



**Guidelines for  
Dental Hygienists  
in Alberta**

**Clinical Therapy**

November 2023



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The Alberta College of Dental Hygienists (the College) provides guidelines to support dental hygienists in understanding and meeting their legislated requirements, Standards of Practice, and Code of Ethics. Guidelines establish professionally accepted means by which dental hygienists can achieve compliance with the College's standards.

Failing to comply with a guideline may be considered unprofessional conduct if the dental hygienist did not achieve compliance with the standard, or if the departure from the guideline compromises the quality of dental hygiene services or the integrity and/or credibility of the dental hygiene profession.

A dental hygienist may only depart from a guideline if they can demonstrate their chosen conduct:

- Achieves compliance with the applicable standard;
- Maintains the safety, effectiveness, or appropriateness of care required by the standard; and
- Upholds the integrity of the dental hygiene profession.

While these guidelines reflect the requirements for dental hygienists at the time of development, these requirements may change from time to time. Dental hygienists remain responsible for ensuring their practice meets current legislative requirements, Standards of Practice, and Code of Ethics.



## Responsibilities Related to Clinical Therapy

Below are specific responsibilities you have related to providing clinical therapy to patients:

### Clinical Therapy Standard of Practice

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

### Patient-Centred Care Standard of Practice

- The dental hygienist applies a patient-centred approach.

### Communication Standard of Practice

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

### Evidence-Informed Practice Standard of Practice

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

### Informed Consent Standard of Practice

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

### Ionizing Radiation Standard of Practice

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

### Drugs: General Standard of Practice

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

### Drugs: Prescribing Standard of Practice

- 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.



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## Restricted Activities Standard of Practice

- 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.

## Professional Accountability Standard of Practice

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

## Code of Ethics: Beneficence and Non-Maleficence

- Beneficence is the ethical principle of doing good while non-maleficence means to do no harm. Together these principles guide the dental hygienist to provide dental hygiene services that benefit the patient and minimize harm.

## Providing Clinical Therapy in Dental Hygiene Practice

Dental hygienists competently provide patient-centred clinical therapy through dental hygiene services.

- Dental hygiene services are any service that falls within the practice of the profession of dental hygienists as outlined in the *Health Professions Act* (Schedule 5, section 3).

Dental hygienists provide services that:

- Assess oral health conditions and interpret the assessment data;
- Diagnose oral health conditions based on the assessments;
- Plan care in partnership with their patient using a patient-centred approach;
- Implement treatments, procedures, or strategies that are clinically appropriate for the patient and consistent with the patient's informed consent;
- Evaluate or re-evaluate the patient's responses and oral health outcomes.

You are accountable to your patients and the College for ensuring that you are always practicing within:

- 1) The legislated scope of practice defined by the *Health Professions Act*; and
- 2) Your individual competence in the dental hygiene services you provide within your legislated scope of practice.

### 1) The Legislated Scope of Practice Defined by the *Health Professions Act*

Dental hygiene services are 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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- The *Health Professions Act* states that dental hygienists assess, diagnose, and treat oral health conditions through the provision of therapeutic, educational, and preventive dental hygiene procedures and strategies to promote wellness and provide restricted activities that are authorized for the profession.
  - Based on this statement, dental hygiene services include:
    - Assessments for oral health conditions;
    - Diagnosis of oral health conditions;
    - Treatments for oral health conditions;
    - Therapeutic dental hygiene procedures and strategies to promote wellness;
    - Educational dental hygiene procedures and strategies to promote wellness;
    - Preventive dental hygiene procedures and strategies to promote wellness; and
    - Restricted activities that are authorized for the profession.

A service that falls outside this defined practice of dental hygiene cannot be considered a dental hygiene service and must not be included in your practice of dental hygiene (e.g., personal services, diagnosing and treating non-oral health conditions). This includes performing restricted activities that dental hygienists are not authorized to perform (e.g., administering a vaccine).

## **2) Your Individual Competence in the Dental Hygiene Services You Provide Within Your Legislated Scope of Practice.**

Before offering dental hygiene services to the public, self-evaluate your own competence and ability to provide safe and quality care. You should feel that you can justify to your patient or the College that you can safely and competently provide the service.

