

Standards of Practice



INTRODUCTION

BACKGROUND

The Alberta College of Dental Hygienists (the College) is the regulatory body for the dental hygiene profession in Alberta. The Government of Alberta grants the College authority to govern the profession through the [Health Professions Act \(HPA\)](#).

The College's mandate is to protect the public from unsafe and unethical practice and hold dental hygienists accountable for the care they provide. The College does this by developing, maintaining, and enforcing the Standards of Practice and Code of Ethics.

PURPOSE

Standards of Practice set the minimum levels of professional behaviour and conduct for regulated health professionals. It is the dental hygienist's responsibility to understand the College's Standards of Practice and adhere to them in their practice of dental hygiene. Non-compliance with the Standards of Practice may be the basis for disciplinary action under the HPA.

The Standards of Practice serve several purposes, including:

- Defining for dental hygienists the minimum performance expectations that they must meet in their practice.
- Providing the public, employers, and other health professionals with benchmarks against which the professional practice of a dental hygienist can be measured.
- Fulfilling the requirements for the profession as set out by the Government of Alberta in the HPA.
- Equipping the College with a legal framework for investigating complaints and pursuing disciplinary actions.

CONTEXT

The Standards of Practice:

- Exist to support the College's mandate to ensure dental hygienists in Alberta have the knowledge, skills, attitudes, and judgment to provide safe, effective, ethical, and beneficial oral health care services to the public.
- Apply to all dental hygienists in Alberta regardless of practice setting.

- Refer to the term “patient” throughout; however, the terms “**patient**” and “**client**” are interchangeable, depending on the circumstances surrounding the provision of dental hygiene services.
 - **Patient:** an individual awaiting or receiving oral health care services and/or treatment from a dental hygienist.
 - **Client:** An individual, family, group, community, or organization accessing dental hygiene services. The term client also includes the patient’s legal guardian or substitute decision-maker legally authorized to act on behalf of a patient when appropriate.
- Are structured as a series of stand-alone documents that collectively form a comprehensive unit of standards to inform a dental hygienist’s practice.
- Align with and are mutually supportive of other regulatory documents that guide the profession, including the HPA and other legislation, Dental Hygienists Profession Regulation, Health Professions Restricted Activity Regulation, and the College’s Code of Ethics, Bylaws, Guidelines and Policies.
- Set the minimum levels of professional behaviour and conduct for dental hygienists. Where inconsistencies exist between Standards of Practice and employment policies, dental hygienists are expected to meet or exceed the Standard of Practice (e.g., if a Standard of Practice exceeds the expectation of an employer’s policy, the dental hygienist is expected to meet the Standard of Practice).
- Will evolve over time, and substantive changes will be adopted only after consultation as prescribed by the HPA.

FORMAT OF THE STANDARDS OF PRACTICE

The Standards of Practice are listed alphabetically for ease of access.

Each Standard of Practice is generally structured with the following headings, with some exceptions.

STANDARD STATEMENT

The minimum legal and professional level of performance required by a dental hygienist.

PERFORMANCE EXPECTATIONS

The actions that must be demonstrated by the dental hygienist to indicate how the Standard is met in practice. The expectations are not all inclusive nor are they listed in order of importance.

PATIENT EXPECTATION

The outcomes that the patient may expect when a dental hygienist meets the standard.

GLOSSARY

Includes definitions of specific terms used in each Standard of Practice. Defined words are bolded the first time they appear in a Standard of Practice.

ACKNOWLEDGEMENTS

The College respectfully acknowledges the content taken and adapted from the standards of practice of other regulatory organizations within Alberta and across Canada.

Some of the language and content used in the standards has been adapted from the Federation of Dental Hygiene Regulators of Canada Entry-to-Practice Canadian Competencies for Dental Hygienists and Alberta Health Services policies.

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ADMINISTRATION OF LOCAL ANAESTHESIA

1. Authorization to Administer Local Anaesthesia

The restricted activity of administering local anaesthetic by injection shall only be performed by a Regulated member in good standing on the General Register who:

- 1.1. Holds a ACDH Local Anaesthesia Certificate; and
- 1.2. Holds current cardiopulmonary resuscitation certification at the level required by Council for initial registration and renewal of a Practice Permit.

The Local Anaesthesia Certificate must be displayed for public viewing alongside the Regulated member's Practice Permit, in the workplace where the member carries out the practice of dental hygiene.

2. Equipment and Emergency Medications

- 2.1. All offices in which local anaesthetic is administered must comply with the following record keeping and equipment standards:
 - 2.1.1. Dental records must contain an appropriate medical history and patient evaluation.
 - 2.1.2. Dental records must contain a record of the injection including the local anaesthetic used, the vasoconstrictor (if any), the injection(s) given, the volume of the solution, and any adverse reactions.
- 2.2. Office facilities and equipment shall include:
 - 2.2.1. An established office emergency protocol and an emergency kit;
 - 2.2.2. Suction equipment capable of aspirating gastric contents from the mouth and pharynx;
 - 2.2.3. A portable oxygen delivery system including full face masks and bag-valve mask combination with appropriate connectors capable of delivering positive pressure, oxygen-enriched ventilation to the patient; and
 - 2.2.4. A blood pressure cuff (sphygmomanometer) of appropriate size and stethoscope, or equivalent monitoring devices.

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ADVERTISING

This standard applies to all dental hygienists, whether they directly engage in **advertising** and promotional activities or others do so on their behalf.

STANDARD STATEMENT

The dental hygienist ensures all advertising is clear, truthful, accurate, verifiable, and does not mislead or misinform the public.

PERFORMANCE EXPECTATIONS

The dental hygienist must...

1. Ensure that advertising:
 - a) Is verifiable and accurately reflects current, best-available evidence from **reliable sources**;
 - b) Contains complete information, is truthful, and does not mislead or deceive the public;
 - c) Refrains from methods that may create unreasonable expectations for the public (e.g., guarantees, warranties, or unsubstantiated claims about results);
 - d) Does not contain comparative, discrediting, or disparaging statements about other health care professionals or their services, fees, clinics, or products;
 - e) Informs the public without creating **unnecessary demand** for **dental hygiene services**;
 - f) Does not include endorsements or testimonials regarding the dental hygienist or their services;
 - g) Does not take advantage of an individual's insecurities;
 - h) Does not harm the integrity of the dental hygiene profession; and
 - i) Protects the privacy and confidentiality of patient information.
2. Obtain and document consent prior to using patient information for advertising purposes.
3. Decline to participate in advertising that offers any inducement to a patient to receive a dental hygiene service, including but not limited to:
 - a) Time-limited prices; and/or
 - b) Discount coupons, gift certificates, or prizes for a service.

4. Refrain from:
 - a) Advertising for products or services outside the practice of dental hygiene while:
 - i. Referencing their dental hygiene education or training; and/or
 - ii. Representing themselves as a dental hygienist or a registrant of the College.
 - b) Using their **professional title** to endorse any product or service for personal gain unless the dental hygienist:
 - i. Discloses any benefit received from the endorsement;
 - ii. Takes an evidence-informed approach in the decision to endorse the product or service; and
 - iii. Discloses relevant information about the product or service.
5. Only advertise health products that Health Canada authorizes for sale in Canada.
6. Ensure that advertisements of the dental hygienist's fees sufficiently describe the fees and services to meet the expectations of truth, accuracy, and clarity to the intended audience.
7. Ensure that all advertising complies with legislation, standards, and ethical principles, and is consistent with the College's advertising guidelines.

PATIENT EXPECTATION

The patient can expect that advertising by or about the dental hygienist is accurate, assists them in making informed choices, and does not pressure them in their dental hygiene care decisions.

GLOSSARY

ADVERTISEMENT/ADVERTISING: Any communication made orally, in print, through electronic media, or via the internet (including websites and social media), by, about, or on behalf of a dental hygienist to the public where its substantial purpose is to promote the dental hygienist, the dental hygienist's services, and/or a dental hygiene clinic with which the dental hygienist may be associated.¹

DENTAL HYGIENE SERVICES: Any service that falls within the practice of the profession of dental hygienists as outlined in the [Health Professions Act](#) (Schedule 5, section 3).

ETHICAL PRINCIPLES: The five fundamental principles that form the foundation of the College's Code of Ethics: Beneficence and Non-maleficence, Veracity and Integrity, Patient's Autonomy and Informed Choice, Confidentiality and Patient's Privacy, and Accountability.

¹ College of Physicians and Surgeons of British Columbia. (2022). Practice Standard Advertising and Communication with the Public. Accessed from: www.cpsbc.ca/files/pdf/PSG-Advertising.pdf

EVIDENCE-INFORMED: The integration of best available evidence with clinical expertise and patient values.² This approach involves identifying, searching for, and interpreting the result of the best available evidence to inform decision-making processes.³

LEGISLATION: Federal or provincial acts, regulations, or codes.

PROFESSIONAL TITLE: Includes any words or titles listed in section 30 of the [Dental Hygienists Profession Regulation](#).

RELIABLE SOURCES: Research findings that are methodologically appropriate and clinically relevant for the situation. Both the ranking of the source on an evidence hierarchy and the quality of the evidence are considered (e.g., scholarly peer-reviewed journals, systematic reviews, clinical and best practice guidelines, government data).⁴

UNNECESSARY DEMAND: Encouraging the patient or potential patient to access care at an inappropriate time that is inconsistent with the patient's needs, interests, or goals.

²Straus, S. E., Glasziou, P., Richardson, W. S., & Haynes, R. B. (2019). Evidence-based medicine: How to practice and teach EBM (5th ed). Elsevier.

³ Federation of Dental Hygiene Regulators of Canada. (2021). Entry-to-Practice Canadian Competencies for Dental Hygienists. Accessed from: www.fdhrc.ca/wp/wp-content/uploads/2021/12/EPCCoDH_FDHR_Canada_November_2021.pdf

⁴ Woo, K. (2017). Polit & Beck Canadian Essentials of Nursing Research (4th ed). Wolters Kluwer Health.

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CLINICAL THERAPY

This standard applies to a dental hygienist providing clinical therapy to a patient.

STANDARD STATEMENT

The dental hygienist applies professional knowledge, training, and experience to competently provide **patient-centred** clinical therapy safely and effectively.

PERFORMANCE EXPECTATIONS

The dental hygienist must...

1. Obtain the patient's ongoing **informed consent** for proposed **dental hygiene services**.
2. Apply appropriate assessment strategies, techniques, tools, and/or indices, considering the patient's historical and current assessment data (e.g., obtaining and interpreting radiographs as needed).
3. Detect any findings that are abnormal, atypical, or unhealthy, and inform the patient.
4. Use critical thinking and professional judgment to interpret assessment data, determine a **diagnosis** and prognosis, and inform the patient.
5. Identify patients for whom the initiation or continuation of dental hygiene services is contraindicated based on interpretation of the patient's health history and/or clinical data and refer appropriately.
6. **Collaborate** and communicate effectively with the patient to plan care using a patient-centred approach. This includes involving the patient in prioritizing and sequencing dental hygiene services.
7. Consider all aspects of a patient's overall health and well-being, including **determinants of health** and risk factors, when planning and implementing **evidence-informed** dental hygiene services.
8. Based on the patient's assessment data and diagnosis, deliver dental hygiene services that are clinically appropriate for the patient and are consistent with the patient's informed consent.
9. Recognize and manage the patient's discomfort and/or pain.

