

# MDA Bulletin



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Your  
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Manitoba Dental Association 

# MDA Bulletin



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## President's Message

**DR. MARC MOLLOT, D.M.D.**  
PRESIDENT, MDA

Hoping that everyone had the opportunity to enjoy a bit of the warm weather and relaxation this summer. For many of us, our 'new normal' does mark a change in how we spent our summer, maybe allowing us to focus on our more local environments and outdoor activities with close family and friends.

Despite the COVID-19 response, the many activities of the MDA are in full function. Our committees are very active and our staff continue to go the extra mile to help us regulate dentistry and dental assisting in Manitoba in the public interest. The MDA office is open; however, most activities and committee work are being managed by digital means and in person meetings have been limited. Physical distance protocols are being employed and masks are now mandatory for staff, visitors and volunteers coming into the MDA office.

Over the past couple of years, the MDA Board has been working hard to establish formal terms of reference for each of its many committees. We are nearing completion of this task which has also caused us to

streamline, discuss and confirm the roles, policies and procedures that act as a guide for the functioning of our organization. Although a labour-intensive undertaking, this work has enabled our board run organization to better understand the relationships, roles and responsibilities of our many stakeholders and has strengthened our overall management position. The MDA has grown over the years, and our staff will benefit from clearer guidance in managing the affairs of the association more effectively.

Below is a listing of our many committees – this listing is at the foundation of the functioning of any board run organization. Manitobans entrust the MDA Board to oversee the regulation of dentistry and dental assisting in Manitoba in the public interest. Much of the work of the association funnels through these committees – largely volunteer. Without the hard work and dedication of so many volunteers, we could not fulfill our mandate. If you are interested in being involved, please reach out to Rafi or Greg and they will forward your name to the Governance and Nominating Committee.

### Committee

#### Standing Committees

Executive Committee  
Governance and Nominating Committee  
Botulinum Toxin Committee  
Continuing Competency Committee  
Infection Prevention and Control Committee  
Member Marketing Committee  
Office Assessment Committee  
Peer Review Committee  
Pharmacological Behaviour Management Committee  
Scope of Practise and Delegation of Duties Committee  
Annual Meeting Committee  
Communications Committee  
Economics Committee  
Fluoride Strategy Working Group  
General Practice Study Club

Hospital Dental Services Committee(HDSC)  
Information Technology Committee  
Long Term Care Committee - (Dental Care for residents in)  
Mentorship Committee

Specialists Committee

Students and New Dentist Affairs Committee

Wellness Program Committee

#### Ad Hoc/Task Force/Working Group

Blue Ribbon Panel  
Business Arrangement Investigation Committee - Task Force  
Access to Dental Care in Remote & Northern Communities Task Force  
Registration and Licensing Bylaw Review Ad Hoc Committee  
Ethics Bylaw Review Ad hoc Committee

### Chair

MDA President  
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Dr. Catherine Dale  
Dr. Conny Athanasopolous  
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Dr. Lori Simoens  
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Dr. Sasha Goolcharan  
Vacant  
Dr. Craig Fedorowich,  
Dr. Huma Rohan  
Dr. Jack Lipkin

Dr. Richard Santos,  
Dr. Darci Bonar  
vacant

Dr. James Bonar  
Dr. Tom Swanlund  
Dr. Marc Mollot  
Dr. Tony Krawat  
Dr. Peter Kowal

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MDA Vice President  
MDA President

Dr. Tony Krawat

Dr. Tim Dumore  
Dr. Richard Santos

Dr. Blair Dalglish  
Drs. Jackie Samborski & Michael Porco

Dr, Keith Levin

In late January of this year Dr. Arun Misra graciously stepped into the position of Registrar following Dr. Patti Ling's retirement. His leadership has been instrumental in fulfilling a critical role in our organization and as a part of our COVID-19 response team. This fall, the entire MDA Board will act as the search committee and conduct interviews to permanently fill the position. Following the formal selection of the Registrar, a Deputy Registrar and a Mediation Liaison Officer will be selected to help round out the Registrar's team. This team will provide a critical foundation to fulfilling our mandate of regulating dentistry and dental assisting in the public interest.

Recently the Manitoba Dental Association released an update to our guidance for patient care during the COVID-19 response. Done in direct consultation with Dr. Brent Roussin, Chief Provincial Health Officer, Our Return to Practise Task Force has put in many long hours over the past months including collaborations with Manitoba Health, Shared Health, the Canadian Dental Association, among others. **Although the MDAs COVID-19 response has been challenging at times, this work has re-established a strong line of communication between the MDA and the Provincial government, confirming the importance of a strong oral health regulator and the importance of our place at the health care 'table.'**

We are in constant communication with our colleagues and other dental regulators across the country and that although it has not been easy for any of us to navigate COVID-19, we must consider ourselves fortunate to be largely able to provide much needed access to care for all Manitobans. **Our communications to the public have been clear and had good uptake. Our dental community has pulled together showing the strength of our greater team - I have never doubted we**

would. Being essential health care providers, the dental team play a critical role in delivering oral health services to Manitobans.

As this pandemic rolls on, we will have to adapt to an ever changing environment. Outbreaks will occur and COVID-19 will affect different communities in different ways. Please continue to be leaders in upholding the vigilant infection control protocols that dentists have always employed to minimize risk to the public, ourselves and our hard-working teams.

The Province of Manitoba Pandemic Response System has been introduced to share the current level of risk, provide public health guidance to Manitobans and explain the range of measures in place to reduce the spread of COVID-19 in Manitoba. The province will update the provincial response level in response to the spread of the virus and other public health indicators. This system will also allow for a more area specific approach where there are more isolated outbreaks. Please make yourselves familiar with this response system.

There is increasing information to suggest that one of the more likely risks of COVID-19 entering any workplace is through a team member exposure outside an office setting. Keeping our teams healthy requires open communication with team members about measures taken by the greater team inside and outside of an office setting. MDA/CDA have made some resources available on the MDA website to help with that communications task. 

Kindest Regards,

Marc Mollot, B.Sc, DMD  
President & Chairman of the Board  
Manitoba Dental Association



## MDAA Board of Directors Message

**TRINA BOURGEOIS RDA III**  
ACTING PRESIDENT, MDA

It is difficult to imagine it is almost the end of summer! We are almost at the point where some of us are starting to think of the boot and sweater season. The buzzing of wasps around us everywhere reminds us it is almost fall! It seems we have survived the first back to work phase of COVID-19. We have settled into our jobs a little more comfortable hopefully feeling better and more comfortable; albeit smoking hot under all those extra layers!

The next phase of dentistry will still pose challenges of some PPE shortages but hopefully it won't affect our day to day practices. I hope everyone is staying safe and smart as we are now seeing this 2nd wave that was suggested would happen. Unfortunately we knew it would have to get worse before it would get better. I think Dentistry as a whole has been excellent in facing the needs for the public and managing safety within the offices. There have been many meetings I have been a participant in regarding the guidelines and these have been many hours of decisions and directions for all of us to be smart and safe but mostly protected. I want to wish a big kudos to all involved in trying to make us all safe and responsible; Dr. Marc Mollot has shouldered a lot in his presidency similarly many, many others! I am now in the phase of thinking of masks as an accessory now, something I may match with my attire! Perhaps this is not completely funny but the reality is a little humour reminds us that we can get through all this with a reminder to look at the big

picture; we just have to live and play a little smarter for a little while, our lives will return to some kind of normal; just a new normal!

