Prescribing and Use of Drugs
by Non-Physician Health Professionals:

A Jurisdictional Review of the Profession of Dental Hygiene

November 2008
Prescribing and Use of Drugs
by Non-Physician Health Professionals:

A Jurisdictional Review of the Profession of Dental Hygiene

Table of Contents

| 1) Authority to Prescribe or Use Drugs in Canadian Jurisdictions   | 3 |
| 2) Authority to Prescribe or Use Drugs in International Jurisdictions | 13 |
| 3) Authority to Prescribe or Use Drugs in U.S.A. Jurisdictions     | 22 |
| 4) Safeguards for the Prescribing or Use of Drugs in Canadian Jurisdictions | 31 |
### 1) Authority to Prescribe or Use Drugs in Canadian Jurisdictions

<table>
<thead>
<tr>
<th>Province and Regulatory Body</th>
<th>Prescribing and/or Administration of drugs</th>
<th>Legislative Framework and Authority</th>
<th>Standards of Practice/Guidelines/Restrictions</th>
<th>List/Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario</td>
<td>Dental Hygienists do not have the authority to prescribe drugs but can use drugs in the course of practice</td>
<td><strong>Regulated Health Professions Act, 1991</strong>&lt;br&gt;<strong>Dental Hygiene Act, 1991</strong>&lt;br&gt;<strong>Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H.4</strong>&lt;br&gt;<strong>Dentistry Act, 1991, R.R.O. 1990, Reg. 547</strong></td>
<td>In conventional dental practices, dental hygienists routinely use drugs, but may not administer any substance by injection or inhalation without a delegation from a dentist.&lt;br&gt;The Royal College of Dental Surgeons of Ontario has guidelines for use of sedation and anaesthesia in a dental practice that all dentists must adhere to. This document is the minimum standard of practice for inducing general anaesthesia, deep sedation or conscious sedation in dentistry in Ontario, and includes mandatory successful completion of a competency training program in the specific modality of sedation or general anaesthesia. The guideline does not permit dental hygienists to administer/monitor nitrous oxide and oxygen for the purpose of conscious sedation. Dental hygienists must refuse to provide dental hygiene services to clients who are receiving conscious sedation without the appropriate care and supervision by an authorised health care professional.&lt;br&gt;CDHO has issued a guideline to its members on the Use of Nitrous Oxide and Oxygen Conscious Sedation. Nitrous oxide and oxygen must be administered or monitored by an appropriately trained dentist who is a member of the RCDSO or an appropriately trained registered nurse or respiratory therapist under the order of an appropriately trained dentist.&lt;br&gt;• If a registered nurse or respiratory therapist is</td>
<td>A regulation may specify individual drugs or categories of drugs that a dental hygienist may use in the course of practice.</td>
</tr>
<tr>
<td>Province and Regulatory Body</td>
<td>Prescribing and/or Administration of drugs</td>
<td>Legislative Framework and Authority</td>
<td>Standards of Practice/Guidelines/Restrictions</td>
<td>List/class</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------------------------------------------</td>
<td>------------------------------------</td>
<td>---------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td></td>
<td>A member shall not perform a procedure under the authority of paragraph 2 of section 4 unless the procedure is ordered by a member of the Royal College of Dental Surgeons of Ontario.</td>
<td>Under regulations under the Drug and Pharmacies Regulation Act, 1990: 50. (1) Dental hygienists may perform the following specified acts in the practice of dentistry under the supervision or direction of a member (Dentist): 3. Topical application of anticariogenic agents, and other materials designed to assist in the prevention of caries. 12. Application of topical anaesthetics. 13. Topical application of desensitizing agents.</td>
<td>administering or monitoring the nitrous oxide and oxygen delivery, the appropriately trained dentist must be present in the office suite and immediately available for emergency.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dental Hygienists rely on the Exemptions clause in the Regulated Health Professions Act, 1991 (Section 30 (5)) to respond to emergency situations.</td>
<td>• Clients must be monitored by the appropriate professional by direct and continuous clinical observation for level of conscious sedation and assessment of vital signs. • The dental hygienist is never left alone with the client while the client is receiving nitrous oxide and oxygen.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Regulations:</td>
<td>CDHO has a guideline for Recommended Antibiotic Prophylaxis For The Prevention of Infective Endocarditis And Hematogenous Total Joint Infection. This guideline specifies the circumstances in which a member of the profession may administer an antibiotic medication prior to the commencement of dental hygiene treatment. There is also a similar guideline for patients with cardiac pacemakers and the implication on dental hygiene treatment especially as it relates to the selection of anaesthetic use during treatment.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Subject to the approval of the Lieutenant Governor in Council and with prior review by the Minister, the Council may make regulations specifying drugs that a member may use in the course of engaging in the practice of dental hygiene. A regulation may specify individual drugs or categories of drugs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Province and Regulatory Body</th>
<th>Prescribing and/or Administration of drugs</th>
<th>Legislative Framework and Authority</th>
<th>Standards of Practice/Guidelines/Restrictions</th>
<th>List/ class</th>
</tr>
</thead>
</table>
| Alberta                     | Dental Hygienists have limited authority to prescribe drugs and to administer nitrous oxide in Alberta | Health Professions Act 10
Dental Hygienists Profession Regulation, Alta. 11
Restricted Activities Authorization, College of Registered Dental Hygienists of Alberta (2007) 12 | ‘Prescribe’ as defined in the Pharmaceutical Profession Act means a direction given verbally or in writing by a practitioner who is authorized by the Lieutenant Governor in Council to prescribe drugs directing a pharmacist or restricted practitioner to dispense, for the person named in the direction, a stated amount of a drug specified in the direction. Schedule 1 drugs require a prescription as a condition of sale. Drugs in this schedule include all the federally scheduled drugs, referred to in the Food and Drug Regulations (Canada) as Part I and II in Schedule F, and certain others which are specific to Alberta. Drugs listed in Schedule 1 of the Pharmaceutical Profession Act (Alberta) are subject to the same regulations as drugs listed in Part I and II in Schedule F in the Food and Drug Regulations (Canada). Schedule 1 drugs do not include controlled substances such as narcotics. Schedule 2 drugs do not require a prescription as a condition of sale. Schedule 2 drugs are less strictly regulated, but require professional intervention with an appropriately qualified healthcare practitioner. In a pharmacy, Schedule 2 drugs are sold from an area to which there is no public access and no opportunity for client self-selection. Although all dental hygiene educational programs teach the competencies required to prescribe, until implementation of the HPA, dental hygienists did not have the formal authority to sign prescriptions. A dental hygienist must have a valid prescriber’s identification (ID) number in order to issue prescriptions. To obtain the number, members must apply to the CRDHA and successfully complete a Council-approved course. Authorization to prescribe Schedule 1 drugs is limited to drugs used in dental hygiene practice. | Schedule 1 Drugs authorized to dental hygienists are listed by class in the legislation as follows: |
<p>|                             |                                         |                                   |                                               | (i) antibiotics; |
|                             |                                         |                                   |                                               | (ii) antifungal agents; |
|                             |                                         |                                   |                                               | (iii) anti-infective agents; |
|                             |                                         |                                   |                                               | (iv) antiviral agents; |
|                             |                                         |                                   |                                               | (v) bronchodilators; |
|                             |                                         |                                   |                                               | (vi) epinephrine; |
|                             |                                         |                                   |                                               | (vii) fluoride; |