- Your individual competence is the combination of your knowledge, skills, attitudes, and judgment to provide safe and quality care.
- Competence depends on multiple factors including but not limited to:
  - The restricted activities that you are authorized to perform;
  - Your educational background, including continuing education;
  - Your clinical exposure and experience; and
  - Your currency and demonstrated continued competence (e.g., how recently and regularly you perform the professional service).

Consider any personal and/or professional limitations you may have and self-evaluate your own competence, quality of care, and ability to practice safely.

- You should feel that you can justify to your patient or the College that you are an appropriate health care provider for the service you intend to perform.



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- If you feel you do not have the required competence to perform a service (e.g., you have not had adequate training, you are not authorized to perform the activity if it is an Advanced Restricted Activity) or cannot provide it safely to patients, you must not perform the service.
  - In this situation, make appropriate referrals for your patient to receive the service, and seek out supports to help you achieve competence in the future (e.g., through completion of coursework, mentorship, or continuing education).

If you plan to incorporate a new technology, procedure, or strategy (referred to collectively as “skill”) into your clinical practice, you must ensure:

- 1) The skill falls within your legislated practice defined by the *Health Professions Act*; and
- 2) You have the competence to practice that skill safely and will maintain the competence if you provide the skill in the future.

Use your professional judgment to determine what education is appropriate to complete before incorporating the new skill into your clinical practice.

- Complete education that provides a theoretical and practical foundation to practice in a competent, legal, ethical, and professional manner.
  - Completing this education should help you gain the competence required to provide specific dental hygiene services using the skill at an entry-level standard of competence at minimum.
    - If you do not feel you have gained this competence, seek out further training opportunities before incorporating the skill into your clinical practice.
- The level of education required is dependent on the skill and the risk to the public.
  - If the level of risk is higher (e.g., more harm can come to the patient if the skill is performed incorrectly), appropriate education may be the successful completion of a formal education course (e.g., new local anaesthetic technique).
  - For skills involving lower risk, reading current evidence-based literature or watching a demonstration may be considered appropriate (e.g., new oral health education strategies).
- The College may set specific requirements for the appropriate education for certain skills (e.g., laser use, orofacial myology).

*Always self-assess your competence before using your new skill in patient care and refrain from practicing skills that you lack the competence to perform safely.*



## Taking a Patient-Centred Approach to Clinical Therapy

Clinical therapy is always based on the benefit to the patient and the individual patient's health, needs, values, interests, and goals.

- There may be situations where the patient's values, interests, and goals are inconsistent with their oral health care needs (e.g., the patient would benefit from additional scaling but declines due to financial priorities).
- You can only proceed with services the patient agrees to. Work with your patient to mutually determine the best strategy to benefit them that respects their values, interests, and goals.

You should only deliver dental hygiene services that are clinically appropriate for the patient and intended to promote wellness and improve clinical outcomes.

- It is inappropriate to provide a dental hygiene service if there is no clinical indication that the patient requires that service.

## Obtaining Informed Consent for Dental Hygiene Services

Informed consent begins prior to initiating dental hygiene services and is an ongoing process throughout clinical therapy. This process of decision-making requires you to receive the patient's permission to proceed with any proposed services, including assessments.

Informed consent involves:

- Identifying the appropriate individual to provide consent, either the patient or the patient's substitute decision-maker;
  - A substitute decision-maker is someone legally authorized to make health decisions on behalf of another individual (e.g., guardian, trustee, or agent under a personal directive in accordance with legislation).
- Providing an appropriate explanation to the patient, including information relevant for the patient to make an informed choice;
- Taking steps to ensure the patient understands the explanation and the proposed service;
- Seeking the patient's agreement to receive the service;
- Allowing the patient the opportunity to refuse the service or withdraw their consent.

If the patient does not provide informed consent, you must not proceed with the assessment, procedure, or strategy you were planning.

- It may be that a patient's informed refusal will affect the provision of other services. Use your professional judgment to determine if there are risks created by the refusal which outweigh the benefits of moving forward with the dental hygiene care plan.



- For example, if a patient refuses an assessment that informs your diagnosis and treatment planning, you will need to determine whether it is appropriate to provide dental hygiene services without this information.
- The patient should be informed if refusing a service impacts their subsequent care and prevents you from providing additional services.

See the [Informed Consent Standard of Practice](#) and [Guidelines](#) for more information.

## Assessment

Appropriate assessments gather relevant information to assess your patient's oral health status, compare findings to historical patient information, formulate a diagnosis, and plan for dental hygiene services.

