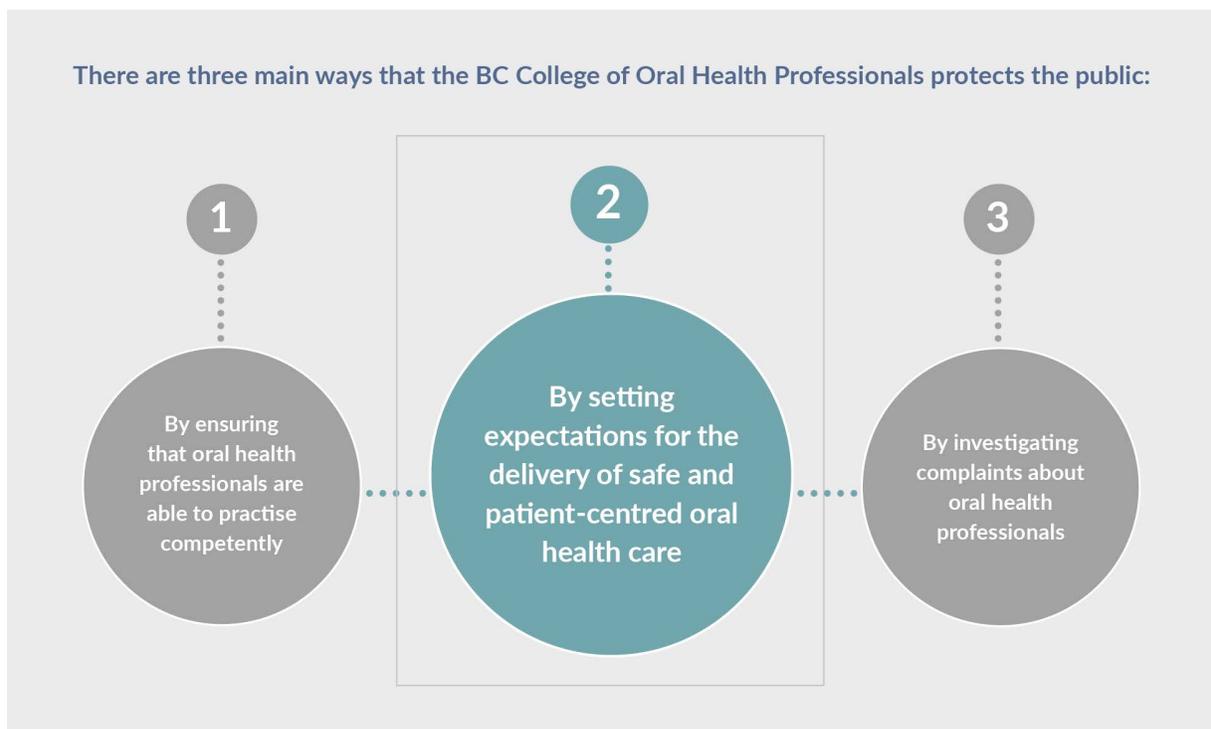


## Expectations for clinical and ethical practice

# Practice Standards and Practice Standard Policies

Applies to Dental Hygienists

There are three main ways that the BC College of Oral Health Professionals protects the public:



The British Columbia College of Oral Health Professionals (BCCOHP) was created on September 1, 2022 through the amalgamation of four health regulatory colleges: the College of Dental Hygienists of BC, the College of Dental Surgeons of BC, the College of Dental Technicians of BC, and the College of Denturists of BC. All current requirements for standards of clinical and ethical practice issued by the four colleges remain in place upon amalgamation. This document was created by the College of Dental Hygienists of BC and will be updated to reflect the amalgamation.



# Practice Standards and Practice Standard Policies

## PRACTICE STANDARD #1

A dental hygienist must obtain informed consent from the client or the client's representative before initiating dental hygiene care.

### POLICY:

- 1.1 Dental hygienists must obtain informed consent from the client or the client's representative before providing any services, by physical indication or verbal statement, following applicable laws (see the following policies in the Interpretation Guidelines section of the website: Informed Refusal to Consent, Consent of Minors to Treatment, and the summary of BC's Adult Guardianship Laws).