Our board has the Annual General Meeting and Continuing Education session planned for October 3/2020 via Zoom. We are all adjusting to meetings within the little box that shows our good and bad side, with various lighting issues around us. Meetings have become a "find a comfy spot" and settle in, trying not to have our families or pets jump through our screens behind us.

As I previously mentioned the board is working on some new discount deals; hopefully they will be in place for the AGM timeframe. We are always looking for ideas to make our lives a little easier; especially with the recent COVID-19 challenges it has placed in all our lives.

Hopefully we can stay strong and healthy and get through this next phase without too many challenges in our province.

As a reminder, feel free to contact the MDAA if you have any questions or concerns, we can always guide assistants in the right direction to get the information you need. 

Take care and be well and safe!

Trina Bourgeois RDA III  
Acting President of the Manitoba Dental Assistants Association



## Registrar's Message

DR. ARUN MISRA, LLB, D.M.D.  
INTERIM REGISTRAR, MDA

Certainly, this summer in Manitoba and at the MDA has not been the usual of sorts. Although regulatory work continues, the issues that dental regulatory authorities face, all across Canada, have been magnified with COVID-19. Policies within a framework need to be constantly reviewed in the context of this pandemic. These include dealing with unique member inquires and important public concerns with regards to safety. It is encouraging to see practices engaging with the MDA and effectively providing the safe delivery of much needed oral healthcare. Our mandate has always been public interest and I am proud that the MDA has been a leader, as such, in the regulatory landscape of Manitoba.

Autumn usually ushers in a multitude of committee meetings which, in a large part, impact our association and the profession. The Registrar's office will be busy helping and consulting with these committees to help move key issues forward. The Registration and Licencing Bylaw Review Ad Hoc Committee, Specialists committee, Botulinum Toxin, Scope of Practice and Continuing Competency committees, among others, will be moving forward on key issues that will impact the regulation of our profession in Manitoba.

There is one committee, that in my opinion, is the cornerstone of our self-regulated profession. This is the Peer Review Committee, which operates at full speed all year round. It is important to

recognize the tireless work of its chair, Dr. Lori Stephen-James, the investigators and most importantly, committee members. Peer review committee members selflessly volunteer their time to help provide a service that is a statutory obligation of the MDA. Without members of our profession providing this commitment, our esteemed association would not be able to operate its self-regulated duties in the public interest. A term in the peer review committee will not only provide a member an opportunity to serve the profession and the public, but also allow one to reflect on his or her own practice and issues that may arise from the complexities of providing dental care. I encourage all of our members to consider providing their time in this capacity, at some point in their careers. As we all know, clinical care is in a constant state of evolution and so too, is its regulation. This dynamic relationship should be reflected in an eclectic peer review system that is ready to evolve with changes in the profession and changes with government policy trends that are occurring across jurisdictions with respect to self-regulated health entities. 

As always, please feel free to contact me with any questions or comments that you may have regarding regulatory issues.

Respectively,

Dr. Arun Misra LLB, DMD



If you're a dentist in your first five years of practice in Manitoba, this is your opportunity to meet, eat, learn and share while earning free continuing education points.

To register or find out more. Contact Greg Guenther at: [gguenther@ManitobaDentist.ca](mailto:gguenther@ManitobaDentist.ca)

# MDAGPSC

MANITOBA DENTAL ASSOCIATION GENERAL PRACTICE STUDY CLUB

Hopefully this time of year finds everyone fully integrated back into their offices, adjusting to life in this new COVID-19 climate. After navigating the tumultuous shut down this Spring and strategizing the task of re-opening throughout the Summer, perhaps Fall will find us ready to sink into some extracurriculars and some well-deserved connection with colleagues.

The GPSC is ready to welcome back its members and has planned a full line up of lectures for the 2020/2021 session series. As COVID-19 continues to create challenges in so many ways we have opted to deliver upcoming sessions on-line via ZOOM.

Our first session kicks-off with a feel good, self-care themed lecture, followed by an on-line mixology session with GPSC Committee member Dr. Robin Szmadyła. The remainder of our speakers will be tailoring their talks to in demand topics, so please, feel free to submit feedback and questions to Greg Guenther at [gguenther@manitobadentist.ca](mailto:gguenther@manitobadentist.ca) or DM our Instagram account [@gpsc\\_mb](https://www.instagram.com/gpsc_mb).

### GPSC Dates

- **Thursday September 24th** - speaker- Shannon Gander - "Fry no More" (topic: Mental Health/Resiliency)
- **Tuesday October 20th** - speaker – Dr. Alex Serebnitsky (topic to be confirmed)
- **Wednesday November 25th** speaker - Periodontist Dr. Gary Finkleman (topic: implant dentistry)
- **Friday February 19th** - speaker - Dr. Scott Leckie (topic: Emergency dentistry)
- **Saturday March 20th** (Breakfast session) speaker - Orthodontist Dr. Alvaro Salles (topic: interceptive orthodontics)

If you've noticed, missing from this fabulous line up, is a repeat of our Fall Elkhorn Retreat which was supposed to be an annual reoccurrence. Due to the uncertainty surrounding the following weeks and months, we've decided to postpone this year, however, are making plans for the fall of 2021. Stay tuned and stay safe.

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## Canadian Dental Association Message

DR. JOEL ANTEL, D.M.D.  
CDA BOARD REPRESENTATIVE



We are now several months into our offices being reopened and providing the full range of dental services our patients require. Most of us are settling into our new routines, with adjustments here and there. In Manitoba, as in other provinces, there are times with promising COVID-19 numbers and times that raise our concern. Our “new normal” can at times look like a moving target.

We are fortunate to have the practice support provided by the Manitoba Dental Association (through the weekly updates and e-alerts) and the Canadian Dental Association (through the frequent COVID-19 Updates) providing local, national and international information on the pandemic. Experts at the CDA are always just a phone call or e-mail away for the staff, elected and volunteers of our provincial association. In our dental practices we benefit from this up to date knowledge about what PPE is necessary and available along with practical guidance on keeping our offices open, efficient and safe.

The Canadian Dental Association was quick to respond to the COVID-19 outbreak. From the start CDA resources were redeployed to provide the provincial dental associations with up-to-date, sometimes up to the hour, knowledge and understanding. Job one for CDA staff was supporting dentists and provincial associations, during the early days of the pandemic. Twice weekly the CDA facilitated a meeting of provincial presidents, executive directors and the CDA board. CDA shared what it had to offer and the provincial representatives shared what was happening in their provinces with others across the country but in the same situations.

What we were dealing with and what we had to do in response was elusive for a long time. National update meetings were held twice weekly. As knowledge and understanding of the virus began to stabilize these meetings were reduced to once a month, with additional sessions held in response to changes or new information.

Increased attention is now focussed on the work of the Back to Work Task Force and the Back to Work Manual, a fluid document developed and maintained for provincial dental associations to use as a resource in guiding their members through the new requirements of dental practice.

