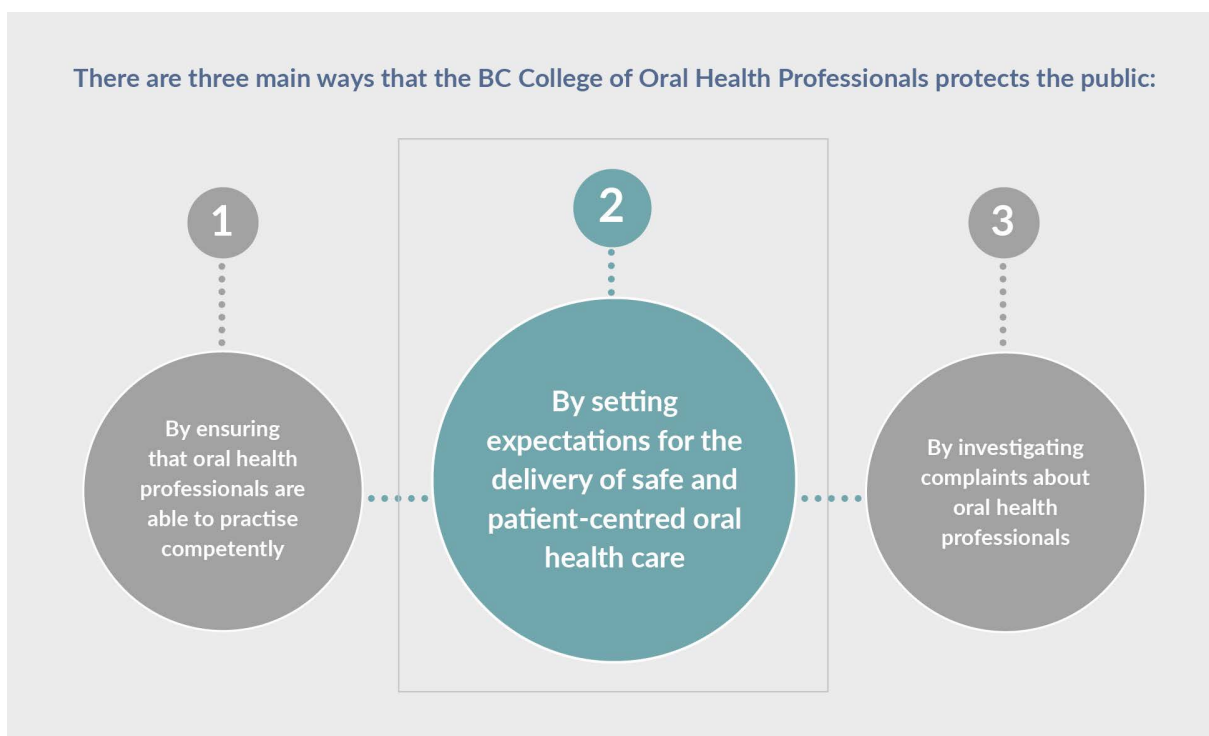


Expectations for clinical and ethical practice

Practice Standards for Private Dental Hygiene Practice

Applies to Dental Hygienists

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



Disclaimer: This document was developed by the former College of Dental Hygienists of BC before the amalgamation of BC's four oral health regulatory colleges in 2022 and the introduction of BCCOHP's *Professional Standards for the Oral Health Team* (Professional Standards), effective June 30, 2025. The Professional Standards define the minimum expectations for professional and ethical conduct, performance, and behaviour for regulated oral health professionals in BC.

While BCCOHP is in the process of rescinding and replacing all legacy practice resources with unified standards, this document remains applicable.



Practice Standards and Practice Standard Policies

Dental Hygiene Practice Standard for Private Dental Hygiene Practice

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:

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.

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

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



Practice Standards and Practice Standard Policies

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 guidelines² 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 Guidelines².

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 document³.

3 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.