10. Monitor and evaluate the patient's response to dental hygiene services and adjust services, implement alternatives, or discontinue services accordingly.
11. Make clinically appropriate **referrals** when the patient's needs for assessment, diagnosis or treatment are best addressed in collaboration with or by another health professional.

PATIENT EXPECTATION

The patient can expect the dental hygienist to assess relevant data, make an informed diagnosis, partner with the patient to develop and implement patient-centred goals and plans, and evaluate dental hygiene services.

GLOSSARY

COLLABORATE: To work in partnership with the patient and/or others while maintaining a focus on the needs and goals of the patient. Collaboration may include consultations, referrals, or other relationships that benefit the patient.

DENTAL HYGIENE SERVICES: Any service that falls within the practice of the profession of dental hygienists as outlined in the [Health Professions Act](#) (Schedule 5, section 3).

DETERMINANTS OF HEALTH: The broad range of personal, social, economic, and environmental factors that determine individual and population health.¹

DIAGNOSIS: Identification of an oral health condition informed by assessment findings, clinical judgment, professional knowledge, and the best available evidence.

EVIDENCE-INFORMED: The integration of best available evidence with clinical expertise and patient values.² This approach involves identifying, searching for, and interpreting the result of the best available evidence to inform decision-making processes.³

INFORMED CONSENT: Receiving the patient's written or verbal permission to proceed with a proposed service following a process of decision-making leading to an informed choice. Informed consent involves ongoing communication between the parties involved. In the case of a minor or others who do not have the capacity to provide informed consent, the agreement must come from a legal guardian or substitute decision-maker legally authorized to act on behalf of a patient.

¹ Government of Canada. (2022) Social Determinants of Health and Health Inequalities. Accessed from: www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html

² Straus, S. E., Glasziou, P., Richardson, W. S., & Haynes, R. B. (2019). Evidence-Based Medicine: How to Practice and Teach EBM (5th ed). Elsevier.

³ Federation of Dental Hygiene Regulators of Canada. (2021) Entry-to-Practice Canadian Competencies for Dental Hygienists. Accessed from: www.fdhrc.ca/wp/wp-content/uploads/2021/12/EPCCoDH_FDHC_November_2021.pdf

PATIENT-CENTRED: This approach recognizes the partnership and sharing of power between the patient and health care providers to improve clinical outcomes and satisfaction with care. It includes demonstrating attitudes and behaviours that are respectful of the whole person and their preferences.⁴

REFERRAL: An explicit request for another health professional to become involved in the care of a patient. Accountability for clinical outcomes is negotiated between the health professionals involved.⁵

⁴ Registered Nurses' Association of Ontario. (2015) Person- and Family-Centred Care. Accessed from: rno.ca/sites/rno-ca/files/FINAL_Web_Version_0.pdf

⁵ Nova Scotia College of Nursing. (2018) Nurse Practitioner Standards of Practice. Accessed from: cdn1.nscn.ca/sites/default/files/documents/resources/NP_Standards_of_Practice.pdf

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COLLABORATION

STANDARD STATEMENT

The dental hygienist **collaborates** with patients, oral health professionals, and **others** in a cooperative, constructive, and respectful manner for the benefit of the patient.

PERFORMANCE EXPECTATIONS

The dental hygienist must...

1. Recognize their own **limitations** throughout **dental hygiene service** delivery and collaborate as appropriate with other health professionals.
2. Communicate the need for collaboration (e.g., **referrals, consultations**) to the patient.
3. When collaborating:
 - a) Communicate effectively;
 - b) Share patient information appropriately according to the College's [Privacy and Confidentiality Standard of Practice](#);
 - c) Maintain a **patient-centred** approach; and
 - d) Determine the expectations and responsibilities of each health professional when working with a mutual patient.

PATIENT EXPECTATION

The patient can expect that the dental hygienist will collaborate effectively to provide safe, competent, and ethical care.

GLOSSARY

COLLABORATE: To work in partnership with the patient and/or others while maintaining a focus on the needs and goals of the patient. Collaboration may include consultations, referrals or other relationships that benefit the patient.

CONSULTATION: A request for advice on the care of the patient from another health professional. The consultant may or may not see the patient directly. The responsibility for clinical outcomes remains with the consultee who may decide to accept or reject the advice of the consultant.¹

DENTAL HYGIENE SERVICES: Any service that falls within the practice of the profession of dental hygienists as outlined in the [Health Professions Act](#) (Schedule 5, section 3).

LIMITATIONS: Occur when the patient's needs for assessment, diagnosis, or treatment are best met by another provider or in another practice setting. This can include when the patient's needs fall outside the practice of dental hygiene or the dental hygienist's individual competence.

OTHERS: Those within the person's circle of care, including health professionals, administrative personnel, cultural brokers, and those directly or indirectly involved in supporting the health and well-being of a patient. The term may also include representatives from private, voluntary, and non-profit groups, and government sectors.²

PATIENT-CENTRED: This approach recognizes the partnership and sharing of power between the patient and health care providers to improve clinical outcomes and satisfaction with care. It includes demonstrating attitudes and behaviours that are respectful of the whole person and their preferences.³

REFERRAL: An explicit request for another health professional to become involved in the care of a patient. Accountability for clinical outcomes is negotiated between the health professionals involved.⁴

¹ Nova Scotia College of Nursing. (2018) Nurse Practitioner Standards of Practice. Accessed from: cdn1.nscn.ca/sites/default/files/documents/resources/NP_Standards_of_Practice.pdf

² Federation of Dental Hygiene Regulators of Canada. (2021) Entry-to-Practice Canadian Competencies for Dental Hygienists. Available from: www.fdhrc.ca/wp/wp-content/uploads/2021/12/EPCCoDH_FDHCRC_November_2021.pdf

³ Registered Nurses' Association of Ontario. (2015) Person- and Family-Centred Care. Accessed from: rnao.ca/sites/rnao-ca/files/FINAL_Web_Version_0.pdf

⁴ Nova Scotia College of Nursing. (2018) Nurse Practitioner Standards of Practice. Accessed from: cdn1.nscn.ca/sites/default/files/documents/resources/NP_Standards_of_Practice.pdf

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COMMUNICATION

STANDARD STATEMENT

The dental hygienist communicates professionally, respectfully, effectively, and in a timely manner.

PERFORMANCE EXPECTATIONS

The dental hygienist must...

1. Communicate in a respectful, open, and clear manner and provide truthful, accurate, and complete information in all professional interactions (e.g., spoken, written, **electronic communication**). This includes but is not limited to communication with or regarding:
 - a) Patients;
 - b) Individuals within the profession;
 - c) Other health professionals;
 - d) Colleagues;
 - e) The dental hygiene profession; and/or
 - f) The College.
2. Communicate effectively with the patient to promote the patient's **health literacy** and understanding of proposed **dental hygiene services** (e.g., active listening, use of plain language).
3. Continuously evaluate the effectiveness of their communication approaches.
4. Adapt communication to the needs of the patient and minimize barriers by incorporating relevant supports (e.g., interpreters, visual aids, technology, culturally appropriate resources).
5. Address the patient's questions in a timely manner and within the scope of dental hygiene practice.

PATIENT EXPECTATION

The patient can expect the dental hygienist to communicate with them clearly, professionally, and effectively in a way that supports their understanding and participation.

GLOSSARY

DENTAL HYGIENE SERVICES: Any service that falls within the practice of the profession of dental hygienists as outlined in the [Health Professions Act](#) (Schedule 5, section 3).

ELECTRONIC COMMUNICATION: Any form of electronic media used to transmit information (e.g., texting, social media, email, patient communication software).

HEALTH LITERACY: The ability to obtain, process, understand, and respond to health messages, and be motivated to make health decisions that promote and maintain good health.¹

¹ Boyd, L. D., Mallonee, L. F., Wyche, C. J. & Halaris J. F.(2021). Wilkins' Clinical Practice of the Dental Hygienist (13th ed). Jones & Bartlett Learning.

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CONFLICTS OF INTEREST

STANDARD STATEMENT

The dental hygienist identifies and manages potential, perceived, or real **conflicts of interest** to protect the patient's best interests and the dental hygienist's professional integrity.

PERFORMANCE EXPECTATIONS

The dental hygienist must...

1. Ensure that the patient's needs, values, interests, and goals are the most important factors when making professional decisions.
2. Identify situations that could lead to or be interpreted as a conflict of interest and avoid or manage such conflicts. This includes but is not limited to the following situations:
 - a) Seeking or accepting incentives from others for providing **referrals**, services, or products;
 - b) Offering inducements or incentives to others to generate referrals, provide services, or sell products; and/or
 - c) Receiving financial incentives based on patient numbers, service volumes, profits, etc.
3. Make complete and timely disclosure of any potential, perceived, or real conflict of interest to the patient and/or others as appropriate.
4. Document details in the patient's record of the conflict of interest disclosure made to the patient and how the conflict was managed.
5. Provide options to the patient for the provision of services or products when a potential, perceived, or real conflict of interest exists. This includes respecting the patient's right to request a referral to another health professional and/or a second opinion.
6. Disclose to event participants any financial relationship with **industry** when organizing or presenting at a continuing competence event, course or seminar.

PATIENT EXPECTATION

The patient can expect the dental hygienist to provide services that are in the patient's best interest and to disclose and manage any conflicts of interest.

GLOSSARY

DENTAL HYGIENE SERVICES: Any service that falls within the practice of the profession of dental hygienists as outlined in the [Health Professions Act](#) (Schedule 5, section 3).

CONFLICT OF INTEREST: A conflict of interest may arise where a reasonable person could believe that a dental hygienist's duty to act in the patient's best interests may be affected or influenced by other competing interests, including financial, non-financial, direct, or indirect transactions with patients or others. A conflict of interest can exist even if the dental hygienist is confident their professional judgment is not being influenced by the conflicting interest or relationship.¹

INDUSTRY: Refers to the full range of commercial enterprises associated with healthcare. These include, but are not restricted to, the pharmaceutical industry, the dental equipment, supply, and product industry, the medical device industry, and commercial providers of services related to clinical practice, research, and education.²

REFERRAL: An explicit request for another health professional to become involved in the care of a patient. Accountability for clinical outcomes is negotiated between the health professionals involved.³

¹ College of Physicians and Surgeons of Alberta. (2021) Conflict of Interest Standard of Practice. Accessed from: cpsa.ca/wp-content/uploads/2020/05/Conflict-of-Interest.pdf

² College of Physicians and Surgeons of Ontario. (2014) Physicians' Relationships with Industry: Practice, education and research. Accessed from: www.cpso.on.ca/en/Physicians/Policies-Guidance/Policies/Physicians-Relationships-with-Industry-Practice

³ Nova Scotia College of Nursing. (2018) Nurse Practitioner Standards of Practice. Accessed from: cdn1.nscn.ca/sites/default/files/documents/resources/NP_Standards_of_Practice.pdf

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CONTINUING COMPETENCE

STANDARD STATEMENT

The dental hygienist on the General Register participates in the College's Continuing Competence Program (CCP) to maintain **competence** and enhance the provision of **dental hygiene services** throughout their career.