## PRACTICE STANDARD #2

A dental hygienist must practice safely.

### POLICY:

- 2.1 When contacting blood or saliva, dental hygienists must practice recognized infection control as outlined by current resources as amended from time to time (refer to "CDC Infection Control Guidelines for Dentistry" by the Centers for Disease Control and Prevention, "Recommendations for Implementation of Infection Control Procedures" by the Canadian Dental Association,\* and the CDHBC Infection Prevention and Control Guidelines).  
\* Publications change from time to time. Dental hygienists are encouraged to obtain a current copy of any resources noted in the Practice Standards Policies from the College office or from [www.cdc.gov](http://www.cdc.gov) and [www.cda-adc.ca](http://www.cda-adc.ca).
- 2.2 Dental hygienists must protect the client. In a clinical setting this should include:
  - Draping the client with a lead apron and thyroid collar during exposure to x-rays; and
  - Providing safety glasses for the client if there is any danger from splatter or materials; and
  - Providing hearing protection for the client if he/she is sensitive to the noise of practice setting equipment.



# Practice Standards and Practice Standard Policies

- 2.3 Dental hygienists must use potentially hazardous materials (such as radiation and disinfectants) safely, according to manufacturers' recommendations and government guidelines (refer to the Workplace Hazardous Materials Information System (WHMIS) guidelines and sections 8 and 9 of Health Canada's "Safety Code 30" document).
- 2.4 When dental hygienists own their practice, dental hygienists must store and dispose of potentially hazardous wastes and materials safely, according to government guidelines (refer to the Workplace Hazardous Materials Information System (WHMIS) guidelines).
- 2.5 When dental hygienists are responsible for radiography equipment, dental hygienists must comply with all aspects of the Radiation Protection Program.

## PRACTICE STANDARD #3

A dental hygienist must assess the client's needs.

### POLICY:

- 3.1 Dental hygienists must collect baseline assessment data\* as appropriate for the client (or supplement data collected by another health professional), and update the data as required. In a clinical setting, this should include:
  - demographic information
  - the client's concerns, if any
  - medical and dental history information
  - vital signs, if indicated
  - head and neck examination data
  - intra-oral soft tissue examination data
  - periodontal examination data
  - dental and occlusal examination data that impacts on health
  - diagnostic results/interpretations (e.g. from radiographs, bacterial and enzyme tests, etc.)
  - oral hygiene routines and techniques
  - the client's anxiety and pain levels.

\* The extent of data collected will vary with the different practice settings and with clients who have specific needs or conditions. Professional judgment must be used to determine the data that is needed to assess each client.



# Practice Standards and Practice Standard Policies

## PRACTICE STANDARD #4

A dental hygienist must analyze the assessment information and make a dental hygiene diagnosis.

### POLICY:

- 4.1 Dental hygienists must establish a dental hygiene diagnosis by interpreting the dental hygiene assessment findings and discussing the implications of the findings with the client or the client's representative. In a clinical setting this should include the implications of conditions that are abnormal or unhealthy, and conditions that require special care.
- 4.2 Dental hygienists may determine short and long-term dental hygiene prognoses.

## PRACTICE STANDARD #5

A dental hygienist must plan for the dental hygiene care to be provided, based on the assessment data and dental hygiene diagnosis.

### POLICY:

- 5.1 Dental hygienists must endeavor to integrate the dental hygiene treatment plan with the dentist's plan for the client's comprehensive dental care.
- 5.2 When indicated, dental hygienists must consult with the client's dentist, and may consult with other applicable health care providers, in order to integrate the plan for dental hygiene services into the client's total health care plan.
- 5.3 Dental hygienists must discuss the dental hygiene plan for services with the client or the client's representative. In a clinical setting this should include:
  - oral health and wellness information and techniques
  - treatment options
  - pain and anxiety control options
  - the number of appointments recommended



# Practice Standards and Practice Standard Policies

- the recommended time interval between appointments
  - services to be provided at each appointment
  - short-term goals that could result from the recommended services and how they will be evaluated
  - risks of the recommended services
  - recommendations for future referrals to dentists and other health care providers, if applicable
  - risks of the client declining the recommended services.
- 5.4** Dental hygienists may discuss long-term goals with the client or the client's representative including evaluation of the goals.
- 5.5** Dental hygienists may discuss fees associated with the plan.