|                             |                                         |                                   |                                               | (viii) pilocarpine; |
|                             |                                         |                                   |                                               | (ix) topical corticosteroids; |</p>
<table>
<thead>
<tr>
<th>Province and Regulator Body</th>
<th>Prescribing and/or Administration of Drugs</th>
<th>Legislative Framework and Authority</th>
<th>Standards of Practice/Guidelines/Restrictions</th>
<th>List/ class</th>
</tr>
</thead>
<tbody>
<tr>
<td>(v) bronchodilators;</td>
<td></td>
<td></td>
<td>pharmacy refresher course that will provide information and assess the applicant’s knowledge related to: *applicable legislation, standards of practice and prescribing guidelines *appropriate and accurate prescription writing *requirements for documentation *current knowledge of drugs used in dental hygiene practice *communication and collaboration with other health professionals *prevention, identification and management of adverse drug reactions *accessing appropriate resources for up-to-date drug and prescribing information</td>
<td></td>
</tr>
</tbody>
</table>
| (vi) epinephrine;          |                                            |                                    | Upon successful completion of the required course, a prescriber’s ID number is issued and the regulated member’s name is entered onto the CRDHA’s prescriber roster. The Alberta College of Pharmacists is then notified of the prescriber’s name and ID number and any future cancellation of that prescriber number. The authority to perform the restricted activity of compounding, providing for sale or selling a drug does not mean that registered dental hygienists are able to compound or sell drugs in the same manner as pharmacists, but is intended to provide flexibility to meet client needs where a pharmacy is not readily accessible or client compliance is an issue. In Schedule 7.1 of the GOA, “compound” is defined as “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.” The restricted activity (prescribe/administer nitrous oxide) may only be performed by a regulated member who has completed a Council-approved nitrous oxide/oxygen conscious sedation course. and whose name has been entered on the CRDHA roster of dental hygienists who are qualified to perform this procedure. The University of Alberta Nitrous Oxide/Oxygen Conscious Sedation Course is the CRDHA Council-
<p>| (vii) fluoride;            |                                            |                                    |                                            |
| (viii) pilocarpine;        |                                            |                                    |                                            |
| (ix) topical corticosteroids; |                                        |                                    |                                            |
| (e) to compound, provide for selling or sell, incidentally to the practice of dental hygiene, a Schedule 1 drug or Schedule 2 drug within the meaning of Schedule 7.1 to the Government Organization Act; |                                            |                                    |                                            |
| (f) to order or apply any form of ionizing radiation in medical radiography; |                                            |                                    |                                            |
| (2) A general member or a courtesy member who has provided evidence satisfactory to the Registrar of having completed and remaining current in the advanced training required by the Council and who has received notification from the Registrar that the authorization is indicated on the general register or the courtesy register is authorized to perform the following restricted activities: |                                            |                                    |                                            |
| (a) nitrous oxide for the purposes of conscious sedation; |                                            |                                    |                                            |
| (b) 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. |                                            |                                    |                                            |
| Restrictions¹⁴ |                                            |                                    |                                            |
| 14(1) Despite any authorization to perform restricted activities, regulated members must restrict themselves in performing restricted activities to those activities that they are competent to perform and to those that are appropriate to the member’s area of practice and the procedure being performed. |                                            |                                    |                                            |
| (2) A regulated member who performs a restricted activity must do so in accordance with the standards of practice adopted by the Council under section 133 of the Act. |                                            |                                    |                                            |</p>
<table>
<thead>
<tr>
<th>Province and Regulatory Body</th>
<th>Prescribing and/or Administration of drugs</th>
<th>Legislative Framework and Authority</th>
<th>Standards of Practice/Guidelines/Restrictions</th>
<th>List/class</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>CRDHA’s Guidelines for Prescribing and Administering Nitrous Oxide/Oxygen Conscious Sedation in Dental Hygiene Practice (Rev April 2008) are sent to all members with their authorization to prescribe and administer nitrous oxide/oxygen. Dental hygienists without approved advanced training must not provide treatment to a client who is receiving nitrous oxide/oxygen conscious sedation unless another provider authorized to order and administer nitrous oxide/oxygen conscious sedation remains in the operatory for the duration of the treatment. Guidelines for the prescription of oral antibiotics for prophylaxis (pre-medication) are those set out by the American Heart Association and the American Academy of Orthopaedic Surgeons. Dental hygienists are expected to use the most current guidelines. The CRDHA has developed Guidelines Regarding Prescription and Non-Prescription Drugs in Dental Hygiene Practice. (Rev June 2008) The Guidelines will be incorporated into a Member Handbook. Following, are examples of the Schedule 1 drugs used in dental hygiene practice: 1. Antibiotics are routinely used for the purposes of pre-medication* prior to initiating dental hygiene treatment and for the prevention or treatment of periodontal disease and infections. Some examples of antibiotics used for pre-medication are penicillins, clindamycin, and cephalosporins. An example of an antibiotic commonly used for periodontal treatment is tetracycline. Controlled release methods may be used for intracrevicular delivery (fibres, chips, microspheres, gels). 2. Anti-fungal agents, such as nystatin, are used to treat oral conditions such as Candidiasis. 3. Anti-infective agents are used for pre-medication for those allergic to penicillins and to prevent or treat periodontal disease and infections. Two examples of anti-infective agents are: chlorhexidine gluconate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Province and Regulatory Body</td>
<td>Prescribing and/or Administration of drugs</td>
<td>Legislative Framework and Authority</td>
<td>Standards of Practice/Guidelines/Restrictions</td>
<td>List/class</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>------------------------------------------</td>
<td>-----------------------------------</td>
<td>-----------------------------------------------</td>
<td>------------</td>
</tr>
</tbody>
</table>
| British Columbia | Dental Hygienists do not have the authority to prescribe drugs, but may administer oral local anaesthetic. | Health Professions Act[^15]  
*Health Professions Act*
Dental Hygienists Regulation Effective Oct 17, 2008[^16] | 4. Anti-viral agents may be prescribed for the treatment or relief of oral herpetic lesions. One example of this is acyclovir.  
5. Bronchodilators, such as salbutamol, may be used when a medical emergency arises during the provision of dental hygiene services. This is a standard emergency kit item.  
6. Injectable local anaesthetics with epinephrine are routinely utilized for pain management purposes when providing dental hygiene treatment.  
7. Fluoride is no longer a Schedule 1 drug in the amounts and preparations used in oral health settings. Some examples of commonly used fluorides are sodium fluoride drops or tablets, stannous fluoride gel (GelKam) and fluoride-containing varnish (e.g. Duraflex). Currently, none of the oral care fluoride products require a prescription. Most “dental” fluorides are now classified as Schedule 3 drugs in Alberta.  
8. Pilocarpine agents, such as Salagen tablets, may be used as treatment for dry mouth (xerostomia).  
9. Topical corticosteroids, such as triamcinolone acetonide dental paste, may be used for the treatment of oral inflammatory and ulcerative lesions. | ![List/image](http://www.health.gov.bc.ca/leg/pdfs/Oct15_DentalHygienistsReg.pdf) |