PERFORMANCE EXPECTATIONS

The dental hygienist on the General Register must...

1. Meet the requirements of the CCP established by Council as outlined in the **CCP Manual** by:
 - a) Obtaining CCP credits in accordance with the policies outlined in the CCP Manual;
 - b) Completing courses or learning activities required by the College within the time-period specified.
2. Keep records, in accordance with the policies outlined in the CCP Manual, of any activities undertaken for the purpose of the CCP for a minimum of four (4) years.
3. When required, provide records of any activities undertaken for the purpose of the CCP to the Registrar for review.
4. When directed by the Registrar or **Competence Committee**, participate in a competence assessment in accordance with the criteria and policies outlined in the CCP Manual. Competence assessments may require evaluations including:
 - a) Practice visits;
 - b) Examinations;
 - c) Reviews of records of any activities undertaken for the purpose of the CCP;
 - d) Individualized assessments of professional competence;
 - e) Interviews; or
 - f) Any other type of evaluation as required by the Registrar or Competence Committee.

PATIENT EXPECTATION

The patient can expect that the dental hygienist maintains and enhances their professional knowledge, judgment, and skills throughout their career.

ACTIONS TO BE TAKEN

If a dental hygienist has not completed the required CCP activities, has not maintained proper records, or has unsatisfactory results on a competence assessment, the Registrar and/or Competence Committee may:

- Deny annual permit renewal;
- Refer the dental hygienist to the Complaints Director;
- Direct the dental hygienist to undertake one or more actions as outlined in the CCP Manual within the time-period specified by the Registrar; and/or
- Impose conditions in accordance with section 40.1 of the *Health Professions Act*.

At the College's discretion, the dental hygienist may be responsible for the costs of:

- Any action that the dental hygienist must undertake in response to a direction by the Registrar or Competence Committee; and
- Any competence assessment.

GLOSSARY

CONTINUING COMPETENCE PROGRAM MANUAL: The Council-approved document describing the details of the Continuing Competence Program.

COMPETENCE COMMITTEE: A Council-appointed committee established under the [Health Professions Act](#).

COMPETENCE: The combined knowledge, skills, attitudes, and judgment required to provide dental hygiene services.

DENTAL HYGIENE SERVICES: Any service that falls within the practice of the profession of dental hygienists as outlined in the [Health Professions Act](#) (Schedule 5, section 3).

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CONTINUITY OF CARE

STANDARD STATEMENT

The dental hygienist ensures continuity of care and only discontinues care in a manner that is safe and ethical.

PERFORMANCE EXPECTATIONS

The dental hygienist must...

1. Support the patient's right to choose their provider of **dental hygiene services** by:
 - a) Informing the patient of the option to receive ongoing care from a specific dental hygienist; and
 - b) Recognizing when the patient has an expectation of ongoing care with the dental hygienist and taking reasonable steps to ensure that this is achieved.
2. Ensure the patient is informed of the dental hygienist who will be providing care.
3. Take reasonable steps to ensure that the patient has an alternate oral health care provider or has been given options to arrange for an alternate oral health care provider in the event that the dental hygienist leaves a practice.
4. Direct a patient to contact the College when the patient is searching for a dental hygienist who was their previous care provider.

The dental hygienist who discontinues care for the patient must...

5. Not discontinue care based on:
 - a) A protected ground of discrimination as per the [Alberta Human Rights Act](#);
 - b) The patient's values, life circumstances, or culture;
 - c) The patient's failure to keep appointments or pay outstanding fees unless advance notice has been given to the patient; or
 - d) Relocation of their dental hygiene practice, if the patient can reasonably attend the new location.
6. Give reasonable advance notice of service discontinuation to the patient.
7. Document the reason for discontinuing care in the patient **record**.

The dental hygienist who closes or transfers ownership of a dental hygiene practice must...

8. Ensure patients have ongoing access to their **health information** and are informed of how their health information can be accessed.
9. Provide the College with evidence of compliance with the Standards of Practice including but not limited to:
 - a) Reasonable notice provided to patients;
 - b) Steps taken to ensure continuity of care;
 - c) Location and disposition of patient records;
 - d) Manner in which patients may access their records; and
 - e) Any other matter relevant to the closure as may be requested by the College.

PATIENT EXPECTATION

The patient can expect that the dental hygienist supports the patient's choice of dental hygiene care provider. In the event that the dental hygienist discontinues care, the patient will be given options for alternate oral health care providers to continue the patient's care.

GLOSSARY

DENTAL HYGIENE SERVICES: Any service that falls within the practice of the profession of dental hygienists as outlined in the [Health Professions Act](#). (Schedule 5, section 3)

HEALTH INFORMATION: Defined in the [Health Information Act](#) as one or both of the following:

- (i) Diagnostic, treatment and care information
- (ii) Registration information

RECORD: As defined in the [Health Information Act](#), means a record of health information in any form and includes notes, images, audiovisual recordings, x-rays, books, documents, maps, drawings, photographs, letters, vouchers and papers, and any other information that is written, photographed, recorded, or stored in any manner, but does not include software or any mechanism that produces records.

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DOCUMENTATION

STANDARD STATEMENT

The dental hygienist documents clear, accurate, and comprehensive patient **records** in a timely manner.

PERFORMANCE EXPECTATIONS

The dental hygienist must...

1. Document accurate records.
2. Include their first and last name, **protected title**, and date in each record entry.
3. Ensure each component of the patient record identifies the corresponding patient.
4. Record information legibly, in English, using common and consistent terminology, symbols, and abbreviations.
5. Document using language that is free of **bias** which might imply prejudicial beliefs or perpetuate assumptions regarding the individual(s) being written about.
6. When providing clinical therapy, document clinical notes. For each **encounter**, the patient record must contain:
 - a) The patient's reason(s) for attendance;
 - b) The informed consent process, including the patient's informed refusal of any recommended **dental hygiene services**;
 - c) Updated medical and dental history information; and
 - d) An accurate and complete reflection of the patient encounter, including any or all of the following:
 - i. Assessment findings and interpretations (e.g., radiographic, periodontal);
 - ii. **Diagnosis** describing each existing oral health condition and possible etiology;
 - iii. Care plan;
 - iv. Dental hygiene services provided (e.g., assessments, treatments, drugs administered);
 - v. Patient responses to dental hygiene services (e.g., pain or discomfort, progress toward achieving documented goals);

- vi. Details of all education, recommendations, and instructions provided to the patient;
 - vii. Prescriptions given;
 - viii. **Referrals** to other health professionals;
 - ix. Notation of any adverse or unusual events that occur related to dental hygiene care; and/or
 - x. Any other care provided.
7. Include sufficient detail in the record to allow the patient's care to be managed by another health professional.
 8. Complete the patient record during care or as soon as is reasonable.
 9. Ensure that any communication to or with the patient (e.g., telephone, electronic) related to dental hygiene services, including before or after care, is entered in the patient record.
 10. Document communications, reports, and correspondence from other health professionals in the patient record.
 11. Maintain the following information when a patient record is updated, added to, or corrected:
 - a) The original entries;
 - b) The identity of the person making the update, addition, or correction; and
 - c) The date of the update, addition, or correction.

PATIENT EXPECTATION

The patient can expect the dental hygienist to accurately document all the information relevant to the dental hygiene services they received and create a comprehensive health record that facilitates future care.

GLOSSARY

BIAS: An implied or irrelevant evaluation of (an) individual(s) which might imply prejudicial beliefs or perpetuate biased assumptions.¹

DENTAL HYGIENE SERVICES: Any service that falls within the practice of the profession of dental hygienists as outlined in the [Health Professions Act](#) (Schedule 5, section 3).

DIAGNOSIS: Identification of an oral health condition informed by assessment findings, clinical judgment, professional knowledge, and the best available evidence.

ENCOUNTER: A patient's interaction with the dental hygienist related to a particular occurrence.

LEGISLATION: Federal or provincial acts, regulations, or codes.

¹ Alberta College of Speech-Language Pathologists and Audiologists.(2022) Documentation and Information Management Standard of Practice. Accessed from: www.acslpa.ca/members-applicants/key-college-documents/standards-of-practice/4-3-documentation-and-information-management/

PROTECTED TITLE: Dental hygienist, registered dental hygienist, DH, or RDH as per section 30(1) of the [Dental Hygienists Profession Regulation](#).

RECORD: As defined in the [Health Information Act](#), means a record of health information in any form and includes notes, images, audiovisual recordings, x-rays, books, documents, maps, drawings, photographs, letters, vouchers and papers, and any other information that is written, photographed, recorded, or stored in any manner, but does not include software or any mechanism that produces records.

REFERRAL: An explicit request for another health professional to become involved in the care of a patient. Accountability for clinical outcomes is negotiated between the health professionals involved.²

² Nova Scotia College of Nursing. (2018) Nurse Practitioner Standards of Practice. Accessed from: cdn1.nscn.ca/sites/default/files/documents/resources/NP_Standards_of_Practice.pdf

Standards of Practice



DRUGS: GENERAL

This Standard of Practice applies to the use of both prescription and non-prescription **drugs** and natural health products in the practice of dental hygiene.

All dental hygienists may administer, recommend, **sell**, provide, or **compound** drugs for patients as part of the practice of dental hygiene.

Dental hygienists who apply for and receive approval from the College may **prescribe** Schedule 1 drugs as listed in section 8(d) of the [Health Professions Restricted Activity Regulation](#). The dental hygienist who prescribes Schedule 1 drugs must also comply with the [Drugs: Prescribing Standard of Practice](#).

STANDARD STATEMENT

The dental hygienist uses an **evidence-informed** approach to administer, recommend, prescribe (if permitted), sell, provide and compound drugs safely and appropriately.

PERFORMANCE EXPECTATIONS

The dental hygienist must...

1. Utilize prescription and non-prescription drugs and natural health products appropriately within their practice of dental hygiene, competencies, practice setting, and in compliance with legislation.

The dental hygienist who administers, recommends, prescribes, sells, or provides a prescription or non-prescription drug must...

2. Adhere to current applicable provincial and federal legislation, standards, ethical principles, guidelines, and policies.
3. Complete appropriate patient assessments, including medical and **medication history**.
4. Identify and use **evidence-informed** best practice guidelines and resources regarding drug therapies used in the practice of dental hygiene. This includes but is not limited to:
 - a) Knowledge of the drug;
 - b) Possible drug interactions;
 - c) Contraindications; and
 - d) Risks and benefits of the expected treatment outcomes.

