CE requirements for 6 months was granted to only those members who had a continuing education anniversary date of March 1, 2021. While the pandemic is ongoing, there should be sufficient course availability to enable all members and registrants to meet their CE requirements at the applicable deadlines.

The MDA also provided an extension of the resuscitation program requirements for licensure renewal and temporarily allowed online courses to be taken. Dentists and Registered Dental Assistants should review the expiry date of their current resuscitation program(s) and ensure arrangements are made for in-person training as needed. All online resuscitation courses will no longer be considered valid for licensure requirements in 2022 and beyond. CE Anniversary and CPR expiry dates can be reviewed on our new website at [www.manitobadentist.ca](http://www.manitobadentist.ca) by navigating to your CE Portfolio Summary after logging in.

Dr. Arun Misra, Registrar  
Manitoba Dental Association





## Scope of Practise (Revised February 2010)

**You NEED to Know!**

- A. Introduction
- B. Practicums and Modules
- C. Current Scope of Practise Which May be Delegated

**A must read!**

### A. INTRODUCTION

This document is to provide the licensed dentists of Manitoba with approve delegated procedures for registered dental assistants and dental therapists in a private office setting as recognized by the Manitoba Dental Association. An attachment to this document is provided as it relates of the scope of practice of registered dental hygienists of Manitoba.

Having completed a CDA accredited educational program or a program recognized by the Manitoba Dental Association, the individuals identified may perform, under the effective supervision of a dentist licensed by the Manitoba Dental Association (MDA), those procedures for which a dentist can delegate as outlined in this document. Therefore, a dentist must be physically present in the dental office and available while patient services are being provided by any of these designated oral health team members.

Prior to delegating procedures, it is the responsibility of the employing dentist to ensure that an individual is qualified to perform said procedures and, where applicable, has been registered and/or certified by the Association.

Individual dentists do not have the authority to delegate intra oral services that are beyond the limits of the scope of practise as outlined in this document. Doing so would constitute a breach of the Bylaws of the Manitoba Dental Association.

### B. PRACTICUMS AND MODULES

#### 1. STUDENT PRACTICUMS

Student practicum's as it relates to the Core Programs and Specialty Modules.

In order to perform intra-oral procedures in a private dental practise as part of an educational practicum arranged by the educational institution, a student must;

1. be enrolled in an accredited Level II Dental Assisting program recognized by the Manitoba Dental Association
2. have successfully completed the theoretical and pre-clinical components and demonstrated

competency in those specific intra-oral procedures that they will be expected to perform

3. work under the direct supervision of a licensed dentist or registered dental assistant

#### 2. SPECIALTY MODULES

These Modules are offered to qualified individuals who have received standing in one of the Core Programs. Characteristically, the Modules are of short duration and require self-study in advance of a formal laboratory/clinical session.

##### Orthodontics for dental assistants and dental therapists

Didactic and practical, designed to prepare Level II dental assistants and dental therapists for work in a orthodontic-oriented office. Upon completion, the individual is able to:

- Place and remove orthodontic separators;
- Fit orthodontic bands prior to cementation;
- Cement orthodontic bands;
- Tie in prepared orthodontic archwires;
- Remove orthodontic archwires;
- Remove excess cement following cementation of orthodontic bands with an orthodontic scaler
- Place direct bonded orthodontic attachments;
- Take orthodontic impressions;
- Take panoramic and cephalometric radiographs; and
- Trace cephalometric radiographs.