[^15]: [RSBC 1996] CHAPTER 183  
<table>
<thead>
<tr>
<th>Province and Regulatory Body</th>
<th>Prescribing and/or Administration of drugs</th>
<th>Legislative Framework and Authority</th>
<th>Standards of Practice/Guidelines/Restrictions</th>
<th>List/ class</th>
</tr>
</thead>
<tbody>
<tr>
<td>College of Dental Hygienists of British Columbia</td>
<td></td>
<td></td>
<td>anaesthetic except (a) In circumstances where a dentist is on the site and immediately available, or (b) In a facility if the anaesthetic has been authorized by a medical practitioner or a dentist and a person qualified to act in a medical emergency is immediately available.</td>
<td></td>
</tr>
<tr>
<td>Manitoba College of Dental Hygienists of Manitoba</td>
<td></td>
<td></td>
<td>Guidelines for Prophylactic Antibiotics for Clients with Certain Heart Conditions are currently being updated to reflect changes to the American Heart Association guidelines for antibiotic premedication.</td>
<td></td>
</tr>
</tbody>
</table>

**Dental Hygienists do not have the authority to prescribe. They are authorized to administer oral anaesthetics and therapeutic agents.**

New legislation setting out provisions for a professional college to regulate dental hygiene was proclaimed April 15, 2008. Under the statute, dental hygienists are able to provide services without a dentist’s supervision.

**Dental Hygienists Act**

**Dental Health Workers Regulation**

---

**Dental Health Workers Act**

2(2) Subject to the regulations, the practice of dental hygiene includes, but is not limited to:

- scaling and root planing above and below the gumline;
- performing debridement and curettage below the gumline;
- administering oral anaesthetic;
- using oral therapeutic agents;
- applying dental sealants; and
- performing orthodontic and restorative procedures.

Exclusions from duties of dental hygienist

29 The duties of a dental hygienist shall not include:
- oral diagnosis and treatment planning;
- prescribing of drugs;
- injections of drugs;
- cutting of hard or soft tissue except for sub-gingival curettage; or
- fabrication of prosthetic and orthodontic appliances except bit blocks and impression trays.

Dental hygienists are excluded from prescribing and injecting drugs.

A dental hygienist may use an oral therapeutic agent in any setting, but is restricted to the use of the following:

- anticariogenic agents;
- desensitizing agents;
- periodontal chemotherapeutic agents;
- any other category of oral therapeutic agents approved by the council.

Dental hygienists are restricted to the use of the following, which are listed by class:

- (a) anticariogenic agents;
- (b) desensitizing agents;
- (c) periodontal chemotherapeutic agents;
- (d) any other category of oral therapeutic agents approved by the council.

---


<table>
<thead>
<tr>
<th>Province and Regulatory Body</th>
<th>Prescribing and/or Administration of drugs</th>
<th>Legislative Framework and Authority</th>
<th>Standards of Practice/Guidelines/Restrictions</th>
<th>List/Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Brunswick</td>
<td>Dental hygienists work under delegation from a registered member of the New Brunswick Dental Society.</td>
<td>New Brunswick Dental Act, 1985</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A dental hygienist is a person whose name is entered in the dental hygienists register of the New Brunswick Dental Society, and is authorized to perform prescribed duties tasks and functions subject to conditions, limitations and restrictions.

<table>
<thead>
<tr>
<th>Newfoundland and Labrador</th>
<th>Dental Hygienists do not have the authority to prescribe drugs.</th>
<th>Dental Auxiliaries' Regulations(^{21})</th>
<th>Prohibition</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15. A dental hygienist who is registered and licensed by the board may</td>
<td></td>
<td>19. Except as listed for dental hygienists with advanced training, a dental hygienist shall not</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(a) conduct a preliminary examination of the oral cavity and surrounding structures including the taking of a case history, periodontal examination and recording of clinical findings;</td>
<td></td>
<td>(a) perform a treatment or procedure of an irreversible nature;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(b) perform a complete prophylaxis, scaling, root planing and polishing of fillings;</td>
<td></td>
<td>(b) cut tissue;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(c) provide a topical application of anti-cariogenic agents, and other materials designed to assist in the prevention of caries;</td>
<td></td>
<td>(c) engage in diagnosis;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(d) make impressions for study models;</td>
<td></td>
<td>(d) engage in treatment planning; or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(e) assist a patient in the maintenance of oral hygiene;</td>
<td></td>
<td>(e) administer drugs.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(f) supply and remove periodontal dressings;</td>
<td></td>
<td>The administration of anaesthetics is currently under consideration.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(g) take dental radiographs;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(h) counsel, instruct and demonstrate for maintenance or improvement of dental health;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) apply pit and fissure sealants, desensitizing solutions and topical medicaments;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(j) plan, conduct and evaluate patient and community dental health;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(k) conduct screenings and compile statistics for epidemiological purposes;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(l) administer first aid;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(m) retract gingivae for impression taking; and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(n) perform other duties with recognized advanced training and approval by the board.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>16. In addition to the services outlined above, dental hygienists who have provided the board with satisfactory documentation that</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^{21}\) C.N.L.R. 1013/96, Dental Act, R.S.N.L. 1990, c. D-6
<table>
<thead>
<tr>
<th>Province and Regulatory Body</th>
<th>Prescribing and/or Administration of drugs</th>
<th>Legislative Framework and Authority</th>
<th>Standards of Practice/Guidelines/Restrictions</th>
<th>List/class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northwest Territories And Nunavut Dept. of Health and Social Services, Government of N.W.T.</td>
<td>Dental Hygienists do not have the authority to prescribe drugs in NWT and Nunavut.</td>
<td>Dental Auxiliaries Act 22 Scope of practice &quot;dental hygiene&quot; means the performance of dental services of a preventive and educational nature and includes the performance of dental prophylaxes, the application on teeth of topical fluorides or other anti-caries agents, the rendering of first aid and the taking and developing of x-rays.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nova Scotia Provincial Dental Board of Nova Scotia</td>
<td>Dental Hygienists do not have the authority to prescribe drugs in Nova Scotia.</td>
<td>Dental Hygienists Regulation23 Scope of dental hygiene functions and standards of practice 5 (1) Dental hygiene practice means the provision of preventive, educational, clinical and therapeutic dental hygiene services. (2) Subject to Sections 6 and 7 of this regulation, a licensed dental hygienist may engage in dental hygiene practice. (4) The Standards of Practice for dental hygienists is the Clinical Practice Standards for Dental Hygienists published by the Minister of Supply and Services Canada 1985, Cat. No. H34- 31/1988E.</td>
<td>Dental hygienist regulations under the Dental Act do not permit a licensed dental dental hygienist to undertake or a licensed dentist to delegate any of the following: (a) diagnosis or treatment planning; (b) severing or cutting hard or soft tissue except curettage coincidental to scaling or root planing; (c) prescribing drugs; (d) administering drugs except topical agents administered under the supervision of a dentist; (e) prescribing or designing any intra-oral appliance or prosthesis.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Province and Regulatory Body</th>
<th>Prescribing and/or Administration of drugs</th>
<th>Legislative Framework and Authority</th>
<th>Standards of Practice/Guidelines/Restrictions</th>
<th>List/class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prince Edward Island Dental Council of Prince Edward Island</td>
<td>Dental Hygienists work in supervised practice under the delegation of a dentist. Dental Hygienists do not have the authority to prescribe drugs.</td>
<td>Dental Profession Act[^24] The [Dental] Association has power to pass bylaws (a) providing for the establishment, development, registration and control of an ancillary body known as dental hygienists; (b) providing for the delegation to dental hygienists of the performance, under the direct control and supervision of a member of the Association, of such services as the council may determine; (c) regulating the conditions and prescribing the qualifications for admission to such body; (d) prescribing the admission and annual fees payable by members of such body; (e) generally for the defining, regulating and controlling of a practice of dental hygiene.</td>
<td>The government is considering authority for dental hygienists to administer anesthetics. (CDHO)</td>
<td></td>
</tr>
<tr>
<td>Quebec Ordre des hygiénistes dentaire du Québec</td>
<td>Dental hygienists work under the direction of a dentist.</td>
<td>Professional Code[^25] Under the Regulation respecting the offices and effects of members of the Ordre des hygiénistes dentaires du Québec, a dental hygienist who keeps medication, poisons and dangerous products or substances must store them, or ensure that they are stored, under lock and key in a place not accessible by the public and clients.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saskatchewan Saskatchewan Dental Hygienists Association</td>
<td>Dental Hygienists do not have the authority to prescribe drugs in Saskatchewan 23 (5) A dental hygienist is authorized, subject to the terms, conditions and limitations of that person's licence: (a) to communicate an assessment and treatment plan regarding periodontal health; (b) to perform supragingival and subgingival debridement; (c) to perform orthodontic and restorative procedures consistent with an approved education program in dental hygiene; (d) to administer local anaesthesia in the provision of dental treatment; and (e) to expose, process and mount dental radiographs in accordance with The Radiation Health and Safety Act, 1985. A dental hygienist may only perform the practices that he or she is authorized to perform where he or she is employed by or practises under contract with: (a) an employer that employs or has established a formal referral or consultation process with a dentist; or (b) a dentist.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[^25]: R.S.Q., chapter C-26
2) Authority to Prescribe Or Use Drugs in International Jurisdictions