## PRACTICE STANDARD #6

A dental hygienist must implement the plan consented to or adjust the plan in consultation with the client or the client's representative.

### POLICY:

- 6.1** Dental hygienists must attempt to reduce a client's anxiety and, if indicated for the provision of clinical services, offer pain control.
- 6.2** Dental hygienists must discuss, as the plan is implemented, any proposed changes to the plan (based on client response or evaluation of services), and again obtain informed consent.

## PRACTICE STANDARD #7

A dental hygienist must evaluate while dental hygiene care is being provided, and at the completion of care, to determine if the desired outcome has been achieved.



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## POLICY:

- 7.1** At the completion of the planned services, dental hygienists must explain to the client the need for any follow-up or maintenance dental hygiene care and recommend a time interval to the next dental hygiene appointment or meeting.
- 7.2** Dental hygienists must, if indicated, recommend referral to dental and other applicable health care professional(s).

## PRACTICE STANDARD #8

A dental hygienist must document the dental hygiene care provided, following protocols of the practice setting.

## POLICY:

- 8.1** Dental hygienists must label all client records with the client's name and the date.
- 8.2** Dental hygienists must record accurate details of the dental hygiene care provided, including:
  - baseline assessment data
  - an interpretation of dental hygiene assessment findings (or a dental hygiene diagnostic statement)
  - a plan for services, particularly if the client needs or desires more than one appointment
  - notes about the services provided (in a clinical setting this would include pain control method(s) used and the type and amount of any agents used)
  - amount of time spent with the client, when appropriate
  - evaluation findings and next appointment planning details
  - precautions and instructions given (if any) possible risks (if any) of services planned and of not receiving the recommended services.
- 8.3** Dental hygienists must make legible and objective record entries, in ink, initial or sign entries and corrections, and make corrections so that the original entry is still legible.
- 8.4** Dental hygienists must record details of pertinent discussions and communications with the client and other health professionals and maintain copies of correspondence.



# Practice Standards and Practice Standard Policies

- 8.5 Dental hygienists must document and initial the client's informed refusal to consent to any recommended aspect of care (the client may give a physical indication or verbal statement of refusal).
- 8.6 When the dental hygienist owns the client's records, dental hygienists must retain records in a secure manner for no less than 16 years after the last client appointment\*.
- 8.7 If electronic records are kept, the entries should be non-erasable and secure with the registrant's name or initials included in the entry.

\* The CDHBC's policy for the retention of dental hygiene records is the same as the CDSBC's standard for the retention of dental records. Dental hygienists who own clinics or mobile practices, own their clients' records. One of the issues affecting dental hygienists is the length of time it is necessary to retain records in the event of litigation arising from treatment. The College recommends that dental hygienists who own clinics obtain legal advice regarding this issue. Special rules apply in respect to minors and adults under a disability. (For additional information see the: The Limitation Act).

## PRACTICE STANDARD #9

A dental hygienist applies ionizing radiation and interprets radiographs as appropriate for the client and for the sole purpose of the dental hygiene process of care.

### POLICY:

- 9.1 The Regulation sets out the performance and purpose of applying intraoral radiographs (x-rays) and extra-oral radiographs. In accordance with the Regulation:

*5 (2) A registrant in the course of practicing dental hygiene may, during assessment and for diagnostic or imaging purposes, apply ...*

*(a) intra-oral X-rays,*

*(b) extra-oral X-rays for the purpose of implementing an authorization, issued by a person who is authorized under the Act to apply extra-oral X-rays, to apply extra-oral X-rays to a named individual.*

In the process of forming a dental hygiene diagnosis, a dental hygienist collects baseline assessment data as appropriate for the client and as indicated by clinical findings, which includes applying ionizing radiation and interpreting radiographs.