The CDA board held its annual planning session at the end of June. The planning sessions in the past have been a deep dive into one or

two areas of planning with an educational session on how a board operates. This year's sessions were all about how an organization navigates disruptive change in an environment such as we are experiencing now. Particular attention was paid to the characteristics of those groups that thrive and those that fail in their strategy.

The Canadian Dental Association did the obvious, identifying where revenues were at risk and where cost savings could be realized. The financial impact of the pandemic and resulting changes at both the national and provincial level impact budgets, impact plans and need close attention. The next important step becomes identifying the core mission and activities of the association. This step has been an ongoing priority of the CDA all along, but in a time of such significant change it takes on a larger importance.

Challenges presented by disruption, such as we are experiencing with the COVID-19 pandemic are not necessarily a bad thing. These challenges force an introspection that is beneficial and, pandemic or not, should be part of any organizations' plans. It forces a focus on existing relationships and core activities. It is a chance to affirm what we do that's important, what activities have become superfluous and what we do for historical reasons only. We can identify what we can do better and what we should do that we aren't already doing.

Challenges present opportunities for us as dentists and for our dental organizations. A chance to re-examine where we've been, where we are, and where we're going. There has never been a better opportunity or more important time to have your views known. Chief among evaluating the activities of CDA should be what is the dentists' role in CDA and what is the value of CDA to dentists.

As the Manitoba Dental Association's representative to the CDA board I am always glad to hear from you. I miss the opportunity to see you all at various meetings and courses. I welcome the chance to connect, visit and discuss your views and expectations of the Canadian Dental Association.

As always, I appreciate the opportunity you have given me to serve on the board of the Canadian Dental Association.  
Stay safe and well.

Joel



# Practice Support

## Canadian Dental Association benefits for Manitoba Dentists

The Canadian Dental Association (CDA) helps dentists in Manitoba in four principal areas: *Practice Support, Advocacy, Non-Insured Health Benefits and Access to Care and Knowledge.* Over the years, CDA has been extremely effective in all four domains.

On the Practice Support front, CDA has developed several tools to support dentists and facilitate the workflow in their offices. These resources include:

### CDAnet and ITRANS

Services similar to CDAnet/ITRANS in the US cost about \$2,000 (USD) per year, per dentist.

CDAnet continues to be an enduring success of CDA and its Corporate Members for over 25 years now. More recently, the ITRANS Claims Service has led the way and set the standard for the secure transmission of dental benefit claims on the Internet. CDA is currently finalizing negotiations with insurance claims processors for a long-term continuation of the CDAnet service, ensuring that dentists will benefit from real-time claims processing, at no additional cost, for years to come. The ITRANS Claims Service is undergoing a significant update which will be launched later in 2018 as “ITRANS 2.0.” This updated version will enhance the ITRANS services and provide opportunities for the automation of some routine insurance-related tasks.

### CDA Secure Send

Canadian services similar to CDA Secure Send costs about \$500 per year, per dentist.

CDA Secure Send is a new member service providing an easy, simple-to-use system that allows dentists to exchange patient documents and referrals in a secure fashion. CDA Secure Send meets the legal obligation to safeguard the confidentiality of patient data when sending patient information (such as X-rays) electronically. Connected to CDA's directory of dentists, senders can search for dentists by name, specialty, or location. It's as simple and as quick as sending an email.

Canadian Life and Health Insurance Association CDA established a standard claim form with the Canadian Life and Health Insurance Association (CLHIA) and continues to work with CLHIA in determining the minimum acceptable information material that can be requested on all aspects of claims verification. CDA continues to represent dentists' interest when insurance companies introduce new services that impact the dental office workflow.





## Dean's Message

**DR. ANASTASIA KELEKIS- CHOLAKIS**  
DEAN, COLLEGE OF DENTISTRY,  
RADY FACULTY OF HEALTH SCIENCES,  
UNIVERSITY OF MANITOBA

The last few months have seen intense activity in the Dr. Gerald Niznick College of Dentistry.

Our faculty, support staff and students have been working very hard to prepare for the changes mandated by the COVID-19 pandemic. Clinic protocols have been adapted, infection control guidelines have been re-developed and appropriate PPE has been purchased. The complicated task of re-organizing clinical and pre-clinical teaching schedules in conjunction with implementation of online synchronous and asynchronous delivery of didactic material has been completed. Academics have quickly adapted to a new way of delivering the curriculum and continue to find innovative ways of engaging with our students.

Our infection control lead, Cindy Isaak-Ploegman together with our clinical support staff and faculty have visited every area of the College and have re-organized our physical spaces so as to adhere to our Interim COVID-19 infection control guidelines. A wholesome review of all our patient flow protocols has taken place and in collaboration with RFHS and the University of Manitoba we were able to open our premises in a phased in approach. In addition, the installation of new computer terminals in our Main Clinic with the generous donation of funds from Dr. Gerald Niznick has allowed us to transition to a digital electronic health record.

This activity was coupled with a re-organization and redeployment effort of our Central Support Services unit and administrative staff in order to achieve more streamlined operations.

In the last few months, we have welcomed our incoming graduate students in Oral and Maxillofacial Surgery, Pediatric Dentistry, Periodontics, Orthodontics and Prosthodontics. The graduate clinics housed in the Dr. Gerald Niznick College of Dentistry have now re-opened and non-emergent patient care has resumed.

Our undergraduate dental and dental hygiene students and our International Dental Degree students were welcomed on campus at the beginning of August for the completion of their hands-on requirements and the start of their respective orientations. Our undergraduate dental clinic and remaining specialty clinics (Sleep Apnea, TMD, Oral and Maxillofacial Surgery and Oral Pathology) will be opening the beginning of September.

In partnership with the MDA mentorship team, a modified mentorship program was developed to welcome our incoming dental students to the profession and to support the second, third and fourth year dental student activities. We were very happy to find a way to preserve this very important program.

As life slowly returns to a new normal we are continuously adapting and learning how to live with COVID-19 amongst us. Paramount in my mind is the safety of our patients, students, staff and faculty. I wish to express my thanks to the multitude of people who have helped, volunteered and worked extraordinarily long hours to ensure we are ready to open our doors again in the safest manner possible. 🙏



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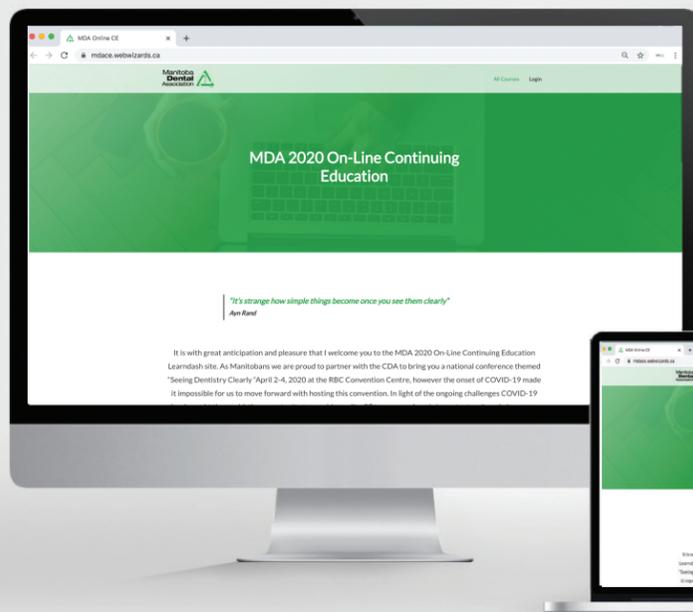
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# CEO's Message

RAFI MOHAMMED  
CEO, MDA

For over six decades CDSPI has helped Manitoba dentists achieve financial security by providing a range of tailored insurance and investment solutions. The Manitoba Dental Association is thankful to CDSPI for supporting the dental community in Manitoba in so many ways, including a no-cost insurance program for students, a variety of sponsorships, continuing education programs, and the Members' Assistance Program (MAP).\*

### Support for MDA Programs

CDSPI has been a great supporter of MDA Programs for many years. This would include sponsorship of the MDA Mentorship Program, Annual Meeting and Convention, Welcome to the Profession Event and Manitoba Dental Foundation fundraising initiatives just to name a few.