5. Apply critical thinking to ensure that the drug therapy is appropriate and aligns with the patient's oral health goals.
6. Support the patient's informed choices and obtain **informed consent** in accordance with the College's [Informed Consent Standard of Practice](#). This also includes discussing the following with the patient:
 - a) The rationale for the selection of a particular drug; and
 - b) Implications of using drug therapy.
7. Maintain complete and accurate records of drugs administered, recommended, prescribed, sold, or provided. This includes but is not limited to:
 - a) Accessing, utilizing, and contributing to the patient **record** and complete medication history;
 - b) Documenting the administration of drugs in accordance with applicable legislation, standards, and guidelines; and
 - c) Documenting drugs recommended, prescribed, sold, or provided.
8. Acquire, store, and dispose of drugs in a manner that:
 - a) Adheres to provincial and federal legislation and guidelines;
 - b) Protects the integrity, quality, and safety of drugs;
 - c) Minimizes the possibility of errors; and
 - d) Ensures that drugs are secured against theft, loss, or diversion.
9. Participate in a quality assurance program that provides for preventing, reporting, investigating, and evaluating **drug errors**. This includes but is not limited to:
 - a) Taking appropriate action if:
 - i. A drug error or **adverse drug event** is discovered; or
 - ii. There is a reasonable suspicion that a drug error has occurred or will occur;
 - b) Documenting and reporting all **drug incidents**, drug errors, or adverse drug events within 24 hours of discovery;
 - c) Contributing to monitoring and improving processes to minimize risk; and
 - d) Participating in the [Canada Vigilance Program](#), Health Canada's post-market surveillance program for reported adverse drug reactions.

The dental hygienist who administers a prescription or non-prescription drug must...

10. Prepare and administer the drug in a manner that ensures accuracy and safety. This includes but is not limited to:
 - a) Using knowledge of drug incidents and errors and taking steps to prevent them;
 - b) Identifying the need for, and participating in, activities that create safe drug systems and practices; and
 - c) Safeguarding drugs and not leaving drugs unattended.
11. Ensure the patient record contains:
 - a) The date and time the drug was administered;
 - b) The route of administration;

- c) The name, strength, dose, and dosage form of the drug;
- d) The reason for administering the drug and the patient's response; and
- e) Identification of the dental hygienist who administered the drug.

The dental hygienist who recommends a non-prescription drug for a patient must...

12. Consider appropriate information about the patient's condition to make a professional judgment on whether to:
 - a) Recommend a non-prescription drug;
 - b) Recommend another treatment or no treatment; or
 - c) Refer the patient to another appropriate health professional.
13. Provide the patient with relevant information to enable the patient to receive the intended benefit of the drug therapy. This includes but is not limited to:
 - a) Rationale for the selection of a particular drug;
 - b) Implications of using drug therapy;
 - c) Risks and benefits of drug therapy;
 - d) Possible side effects and when to report; and
 - e) Administration instructions, and possible drug or food interactions, if applicable.
14. Record the recommendation of non-prescription drugs in the patient record, including:
 - a) The date the drug was recommended;
 - b) Reason for recommending the drug;
 - c) Identification of the dental hygienist who recommended the drug; and
 - d) Details of the name, strength, dose, and dosage form of the drug, if provided to the patient.

The dental hygienist who provides or sells a drug must...

15. Store all drugs for provision or sale in a location and manner that does not allow patients to self-select the drugs.
16. Provide the patient with sufficient information to enable the patient to receive the intended benefit of the drug therapy. This includes but is not limited to:
 - a) Rationale for the selection of a particular drug;
 - b) Implications of using drug therapy;
 - c) Risks and benefits of drug therapy;
 - d) Possible side effects and when to report; and
 - e) Administration instructions, and possible drug or food interactions, if applicable.
17. Hand the drug directly to the patient. If the drug is being released to a **patient's agent**, the dental hygienist must:
 - a) Confirm that the person is authorized to act as an agent for the patient;

- b) Provide the agent with the adequate information described above, if the dental hygienist is satisfied that it is in the patient's best interest to do so; and
 - c) Where possible, communicate verbally with the patient.
18. Ensure drugs provided or sold are in appropriate containers by:
- a) Providing or selling drugs in the manufacturer's original package or container unless it is not reasonably possible to do so; and
 - b) Using a child-resistant package unless it is not appropriate for the patient, not suitable for the drug, or not readily available.
19. If the drug is removed from the manufacturer's package, ensure that:
- a) The drug is in an appropriate package, having regard for the nature of the drug, including sensitivity to light, humidity, and temperature.
 - b) For non-prescription drugs, the package or container has a label that is clear, legible, and includes the following:
 - i. A description of the drug in English including the generic name, strength, and manufacturer of the drug, or the brand name and manufacturer for a combination drug product;
 - ii. The quantity of drug in the package;
 - iii. A lot number for the drug;
 - iv. The expiry date for the drug;
 - v. Directions for use.
 - c) For Schedule 1 drugs, the package or container has a label that is clear, legible, and includes the following:
 - i. The name of the patient for whom the drug is provided;
 - ii. The name, address, and telephone number of the dental hygienist who provided the drug;
 - iii. The name of the prescriber of the drug;
 - iv. A description of the drug in English including the generic name, strength, and manufacturer of the drug, or the brand name and manufacturer for a combination drug product;
 - v. Instructions for the use of the drug;
 - vi. The date the drug was provided;
 - vii. The quantity of the drug provided; and
 - viii. The expiry date for the drug.
20. Ensure the accuracy of the drug being provided.
21. Record the sale or provision of the drug in the patient record. This includes:
- a) The date the drug was provided;
 - b) The name, strength, and dosage form of the drug;
 - c) The drug identification number (DIN) of the drug;
 - d) The quantity of the drug provided;
 - e) Reason for sale or provision of the drug; and

- f) Identification of the dental hygienists who provided the drug.
22. Only provide or sell compounded drugs when it is not reasonably possible for the patient to obtain the drug from a pharmacy.

PATIENT EXPECTATION

The patient can expect the dental hygienist to safely, competently, and appropriately incorporate drugs into the patient's care.

GLOSSARY

ADVERSE DRUG EVENT: An unexpected and undesired incident related to drug therapy that results an adverse outcome for a patient, including injury or complication.

COMPOUND: As defined in the [Health Professions Act](#), means to mix together 2 or more ingredients of which at least one is a drug for the purposes of dispensing a drug or drugs, but does not include reconstituting a drug or drugs with only water.

DRUG: May also be referred to as medication. Unless otherwise specified, includes both:

- Prescription drugs (refers to drugs in Schedule 1)
- Non-prescription drugs (refers to drugs in Schedule 2, Schedule 3, and unscheduled drugs)

DRUG ERROR: Any drug incident (see definition) where the drug has been released or administered to the patient.

DRUG INCIDENT: Any preventable event that may cause or lead to inappropriate drug use or patient harm.

EVIDENCE-INFORMED: The integration of best available evidence with clinical expertise and patient values¹. This approach involves identifying, searching for, and interpreting the result of the best available evidence to inform decision-making processes.²

INFORMED CONSENT: Receiving the patient's written or verbal permission to proceed with a proposed service following a process of decision-making leading to an informed choice. Informed consent involves ongoing communication between the parties involved. In the case of a minor or others who do not have the capacity to provide informed consent, the agreement must come from a legal guardian or substitute decision-maker legally authorized to act on behalf of a patient.

MEDICATION HISTORY: The medication history is part of the patient's comprehensive medical history. This assessment includes the patient's use of prescription drugs, non-prescription drugs, and natural health products. The patient's medication history aids the dental hygienist in determining possible contraindications and adverse effects, such as drug-drug and drug-food interactions.

¹Straus, S. E., Glasziou, P., Richardson, W. S., & Haynes, R. B. (2019) Evidence-Based Medicine: How to Practice and Teach EBM (5th ed). Elsevier.

² Federation of Dental Hygiene Regulators of Canada. (2021) Entry-to-Practice Canadian Competencies for Dental Hygienists. Accessed from: www.fdhrc.ca/wp/wp-content/uploads/2021/12/EPCCoDH_FDHR_C_November_2021.pdf

PATIENT'S AGENT: A family member, caregiver or another individual who has a close personal relationship with the patient.

PRESCRIBE: Throughout this standard, the term prescribe refers to prescribing a Schedule 1 drug listed in 8(d) of the [Health Professions Restricted Activity Regulation](#).

RECORD: As defined in the [Health Information Act](#), means a record of health information in any form and includes notes, images, audiovisual recordings, x-rays, books, documents, maps, drawings, photographs, letters, vouchers and papers, and any other information that is written, photographed, recorded, or stored in any manner, but does not include software or any mechanism that produces records.

SELL: As defined in the [Health Professions Act](#), includes (i) distributing, trading or bartering for money or other valuable consideration, (ii) distributing and giving away without expectation or hope of compensation or reward, (iii) keeping for sale, and (iv) offering for sale.

Standards of Practice



DRUGS: PRESCRIBING SCHEDULE 1 DRUGS

Dental hygienists who apply for and receive approval from the College may **prescribe** Schedule 1 drugs as listed in section 8(d) of the [Health Professions Restricted Activity Regulation](#).

The dental hygienist who prescribes Schedule 1 drugs must also comply with the [Drugs: General Standard of Practice](#).

STANDARD STATEMENT

The dental hygienist who is permitted by the College to **prescribe** Schedule 1 drugs listed in section 8(d) of the Health Professions Restricted Activity Regulation does so safely and appropriately within their practice of dental hygiene, competencies, practice setting, and in compliance with **legislation**.

PERFORMANCE EXPECTATIONS

The dental hygienist must...

1. Complete a College-approved education or training program in preparation for prescribing any Schedule 1 drug listed in section 8(d) of the Health Professions Restricted Activity Regulation.
2. Apply for and receive approval from the College prior to prescribing any Schedule 1 drug listed in section 8(d) of the Health Professions Restricted Activity Regulation.
3. Prescribe in accordance with current provincial and federal legislative requirements and standards.
4. Comply with the regulations and policies that enable the dental hygienist to prescribe.
5. Prescribe only those Schedule 1 drugs listed in section 8(d) of the Health Professions Restricted Activity Regulation.
6. Only prescribe a Schedule 1 drug for an individual with whom the dental hygienist has a **clinical therapy relationship** to:
 - a) Treat an oral health condition that the dental hygienist is competent to diagnose and manage; and
 - b) Aid in the achievement of the patient's oral health goals.