International Summary for the Profession of Dental Hygiene:

The Health Professions Regulatory Advisory Council has not made an exhaustive academic appraisal of the evolution of dental hygiene practice in other jurisdictions. Following interviews with key stakeholders in Ontario and other Canadian jurisdictions, the Council determined that activity in some international jurisdictions merited additional review. The results of interviews, on-line research and other research vehicles are recorded in the following comments. This is not intended to be an exhaustive study, but rather a high-level review of the evolution of the practice of dental hygiene, and where there are tensions relating to the scope of practice of the profession. In some jurisdictions, it is clear that legislators and regulatory bodies are willing to accept new independent roles for dental hygienists; in others, the protection of the public interest is seen to be more closely related to rigorous regulatory oversight, and requirements for clinical supervision and direction. To a certain extent, decisions relating to scope of practice and authorities relating to prescriptive authorities depend on the regulatory structure itself, and the rigour of professional accountabilities.

In the USA, currently the states of Oregon and Minnesota are seen as most progressive in terms of authorizing dental hygienists to prescribe drugs. As of 2008, 41 states allow dental hygienists to administer local anesthesia; 26 states allow the administration and monitoring of nitrous oxide analgesia; and 12 states reimburse dental hygienists for providing Medicaid services. The American Dental Hygiene Association has developed a proposal for a masters-degree level Advanced Dental Hygiene Practitioner, with the proposed authority to prescribe a number of medications for anti-infective therapies, non-narcotic pain management and prevention. This is still in the discussion stage. One or more new curricula to support this are under development but no information is available yet. Legislation to create this new advanced practitioner and to begin development of a scope of practice has been enacted this year in Minnesota. More detail about the proposed program and Minnesota is provided below. There are also American examples of other types of dental health workers, such as the new Oral Health Practitioner in Minnesota, whose scope of practice will eventually include, among other things, prescriptive authority (anti-infective, non-narcotic pain management and prevention) and Community Dental Health Worker, being piloted in several states.

Oregon was the first jurisdiction in the United States to permit hygienists limited prescriptive authority. In rules recently adopted, the Dental Board limited the prohibition against prescription by a dental hygienist to exempt "fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing or resorbable antimicrobial agents." The board explained that means that "a dental hygienist, after being authorized by a supervising dentist to do so, may prescribe any of those drugs for a patient. In addition, the current prohibition against a dental hygienist providing a diagnosis was clarified allow a dental hygienist to diagnose and treatment plan the need for dental hygiene services, provided she review her conclusions with a dentist.

The findings from a 2008 study indicate that LAP dental hygienists and collaborating dentists have positive relationships. No evidence of lower quality of care in unsupervised dental hygiene practices was found.
In other countries, a 19-nation comparative study published in 2003 noted that “administration of local anaesthesia was reported for Canada (selected provinces), Denmark, Finland, Korea, the Netherlands, South Africa, Sweden, the United Kingdom and the United States…administration of local anaesthesia is to be included for more jurisdictions in Canada and for New Zealand, Norway, and the United Kingdom. For the United States, inclusion of oral cancer screening using brush biopsy was anticipated” (details are shown below).

Summaries of activity in pertinent international jurisdictions follow.

**Jurisdiction: Australia**

**Regulatory Authority:** Each state/territory has its own dental board responsible for licensing.26 27

Clinical tasks that a dental hygienist are authorized generally to perform include application of desensitising agents and remineralising solutions, chairside assisting and clinical photography, dental health education, dietary counselling, fissure sealants, fluoridation therapy, impressions, oral hygiene instruction, orthodontic procedures, overhang removal, periodontal dressings, polishing restorations, radiography, recording of periodontal disease, removal of sutures, root planing, rubber dam application, scaling and prophylaxis, study models

**Emerging Issues:**

The introduction of dental hygiene in Australia was inspired by the delivery of preventive care in Great Britain. Today dental hygiene is a paramedical profession, generally studied at institutions of higher education. Study duration is 2 (diploma and associate degree programmes) and 3 years (Bachelor of Oral Health Programs). A recent trend to combine dental therapy and dental hygiene education poses the challenge to maintain a stand-alone degree in dental hygiene as it is practiced worldwide. Low access to qualified dental hygiene care may be a result of insufficient funding for preventive services, social and cultural lack of awareness of the benefits of preventive care, and of limitations inherent in the legal constraints preventing unsupervised dental hygiene practice.28

Activities in the State of South Australia are summarized in the following information, which has been collected from direct interviews and other research sources.