### Advice – Exclusively for Dentists

One of the most important services CDSPI offers to you as a Member dentist is financial advice.\*\* I am pleased to describe MDA's relationship with CDSPI as a trusted partner in our community whose focused goal is to help Members build and protect their practice and lifestyle.

### How can CDSPI benefit you?

CDSPI can help you prioritize your financial goals, direct your investments, and plan for the future – no matter what life or career stage you are in. Their investment advisors\*\* are Certified Financial Planner® (CFP®) professionals who can help you navigate complex

situations such as investing through a corporation, managing risk, and improving your tax-efficiency.

CDSPI offers specialized insurance plans for Member dentists. This would include life, income, property and wealth. An experienced insurance advisor\*\* can help determine what is right for your personal and professional circumstances. In Manitoba we are fortunate to have our in-province CDSPI representative, Michael Tyler. Michael can be reached at 204.808.3274 or mtyler@cdspi.com .

All advisors with CDSPI Advisory Services Inc. have earned professional accreditations. They don't work on commission, so you can be assured they are aligned with your best interests.

CDSPI has helped countless Member dentists achieve life and career goals. Thank you CDSPI for your enduring focus on helping Manitoba dentists achieve their goals and dreams.

Meeting with an advisor from CDSPI is a complimentary benefit of Members of the Manitoba Dental Association including past Members, so why not get a second opinion at no cost? I encourage you to reach out and find out more about all they have to offer.

Rafi Mohammed, CEO  
Manitoba Dental Association

\*MAP is operated by Shepell, the largest Canadian-based Employee and Family Assistance provider in the country. Available services vary by region. Use of MAP services is completely confidential within the limits of the law. \*\* Advisory services are provided by licensed advisors at CDSPI Advisory Services Inc. Restrictions may apply in certain jurisdictions.

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# Your COVID-19 Questions Answered

In mid-May, Dr. Aaron Burry, leader of the CDA COVID-19 Response Team, public health specialist and associate director of professional affairs at CDA, answered some questions from dentists as the profession begins the gradual reduction of pandemic-related restrictions to dental practise.



Dr. Aaron Burry

**Q** Why isn't pre-screening of patients for COVID-19 infection adequate to allow dentists to proceed with care, under well-controlled limits of aerosolization?

**Dr. Aaron Burry (AB):** The complicating factor for pre-screening is our lack of science related to individuals who are COVID-19 positive but are presymptomatic or asymptomatic. There is no way to effectively pre-screen for patients who don't know they are infected and show no symptoms, yet are contagious.

I can tell you from personal experience that someone can appear to be healthy, is seen for emergency dental care, but then calls or comes back a few days later and says, "Sorry, but I just tested positive for COVID-19."

During a time when we are limiting practise to urgent and emergency care, using social distancing and other measures to control the spread of the virus is paramount. Right now infection rates are low and falling in many parts of Canada. These factors lower the relative risks when it comes to aerosols. Still, we haven't had experience with a virus that is so contagious and mortally dangerous to some people. We're still in the midst of developing knowledge on this virus and its properties.

**Q** What is the latest on COVID-19 testing? Would testing help dental practices in triaging patients?

**AB:** Would it help? Absolutely. It would help, if it were readily available and reliable. If you follow the news,

you'll likely know that there are a few different kinds of COVID-19 tests out there. A typical test, which many public health units use, is where a swab is taken and sent to a centralized lab to be processed in 24 to 48 hours. These tests are highly reliable because they are performed by trained professionals under strict protocols.

A lot of people are interested in point-of-care rapid tests. These allow you take a swab, insert it into a machine that's located on site and it will give you a result in 1 hour.

However, these point-of-care rapid tests are not actually "approved," but rather companies have been permitted to bring them into the market on an emergency basis in light of the pandemic. Some tests had to be withdrawn or temporarily suspended because of problems with false positives or false negatives, or other problems. It's the false negatives that are really concerning. In most circumstances, a medical test that has false negatives won't be approved for use.

*We haven't had experience with a virus that is so contagious and mortally dangerous to some people.*

Another challenge is cost. At the moment, a single point-of-care rapid test costs about \$100 per test to conduct. I believe they will become more reliable and less expensive, but it will take more time.

**Q** Which of our dental instruments will we be able to use? What about saliva ejectors, lasers, air water syringes?

**AB:** There are two main things that you're trying to control with COVID-19: splatter (the big droplets) and aerosols (the very small droplets). Recommendations often say, "judicious use of slow speed with high volume evacuator (HVE) suction." What they really mean is, "Let's not go full gas." Going slow greatly reduces the risk of splatter or aerosol to negligible levels.

A saliva ejector does not control splatter or aerosols. Most of the new protocols call for the use of HVE. I think that as more research comes out, we will find that HVE is dentistry's new best friend.

In my work as a public health dentist, I've been wearing face shields since the 1990s. Once you start using a face shield, you're going to see splatter in a whole new light. In this new context, we are going to need to reimagine how we do almost everything to prevent splatter from getting on us and on surfaces in the operator. It's a lot of change, and on Day One it is going to be hard. But as we move forward, we will get better at it.

**Q** Will electric handpieces be permitted at lower RPMs?

**AB:** I think this question arises because at slow speeds, electric handpieces technically produce very small amount of aerosols. They do have the potential to generate a lot of splatter. Again, we are trying to minimize both aerosol and splatter.

In a public health environment, we go slow on the electric handpiece by using a reduction gear, try not to generate splatter, use water or saline streams, and use high volume suction. This helps to reduce the risk. I don't see us using prophylaxis angles in the short term because they spin at much higher RPM and generate a whole lot of splatter.

**Q** What is the settling time for aerosol droplets? And, what will the operatory turnover time be after aerosol generating procedures?

**AB:** Unfortunately, this is a simple question with a very complicated answer. This is an area where, for dentistry in particular, we do not have definitive scientific knowledge or experience. The Centers for Disease Control and Prevention (CDC) looked at aerosols in the hospital



*There are two main things that you're trying to control with COVID-19: splatter (the big droplets) and aerosols (the very small droplets).*

setting, and has produced tables with recommended settling times based on ventilation.

How long does it take for aerosol particles to settle in a room? The answer is a complicated equation based on ventilation, size of room, and many other factors. The Canadian military is doing preliminary testing related to aerosol generating procedures and what is required to manage them in the dental settings. They are considering the impact of high volume suction and other elements to control aerosols. Both the military and other researchers have been surprised by the results. Sometimes aerosols were much higher than expected. In other conditions, much lower.