Assessments include but are not limited to:

- Medical and dental history;
- Vital signs;
- Examinations;
- Determinants of health (e.g., the broad range of personal, social, economic, and environmental factors that determine individual and population health);
- Risk factor identification and risk assessments including but not limited to:
  - Oral cancer risk factors;
  - Caries risk assessment;
  - Periodontal risk assessment.
- Oral health indices;
- Caries detection;
- Periodontal assessments, including but not limited to:
  - Probing to determine clinical attachment levels;
  - Periodontal classification (staging, grading).
- Dental X-ray imaging procedures (e.g., intraoral and extraoral radiography);
- Impressions.

Ensure you can justify why you chose to include or exclude certain assessments.

- Some assessment strategies have additional risk for patients.
  - For example, before ordering ionizing radiation, you should determine that the benefit of the information you will acquire from the assessment outweighs the risk of the procedure to the patient.
    - This determination will vary depending on your patient (e.g., considering their caries risk, recent exposure to radiation).





## *Interpreting Assessment Data*

In addition to being competent to perform the assessments, you must be competent in interpreting the assessment data you obtain to formulate a diagnosis and plan for your patient's care.

- Interpreting assessment data requires you to differentiate between normal, typical, or healthy findings and abnormal, atypical, or unhealthy findings.
- Document the assessment findings in the patient record.

It is inappropriate to conduct an assessment and not fully interpret the data for atypical, abnormal, or unhealthy findings.

- For example, it is insufficient to order a radiograph and then only assess periodontal bone levels.
  - The image must be fully interpreted for visible findings (e.g., assessing dental caries, dental anomalies, etc.) to ensure that the patient receives the full benefit of the imaging procedure given their exposure to ionizing radiation.
- If you intend to have another provider interpret the data you collect in an assessment, inform your patient of this as part of informed consent (i.e., before you begin the assessment).
  - The patient may choose to have the assessment procedure and interpretation fully completed by the other provider.

Dental hygienists that lack the competence to interpret assessment data can:

- Seek out supports to achieve competence (e.g., through completion of coursework, mentorship, or continuing education); or
- Refer the patient to another health care provider to have the assessment completed.
  - The referral and rationale for referring the patient should be documented in the patient record.
  - To facilitate collaboration and communication, clarify the different responsibilities of each health care provider involved in the patient's care, including:
    - Who will share the information with the patient;
    - Who will follow up with the patient;
    - Who makes additional referrals; and
    - How assessment data will be shared with you.
  - Document the different responsibilities in the patient record.
  - Include any communications, reports, and correspondence from other health care providers in the patient record.



## *Contraindications to Care*

After interpreting the patient's assessment data, you may identify contraindications for dental hygiene services (e.g., following medical history review) where the risks of completing a dental hygiene service may outweigh the benefits the service provides to the patient.

- The risk may be:
  - To the patient (e.g., if they are currently undergoing chemotherapy and are immunocompromised); and/or
  - To you and others in the facility (e.g., if the patient has an active respiratory infection).
- Use your professional judgment to determine if the situation requires one or more of the following:
  - Consultation with the patient's physician or another health care provider;
  - Modification to the care plan for dental hygiene services;
  - Treatment deferral; and/or
  - Referral to another health care provider.

## **Diagnosis and Prognosis**

### *Diagnosis*

Dental hygienists are expected to formulate diagnoses for oral health conditions by using:

- Assessment findings, including identification of risk factors;
- Clinical judgment;
- Professional knowledge; and
- The best available evidence.

Your diagnosis will identify an oral health condition your patient has. Oral health conditions include:

- Atypical, unhealthy, or abnormal findings; and
- Those oral health conditions that the patient is at risk for (e.g., high caries risk) where preventative procedures and strategies will benefit the patient.

Determining a diagnosis may involve differential diagnosis.

- Differential diagnosis identifies all possible conditions or diseases which may be producing the patient's symptoms.
  - For example, if a patient presents with red, inflamed gingiva, you could use differential diagnosis to narrow down the potential causes of the patient's symptoms considering information you acquire through your assessments to identify the most likely underlying conditions (e.g., whether the patient has plaque-induced gingivitis or a hypersensitivity reaction).



- Inform the patient if additional assessments or follow-up are required to determine the diagnosis.