7. Only prescribe for a patient when they have personally performed an appropriate patient assessment, including consideration of the patient's:
 - a) Medical history;
 - b) **Medication history**;
 - c) Current health status; and
 - d) Individual circumstances.
8. Not prescribe drugs for a family member or anyone else with whom they have a close personal relationship except for minor conditions, in an emergency, or when another prescriber is not readily available to prescribe the drug.
9. Not prescribe for themselves.
10. Use **evidence-informed** best practice guidelines and resources when prescribing Schedule 1 drugs. The dental hygienist must only prescribe a drug for an indication that is either:
 - a) Approved by Health Canada;
 - b) Considered a best practice or accepted clinical practice based on peer-reviewed literature; or
 - c) Part of an approved research protocol.
11. Select drug therapy based on knowledge of pharmacotherapy and consideration of factors, including, but not limited to:
 - a) Expected action or therapeutic outcome;
 - b) Recommended dosage and dosage adjustment for specific patients;
 - c) Common or serious adverse effects;
 - d) Drug interactions;
 - e) Patient's oral health goals; and
 - f) Patient-specific factors such as age, weight, gender, culture, medical conditions, concurrent drugs, and drug allergies.
12. Provide information to enable the patient to receive the intended benefit of the drug therapy. This includes but is not limited to:
 - a) Possible side effects and when to report; and
 - b) Administration instructions and possible drug or food interactions, if applicable.
13. Record the prescribing decisions made in the patient's **record**, including the following:
 - a) The date the drug was prescribed;
 - b) The name, strength, dose, and dosage form of the drug prescribed;
 - c) The quantity of the drug prescribed;
 - d) The indication for the prescribing decision;
 - e) The goal of the prescribed therapy;
 - f) Instructions given to the patient;
 - g) Any follow-up required to evaluate the patient's response; and
 - h) Identification of the dental hygienist who prescribed.

14. Take responsibility for the prescribing decision. This includes but is not limited to:
 - a) Monitoring, documenting, and evaluating the patient's response to the prescribed drug therapy and following up or adjusting as appropriate; and
 - b) Notifying those health professionals whose care of the patient may be impacted by the prescribing decision.
15. Issue prescriptions that are legible, accurate, and complete. To be complete:
 - a) Written prescriptions must include the following legal requirements:
 - i. Name and address of the patient;
 - ii. Date the prescription is issued;
 - iii. Drug name;
 - iv. Drug strength, dose, and dosage form, if applicable;
 - v. Dosage, if applicable;
 - vi. Route of administration, if applicable;
 - vii. Quantity of drug to be provided;
 - viii. Directions for use;
 - ix. Number of refills authorized and interval between each refill, if applicable;
 - x. Prescriber's name and phone number; and
 - xi. Prescriber's signature.
 - b) Computer-generated prescriptions must include the handwritten signature of the prescriber or utilize an electronic signature that is hand-initialed by the prescriber.
16. Only issue prescriptions verbally when it is not possible to issue a written prescription to the patient or transmit the prescription directly to a pharmacy.
17. Ensure prescriptions transmitted to a pharmacy are transmitted in a manner that ensures patient confidentiality, authenticity, validity, and security of the prescription.
18. Ensure that when prescriptions are transmitted by facsimile (fax):
 - a) The prescription is sent directly from a secure fax machine to a single pharmacy acceptable to the patient;
 - b) The prescriber is available and can verify the source of the faxed prescription for the pharmacist, if required;
 - c) In addition to all the legal requirements of a complete prescription, the transmission includes:
 - i. The prescriber's address, fax number, and phone number;
 - ii. The time and date of the fax transmission;
 - iii. The name and fax number of the pharmacy intended to receive the transmission;
 - iv. An indication that the prescription represents the original of the prescription drug order;

- v. An indication that the addressee is the only intended recipient and there are no others;
 - vi. An indication that the original prescription will be invalidated and securely filed; and
 - vii. An indication that the original prescription will not be transmitted elsewhere at another time.
- d) Pre-printed fax forms do not reference a pharmacy, pharmacist, pharmaceutical manufacturer, distributor, agent, or broker.
19. Only transmit prescriptions via an online platform if the system meets or exceeds legal requirements in Alberta for online transmission.

PATIENT EXPECTATION

The patient can expect that the prescribing dental hygienist is knowledgeable and works with the patient to ensure the prescribed drug is a safe and appropriate choice for treating an oral health condition.

GLOSSARY

CLINICAL THERAPY RELATIONSHIP: Refers to the professional relationship between a dental hygienist and a patient in which a dental hygienist provides clinical therapy to the patient in accordance with the [Clinical Therapy Standard of Practice](#).

DRUG: May also be referred to as medication. Unless otherwise specified, includes both:

- Prescription drugs (refers to drugs in Schedule 1)
- Non-prescription drugs (refers to drugs in Schedule 2, Schedule 3, and unscheduled drugs)

EVIDENCE-INFORMED: The integration of best available evidence with clinical expertise and patient values¹. This approach involves identifying, searching for, and interpreting the result of the best available evidence to inform decision-making processes.²

INFORMED CONSENT: Receiving the patient's written or verbal permission to proceed with a proposed service following a process of decision-making leading to an informed choice. Informed consent involves ongoing communication between the parties involved. In the case of a minor or others who do not have the capacity to provide informed consent, the agreement must come from a legal guardian or substitute decision-maker legally authorized to act on behalf of a patient.

¹Straus, S. E., Glasziou, P., Richardson, W. S., & Haynes, R. B. (2019) Evidence-Based Medicine: How to Practice and Teach EBM (5th ed). Elsevier.

² Federation of Dental Hygiene Regulators of Canada. (2021) Entry-to-Practice Canadian Competencies for Dental Hygienists. Accessed from: www.fdhrc.ca/wp/wp-content/uploads/2021/12/EPCCoDH_FDHC_November_2021.pdf

MEDICATION HISTORY: The medication history is part of the patient's comprehensive medical history. This assessment includes the patient's use of prescription drugs, non-prescription drugs, and natural health products. The patient's medication history aids the dental hygienist in determining possible contraindications and adverse effects, such as drug-drug and drug-food interactions.

PRESCRIBE: Throughout this standard, the term prescribe refers to prescribing a Schedule 1 drug listed in section 8(d) of the [Health Professions Restricted Activity Regulation](#).

RECORD: As defined in the [Health Information Act](#), means a record of health information in any form and includes notes, images, audiovisual recordings, x-rays, books, documents, maps, drawings, photographs, letters, vouchers and papers, and any other information that is written, photographed, recorded, or stored in any manner, but does not include software or any mechanism that produces records.

Standards of Practice



DUTY TO REPORT

STANDARD STATEMENT

The dental hygienist is responsible for being aware of, understanding, and following all mandatory reporting requirements.

PERFORMANCE EXPECTATIONS

The dental hygienist must...

1. Self-report the following to the College:
 - a) Any injury, dependency, infection, or any other physical, cognitive, mental and/or emotional condition that has immediately affected, or may affect over time, the dental hygienist's continuing ability to practice safely and competently;
 - b) Any findings of professional negligence or malpractice;
 - c) Any findings of unprofessional conduct by a regulatory authority in another jurisdiction or by any other college under the [Health Professions Act](#) (HPA);
 - d) Any charges or convictions of a criminal offense; and/or
 - e) Sexual abuse of or sexual misconduct towards a patient as defined in the HPA and the [Protecting Patients from Sexual Abuse and Misconduct Standard of Practice](#).
2. Promptly report another regulated health professional to the relevant college when they have reasonable and probable grounds to believe that the conduct of the regulated health professional places patients at risk or may be considered unprofessional conduct under the HPA.
3. Report another regulated health professional to the relevant college's complaints director as soon as the dental hygienist has reasonable grounds to believe the regulated health professional is engaging in behaviour that constitutes sexual abuse of or sexual misconduct toward a patient, or the procurement or performance of **female genital mutilation** of a patient, as required by the HPA section 127.2(1).
4. Report situations to the proper authorities in compliance with applicable **legislation**. (e.g., abuse of vulnerable persons in care, children in need of intervention, specified communicable diseases, adverse drug reactions).

PATIENT EXPECTATION

The patient can expect that the dental hygienist will act in the interest of patient safety and report specific situations or incidents to the appropriate authority as required.

GLOSSARY

FEMALE GENITAL MUTILATION: As defined in the [Health Professions Act](#), means “the excision, infibulation or mutilation, in whole or in part, of the labia majora, labia minora, clitoral hood or clitoris of a person, except where valid consent is given, and

(i) A surgical or other procedure is performed by a regulated member under [the HPA] for the benefit of the physical health of the person or for the purpose of that person having normal reproductive functions or normal sexual appearance or function, or

(ii) The person is at least 18 years of age and there is no resulting bodily harm.”

LEGISLATION: Federal or provincial acts, regulations, or codes.

Standards of Practice



EVIDENCE-INFORMED PRACTICE

STANDARD STATEMENT

The dental hygienist seeks, promotes, supports, and incorporates an **evidence-informed** approach in their practice.

PERFORMANCE EXPECTATIONS

The dental hygienist must...

1. Access and critically evaluate current, credible, and relevant evidence from the best available **reliable sources**.
2. Apply appropriate evidence when providing **dental hygiene services**, using critical thinking and professional judgment.
3. Be able to justify professional decisions with evidence-informed rationale.
4. Seek and assess new research, knowledge, and emerging trends to determine applicability to practice.
5. Recommend or provide only those dental hygiene services that are appropriate and beneficial for the patient, informed by evidence, and consistent with the patient's **informed consent**.
6. Not recommend services, products, or treatments that have been proven to be ineffective through rigorous, peer-reviewed evidence.
7. Evaluate their practice in terms of patient outcomes and modify their practice based on this self-reflective process and appropriate evidence.
8. Integrate evidence and best practices when developing or reviewing organizational policies.

PATIENT EXPECTATION

The patient can expect that the dental hygiene services they receive are informed by the best available current evidence, the patient's values, and the dental hygienist's knowledge, skills, experience, and judgment.

GLOSSARY

DENTAL HYGIENE SERVICES: Any service that falls within the practice of the profession of dental hygienists as outlined in the [Health Professions Act](#) (Schedule 5, section 3).

EVIDENCE-INFORMED: The integration of best available evidence with clinical expertise and patient values.¹ This approach involves identifying, searching for, and interpreting the result of the best available evidence to inform decision-making processes.²

INFORMED CONSENT: Receiving the patient's written or verbal permission to proceed with a proposed service following a process of decision-making leading to an informed choice. Informed consent involves ongoing communication between the parties involved. In the case of a minor or others who do not have the capacity to provide informed consent, the agreement must come from a legal guardian or substitute decision-maker legally authorized to act on behalf of a patient.

RELIABLE SOURCES: Research findings that are methodologically appropriate and clinically relevant to the situation. Both the ranking of the source on an evidence hierarchy and the quality of the evidence are considered (e.g., scholarly peer-reviewed journals, systematic reviews, clinical and best practice guidelines, government data).³

¹Straus, S. E., Glasziou, P., Richardson, W. S., & Haynes, R. B. (2019). Evidence-Based Medicine: How to Practice and Teach EBM (5th ed). Elsevier.