So what does that mean for settling time? Generally, the dental regulators consider worst case scenarios and therefore take a precautionary approach. Dalhousie University arrived at 207 minutes as part of its guidance for room resting. The Royal College of Dental Surgeons of Ontario (RCDSO) says dentists should consider 180 minutes, or three hours, for particles to settle in a room.

What factors can be modified to shrink those numbers? In the room where I practise, we know our air changes per hour rate. With a greater number of air changes per hour, settling time is lower. But figuring out something like air changes per hour and how it affects aerosols in a specific space requires an HVAC expert. Recently, I was reminded of an important concept by a military dentist. To use good judgment, we need two things: experience and knowledge. And most of us are not ventilation experts. There will be a lot more information about this over time.

As the military finishes its research, the government will fast-track the findings to be evaluated by external experts so that we can start using the data to inform how we practise dentistry. ♦

*The views expressed are those of the author and do not necessarily reflect the opinions or official policies of the Canadian Dental Association.*



## Managing Through COVID-19

**JACKIE JOACHIM**  
COO, ROI CORPORATION  
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JACKIE.JOACHIM@ROICORP.COM

### Will YOU recover from COVID-19?

Yes you will! I am resolutely confident in saying this because while health care is not recession proof, it is a resilient industry that weathers well during economic fluctuations. The closures and financial stress caused by the COVID-19 pandemic are certainly unprecedented. However, you can expect to recover if you spend your time wisely and choose to invest in your asset during this extraordinary period. Your valuable time is a scarce resource that you consistently crave. Make it count.

Owners have the opportunity to focus on 3 key areas. Once the doors re-open, there will be a backlog of work. After all, without exception, every dental office is closed. This is not a situation where a natural disaster such as a flood or fire has impaired only one clinic. This situation has befallen us all, service is postponed, and patients do not have an alternative option. More importantly, as difficult as it is, patients inherently understand the need for the closure as well. Therefore, take this gift of time and focus your attention on 1) Managing your cash flow, 2) working on your practice rather than in your practice and 3) improving and refining your communication skills—both with staff and patients.

#### 1. Managing your cash flow:

Despite the media being abuzz with doom and gloom the fact is there are steps an owner can take to navigate through this crisis.

a. First call must be to your bank. Look to see if loan payments can be changed to interest only for 3 months. Ask for a temporary extension on your line of credit.

b. While money is not coming in from patient visits, why not focus on the outstanding collections. Take a measured approach here and try and understand each account on a case by case basis. Often when things are busy, people do not always have the time to diligently collect outstanding fees.

c. See what can be done to reduce inventory costs without sacrificing the quality of goods or inconveniencing patients. Are you ordering too many of some items? Can an item be sourced somewhere else at a better price? Just because you've always ordered something from a particular supplier or done things in a particular way doesn't mean you have to keep doing them that way—especially when those other ways may save you money. We all know savvy shoppers that thrive on getting great deals. You may have a staff member that could tackle this role and tighten those expenses.

d. Don't necessarily cut back on marketing. Consider effective marketing initiatives you can do once the doors re-open. For example, budgeting for a patient appreciation event would be well received.

#### 2) Working on your practice rather than in your practice:

Take this opportunity to do the things in your office that you have been putting off.

a. Now is a good time to do minor renovations, refresh and de-clutter.

b. Do a deep dive into patient charts. Every office has files that have unplanned treatments or require follow up.

c. You have exceptional practice management software that has significant analytical reporting at your fingertips, review your practice data. Do you really know who all your patients are? This will be

particularly valuable when you are considering your marketing initiatives once things return to normal.

#### 3) Improving and refining your communication skills—both with staff and patients.

Practice owners often get mired down in the details of treating patients and running the office.

a. When you look at the demographics of your patients, you need to consider how they communicate. A group of Millennials will use different language and phrasing, mixing in a lot of slang that the Baby Boomer demographic would never use. Now is your opportunity to really look at how you deliver your message and on what medium.  
b. Think about how your staff communicate. Helping team members learn to communicate in professional and respectful ways helps build a positive atmosphere. Empower them to champion your new approach.  
c. Encouraging a positive, open environment provides security for people to share ideas, without being judged. Give your staff a platform in which they can share ideas with one another. Creativity and innovation will follow.

Once we get through this crisis, (AND WE WILL GET THROUGH IT) history is a great indicator of the future. After every serious recession or crisis like 9-11, SARS or the market crash of 2008, practice values went up. The economic principles of supply and demand dictate, that buyers who are reluctant and not buying now combined with the owners who have lost significantly in their stock portfolios and cannot sell, will result in too many buyers and not enough good practices. From a practice value standpoint, the current value of a practice should not be affected. Due to these closures we anticipate a deferred income from the backlog of work resulting from the backlog of patient visits that need to be booked once we emerge from the crisis.

As awful as the closures are, I cannot help but emphasize that we are looking at deferred income vs. lost income. Even if this closure lasts 4 months, as economically difficult as it will be for the owner, as long as owners were not over-leveraged before, the practice should weather this crisis as well. Banks are stepping up with increases on lines of credit and converting payments to interest only in conjunction with Ottawa creating a stimulus package, the like of which the country previously couldn't fathom. The economic incentives that will flow from this situation are ones that we should all pay attention to. The reality is that patients trust you and this is not something that could undermine that trust. Every office is closed. When this finally corrects, the back log of work will keep you busy for a significant period.

The key to successfully coming through this is to stay positive and focus on the opportunity that forced time has given you. Don't think about "When is this going to end?" think "What can I do during this period to energize my business to make the most of the situation when the doors reopen." There is absolutely nothing that will make your practice one hundred per cent recession-proof. But implementing some of the suggestions above will help to ensure you get through these tough times and perhaps even be able to profit from them.

Jackie Joachim is Chief Operating Officer of ROI Corporation. Please contact her at [Jackie.joachim@roicorp.com](mailto:Jackie.joachim@roicorp.com) or 1-888-764-4145.

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between her Toronto and Whiteshell studios. Large scale and smaller intimate custom works are also available for commission.

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To see more of her paintings and drawings, please follow her on Instagram at: <https://instagram.com/marleneklassen>

# Special COVID Service Communication

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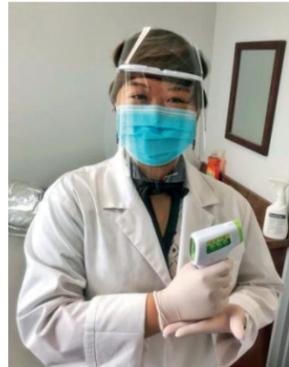
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Patients will be asked to phone from their vehicle once they arrive at the laboratory. They will be asked COVID screening questions; will have a non-contact temperature check taken; and will be provided with a personal mask if needed, prior to shade services being done.

Other custom prosthetic assessments also require appointments.



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## Additional Resources for You

### Dental Disinfection

Health Canada COVID-19 Approved

Health Canada has a list of disinfectants for sale in Canada with evidence against COVID-19.