You are accountable for any diagnosis you make as a regulated health professional. Diagnosis is not a restricted activity in Alberta, but you should limit the scope of diagnoses you make to those conditions you are competent to diagnose and that are within the practice of dental hygiene in Alberta (i.e., an oral health condition).

## *Prognosis*

Prognosis is a prediction of the probable course and outcome of a disease, including:

- The expected prospects of recovery for the patient based on the specific condition and the symptoms of a case; and
- A judgment regarding the results expected to be achieved from all potential treatment options offered to the patient.

A prognosis gives your patient information about what they might expect to experience in the future related to a diagnosis you have made.

- Your patient should be aware of the prognosis of any oral health conditions you have diagnosed and be informed about how the care plan will influence the outcomes they may experience.

## **Planning Care**

Dental hygienists must consider all aspects of a patient's oral health, overall health, and overall well-being when planning dental hygiene services. This includes but is not limited to:

- The patient's needs, values, interests, and goals;
- Diagnosis and prognosis;
- Determinants of health;
- Risk factors; and
- The patient's discomfort and pain.

Strategies and procedures can be identified, prioritized, and sequenced through mutual agreement with the patient based on the patient's informed consent.

The care plan must be developed in partnership with the patient and aligned with the patient's diagnosis and goals.

- Document the patient's diagnosis, goals, and care plan in the patient record.

## **Implementing Dental Hygiene Services**

Only implement those services that the patient provides informed consent to proceed with.

- See the [Guidelines for Informed Consent](#) for more information.



Monitor the patient appropriately for the service you are providing. Decide what you will do to monitor your patient based on:

- Your patient;
  - Your patient's needs, interests, values, goals may impact the type of monitoring you do (e.g., an anxious patient may require monitoring)
- Their assessment data;
  - An assessment may reveal that your patient requires additional monitoring (e.g., the medical history indicates your patient has a bleeding disorder);
- The service being provided; and
  - Certain services require additional monitoring (e.g., nitrous oxide/oxygen sedation requires continuous monitoring for level of sedation, blood pressure, and oxygen saturation).
- The care plan.
  - Your care plan may require specific monitoring to assist you in evaluating whether there is a need to adjust or modify the services provided.

## Evaluating and Re-Evaluating Dental Hygiene Services

Evaluating dental hygiene services involves using your professional judgment to determine whether the care plan is effectively meeting the patient's oral health goals or if services need to be adjusted or modified to improve the patient's health outcomes.

- For example, a patient with periodontitis which is progressing despite receiving dental hygiene services according to the agreed care plan may require their care plan to be adjusted (e.g., to include a referral to a periodontist).

Use your assessment data to assist you in evaluating or re-evaluating your patient's response to the services you have provided.

- Document your evaluation in the patient's record, including any adjustments or modifications to the care plan.

## Collaboration and Referrals

A referral may be necessary at any point during the patient's care if their assessment, diagnosis, or treatment needs are better addressed in collaboration with or by another health care provider. Other health care providers have different scopes of practice, competencies, and restricted activities they can perform that may be more appropriate for your patient's needs.

- You must be aware of the limitations of your competence, scope of practice, personal and/or professional limitations, and refer a patient when their needs are outside of these bounds.
  - Use your professional judgment to identify when a patient's concerns or conditions would be more appropriately addressed by another health care provider.
- For example:



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- Sleep apnea is a multi-factorial condition that cannot be described as an oral health condition within the dental hygienist's legislated scope of practice. A patient with concerns about sleep apnea should be referred to another health care provider with the appropriate practice to assess, diagnose, and treat this condition (e.g., a physician).
- A patient with high blood pressure detected at their dental hygiene appointment should be referred to their physician for further assessment and diagnosis.

Communicate the need for collaboration to your patient. They can then choose whether to follow through with the referral based on the information you share about the benefits and risks associated with the recommendation and the consequences of not pursuing the additional care.

- If your patient refuses to be referred to another health care provider, document their informed refusal and explore other options for addressing the patient's needs that are aligned with the patient's interests, values, and goals.
  - Obtain informed consent before proceeding with an alternative procedure or strategy and inform the patient if the option carries additional risks or less benefits comparatively.

## Acknowledgements

Resources from British Columbia College of Oral Health Professionals and the Federation of Dental Hygiene Regulators of Canada were referred to while developing this guideline. Thanks to University of Alberta Dental Hygiene Program faculty members who provided valuable feedback.