27 Dental Hygienists’ Association of Australia Inc. PO Box 10030 Gouger Street, Adelaide 5000, Australia Tel: +61 429100309 - www.dhaa.asn.au
State: South Australia

**Prescribing or Administration of drugs**
Dental hygienists are authorized to administer local anaesthetic solutions under the supervision of a registered dentist or specialist.

**Legislative Framework or Authority:** Dental Practice (General) Regulations 2007 under the *Dental Practice Act 2001*

Under the regulations, the authority conferred by registration as a dental hygienist includes categories of registration for (a) a dental hygienist employed in the public sector or by a prescribed body to provide dental treatment of a kind prescribed by subregulation (2) in accordance with the conditions of the hygienist's employment; and (b) a dental hygienist employed in the private sector (other than by a prescribed body) to provide dental treatment of a kind prescribed by subregulation (2) under the supervision of a registered dentist or registered specialist. Dental hygienists are authorized to perform the following kinds of dental treatment are prescribed: (c) the application of preventive and therapeutic solutions to teeth; (n) dental treatment consisting of (i) the administration of local anaesthetic solutions for the purposes of dental procedures; and (ii) the placement of temporary restorations not involving removal of a tooth structure, but only if the dental hygienist has been authorised in writing by the Board to provide dental treatment of that kind.

Jurisdiction: Denmark

**Regulatory body:** National Board of Health
Amaliegarde 13, Postbox 2020, DK 1012 København K, Denmark

**Authority:** Licensed hygienists may practice independently in their own clinics without supervision of a dentist provided they have received the relevant training.

---

30 (section 31(e) of Act)
31 International Federation of Dental Hygienists http://www.ifdh.org/workabroad/denmark.shtml
32 Dansk Tandplejerforening, Norre Vildgade 90, DK 1358, København K, Tel: +45 33 138211 - Fax: +45 33 938214
Jurisdiction: Germany

Authority and Duties  The diplomated or state recognised dental hygienist is a paramedical profession, and abroad is also known as Periodontal Therapist. 

The duties of a dental hygienist include: Extraoral and intraoral examinations, dental charting: gingival pockets, abrasion, plaque and bleeding indices, motivation and education, X-rays and photography, supra and subgingival scaling/root planing, polishing, fluoridation, cervical desensitising, removal of overhanging margins, pit and fissure sealants, recementation of temporary crowns, aesthetic and cosmetic treatment, nutritional counselling, and instructions for home care. With additional education, dental hygienists may administer anaesthesia. Hygienists work under the supervision of a dentist.

Jurisdiction: The Netherlands

Regulatory Body: Dutch Association of Dental Hygienists

Licensed hygienists may practice independently in their own clinics without supervision of a dentist provided they have received the relevant training.

Clinical duties include: examining and charting the condition of the teeth, gingivae or supporting structures, oral prophylaxis, application of preventive agents to teeth, gingivae or supporting structures, to prevent caries and/or periodontal disease, giving instructions, information and education on oral hygiene to various target groups and carrying out epidemiological research regarding oral health.

---

33 International Federation of Dental Hygienists http://www.ifdh.org/workabroad/germany.shtml
34 Deutscher DentalhygienikerInnen Verband e.V. c/o Beate Gatermann, Veit-Pogner-Str. 23, 81927 Munich, Germany Fax: +49 89 915 162 www.ddhv.de · info@ddhv.de
36 Dutch Association of Dental Hygienists http://www.mondhygienisten.nl/template1.asp?page=476
Jurisdiction:  New Zealand

Prescribing or Administration of drugs
Dental hygienists with full scope are authorized to apply prescriptive preventive agents under the clinical guidance of a dentist, apply and dispense non-prescription preventive drugs apply topical agents for tooth sensitivity. The administration of local anaesthetic solutions must be practiced under the direct clinical supervision of a registered dentist or specialist.37 38

Legislative Framework or Authority:  Health Practitioners Competence Assurance Act 2003  
Medicines Act 1981 and Medicines Regulations 1984

Regulatory Body:  Dental Council of New Zealand

The Dental Council of New Zealand is reviewing the draft scope of practice in oral health therapy practice, and completed a consulting process in October, 2008 including a code of practice on working relationship between dental hygienists and dentists. The Dental Hygienist Board has defined three registration categories (scopes of practice) related to dental hygiene: a) Dental Hygienist b) Dental Auxiliary c) Orthodontic Auxiliary. Dental hygienists with full scope, and dental hygienists with limited scope are encompassed within the dental hygienist category.

Dental hygiene practice (full scope): The role of a dental hygienist with full scope is to provide oral health education, prevent oral disease, and the prevention and treatment of nonsurgical periodontal diseases. They practice in a team situation, with clinical guidance provided by a practicing dentist or dental specialist. While accountable for their own clinical practice within their scope of practice, the dentist or dental specialist maintains accountability for the clinical guidance. Some procedures require direct clinical supervision by a dentist or dental specialist.

Dental hygiene practice (limited scope) is a subset of the practice of dental hygiene. Conditions are placed on practitioners registered with limited scope, and practice involves recording medical and dental health histories; examining and recording of oral tissues; providing oral health education, information, promotion and counselling; scaling and prophylaxis of supra and subgingival tooth surfaces; applying and dispensing nonprescription preventive agents and fissure sealants; applying and dispensing topical

37 International Federation of Dental Hygienists http://www.ifdh.org/workabroad/nz.shtml
38 Dental Council of New Zealand www.dcnz.org.nz
agents for the treatment of tooth surface sensitivity and tooth discolouration; taking impressions, recording occlusal relationships and making study models; taking impressions, constructing and fitting mouthguards and bleaching trays; and taking intra and extra oral photographs. Dental hygienists registered in dental hygiene practice (limited scope) must practice: a) under the onsite prescription and clinical monitoring of a dentist or dental specialist who is present on the premises at which the work is carried out, and b) subject to an initial dental and periodontal examination having been carried out by a dentist or dental specialist for each patient.

Clinical guidance means the professional support and assistance provided to a dental hygienist by a practising dentist or dental specialist as part of the provision of overall integrated care to the patient group. While Dental hygienists and dentists/dental specialists normally work from the same premises, providing a team approach, clinical guidance may be provided at a distance, provided the hygienist is not registered with a limited scope, but appropriate access must be available to ensure that the dentist or dental specialist is able to provide guidance and advice when required, and maintain general oversight of the clinical care outcomes of the patient group.

Direct clinical supervision of the hygienist by a registered dentist or dental specialist is required for: a) the administration of local anaesthetic (and registration in the additional LA scope of practice) b) the treatment of patients under sedation c) applying prescription preventive agents. A practising dentist/dental specialist must be present on the premises at which the work is carried out. The dentist or dental specialist is accountable for the supervision provided. All activities undertaken by dental hygienists with limited scope require direct clinical supervision.