Government of Canada

Gouvernement du Canada

[Complete list and DIN search](#)

[Disinfecting your Shade Guide](#)



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## Tips to Help Children Return to School

MICHAEL TYLER, CFP®, FMA  
INVESTMENT PLANNING ADVISOR

The lockdown has been a challenging time for families. Children and their parents have had to work out how to balance school, work, and play while dealing with anxieties and worries about the pandemic.

Similarly, returning to school with new health and safety measures in the fall will present a new set of challenges for the entire family. However, by maintaining open communication, you can help your child make adjustments to ease them into their school routine.

Here are some tips from our Members' Assistance Program (MAP)\* provider, Shepell to help make this transition as smooth as possible.

Prepare your child mentally for the transition back to school. Returning to school and reuniting with friends after lockdown may be exciting to your child, but it may also make them feel like they are suddenly being plunged back into an intense situation. Talk to them about how they are feeling and what concerns they may have about being back at school. It will be especially important that they understand the continued need for physical distancing, wearing a mask, and practicing hand hygiene during these times.

Act as a sounding board. Try to listen without immediately offering opinions or advice. Sometimes just talking about a problem or issue can help children come up with solutions of their own.

Take your child's concerns seriously. Remember how demanding academic and social pressure can be even without the additional stress of returning after a lockdown. Be careful not to belittle their concerns nor trivialise them.

Share some of the feelings and experiences you're going through where appropriate. Speaking in an age-appropriate way about your own worries about the relaxation of lockdown rules and what you are doing to help you cope may create an open environment to help your child share their own thoughts and concerns.

Keep talking to your child about anything and everything. Grab opportunities to discuss important issues, but also ask

simple questions like, "How was your day?" Do everything you can to maintain a strong bond and keep the lines of communication open so they feel that they can discuss things with you honestly.

Make it a priority to motivate them to learn. Now that they have returned to the classroom, show that you are as curious and interested in what your child is learning as you were about their home-schooling work. Encourage them by giving specific, concrete praise such as "I really like your detail in this project," rather than a general comment of "You're such a great student." This indicates to your child that you have noticed their efforts.

Work with your child's school. Don't be afraid to ask for help. Let the school know if you're worried about anything in particular, or if your child could benefit from extra help in making the transition back from home to school.

Rebuilding your child's confidence and motivation after the time away will be a gradual process. Take it at their pace and build on any small steps made. By talking things through together in an age appropriate manner, you can support and help them understand that working hard in school is a worthwhile investment for their future career and life.

We understand that the transition back to school can be difficult for you and your children. Remember that your CDSPI Members' Assistance Program (MAP)\* is here to support you. It's available 24/7, 365 days a year. CDSPI is pleased to offer this at no cost to dentists, dental staff, and their families and can help with a number of concerns, including mental and physical health, family crisis and counselling, and more. You can contact MAP at 1.844.578.4040 or visit [workhealthlife.com](http://workhealthlife.com) for help dealing with the effects of social isolation.

*\*The information in this article is provided by Shepell, the largest Canadian-based Employee and Family Assistance provider in the country and the provider of CDSPI's Members' Assistance Program (MAP). Available services vary by region. Use of MAP services is completely confidential within the limits of the law.*

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# N95 Respirators: A Guide for Canadian Dentists

Counterfeit, sub-standard and non-equivalent N95-like respirators are flooding the marketplace as the demand for N95 respirators continues to rise. These products have not been certified and will not deliver the same respiratory protection as N95 respirators, which are certified by the U.S. National Institute for Occupational Safety and Health (NIOSH).

## N95 Compliance, Fit, Varieties and Markings

- **Compliance:** NIOSH-certified N95 respirators are compliant with specifications, which ensure that when used properly, they will filter at least 95% of very small test particles, such as airborne pathogens.
- **Fit:** NIOSH-certified N95 respirators have a strong head band design (not ear loops) that applies the needed pressure to achieve a proper fit and seal on the face.
- **Varieties:** N95 respirators come in two varieties, including a commercial grade that is not tested for fluid resistance and a surgical grade that is tested for fluid resistance.
- **Markings:** NIOSH-certified N95 respirators have an approval label on or within the packaging of the respirator (on the box itself), as well as markings on each of the individual respirators.

## N95 Equivalents

In response to the shortage of N95 medical grade masks, Health Canada has approved a select number of alternative masks (including select KN95 models by specific manufacturers) and half respirators that meet or exceed NIOSH standards. KN95 models that meet the filtration criteria continue to be sold and used as equivalent to NIOSH-certified N95 respirators. Public Works and Government Services Canada maintains a list of NIOSH N95 alternatives (see “N95 Resources”).

## Failed KN95 Respirators: Design, Filtration and Fit

Recent testing performed by the Centers for Disease Control and Prevention (CDC) identified significant concerns with the fit and filtration of some KN95 respirators, specifically those with ear loop designs, which generally did not achieve proper fit. Several models of KN95 respirators also failed to meet the filtration criteria of 95%.

Health Canada requested manufacturers and importers to stop the sale of any products that do not meet the filtration

criteria of 95%. These masks may still be available for sale, but should be re-labelled as “face masks,” and not “respirators.”

## What to Do

Check to see if your N95 respirator has been certified by NIOSH by entering the approval number, which can be found on the respirator itself, in the NIOSH database. If your mask is fraudulent or unauthorized, stop using it.

For KN95 respirators that you may have already purchased, check the recently revised FDA-approved manufacturers listing (see “N95 Resources”).

## Beware of Importing Personal Protective Equipment (PPE)

As the health care industry continues to struggle with PPE shortages, individuals should take steps to ensure the supplies they are purchasing meet all the applicable regulatory requirements, because this is the only way to ensure that the products will perform as expected.

Buyers are advised to exercise extreme caution before importing any type of PPE from international manufacturers. Note that anyone who imports medical devices usually inherits the responsibilities of the foreign manufacturer to comply with Canadian regulations. These responsibilities can be extensive and result in significant liabilities for the importer, if issues arise.

In Canada, N95 respirators are regulated by Health Canada as Class I medical devices. N95 respirators do not require a Medical Device Licence to be sold in Canada if the manufacturer or importer holds a Medical Device Establishment Licence.

## Tips to Spot Suspicious Sellers

- The primary email contact of the seller uses a free email service.
- Look for typos and bad grammar in advertisements, website content or email marketing.
- Look for broken links, unfinished content or other errors in advertisements, website content or email marketing.
- Terms such as legitimate and genuine are red flags.
- Prices are “too good to be true.”
- The seller makes claims of having “unlimited stock” during times of global shortages.

## Tips to Spot Counterfeit Masks

- Look for misspelling of ‘NIOSH’ on product markings.
- The product does not have an approval number.
- The product has no markings.
- The product has ear loops instead of a headband/head harness.
- The product offers claim approval for use by children and/or have decorative add-ons. ❖

## N95 Resources

CDA Oasis Interview with Dr. Aaron Burry, CDA Associate Director, Professional Affairs  
[oasisdiscussions.ca/2020/05/16/32159](https://oasisdiscussions.ca/2020/05/16/32159)

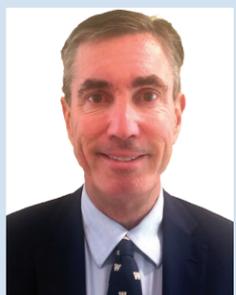
Health Canada website (up-to-date resources about respirators, medical device licence listings, complaints process for health products and devices)  
[canada.ca/en/health-canada.html](https://canada.ca/en/health-canada.html)

NIOSH N95 alternatives  
[buyandsell.gc.ca/specifications-for-COVID-19-products#100](https://buyandsell.gc.ca/specifications-for-COVID-19-products#100)

NIOSH database  
[cdc.gov/niosh-cel](https://cdc.gov/niosh-cel)

FDA-approved KN95 manufacturers listing  
[fda.gov/media/136663/download](https://fda.gov/media/136663/download)





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# Sports drinks: To drink or not to drink?