##### Expanded Intra-Oral Skills Module

At the completion of this module, the individual is able to:

- Apply topical anaesthetics
- Place treatment liners, bases, and adhesives
- Place and remove matrices and wedges
- Apply topical desensitizing agents
- Remove sutures
- Use an explorer during sealant, coronal polishing procedures and placement of matrices



### Preventive Dentistry Scaling Module

At the completion of this module, the individual is able to:

- Use neutral positioning for the removal of supragingival calculus and stains in all areas of the mouth
- Use appropriate grasp for all instrumentation
- Use appropriate mirror and finger rests for all areas of the mouth
- Use indirect vision with a mouth mirror
- Adapt, angulate and activate instruments appropriately utilizing correct strokes to enable successful deposit removal to 2mm subgingival
- Use the explorer, periodontal probe, air, light and transillumination to locate and detect calculus deposits to 2mm subgingival
- Use anterior and posterior sickle scalers and universal curettes to remove coronal calculus, stains and plaque to 2mm subgingival
- Sharpen scalers and universal curettes accurately
- Identify and solve instrumentation problems

#### 4. RE-ENTERING THE WORKFORCE

Dental Assistants and Dental Therapists who have not been employed in private practice or clinical teaching for a period of 3 years or more cannot re-enter the workforce without prior approval of the MDA Registrar.

#### C. CURRENT SCOPE OF PRACTISE

All MDA recognized programs currently require students to obtain certificates in CPR and first aid procedures prior to graduation. Upon graduation, it is the individual's responsibility to maintain certificates as outlined by the appropriate authority (ie. Manitoba Heart and Stroke Foundation, St. John Ambulance, or Red Cross).

A Level II dental assistant and/or dental therapist who has completed a specialty module recognized by the Manitoba Dental Association is eligible to perform the duties covered in the module, in addition to those listed on the chart.

#### OFFICE TRAINED AUXILIARIES

Office trained auxiliaries have no formal educational training but are trained in-office by the dentist to perform extra-oral procedures only. Office trained auxiliaries are required to have training in infection control procedures. **Excluded** from the list of extra-oral procedures are:

1. Counsel, instruct and demonstrate for the maintenance or improvement of oral health
2. Dental hygiene care - Plan in consultation with dentist
3. Diet and nutritional counselling as it relates to oral health
4. Radiographs—identify information significant to dental hygiene care
5. Vital signs - take and record

#### PUBLIC HEALTH (Educational)

Dental Assistants and Dental Therapists may work in a public health setting without effective supervision. They are however limited to the following:

1. Develop and deliver community dental health education programs
2. Counsel, instruct and demonstrate for the maintenance or improvement of oral health
3. Screening: use mirror, tongue depressor & light to record and chart observations. The level of screening will be limited to their education qualifications.





## **PROCEDURE**

**Office**  
**Trained**   **RDA**   **THR**

### ***EXTRA-ORAL***

Whitening trays - Fabricate			
Chairside assisting			
Counsel, instruct and demonstrate for the maintenance or improvement of oral health			
Custom trays - Fabricate			
Dental equipment - Maintain and care for			
Dental hygiene care - Plan in consultation with a dentist			
Dental materials - Prepare and manipulate			
Dentures - Minor repairs *			
Diet and nutritional counselling as it relates to oral health			
Health histories -record			
Mouthguards - Fabricate	NEW	NEW	
Occlusal rims - Fabricate *	NEW	NEW	
Office management functions			
Radiographs - Identify information significant to dental hygiene care			
Radiographs - Process and mount			
Recall consultations - with the dentist		NEW	
Suctioning			
Study models - Fabricate			
Tray set-ups - Prepare			
Universal precautions - Apply			
Vital signs - take and record			

\* Only DA graduands from University College of the North are taught these tasks

### ***SCREENING- PUBLIC SETTING***

Identify permanent and deciduous teeth		NEW	
Identify abnormalities in tooth development		NEW	
Identify soft and hard deposits ie. Plaque, stain, calculus etc		NEW	
Identify healthy and unhealthy tissues ie. Gingivitis, recession, various oral lesions etc.		NEW	
Assess areas of plaque (plaque index)		NEW	



*Save the Date!*

**MDAA  
CE & AGM  
April 30, 2022**

**Featuring**

***KATHY PURVES***  
***INFECTION CONTROL***



**There will be two openings for Board of  
Director positions with the MDAA**

*If you are interested in being a Director  
please contact Heather @ the MDAA office  
(204) 586-7383 / [mdaa@mdaa.ca](mailto:mdaa@mdaa.ca)*



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*HA HA HA*