Local Anaesthetic: The dental hygienist additional local anaesthetic scope of practice allows the administration of local anaesthetic using dentoalveolar infiltration and inferior dental nerve block techniques under the direct clinical supervision of a dentist or dental specialist who is present on the premises at which the work is carried out. Accountability for this working relationship resides with both parties.

Sedation: Patients receiving dental hygiene treatment while under sedation must have: a) the sedation administered by a trained medical or dental practitioner (dentist or dental specialist), in accordance with the joint NZDA/DCNZ Code of Practice “Sedation for Dental Procedures” b) a suitably trained health practitioner (e.g. dentist, dental specialist, registered nurse) remain within the direct surgery environment to monitor the patient throughout treatment. In virtually all instances, the delivery of periodontal care to patients under sedation requires the hygienist to refer that care to a dentist or dental specialist. In such circumstances the dentist/dental specialist administers the sedation and performs the clinical work, but is assisted by an assistant appropriately trained in observation, monitoring and resuscitation of sedated patients. This arrangement is described in the Code of Practice “Sedation for Dental Procedures”.
Access to prescription drugs. The use of medicines is controlled by the Medicines Act 1981 and Medicines Regulations 1984. The hygienist must obtain a required prescription for antibiotics, analgesics and antiinflammatory medications from the dentist within the team providing the patient’s care. The obtaining of appropriate prophylactic antibiotic cover in accordance with recognised protocols (e.g. National Heart Foundation guidelines) prior to invasive hygiene treatment by a dental hygienist falls within the responsibilities and accountabilities of that hygienist.

South Africa

Legislative and Regulatory Framework: Health Professions Act, 1974
Regulations under Dental Hygiene Schedule

Regulatory Body: Health Professions Council of South Africa

Authority: Regulations made under the Health Professions Act, 1974 define the following as acts pertaining to the profession of oral hygiene: Provisional examination and charting of conditions of the mouth, with particular reference to the teeth and periodontium; Scaling, root planning and polishing of the teeth, including trimming and polishing of restorations; Performing dental radiography; Topical application of agents appropriate to the practice of the oral hygienist, including caries-preventive agents, tooth-desensitising agents, surface anaesthetics and plaque-controlling agents; Application and removal of periodontal packs; Taking impressions and casting of study and primary work models; Placing of temporary fillings as an emergency measure prior to referral to a dental therapist or dentist; Temporary cementing of inlays, crowns and bridges; Placement of glass ionomer cement on sensitive dentine or cervical abrasion lesions; Placement of soft linings in dentures as tissue conditioners; Taking of cytological smears, for example to test for candida infections; Performing specified functions in orthodontics: cephalometric tracings; relief of trauma caused by intra- and extra-oral appliances, for example the cutting of distal ends of arch wires; the placement of pre-activated orthodontic appliances and the removals of orthodontic attachments and bands. Administering of applicable local analgesia as appropriate to the scope of the profession of oral hygiene.¹⁹ ⁴⁰

¹⁹ International Federation of Dental Hygienists http://www.ifdh.org/workabroad/sa.shtml
⁴⁰ Health Professions Council of South Africa PO Box 205, Pretoria 0001 Tel: +27 12 3389300 · Fax: +27 12 3285120 www.hpcsa.co.za · registrar@hpcsa.co.za
Jurisdiction: Sweden

**Regulatory body:** National Board of Health and Welfare

**Authority:** Licensed hygienists may work without supervision. 41

Standard clinical functions include: Examination of patient; Recording and interpretation of oral health status; Treatment planning regarding dental hygiene; Preventive oral health information and motivation; Preventive and therapeutic measures including fluoride and anti-microbial agents, fissure sealants; Sub and supra gingival scaling, polishing; Local anaesthesia; Development and application of health programmes for all ages. 42

Jurisdiction: Switzerland

**Authority:** Licensed hygienists may work without supervision. 43

Jurisdiction: United Kingdom

**Prescribing or Administration of drugs:** Dental hygienists work without supervision with the authority to apply fluorides and fissure sealants. They work under the supervision of a dentist when administering local infiltration analgesia and ID inferior block analgesia. 44 45

---

41 [International Federation of Dental Hygienists](http://www.ifdh.org/workabroad/sweden.shtml)
42 [Swedish Dental Hygienists' Association](http://www.tandhygienistforeningen.se)
43 [Swiss Dental Hygienists](http://www.dentalhygienists.ch)
44 [BDHA](http://www.bdha.org.uk)
45 [IIDHA](http://www.iidha.org.uk)
Legislative Framework or Authority: Dentists Act

Regulatory Body: The General Dental Council

Since 2005, some 4500 dental hygienists\(^{47}\) have been registered with the General Dental Council as dental care professionals (DCP’s). Other registered in this category include dental therapists, dental nurses, dental technicians, clinical dental technicians and orthodontic therapists. Dentists must see patients before a dental hygienist can begin treatment. Hygienists work to the prescriptions (treatment plan) of a dentist.

Standard clinical tasks include: Removal of supra and sub gingival deposits, application of fluorides and fissure sealants, administration of local infiltration analgesia and ID block analgesia, domiciliary visits, oral health education, take radiographs, take impressions for diagnostic, record & orthodontic model production, place temporary dressings, re-place dislodged crowns with a temporary cement.

Note: in UK, *Dental therapists* perform routine scale and polishing of teeth as well as placing restorations in deciduous and permanent teeth, placing preformed crowns and the extraction of deciduous teeth under local anaesthesia.
3.) Authority to Prescribe or Use Drugs in United States Jurisdictions

Emerging Issues: Proposed Advanced Dental Hygiene Practitioner

Direct Access to Care: The American Dental Hygienists Association holds that direct access can be a pipeline to bring people who need dental care into the healthcare system, and has incorporated these views into its Competencies for Advanced Dental Hygienist Practitioner document.

Direct access to care allows dental hygienists to plan and initiate dental hygiene treatment primarily in nursing homes and schools without the specific authorization of a dentist. As of 2008, 22 states allow direct access to dental hygiene practitioners and services; only ten states permitted this just eight years ago. In addition, as of 2008, 40 states allow dental hygienists to administer local anesthesia; 26 states allow the administration and monitoring of nitrous oxide analgesia; and 12 states reimburse dental hygienists for providing Medicaid services. These legislative developments in dental hygiene practice provide a foundation for the advanced dental hygiene practitioner. Further, these changes in oral healthcare delivery have been market-driven as the need for care intensifies among unserved populations. (page 6)

While implementation of the ADHP allows dental hygienists to build upon their education and experience, the registered dental hygienist will remain an integral part of the dental team in private practice. Advanced practitioners focus on collaboration within a multidisciplinary network of health and social care providers to ensure a consistent oral health component in comprehensive healthcare. Advanced dental hygiene practice merges the dental hygiene sciences with aspects of general dentistry. Because general dentistry is more comprehensive in nature, advanced practitioners must have collaborative partnerships with general dentists and specialists for referral and consultations. Using a collaborative framework, the ADHP can serve populations in settings where the number of practicing dentists is limited.(page 8)

Education and training (page 22):

Pharmacological Principles of Clinical Therapeutics 3 credit hours
This course is designed to expand advanced dental hygiene practitioner knowledge of pharmacological principles. Knowledge, selection and application of pharmacologic agents based on patient assessment and prescriptive authority will be emphasized.
Related Competencies: Domain I: Provision of Primary Oral Healthcare: Provision of Primary Care: 2-13, 2-14

49 Supported by personal communication with Kathy Schroder, Manager, Governmental Affairs Division ADHA; and Cathy Elliott, Education Manager, ADHA
2-13 Prescribe pharmacologic agents for prevention, control of infection, and pain management utilizing established protocols or in consultation with a dentist or physician (Appendix B).