Dr. Brett Dorney



Sports drinks are designed to deliver a balanced amount of carbohydrate and fluid to allow an athlete to simultaneously rehydrate and refuel during exercise. It is believed that the compositional range which provides rapid delivery of fluid and fuel and maximises gastric tolerance and palatability is 4-8% carbohydrate and 23-69mg/100ml of sodium. The electrolyte content of sports drinks, particularly sodium, helps to preserve the thirst drive. It is thought a sodium content of 10-25mmol/L enhances the palatability and voluntary consumption of fluids consumed during exercise. (American College of sports Medicine et al.2007) [www.foodstandards.gov.au/](http://www.foodstandards.gov.au/)

[code/proposals/Documents/P1030-HC-Sfoods-CFS.docx](#)

## The pros of sports drinks

Sports dieticians advise sports drinks are designed for adults and are of most use during intense and prolonged exercise. The carbohydrate content fuels the body, they may delay fatigue, electrolytes and fluid are provided and the flavour can stimulate greater fluid uptake to <https://www.sportsdietitians.com.au/wp-content/uploads/2015/04/Sports-Drinks.pdf>

*continued on next page*

## Sport Drinks

continued from page 5

### The cons of sports drinks

Sports drinks contain sugar so in an aerobic class you are adding calories while you are trying to burn them off. The sodium may not be necessary if you are not losing it through sweat. Sports drinks also contain acid which attacks enamel with devastating effects in a dry mouth.

### So, should you drink them?

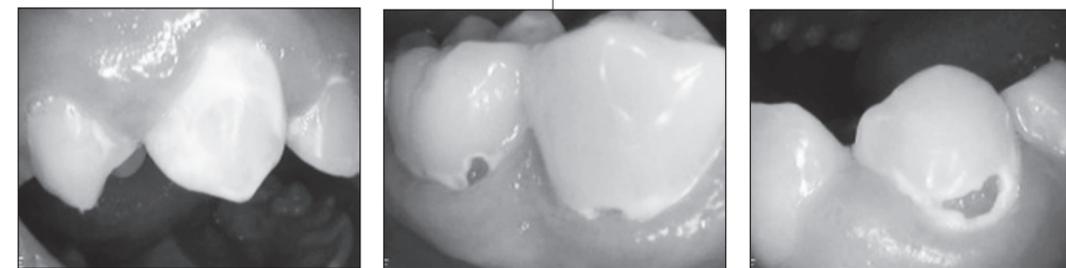
The Obesity Policy Coalition argues sports drinks are high in sugar and generally unhealthy. They should not display health claims that could mislead the public into thinking sports drinks were a healthier choice than water. [www.opc.org.au/latestnews/mediareleases/pages/fat-chance-of-fair-game.aspx](http://www.opc.org.au/latestnews/mediareleases/pages/fat-chance-of-fair-game.aspx)

The Australian Beverages Council takes the stance that there are advantages to hydrating with sports drinks, but ONLY for people who truly need them. Sports drinks are designed for those who engage in intensive exercise and are not suitable for kids. <http://www.australianbeverages.org/changed-labelling-sports-drinks-minimal-australian-consumers/>

### Erosion and sports drinks

There is no doubt significant diet and lifestyle factors can contribute to tooth wear. These factors must be considered and controlled to manage and prevent tooth wear.

Dental erosion is defined as the progressive, irreversible loss of Dental hard tissues by a chemical process without bacterial involvement.<sup>(1)</sup> Studies have identified the consumption of acidic carbonated (soft drinks) and non carbonated beverages (sports drinks) as a large contributor to Dental erosion. Following consumption of these beverages there is the potential for the tooth surface to be softened particularly with frequent consumption and a reduced salivary function.



By Dr. Brett Dorney  
Academy for Sports Dentistry Summer 2017 Newsletter Volume 31, No. 2

Continual exposure to acids along with other physical and biological influences will result in irreversible loss of tooth structure. If left uncontrolled and not managed correctly the damage can escalate causing rapid and substantial loss of tooth structure.

### Intervention and assessment

It is essential to recognize the presence of tooth wear and also the activity status of this process. Most patients are unaware of their tooth surface loss and when it commenced. Patients should be educated so they can take responsibility for managing their diet and lifestyle choices, for reducing the risk factors and ensuring correct maintenance of their oral environment.

Patients should be made aware that sports drinks contain citric acid and sugar with excessive sugar actually stopping the clearance of fluid from the stomach. Sports drinks are not for children. They are heavily marketed as improving performance and recovery with taste, packaging, bright colors and convenience all selling points. Water alone is not enough.

As it has been established sports drinks contribute to dental erosion guidelines for their use have been proposed.<sup>(2)</sup>

- No swishing of sports drinks in the mouth.
- Minimize contact with teeth
- Avoid brushing teeth for 30 minutes after using a sports drink
- Rinse mouth out with water after consuming a sports drink
- Consume milk products or chew sugar free gum after drinking a sports drink
- Be sensible and use sports drinks correctly

References;

1. Taji S, Seow WK. A literature review of dental erosion in children. Australian Dental Journal 2010; 55; 358-367
2. Meyers I, Committee report, Oral health, Tooth wear, erosion and acidic beverages. Australian Dental Association newsletter, September 2015; 23-25



## The New Normal?

**BERNIE DOLANSKY AND TOM BRENEMAN**  
PRACTICE SALES & TRANSITION SPECIALIST,  
TIER THREE

As dentists are emerging from the virtual lockdown that the COVID-19 pandemic imposed on the profession, what might our “new normal” look like?

Private practice, fee-for-service dentistry is the oral health care delivery system for the great majority of Canadians, so the economic health of dental practitioners is a fundamental requirement for this system to function well. Further, for practice owners, and younger dentists who wish to become practice owners, a very significant portion of their net worth is represented by their dental practice so it's important to gain some understanding of COVID's effect on dental practice values.

Now that we are well into this interim period of dentists getting back into practice, as valuers, our broad-based approach to deal with valuation questions is to acknowledge that we will be moving from an “interim period” of uncertainty towards what is already becoming a “new normal”.

We're now into this interim period, and we are already seeing glimpses of the new normal. While there seems to be considerable variation between practices, what we are observing is that while earnings (net profit or cash flow) are lower, they do seem to be recovering fairly rapidly.

In the present dental practice sales market, most buyers and banks measure dental practice values in terms of earnings or net cash flow. A simple formula for earnings is:

Revenue – Adjusted Costs (including dentist compensation) = Earnings.

Before March 16, the great majority of Canadian general dental practices were selling for five to seven times earnings (the multiple) with outliers above and below that amount. Going forward, we can safely assume that there will be real impacts on both revenues and costs due to regulatory guidance on infection prevention and control (IPC).