² Federation of Dental Hygiene Regulators of Canada. (2021) Entry-to-Practice Canadian Competencies for Dental Hygienists. Accessed from: www.fdhrc.ca/wp/wp-content/uploads/2021/12/EPCCoDH_FDHR_Canada_November_2021.pdf

³ Woo, K. (2017). Polit & Beck Canadian Essentials of Nursing Research (4th ed). Wolters Kluwer Health.

Standards of Practice



INFORMED CONSENT

STANDARD STATEMENT

The dental hygienist must obtain the patient's ongoing **informed consent** for the initiation and delivery of **dental hygiene services**.

PERFORMANCE EXPECTATIONS

The dental hygienist must...

1. Obtain informed consent from the patient or from the appropriate individual in accordance with applicable **legislation**.
2. Support **informed choice** by communicating relevant information openly, truthfully, and in recognition of the patient's needs, values, and goals.
3. Ensure the patient:
 - a) Is informed of the right to withdraw consent at any time;
 - b) Is free of undue influence, duress, or coercion in making the consent decision;
 - c) Receives a proper explanation that includes but is not limited to:
 - i. Recommended procedures or strategies (including assessments or interventions);
 - ii. Exact nature and anticipated benefits of the proposed procedures or strategies;
 - iii. Common risks, significant risks, side effects, and costs;
 - iv. **Diagnosis** and prognosis, when determined;
 - v. Reasonable alternative procedures or strategies available, and the associated common risks and significant risks; and
 - vi. Consequences of refusing recommendations.
 - d) Demonstrates a reasonable understanding of the information provided.
4. Respect the patient's right to:
 - a) Make informed choices, consult, and/or request additional information;
 - b) Refuse proposed services; and/or
 - c) Withdraw previously provided consent at any time during dental hygiene services.

5. Seek new informed consent for each specific procedure or strategy, and in any of the following scenarios:
 - a) The patient's condition has changed;
 - b) The evidence supporting the procedure or strategy has changed;
 - c) The patient has withdrawn consent; or
 - d) The patient has refused the involvement of particular individuals in their care.
6. Document informed consent or refusal from the patient. If consent is verbal, then a notation must be made to that effect in the patient record.
7. When conducting dental hygiene research, obtain approval from the appropriate research ethics authority and informed consent from the research participant.

PATIENT EXPECTATION

The patient can expect that they will be informed of the options, risks, costs, and benefits of proposed services, asked to provide their consent, and that the dental hygienist will respect their right to question, refuse options, and/or withdraw from services at any time.

GLOSSARY

DENTAL HYGIENE SERVICES: Any service that falls within the practice of the profession of dental hygienists as outlined in the [Health Professions Act](#) (Schedule 5, section 3).

DIAGNOSIS: Identification of an oral health condition informed by assessment findings, clinical judgment, professional knowledge, and the best available evidence.

INFORMED CHOICE: Critical elements of informed choice include disclosure (e.g., revealing pertinent information, including risks and benefits), voluntariness (e.g., the choice is not coerced or manipulated), and capacity. "Informed choice" encompasses "informed consent."

INFORMED CONSENT: Receiving the patient's written or verbal permission to proceed with a proposed service following a process of decision-making leading to an informed choice. Informed consent involves ongoing communication between the parties involved. In the case of a minor or others who do not have the capacity to provide informed consent, the agreement must come from a legal guardian or substitute decision-maker legally authorized to act on behalf of a patient.

LEGISLATION: Federal or provincial acts, regulations, or codes.

Standards of Practice



IONIZING RADIATION

Dental hygienists on the General and Courtesy Registers are authorized to **order** and/or **apply** any form of ionizing radiation in medical radiography. Authorization to perform this restricted activity is for the purpose of ordering **dental X-ray imaging procedures** and/or applying ionizing radiation for dental X-ray imaging procedures as a part of the practice of dental hygiene.

STANDARD STATEMENT

The dental hygienist orders and/or applies ionizing radiation safely and appropriately for the purpose of dental X-ray imaging procedures.

PERFORMANCE EXPECTATIONS

The dental hygienist who orders ionizing radiation for a dental X-ray imaging procedure must...

1. Protect the patient from excessive radiation exposure in accordance with applicable **legislation**, policies, and guidelines, including [Safety Code 30](#).
2. Base the order on the clinical history and clinical assessment of the patient, professional judgment, and consideration of current, **evidence-informed** guidelines for prescribing radiographs.
3. Justify that the results of the ordered procedure could inform their dental hygiene treatment decision to a degree that the benefits outweigh any risks.
4. Confirm that there are no previous images available which would avoid the need for additional dental X-ray imaging procedures.
5. Document the clinical objective for the order, including the clinical rationale and specific information required from the dental X-ray imaging procedure.
6. Keep the number of ordered dental X-ray imaging procedures to a minimum, consistent with the clinical objective for the order.
7. Only prescribe a higher dose X-ray imaging procedure if the clinical objective cannot be satisfactorily met by other lower dose dental X-ray modalities.
8. Support the patient's informed choices and obtain informed consent in accordance with the College's [Informed Consent Standard of Practice](#). This also includes discussing the following with the patient:
 - a) The clinical rationale for recommending the procedure; and

- b) How the results will be used by the dental hygienist.
9. Ensure that the ordered image(s) are fully interpreted, and all abnormal, atypical or unhealthy radiographic findings are documented in the patient record by either:
 - a) Interpreting the image themselves; or
 - b) Consulting with or referring to another health professional.
 10. Explain the relevant radiographic findings to the patient, provide the necessary follow-up, and refer the patient to an appropriate health professional when required.

The dental hygienist who applies ionizing radiation for a dental X-ray imaging procedure must...

11. Only apply ionizing radiation when there is a patient-specific order from an authorized health professional, including when the dental hygienist has ordered it themselves in accordance with this Standard of Practice.
12. Consult with the ordering health professional and take reasonable steps if an order is unclear, incomplete, outdated, illegible, inappropriate, or unsafe.
13. Protect the patient and others from radiation in accordance with applicable legislation, policies, and guidelines, including [Safety Code 30](#).
14. Maintain records of retakes to facilitate a radiation quality assurance program.

The dental hygienist who owns ionizing radiation equipment must...

15. Ensure radiation equipment is inspected and registered according to applicable legislation and provide evidence of current registration to the College.
16. Ensure that a radiation protection program is developed, implemented, and maintained for the facility.
17. Fulfill the responsibilities of a dental X-ray equipment owner as described in [Safety Code 30](#).

PATIENT EXPECTATION

The patient can expect that the dental hygienist discusses the risks and benefits of dental X-ray imaging procedures and safely takes X-ray images only when necessary for detecting or diagnosing oral health conditions.

GLOSSARY

APPLY: To expose a patient to ionizing radiation for the purpose of a dental X-ray imaging procedure.

DENTAL X-RAY IMAGING PROCEDURE: A technique that uses dental X-ray equipment in dental radiography, including the use of intra-oral (conventional, transportable, and hand-held) or extra-oral (panoramic, cephalometric and cone-beam computed tomography) modalities. It does not include the ordering and/or applying of ionizing radiation for any other medical diagnostic purpose or for any form of dental or medical radiation therapy.

EVIDENCE-INFORMED: The integration of best available evidence with clinical expertise and patient values¹. This approach involves identifying, searching for, and interpreting the result of the best available evidence to inform decision-making processes.²

INFORMED CONSENT: Receiving the patient's written or verbal permission to proceed with a proposed service following a process of decision-making leading to an informed choice. Informed consent involves ongoing communication between the parties involved. In the case of a minor or others who do not have the capacity to provide informed consent, the agreement must come from a legal guardian or substitute decision-maker legally authorized to act on behalf of a patient.

LEGISLATION: Federal or provincial acts, regulations, or codes.

ORDER: To prescribe a dental X-ray imaging procedure for a patient.

RECORD: As defined in the [Health Information Act](#), means a record of health information in any form and includes notes, images, audiovisual recordings, x-rays, books, documents, maps, drawings, photographs, letters, vouchers and papers, and any other information that is written, photographed, recorded, or stored in any manner, but does not include software or any mechanism that produces records.

¹Straus, S. E., Glasziou, P., Richardson, W. S., & Haynes, R. B. (2019). Evidence-Based Medicine: How to Practice and Teach EBM (5th ed). Elsevier.

² Federation of Dental Hygiene Regulators of Canada. (2021) Entry-to-Practice Canadian Competencies for Dental Hygienists. Accessed from: www.fdhrc.ca/wp/wp-content/uploads/2021/12/EPCCoDH_FDHCRC_November_2021.pdf

Standards of Practice



PATIENT-CENTRED APPROACH

STANDARD STATEMENT

The dental hygienist applies a **patient-centred** approach.

PERFORMANCE EXPECTATIONS

The dental hygienist must...

1. Act or advocate in the patient's best interest.
2. Treat the patient with compassion, dignity, sensitivity, and respect.
3. Recognize and appreciate the patient's autonomy and individuality.
4. Plan **dental hygiene services** in partnership with the patient, prioritizing the patient's needs, values, interests, and goals.
5. Support the patient in making an **informed choice** when choosing between available options, respecting the patient's right to refuse a dental hygiene service or withdraw consent at any time during dental hygiene services.
6. Monitor the patient's responses throughout dental hygiene service delivery, discuss actual versus expected oral health outcomes with the patient, and adjust services or goals based on changing patient needs, interim evaluation of outcomes, patient discussions, and new information.

PATIENT EXPECTATION

The patient can expect that they will be treated respectfully and that their input will be sought, valued, acknowledged, and integrated into all aspects of dental hygiene care.

GLOSSARY

PATIENT-CENTRED: This approach recognizes the partnership and sharing of power between the patient and health care providers to improve clinical outcomes and satisfaction with care. It includes demonstrating attitudes and behaviours that are respectful of the whole person and their preferences.¹

¹ Registered Nurses' Association of Ontario. (2015) Person- and Family-Centred Care. Accessed from: rnao.ca/sites/rnao-ca/files/FINAL_Web_Version_0.pdf

DENTAL HYGIENE SERVICES: Any service that falls within the practice of the profession of dental hygienists as outlined in the [Health Professions Act](#) (Schedule 5, section 3).

INFORMED CHOICE: Critical elements of informed choice include disclosure (e.g., revealing pertinent information, including risks and benefits), voluntariness (e.g., the choice is not coerced or manipulated), and capacity. “Informed choice” encompasses “informed consent.”

Standards of Practice



PRIVACY AND CONFIDENTIALITY

STANDARD STATEMENT

The dental hygienist respects the patient's right to privacy, maintains confidentiality of information, and acts in compliance with privacy **legislation**.

PERFORMANCE EXPECTATIONS

The dental hygienist must...