2-14 Utilize local anesthesia and nitrous oxide analgesia during the provision of care as appropriate.

Appendix B: Prescriptive Authority (page 17)

Prescription drugs may be non-controlled or controlled substances. Non-controlled substances are prescription drugs that have very little potential for abuse, but still require professional authorization in order to be dispensed. Common examples of non-controlled substances include antibiotics and fluoride. Controlled substances are substances that have the potential for abuse and must be regulated more closely. Controlled substances are ranked in five categories called schedules. A Schedule I (C-I) controlled substance is an illegal drug that cannot be issued under any circumstances except for experimental research. These drugs would include cocaine, heroin, marijuana, etc. The remaining Schedules II through V (C-II- C-V) are all ranked by their potential for abuse, but are common prescription drugs that can be provided by a professional when they are required. The tables below identify examples of pharmacologic agents that would be within the prescriptive authority of the ADHP. This document is a general reference and not a comprehensive list.

Non Controlled Prescription Drugs50

<table>
<thead>
<tr>
<th>Drug Class</th>
<th>Generic Name</th>
<th>Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibiotics</td>
<td>Penicillin</td>
<td>Amoxicillin</td>
</tr>
<tr>
<td>Tetracycline anti-infective</td>
<td>Minocycline</td>
<td>Arestin</td>
</tr>
<tr>
<td>Anti-infective oral rinse</td>
<td>Chortiexidine Gluconate</td>
<td>Peridec</td>
</tr>
<tr>
<td>Fluoride Ion</td>
<td>Sodium Flouride</td>
<td>Flura-Drops, Luride Lozi Tabs</td>
</tr>
<tr>
<td>Fluoride Ion, Topical</td>
<td>Flura-Drops, Luride Lozi Tabs</td>
<td>Prevident Plus 5000</td>
</tr>
<tr>
<td>Antifungal</td>
<td>Fluconazole</td>
<td>Diffucan</td>
</tr>
<tr>
<td>Glucocorticoid, intermediate acting</td>
<td>Triamcinolone</td>
<td>Kenolog in Orabase</td>
</tr>
<tr>
<td>Nicotine Replacement Therapy</td>
<td>Nicotine Inhaler</td>
<td>Nicotrol Inhaler</td>
</tr>
<tr>
<td>Nicotine Spray</td>
<td>Nicotine Spray</td>
<td>Nicotrol NS</td>
</tr>
<tr>
<td>Non-Nicotine Adjunctive Therapies</td>
<td>Bupropion SR</td>
<td>Zyban</td>
</tr>
<tr>
<td></td>
<td>Varenacine</td>
<td>Chantoc</td>
</tr>
</tbody>
</table>

### Controlled Prescription Drugs

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Generic</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-I</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>C-II</td>
<td>Oxycodone</td>
<td>Percocet</td>
</tr>
<tr>
<td>C-III</td>
<td>Codeline combination product 90 mg./du (dosing unit)</td>
<td>Tylenol acetaminopen (APAP) w/codeine</td>
</tr>
<tr>
<td>C-IV</td>
<td>Diasepam</td>
<td>Valium</td>
</tr>
<tr>
<td>C-V</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

* Illegal and experimental drugs

** Anti-tussive and anti-diarrheal drugs

---

**Minnesota:**

In April, 2008, the Minnesota State Senate overwhelming passed an amended Omnibus Higher Education Bill that contained a provision to put language in statute that creates an advanced dental hygiene practitioner to be called an Oral Health Practitioner (OHP). The statute creates a workgroup to make recommendations and propose legislation to define the scope, supervision and education of the provider. The amendment codifies that the OHP will be a licensed, educated provider who works under the supervision of a dentist via a collaborative management agreement. The amendment stipulates that OHPs must practice in underserved areas and cannot begin lawful practice prior to 2011.

House File 3247 (HF 3247) and the Senate companion bill, Senate File 2895 (SF 2895), direct that the new provider will be a licensed dental hygienist, educated at the master’s level and permitted to practice an advanced scope by the state board of dentistry. The OHP must be a graduate of an oral health practitioner education program that is accredited by CODA or another national accreditation organization and pass a board approved competency-based clinical examination that is independent of the education program. The ADHP will have an expanded role in treating patients by providing basic oral health primary care services including

---


The new provider will be focused on practice in public health settings and will enter into a collaborative management agreement with a licensed dentist in the state, which will lay out protocol for patient referral, provider communication and guidelines for emergency situations.

The scope of practice the workgroup is directed to design for the provider includes primary diagnostic, educational, palliative, therapeutic and restorative (cavity preps, restoration of permanent teeth, temporary crowns, placement of preformed crowns, pulpotomies on primary teeth, pulp capping) services, as well as extractions of primary and permanent teeth, placing and removing sutures and prescriptive authority (anti-infective, non-narcotic pain management and prevention).

Various stakeholders including representatives from Metropolitan State University, the University of Minnesota, the Minnesota Dental Hygienists’ Association, the Minnesota Dental Association, the state board of dentistry, Safety Net Coalition and several other dentists representing various public health and special interest groups, as well as two state agency representatives, will populate the workgroup. The majority of dentists on the workgroup will have to have specific public health experience. The workgroup is charged with completing its work by December 15, 2008, and draft legislation to enact specific recommendations will be required by January 15, 2009.