We might expect that during this interim period we would see lower earnings and lower multiples and therefore lower prices. However, as we work our way through this period, advances in science as well as greater clarity from regulators and public health authorities, as well as actual in-office experience, are already lowering uncertainty, giving buyers greater confidence. Thus, we are already starting to see selling prices that are back at pre COVID levels.

What may the “new normal” look like?

The probable revenue impacts of the new normal are:

- Provincial dental associations have already adopted codes to recover increased PPE costs and, possibly, productivity reductions given limitations on operatory scheduling;

- There will continue to be catch-up on delayed treatments including a need for more complex treatment due to delays.

This may be moderated by:

Somewhat reduced productivity, which translates into higher staff costs relative to revenue, for as long as operatory fallow times remain in effect.

Overall the new normal should result in a return back to previous earnings levels. There is some risk of lower earnings if IPC related cost increases are not fully recovered via fee guide increases, but we believe this will not result in significant earnings declines. Consider this: even if earnings only returned to 95 per cent of pre-COVID levels, if a buyer is paying a six-times-earnings multiple for the practice, if an owner holds on to the practice just six extra months before selling, they have earned more than enough to offset the reduction in purchase price.

Possible supply side (sellers) impacts are:  
More fed up dentists wanting to sell

Balanced by:  
Dentists who have had their retirement plans delayed

On the demand side (buyers), impacts are:

- Interest rates will likely remain near all-time lows with the trend downwards, and low rates drive demand
- Associates have been negatively affected by closures and slow-downs so more of them will be seeking ownership as a means for controlling their own destiny
- The oversupply of dentists in certain areas which has been building for many years will continue to produce more buyers than sellers, thus maintaining the demand for practices
- Banks will continue to see dentists as prime clients for credit
- Aggregators will still be buying, and they do maintain a floor for prices

Overall the earnings picture appears to be trending back to pre COVID levels for the “New Normal” and we are also already seeing multiples return to pre COVID levels.

Week by week and month by month, the science around COVID-19 continues to get clearer; the practical in office experience of a return to treatment here and around the world continues to grow; and along with that, uncertainty will continue to wane as confidence and earnings are already trending back up. It is therefore reassuring to recognize the known factors that indicate that a dentist's most important asset still maintains good value now and increasing value in the future.



### **PATRICK RALPH CRAWFORD** **C.M., BA, DMD**

On Monday, July 13, 2020, Patrick Ralph Crawford (better known as Ralph), loving husband and father, passed away at age 92 in the Delta Hospital, Delta, BC.

Ralph was born in 1928 in Winnipeg, MB to Hector and Eileen Lusignan. After graduation from

high school he moved to Moose Jaw, SK to work as a Famous Players theatre manager. There he met Olga (née Nazarewich) and they married in 1952. He returned to school, obtaining a Bachelor of Arts degree in 1954 and a Doctor of Dental Medicine degree in 1964. He practiced dentistry in Winnipeg for 25 years during which he also taught part-time at the University of Manitoba Faculty of Dentistry. He retired from active dental practice in 1989, first moving to Ottawa to work as Editor of the Journal of the Canadian Dental Association for nine years, then retiring to Tsawwassen, BC. Ralph stayed active through retirement, volunteering on his strata council and a local thrift shop.

Ralph was active in dental association affairs, serving as President of both the Manitoba and Canadian Dental associations. He is the only dentist in Canada to be recognized with Honorary Memberships in both organizations, and was a fellow of the International College of Dentists, the American College of Dentists, the Pierre Fauchard Society, the Academy of Dentistry International, and the Royal College of Dentists of Canada.

In 2019, Ralph was appointed a Member of the Order of Canada for his long-lasting achievements as a clinician, educator, and historian in the field of dentistry.

Ralph and Olga were interested in collecting dental artifacts and memorabilia. Artifacts they collected can be found in dental museums at the Faculty of Dentistry in Winnipeg, the Canadian Dental Association in Ottawa, ON, at the Arnprior Museum in Arnprior, ON, and in the Dr. Ralph and Mrs. Olga Crawford Dental Collection in the Museum of Health Care in Kingston, ON. Ralph is also the author of “The Canadian Dental Association 1902-2002 - A Century of Service”, a series of articles outlining the CDA's first 100 years

He will be greatly missed by his wife, Olga, son Patrick (wife Donna Giberson), daughter Aileen (husband Rodney Stuart), grandson Julian, extended family, and many friends he has met along the way.

Due to Covid-19 provisions, the service will be limited to immediate family members only.

In lieu of flowers, please send a donation in his name to the Museum of Healthcare at Kingston ([www.museumofhealthcare.ca](http://www.museumofhealthcare.ca)), Museum of Healthcare, 32 George Street, Kingston, ON K7L 2V7.



**Dr. Gary Michael Nowazek (DMD, retired)**, passed away peacefully in his home on Monday, August 17 2020. Born on September 21, 1941 in Flin Flon, Manitoba.

Gary was the eldest of six children of his parents Michael Emil Nowazek and Ingelief Gudrun Bjornson Nowazek. His early years were spent in Flin Flon, where he

was involved in Sea Cadets and spent his 17th year on naval maneuvers in the Pacific, aboard the HMCS Skeena. He played hockey with the Flin Flon Bombers, and was subsequently drafted by the Detroit Red Wings; upon this crossroad Gary chose instead to pursue a career in Dentistry.

Gary moved to Winnipeg and graduated Dentistry in 1966 from the University of Manitoba. He proudly practiced dentistry in Brandon, until his retirement in 2014. Gary's community and professional involvements included President of the Manitoba Dental Association (1977/78); involvement with Kinsmen, Lions, and Rotary Clubs of Brandon. He was also the President of the Parent Council Brandon Navy League Sea Cadets, HMCS Swiftsure, in the late 1980's.

Gary's favourite times were spent hunting, fishing with his sons and brother Ken, enjoying his family, and the countless hours he spent walking with his dogs Buster and Zeus. Gary was predeceased by his parents and his brothers Kenneth and Brian. Gary is survived by his wife of 53 years Irene Rivest of Windsor, Ontario. They have three children: son Dr. Michael Gary (Kristin Ahi, children: Bianca, Thomas, Jaida and Martin) of Edmonton, Alberta; daughter Vicki Elin Nowazek (aka Ketch, children: Jon and Kristine Salita) of Brandon, Manitoba; son Nicolas Gary (Victoria Barsness, children: Gary, Dylan, Elizabeth) of Minto, Manitoba; his sisters: Elinore Frederickson (Whitehorse, Yukon) and Vivian Nowazek (Houston, Texas) and brother Terrance Nowazek (Flin Flon, Manitoba).

The family would like to extend a heartfelt thank you to PMH home care attendant Starla. Starla brought compassion, empathy and dignity to Dad; she ensured she connected while providing care, this did not go unnoticed, thank you Starla! Cremation has occurred and a family memorial is planned for summertime 2021 at his cottage at Clear Lake. In lieu of flowers, a message of condolence for Gary's family will bring them comfort at this time.

# Ready to move onto the next chapter of your life?

We can help you get there.



## MANITOBA/SASKATCHEWAN



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