Client exposure to radiographs follows the principle of ALARA (as low as reasonably achievable). Attempts are made whenever possible to obtain recent radiographs from



# Practice Standards and Practice Standard Policies

another oral health care provider to avoid unnecessary exposures. A dental hygienist ensures the quality of the radiographic exposure is adequate for diagnostic purposes.

A dental hygienist is responsible for documenting the number of radiographic exposures as well as the interpretation of the radiographic findings in the client's treatment record. Any findings on the radiograph that fall outside of the Dental Hygiene Scope of Practice are referred for consultation to the client's dentist and/or other appropriate health professional. This referral is documented in the client's treatment record.

A dental hygienist obtains informed consent from the client (or their representative) prior to exposing a radiograph. Authorization is also obtained from the client/representative and documented in the client treatment record prior to sharing any radiographs with another health professional. Security measures are taken when sharing radiographs electronically.

A dental hygienist informs clients of the rationale for taking radiographs and what the process entails. When a client (or their representative) refuses the radiographs that have been recommended, they will be informed of the risks associated with refusing radiographs. This information is then documented in the client's treatment record and initialed by the dental hygienist and the client (or their representative). Obtaining the client's signature confirms the inclusive nature of the discussion and the client's ownership of the decision.

When applying ionizing radiation, a dental hygienist protects the client's safety by draping the client with a lead apron and thyroid collar. A dental hygienist ensures that potentially hazardous radiography materials are used safely, and according to manufacturers' recommendations and government guidelines (refer to [Workplace Hazardous Materials Information System](#) (WHMIS) guidelines and sections 8 and 9 of Health Canada's "[Safety Code 30](#)").

## **CDHBC Limits and Conditions**

A dental hygienist assesses the need for radiographs and only exposes and interprets bitewing or periapical radiographs for the explicit purpose of forming a dental hygiene diagnosis, treatment planning, and evaluating client care. A dental hygienist may however expose intra-oral or extra-oral radiographs for other dental purposes upon the explicit authorization by a dentist or other qualified health professional.

Any conditions, abnormalities or pathologies identified radiographically that are beyond a dental hygienist's scope of practice to diagnose or treat (e.g. caries, endodontic abscess, etc.) will be referred to an appropriate health professional. A dental hygienist implements and documents a process for consultation and collaboration with other



# Practice Standards and Practice Standard Policies

health professionals in order to ensure the provision of safe, ethical, client-centred care. A dental hygienist collaborates with other health professionals to reduce unnecessary radiographic exposure.

In addition, a dental hygienist who is responsible for radiographic equipment adheres to the parameters of [Safety Code 30](#), the BC Centre for Disease Control's [Dental X-Ray Facts](#), and the Government of Canada's [Radiation Emitting Devices Regulations](#)<sup>1</sup>.

When directed by an authorized individual, a dental hygienist may apply intra-oral and extra-oral radiographs for the purposes indicated by the authorizing authority. For example, a panoramic radiograph or cone beam image may be taken by a dental hygienist under the authorization of another health professional and with the appropriate education. The final interpretation of these images will be completed by the authorizing individual.

<sup>1</sup> Radiation Protection in Dentistry – Recommended Safety Procedures for the Use of Dental X-ray Equipment, Health Canada, Radiation Emitting Devices Act (R.S.C., 1985, c. R-1)

## PRACTICE STANDARD #10

A dental hygiene practitioner who owns a private dental hygiene practice ensures specific standards for radiography, infection prevention and control, record retention and billing, marketing, and the recommendation of dental exams are maintained.

### POLICY:

- 10.1** All dental hygienists are responsible for upholding the Practice Standards above (#1-9). Additionally, for the purposes of section 6 of the Dental Hygienists Regulation, a dental hygiene practitioner who owns a private dental hygiene practice is also responsible for upholding Practice Standard #10.