1. Comply with all applicable privacy legislation.
2. Maintain the security of all forms of patient information (e.g., paper, electronic) at all times (e.g., during data collection, use, storage, transfer, disposal).
3. Safeguard the confidentiality of any information obtained during practice, including while teaching, supervising, conducting research, providing clinical therapy, or other professional duties.
4. Only collect and record **health information** that is relevant to the care being provided.
5. Limit their access and use of patient health information to only what is essential for the provision of **dental hygiene services**.
6. Obtain and document the patient's consent prior to disclosing their health information, unless there is a legislative exemption allowing for disclosure of information without patient consent.
7. Disclose only the amount of health information that is essential to enable the recipient of the information to carry out the intended purpose.
8. Refrain from discussions, including in personal, public, or electronic conversations, that could reasonably be seen as revealing confidential or identifying information.

PATIENT EXPECTATION

The patient can expect that the dental hygienist will hold information acquired in their professional relationship confidential and only share it when appropriate for the patient's care or with the patient's consent.

GLOSSARY

DENTAL HYGIENE SERVICES: Any service that falls within the practice of the profession of dental hygienists as outlined in the [Health Professions Act](#) (Schedule 5, section 3).

HEALTH INFORMATION: Defined in the [Health Information Act](#) as one or both of the following:

- (i) Diagnostic, treatment and care information
- (ii) Registration information

LEGISLATION: Federal or provincial acts, regulations, or codes.

Standards of Practice



PROFESSIONAL ACCOUNTABILITY

STANDARD STATEMENT

The dental hygienist is aware of, understands, and practices in compliance with all applicable **legislation** and regulatory requirements.

PERFORMANCE EXPECTATIONS

The dental hygienist must...

1. Maintain a level of personal and professional conduct that upholds the integrity and dignity of the profession and sustains public confidence.
2. Be aware of and comply with all legislation and regulatory requirements applicable in Alberta (e.g., privacy legislation, health and safety legislation, Standards of Practice, Code of Ethics, guidelines).
3. Take reasonable steps to ensure policies and procedures in the practice setting follow the legislation and regulatory requirements to which dental hygienists are accountable.
4. Practice under conditions that do not compromise their own professional judgment or integrity.
5. Be accountable for their own actions.
6. Demonstrate sound professional judgment and integrity.
7. Not place another regulated health professional in situations that compromise the other regulated health professional's judgment or integrity.
8. Maintain registration with the College and hold a valid practice permit prior to providing **dental hygiene services**.
9. Practice within their individual **competence** and confine their practice to only those activities authorized to them by the [Health Professions Act](#) (HPA) and the College.
10. Not engage in behaviour that constitutes sexual abuse, sexual misconduct, or the procurement or performance of **female genital mutilation** of a patient, as defined by the HPA.
11. Cooperate and comply with the requests of the College and its Council, officials, and committees to enable the College to fulfill its legislated responsibilities.

PATIENT EXPECTATION

The patient can expect that the dental hygiene services they receive are provided by a competent dental hygienist who follows all the rules and expectations of the profession.

GLOSSARY

COMPETENCE: The combined knowledge, skills, attitudes, and judgment required to provide dental hygiene services.

DENTAL HYGIENE SERVICES: Any service that falls within the practice of the profession of dental hygienists as outlined in the [Health Professions Act](#) (Schedule 5, section 3).

FEMALE GENITAL MUTILATION: As defined in the [Health Professions Act](#) means “the excision, infibulation or mutilation, in whole or in part, of the labia majora, labia minora, clitoral hood or clitoris of a person, except where valid consent is given, and

(i) a surgical or other procedure is performed by a regulated member under [the HPA] for the benefit of the physical health of the person or for the purpose of that person having normal reproductive functions or normal sexual appearance or function, or

(ii) the person is at least 18 years of age and there is no resulting bodily harm.”

LEGISLATION: Federal or provincial acts, regulations, or codes.

Standards of Practice



PROTECTING PATIENTS FROM SEXUAL ABUSE AND MISCONDUCT

1. The dental hygienist/patient relationship is a professional relationship defined by legislation, the Dental Hygienists Profession Regulation and the ACDH Code of Ethics. For the purposes of the Act to Protect Patients, 2018 and the [Health Professions Act](#), and specific to protecting individuals from sexual misconduct and sexual abuse by a dental hygienist, a “patient” is defined as an individual awaiting or receiving oral health care services and/or treatment where the dental hygienist knew or ought to have known that they were providing care to the individual and satisfies any of the following conditions listed below:
 - a) The dental hygienist has charged or received payment from the individual or a third party on behalf of the individual.
 - b) The dental hygienist has contributed to a health record or file for the individual.
 - c) The individual has consented to oral health care services and/or treatment by a dental hygienist.
 - d) The dental hygienist prescribed a drug for which a prescription is needed for the patient.
2. An individual will be considered a patient for one year (365 days) after the last date of professional interaction between the individual and the dental hygienist.
3. The dental hygienist may not enter into a close personal relationship or sexual relationship with a former patient until at least one year (365 days) has passed since the last professional interaction occurred and the professional relationship has ended, and there is minimal risk of a continuing power imbalance as a result of the professional dental hygienist/patient relationship.
 - a) A power imbalance occurs when a dental hygienist is in a position of authority and has professional obligations.
 - b) In determining whether there is a risk of a continuing power imbalance, the following factors will be considered:
 - i. The number of times that the dental hygienist and the patient had a professional interaction;
 - ii. The duration of the professional relationship;
 - iii. The nature of the professional interactions;

- iv. Whether sufficient time has passed since the last professional interaction occurred;
 - v. Whether the patient has confided personal information to the dental hygienist beyond that which was necessary for the purposes of receiving professional services;
 - vi. Whether the patient was emotionally dependent on the dental hygienist; and
 - vii. Whether the patient is particularly vulnerable as a result of factors such as age, gender identity, socioeconomic status, or as a result of a mental, intellectual, or physical disability.
- c) It is the responsibility of the dental hygienist to maintain ethics, demonstrate respect for and sensitivity to personal boundaries, and clarify the roles and goals in the dental hygienist/patient relationship.
4. For the purposes of this Standard of Practice, a spouse, adult interdependent partner, or individual with whom the dental hygienist has a pre-existing sexual relationship that is currently ongoing will not be considered a “patient”.

Standards of Practice



RECORD MANAGEMENT

STANDARD STATEMENT

The dental hygienist manages patient **records** in compliance with applicable **legislation** and regulatory requirements intended to protect the privacy and confidentiality of **health information**.

PERFORMANCE EXPECTATIONS

The dental hygienist must...

1. Ensure the patient record:
 - a) Is created, maintained, stored, and accessed in a manner that protects patient confidentiality through administrative, technical, and physical safeguards in compliance with applicable legislation; and
 - b) Is retrievable and available for authorized sharing within a reasonable period of time when a request is received, to facilitate continuity of patient care.
2. Identify and confirm whether they are acting as a **custodian** of health information or an **affiliate** of a custodian for the purposes of the [Health Information Act](#) (HIA), and act in accordance with the HIA.
3. When working in an environment with one or more health care providers, ensure (e.g., through office policy) that the patient record is under the custody and control of an identified custodian as defined in the HIA.
4. In an electronic patient record:
 - a) Use only single-user log-in information or access card to access or enter information into a patient record; and
 - b) Take reasonable steps and use safeguards to maintain the security of user password(s) or access cards (e.g., logging off when finished).
5. When acting as an affiliate:
 - a) Know and follow the custodian's policies and procedures regarding access, collection, use, disclosure, security, and disposal of health information; and
 - b) Notify the custodian as soon as possible of any reasonably anticipated or actual
 - i. Threat or hazard to the security or integrity of health information;
 - ii. Loss of health information;

- iii. Unauthorized use, disclosure, or modification of health information; or
 - iv. Unauthorized access to health information.
6. When acting as a custodian:
- a) Establish and follow policies and procedures in accordance with the HIA including but not limited to:
 - i. Mandatory privacy breach reporting; and
 - ii. Establishing information management agreements with third party service providers.
 - b) Complete a privacy impact assessment prior to changing or implementing any administrative practice or information system relating to the collection, use, and disclosure of individually identifying health information;
 - c) Take reasonable steps to inform the patient of:
 - i. The purpose for which the information is collected;
 - ii. The specific legal authority for the collection; and
 - iii. The contact information for an individual who can answer the patient's questions about the collection.
 - d) Retain patient records for:
 - i. A minimum of 10 years following the date of the last service provided; or
 - ii. In the case of minor patients, until the patient is 20 years of age or for 10 years, whichever is longer.
 - e) Provide a copy of the clinical and financial record to the patient or their authorized representative upon request and with appropriate consent in accordance with legislation.
7. When acting as a custodian while employed by a non-custodian:
- a) Clearly communicate the dental hygienist's legal obligations as a custodian to the employer;
 - b) Review the employer's policies and procedures relating to the collection use, disclosure, retention, security, and disposal of health information and ensure the policies align with legislation; and
 - c) Collaborate with the employer to ensure that legislated requirements specific to health information and the dental hygienist's obligations as a custodian are met and reflected in the employer's policies and procedures.

PATIENT EXPECTATION

The patient can expect the dental hygienist to maintain and securely keep all records pertaining to the patient in accordance with policies and procedures that are compliant with applicable legislation.

GLOSSARY

AFFILIATE: As defined by section 1(1)(a) of the [Health Information Act](#), means an individual or organization employed by a custodian, or a person or entity that performs a service for a custodian as an appointee, volunteer or student, or under a contract or agency relationship with the custodian.

CUSTODIAN: An organization or entity defined in section 1(1)(f) of the [Health Information Act](#) or designated in section 2 of the [Health Information Regulation](#). Dental hygienists are designated as custodians in the Health Information Regulation.

HEALTH INFORMATION: Defined in the [Health Information Act](#) as one or both of the following:

- (i) Diagnostic, treatment and care information
- (ii) Registration information

LEGISLATION: Federal or provincial acts, regulations, or codes.

RECORD: As defined in the [Health Information Act](#), means a record of health information in any form and includes notes, images, audiovisual recordings, x-rays, books, documents, maps, drawings, photographs, letters, vouchers and papers, and any other information that is written, photographed, recorded, or stored in any manner, but does not include software or any mechanism that produces records.

Standards of Practice



RESTRICTED ACTIVITIES

Restricted activities are high risk activities carried out in relation to or as part of providing a health service that require specific competencies and skills to be carried out safely. Restricted activities must be performed in accordance with the College's Standards of Practice.

Restricted activities that dental hygienists may perform are divided into:

- A. Activities that are authorized for all dental hygienists holding a general or courtesy practice permit;*
- B. Activities that require advanced training and authorization from the College.

A. Restricted Activities for Dental Hygienists (General or Courtesy Practice Permit)

The Health Professions Restricted Activity Regulation lists the following restricted activities that dental hygienists are authorized to perform, subject to any conditions or restrictions on the individual's practice permit:

- For the purpose of assessing or treating oral health conditions but not for the purpose of performing restoration procedures of a permanent nature, to cut a body tissue, to administer anything by an invasive procedure on body tissue or to perform surgical or other invasive procedures on body tissue below the dermis or the mucous membrane or in or below the surface of teeth, including scaling of teeth;
- To insert or remove instruments, devices, fingers, or hands beyond the pharynx for oral soft tissue examinations;
- To reduce a dislocation of a temporomandibular joint for the purpose of reducing a subluxation of the temporomandibular joint;
- To prescribe the following Schedule 1 drugs for the purpose of treating oral health conditions, providing prophylaxis and treating emergencies:
 - (i) Antibiotics;
 - (ii) Antifungal agents;
 - (iii) Anti-infective agents;

* Refer to specific standards of practice on each restricted activity for additional education and certification requirements.