The Regulation sets out the definition and context of private dental hygiene practice. In accordance with the Regulation:

*6 (1) ... “private dental hygiene practice” means the practice of dental hygiene in circumstances where a dentist is not ordinarily on site or immediately available.*

*(2) A registrant who is a dental hygienist may not engage in private dental hygiene practice unless standards, limits or conditions respecting private dental hygiene practice have first been established under section 19(1) (k) or (l) of the Act.*



## Practice Standards and Practice Standard Policies

*(3) A registrant who engages in private dental hygiene practice must, in the course of providing dental hygiene services to a patient, recommend that the patient be examined by a dentist unless the dental hygienist*

*(a) has reason to believe that the patient has recently been examined by a dentist, or*

*(b) has recently recommended to the patient that the patient be examined by a dentist*

Private dental hygiene practice is further defined in CDHBC bylaws as:

*any business or undertaking, whether or not it is incorporated,*

*(a) that provides direct client care included in the practice of dental hygiene to individuals on a regular or continuous basis, according to criteria established by the board, and*

*(b) whose provision of direct client care included in the practice of dental hygiene is not limited to providing services on behalf of*

*(i) another private dental hygiene practice owned by one or more dental hygiene practitioner registrants or grandparented registrants,*

*(ii) a dental practice owned by one or more registrants of the College of Dental Surgeons of British Columbia, or*

*(iii) another institution, facility or agency that meets criteria established by the board,*

*and, for greater certainty, does not include the practice of an individual registrant who provides direct client care included in the practice of dental hygiene exclusively as an employee of one or more practices, institutions, facilities or agencies described in paragraph (b)(i), (ii) or (iii);*

With respect to these definitions, private dental hygiene practice may include any circumstance where a dental hygiene practitioner is the primary owner of the practice and is responsible for the day-to-day operations of the practice including, but not limited to, billing and document retention. A dental hygiene practitioner may employ registered dental hygienists and other health professionals provided that such employment is permitted by that health professional's regulatory body and that their practice standards are upheld. When a dental hygiene practitioner employs unregulated personnel, the practice owner is responsible for their oversight and ensuring that standards for infection prevention and control as well as confidentiality are upheld by all staff.

A dental hygiene practitioner who owns and operates a private dental hygiene practice is responsible for upholding Practice Standards while respecting the Standards, Limits and Conditions established specifically for this form of practice.



# Practice Standards and Practice Standard Policies

In accordance with Section 6 (2):

## **CDHBC Limits and Conditions**

### **Radiography**

Radiographic equipment owned by a dental hygiene practitioner is operated and maintained in adherence with all Federal and Provincial standards as outlined in Section 9 of this document and complies with the CDHBC Radiation Protection Program. Requirements of this program include:

- Ensuring dental radiography equipment is inspected upon installation and prior to initial use, and on regular intervals thereafter,
- Sending a certificate of inspection to the College upon renewal of registration,
- Ensuring a quality assurance program is in place and maintained,
- Keeping the client's dose of ionizing radiation to a minimum by adhering to the principle of ALARA, and
- Complying with the [Worksafe BC requirements](#) as applicable.

A dental hygiene practitioner who owns conventional radiography equipment ensures that potentially hazardous chemicals/materials are stored and disposed of safely, according to manufacturers' recommendations and government guidelines.

When radiographs are exposed to support dental hygiene treatment, images are in a format that can be shared with other health professionals as necessary. A dental hygiene practitioner ensures that clients in their practice are referred to an appropriate health professional for diagnosis of radiographic findings that are outside the dental hygiene scope of practice.

A dental hygiene practitioner who owns the client's records, including radiographs, is responsible for keeping these in a secure manner for a period of no less than 16 years.

### **Infection Prevention and Control**

Infection prevention and control is critical to client care and will be upheld in all practice settings. Provincial guidelines<sup>2</sup> have been established for all oral health care providers which explain the aspects of client safety that are assured through care providers' maintenance of proper cleaning, disinfecting, and sterilization of care items and practice environments. These standards are recognized by oral health regulators in BC as the established expectations for all oral care providers responsible for their own practices, including dental hygiene practitioners who own and operate a private dental hygiene practice.



# Practice Standards and Practice Standard Policies

A dental hygienist practicing in alternative practice settings (e.g. mobile dental hygiene clinics, group homes, long term care facilities, etc.) adheres to specific considerations for the transport of contaminated instruments and the disposal of hazardous and biomedical waste as outlined in Part F of the Infection Prevention and Control Guidelines<sup>2</sup>.

2 CDHBC Infection Prevention and Control Guidelines, July 2012.

## **Record Retention and Billing**

A dental hygiene practitioner who owns and operates a private dental hygiene practice is responsible for maintaining client records and appropriate billing processes. When a dental hygiene practitioner owns a practice, they own the client records of that practice. In accordance with the [Limitation Act](#), client records will be securely retained for no less than 16 years, with additional requirements for minors. Adults with a disability may require specific considerations and legal advice would be warranted for these cases.

As a practice owner, a dental hygiene practitioner upholds ethical, accurate billing practices that respect the client's right to informed decision-making and reflect the dental hygiene care that will be provided. As a practice owner, a dental hygiene practitioner does not deny, or discriminate in relation to, services provided to clients who have dental coverage or benefits through provincial social assistance or other third-party sources. Using transparent, open communication a dental hygiene practitioner informs clients of expected costs of proposed care and anticipated overages not covered by their insurance provider. The client's right to informed choice is supported by the dental hygiene practitioner.

## **Marketing**

Owners of private dental hygiene practices may choose to market their practices and/or care being offered to increase client volume; however, certain standards must be maintained, and conditions met. Section 69 (2) of the CDHBC bylaws provides that:

*Any marketing undertaken by a registrant must not be:*

- (a) false,*
- (b) inaccurate,*
- (c) reasonably expected to mislead the public,*
- (d) unverifiable, or*
- (e) contrary to the public interest in the practice of the profession.*

Advertisements pertaining to a dental hygiene practice or services will reflect the true nature of the care being provided, without creating an unjustified or unreasonable expectation of the outcome. Marketing strategies will not take advantage of any weakened state of any recipients, be it mental, physical, or emotional and will not



# Practice Standards and Practice Standard Policies

attempt to improperly influence an individual or organization representing an individual in a weakened state. Marketing tools will not compare the quality of services provided by one dental hygienist over another and will not imply that they may obtain treatment results not achievable by another oral care provider.

A dental hygienist who limits their form of practice to certain branches or areas of the profession may state that they do so, however, will not use the title “specialist” or any similar descriptor to suggest specialized status in any marketing tools.

It is the responsibility of a dental hygiene practitioner as a practice owner to adhere to Section 69 of the CDHBC bylaws and the marketing guidelines described in the Professional Practice Standards document<sup>3</sup>.

<sup>3</sup> Forthcoming in Phase II of the Practice Standards re-development process.

In accordance with Section 6 (3):

## **CDHBC Limits and Conditions**

### **Recommending a Dental Exam**

The Regulation stipulates that in providing dental hygiene services to a client in a private dental hygiene practice, a dental hygienist will recommend that the client be examined by a dentist. Collaborative, client-centred care is pivotal to all practice settings and timely dental exams ensure that clients’ comprehensive oral health needs are met. A dental exam will be recommended to a client if the client has not recently been examined by a dentist, if a recommendation for an exam has not been recently made, or if the dental hygiene assessment indicates a need for dental care beyond the dental hygiene scope.

## **TERMINOLOGY**

**Authorizing authority:** A health professional regulated under the *Health Professions Act* who has been given the regulatory authority to authorize taking a radiograph.

**Client:** For the purposes of dental hygiene care and practice standards, a “client” is considered to be synonymous with a “patient” as referenced in the *Health Professions Act* and the *Dental Hygienists Regulation*.

**Radiographs:** For the purposes of dental hygiene care and practice standards, the term “radiographs” is considered to be synonymous with “xrays” as referenced in the *Dental Hygienists Regulation*.



## Practice Standards and Practice Standard Policies

**Recommending a dental exam:** Providing information to a client on an individualized basis regarding the importance of obtaining a dental exam to address the comprehensive oral health needs of that client.

**Referral:** The process of directing a client to a health professional for the purpose of addressing a general or oral health need which is beyond the scope of dental hygiene diagnosis and treatment. This process may include the secure transfer of client documentation (e.g. radiographs, treatment record, etc.) and would generally involve directing the client to a named health professional.