- (iv) Antiviral agents;
- (v) Bronchodilators;
- (vi) Epinephrine;
- (vii) Fluoride;
- (viii) Pilocarpine;
- (ix) Topical corticosteroids;
- To compound, provide for selling, or sell, incidentally to the practice of dental hygiene, a Schedule 1 drug or Schedule 2 drug;
- To order or apply any form of ionizing radiation in medical radiography.

B. Restricted Activities Requiring Advanced Training

The following restricted activities may only be performed if the dental hygienist completes **advanced training** according to College policies and obtains authorization from the College:

- To prescribe or administer nitrous oxide for the purposes of conscious sedation;
- In collaboration with a dentist, to fit an orthodontic or periodontal appliance for the purpose of determining the preliminary fit of the appliance;
- In collaboration with a dentist, to perform surgical or other invasive procedures on body tissue below the surface of teeth for the purpose of performing restoration procedures of a permanent nature;
- Any other restricted activity within the practice of dental hygiene that is identified by the College as requiring advanced training.

STANDARD STATEMENT

The dental hygienist performs only those restricted activities they are authorized and competent to perform, within the context of their practice of dental hygiene, and when patient assessment findings indicate their use. The dental hygienist completes College-approved advanced training and obtains additional authorization from the College prior to performing restricted activities requiring advanced training.

PERFORMANCE EXPECTATIONS

The dental hygienist must...

1. Perform only those restricted activities for which they have the required authorization in accordance with the *Health Professions Act* and Standards of Practice.
2. Be responsible and accountable for safely performing the restricted activity.
3. Only perform a restricted activity if:
 - a) They are educated, trained, and competent to perform it;
 - b) An appropriate patient assessment has been performed; and

- c) The restricted activity is appropriate to the procedure being performed.
4. Maintain the competence necessary to perform restricted activities relevant to their practice.
 5. Be aware of risks associated with performing the restricted activity and ensure that risk mitigation measures are in place to manage any **adverse events** associated with performing it.
 6. For restricted activities that require additional authorization from the College, complete a College-approved advanced training course, apply to the College for authorization, and receive authorization from the College prior to performing the activity.

PATIENT EXPECTATION

The patient can expect that the dental hygienist performs the restricted activities which they are authorized to provide in a safe, effective, and appropriate manner.

GLOSSARY

ADVANCED TRAINING: Theoretical and clinical training in a specific area of practice, which is above and beyond the entry-to-practice competency requirements. Advanced training must be approved by the College and may or may not be offered as part of an entry-to-practice dental hygiene education program.

ADVERSE EVENT: An unexpected event related to healthcare management or delivery that a client directly experiences and that results in no harm, harm, or death.¹

RESTRICTED ACTIVITY: An activity named in the *Health Professions Act* as a restricted activity that is carried out in relation to or as part of a health service.

¹ Adapted from the Health Quality Council of Alberta (2022). Accessed from <https://justculture.hqca.ca/glossary-recommended-terms/>

Standards of Practice



SAFETY AND RISK MANAGEMENT

STANDARD STATEMENT

The dental hygienist protects their patients, themselves, and others from illness and injury by ensuring a safe practice environment and complying with applicable provincial occupational health and safety **legislation**.

PERFORMANCE EXPECTATIONS

The dental hygienist must...

1. Comply with applicable provincial occupational health and safety legislation.
2. Comply with applicable federal and provincial radiation protection legislation and codes, including [Safety Code 30](#).
3. Only use **medical devices** and equipment:
 - a) That are compliant with legislation;
 - b) That are approved for use by Health Canada; and
 - c) According to manufacturer's instructions for use.
4. Apply appropriate infection prevention and control measures to prevent the transmission of infectious agents in compliance with legislation, standards, ethical principles, and guidelines including:
 - a) Alberta Health [Reusable & Single-Use Medical Devices Standards](#); and
 - b) Council-approved infection prevention and control [requirements and guidelines](#).
5. Determine and take reasonable steps to ensure **workplace** policies and procedures reflect applicable legislation, standards, ethical principles, and guidelines. These policies and procedures include but are not limited to:
 - a) Following manufacturer's recommended service schedules and maintaining detailed service records;
 - b) Handling and storing drugs and hazardous products safely;
 - c) Disposing drugs, biomedical, and other hazardous wastes safely;
 - d) Disposing equipment and supplies safely;

- e) Ensuring that emergency medical equipment, supplies, and drugs are appropriate to the practice setting, readily accessible, and appropriately stored and/or maintained in accordance with manufacturer instructions; and
 - f) Following appropriate emergency protocols.
6. Follow workplace policies and procedures to protect patients, themselves, and others from illness and injury.
 7. Recognize, respond to, and document **adverse events** and **close calls**, and participate in processes to prevent future occurrences.
 8. Disclose to the patient if there is a risk of harm or if harm has occurred.
 9. Acquire the necessary education and training to competently apply appropriate emergency response skills that meet or exceed any minimum requirements (e.g., [CPR](#), oxygen administration, first aid).
 10. Identify, report, and mitigate potential risks that may impact safety in the workplace (e.g., working alone, environmental hazards, biological hazards, safety and function of equipment).
 11. Be aware of their personal immunization status and how it could impact risk related to the transmission of infection.

PATIENT EXPECTATION

The patient can expect the dental hygienist to deliver services safely, follow appropriate infection prevention and control measures, and respond appropriately to any event that could result in harm or has caused harm.

GLOSSARY

ADVERSE EVENT: An unexpected event related to healthcare management or delivery that a patient directly experiences and that results in no harm, harm or death.¹

CLOSE CALL: An event or series of events that nearly resulted in a patient being harmed but harm was avoided.¹

HARM: An unexpected outcome related to the care and/or services provided to the patient that negatively affects a patient's health and/or quality of life.¹

LEGISLATION: Federal or provincial acts, regulations, or codes.

MEDICAL DEVICE: Any instrument or component used to treat, diagnose, or prevent a disease or abnormal physical condition.²

WORKPLACE: The location where a dental hygienist provides dental hygiene services, whether self-employed, an employee, contractor, consultant, or volunteer.

¹ Health Quality Council of Alberta.(2022). JustCulture Glossary: Recommended Terms. Accessed from: justculture.hqca.ca/glossary-recommended-terms/

² Government of Canada. (2020) About Medical Devices. Accessed from: www.canada.ca/en/health-canada/services/drugs-health-products/medical-devices/about-medical-devices.html

Standards of Practice



SUPERVISION OF RESTRICTED ACTIVITIES

This standard applies to **supervision** of **restricted activities** by an authorized dental hygienist.

If a dental hygienist consents to supervise another person performing a restricted activity, the dental hygienist is ultimately accountable for the performance of that restricted activity. Any supervised restricted activities will be held to the Standards of Practice of the dental hygienist. In certain circumstances, the following persons may perform a restricted activity under the supervision of a dental hygienist:

- A. Students
- B. Dental hygienists
- C. Other regulated health professionals

A. Students

Students are permitted to perform a restricted activity under the supervision of a dental hygienist in the following circumstances:

- Students in an **approved dental hygiene program** leading to initial entry-to-practice as a dental hygienist;
- Students in an approved dental hygiene program leading to re-entry to practice as a dental hygienist; or
- Students in a post-secondary health services program of studies approved by the council of another college under the *Health Professions Act*.

B. Dental Hygienists

Dental hygienists on the General or Courtesy Register are permitted to perform a restricted activity under the supervision of another dental hygienist, in the following circumstances:

- Dental hygienists undergoing training to perform a restricted activity in an approved **advanced training program**.

C. Other Regulated Health Professionals

Other regulated health professionals may be permitted to perform a restricted activity under the supervision of a dental hygienist in the following circumstances:

- Other regulated health professionals undergoing training to perform a restricted activity in a training program approved by the council of another college under the Health Professions Act; or
- Other regulated health professionals who require supervision as part of provisional registration in accordance with the other profession's regulations and standards of practice.

The supervision and performance of the restricted activity must be in accordance with the standards of practice set by each regulated health professional's college.

STANDARD STATEMENT

The dental hygienist supervises the performance of restricted activities responsibly and within their own scope of practice, competence, and restricted activity authorization.

PERFORMANCE EXPECTATIONS

The dental hygienist must...

1. Document their consent to supervise.
2. Obtain the patient's informed consent for the restricted activity to be performed under supervision.
3. Ensure the person performing the restricted activity is clearly identified in the patient record.
4. Only supervise the performance of restricted activities that they themselves are authorized and competent to perform without requiring supervision themselves.
5. Be responsible and accountable for the restricted activity being performed by the supervised person.
6. Continuously assess the knowledge, skill, and judgement of the supervised person performing the restricted activity.
7. Ensure ongoing safety and appropriateness for the supervised person to perform the restricted activity.
8. Be on-site, available to assist, and employ an appropriate level of supervision (**direct** and/or **indirect**) to maintain patient safety and the provision of quality care that considers:
 - a) The competence of the supervised person;
 - b) The patient care needs; and
 - c) Other factors related to the practice environment.
9. Address any competence issues of the supervised person in the performance of the restricted activity.
10. When supervising persons performing restricted activities in a training program, be engaged by or approved to supervise by an organization that offers an approved dental hygiene program, an approved advanced training program, or a post-secondary health services program of studies approved by the council of another college.

PATIENT EXPECTATION

The patient can expect to be informed of the role of the supervised person and that a supervising dental hygienist is responsible and accountable for the delivery of safe, competent services.

GLOSSARY

APPROVED ADVANCED TRAINING PROGRAM: A program for training in the performance of specific restricted activities that is approved by the College.

APPROVED DENTAL HYGIENE PROGRAM: A dental hygiene education program in Alberta approved by Council in accordance with dental hygiene education criteria.

RESTRICTED ACTIVITY: An activity named in the [Health Professions Act](#) as a restricted activity carried out in relation to or as part of a health service.

SUPERVISION: The consultation, guidance, and oversight by an authorized dental hygienist in the practice setting. The supervising dental hygienist is ultimately accountable for the performance of the restricted activity. Supervision may be direct or indirect.

- **DIRECT SUPERVISION:** an authorized dental hygienist is physically present at the point-of-care.
- **INDIRECT SUPERVISION:** an authorized dental hygienist is available for consultation and guidance but is not required to be physically present at the point-of-care. This person providing indirect supervision is readily available on site and can go provide assistance when needed¹.

¹ Adapted from the College of Licensed Practical Nurses of Alberta (2020) Standards of Practice for Licensed Practical Nurses on Restricted Activities and Advanced Practice