Prescribing or Administration of drugs: Authorities for the medications that may be prescribed, administered, and dispensed by an oral health practitioner if authorized by the supervising dentist in a collaborative agreement have not yet been determined. These may be limited to medications for anti-infective therapies, nonnarcotic pain management, and prevention. 53

Regulatory Body: Minnesota Dental Hygiene Association54 55 56

Alaska

Dentists and dental hygienists agreed to the merger into one bill of a dental association initiated bill (allowing dental assistants to polish and provide restorative services) with a dental hygienists’ association proposal (for collaborative practice and general supervision for local anesthesia). Dental hygienists would also be able to qualify to perform restorative services. Now on the governor’s desk, House Bill 319

53 American Dental Hygienists Association  http://www.adha.org/governmental_affairs/stateline.htm
54 [http://www.mdha.com/Legislative.html]
would allow dental hygienists with at least 4,000 hours of experience in the last five years to practice according to a written collaborative agreement with a dentist. The board would need to approve the collaborative agreement, which could allow the dental hygienist to initiate services without the dentist’s individual diagnosis and treatment plan at settings other than the dentist’s usual place of practice. The collaborative hygienist could perform virtually any traditional dental hygiene service, including local anesthesia, pursuant to the terms of the agreement, whether or not the dentist was present.57

Indiana

Indiana recently became the 41st state to allow dental hygienists to administer local anesthesia. Under the new law, dental hygienists who have completed a board-approved course and received a board-issued dental hygiene anesthetic permit may administer local anesthesia under direct supervision. The bill also contained a provision to expand the current law to allow prescriptive supervision in hospitals, clinics, fixed charitable institutions, public health settings and correctional institutions. Under prescriptive supervision, a licensed dentist is not required to be physically present but needs to have examined the patient and prescribed the patient care within the previous 45 days. As a trade-off with the Indiana Dental Association, dental assistants who have completed a board-approved curriculum are allowed to polish coronally and apply fluoride under the direct supervision of the dentist. The Indiana State Board of Dentistry must finalize the rules and regulations for the law to take effect.58

Virginia

The Virginia Board of Dentistry established guidelines, criteria and regulations to enable licensed hygienists to practice local anesthesia and administer nitrous oxide. A dental hygienist who completed a 36-hour course and successfully passed a CODA-accredited exam is certified to administer nitrous oxide and local anesthesia to patients 18 years of age or older under the direction of a dentist.59

South Dakota

57 American Dental Hygienists Association http://www.adha.org/governmental_affairs/stateline.htm
58 American Dental Hygienists Association http://www.adha.org/governmental_affairs/stateline.htm
59 American Dental Hygienists Association http://www.adha.org/governmental_affairs/stateline.htm
In March 2008, the South Dakota Board of Dentistry issued a “Fluoride Varnish Declaratory Ruling” in January, which allows health professionals other than licensed dental providers to apply fluoride varnish when “prescribed by an appropriately licensed practitioner.” The board, voting unanimously, noted the efficacy of fluoride varnish, the fact that no dental instruments are needed and that at least seven other states permit non-dental providers to apply varnish in making its determination. This declaratory ruling is expected to allow dental hygienists to provide fluoride varnish in a variety of settings, including nursing homes, day cares, outreach programs and nursing homes under the prescription of a physician, physician’s assistant or nurse practitioner as well as a dentist.60

Oregon

Oregon permits dental hygienists limited prescriptive authority. In rules recently adopted, the Dental Board limited the prohibition against prescription by a dental hygienist to exempt “fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing or resorbable antimicrobial agents.” The board explained that means that “a dental hygienist, after being authorized by a supervising dentist to do so, may prescribe any of those drugs for a patient. In addition, the current prohibition against a dental hygienist providing a diagnosis was clarified allow a dental hygienist to diagnose and treatment plan the need for dental hygiene services, provided she review her conclusions with a dentist. Finally, impressions for permanent prostheses was added to the dental hygiene scope.

Upon successful completion of an appropriate course of instruction, and submission of the appropriate documentation to the Board, a Dental Hygienist in Oregon may also administer local anesthesia and administer nitrous oxide under the indirect supervision of a licensed dentist. (Indirect supervision means the dentist has authorized the procedure and remains on the premises while the procedure is being performed.) There are additional rules that apply regarding obtaining a nitrous oxide permit, for administration of nitrous oxide, and additional continuing education requirements (OAR 818-026-0040). Dental Hygienists may not prescribe any drug, other than fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing or resorbable antimicrobial agents; or administer or dispense an drugs except as provided by regulation.

60 American Dental Hygienists Association  [http://www.adha.org/governmental_affairs/stateline.htm](http://www.adha.org/governmental_affairs/stateline.htm)
Legislative Framework or Authority: The statute regulating Dental Hygiene is ORS 680.010 through 680.205 and the administrative rules are generally found in OAR §18, Division 35. Licensing and renewal information is found in OAR §18, Division 21.61

Regulatory Body: Oregon Board of Dentistry

Research from Oregon:

A Qualitative Study of Limited Access Permit Dental Hygienists in Oregon

Many states have adopted alternative oral health care delivery systems that include expanded roles for dental hygienists. This qualitative study was designed to evaluate the impact of the Limited Access Permit (LAP) legislation in Oregon and to understand the relationship between dental hygienists and dentists within this delivery system. The snowball sampling technique was used to identify LAP dental hygienists and collaborating dentists. The snowball sampling technique begins with the identification of a known expert in the field who serves as the initial "sampling unit." Subsequent individuals are then recommended, or nominated, to the investigator by the initial study participant and are selected based upon the need to fill in or extend information. The final sample consisted of seven LAP dental hygienists and two collaborating dentists. Interviews, field observations, and document analysis were utilized for data collection. Factors that led to the creation of LAP dental hygiene practice, current LAP practice, personal characteristics, relationships between LAP dental hygienists and dentists, and the impact that LAP dental hygienists have had on access to oral health care were explored. Data revealed that the Oregon legislature twice expanded the LAP scope of practice to increase access to oral health care services. LAP dental hygienists practice in community and school-based settings. Common characteristics of LAP dental hygienists include entrepreneurship, lifelong learning, and a commitment to underserved populations. The findings from this study indicate that LAP dental hygienists and collaborating dentists have positive relationships. No evidence of lower quality of care in unsupervised dental hygiene practices was found. However, the impact of the LAP legislation is still unknown due to the limited numbers of LAP dental hygienists and the early nature of the LAP practice.

Prescribing or Administration of drugs: Dental hygienists are authorized to administer local anesthetics and topical fluoride for dental patients only.65

Legislative Framework or Authority: Chapter 18.29 RCW

Drug-related Issues for Dental Hygiene in the USA:

Dental professionals routinely treat patients taking prescription, nonprescription, and herbal medications that are known or have the potential to alter bleeding. Prescription anticoagulant and antiplatelet medications, as well as over-the-counter drugs such as aspirin, are typically taken to reduce the risk of thromboembolic events, including stroke. Herbal supplements are widely used for a variety of indications, and both patients and health care practitioners are often unaware of the anticoagulant and antiplatelet effects that occur as either predictable pharmacologic effects or adverse side effects of herbal medicines. In addition, patient use of these herbal supplements is usually undisclosed to health care providers. The purpose of this literature review is to examine the mechanisms of action of drugs and herbs that alter bleeding, and to educate dental professionals as to the proper care and management of patients using these medications. Decision-making strategies, including interpretation of laboratory tests, and when to discontinue the use of these medications are discussed. Patients undergoing routine dental and dental hygiene procedures do not need to discontinue the use of anticoagulant and antiplatelet medications. However, alterations in drug use may be required for those patients undergoing invasive surgical procedures. It is recommended that herbal supplements must be discontinued 2 weeks prior to receiving invasive surgical procedures. Dental practitioners must learn to weigh the risks of discontinuing drug therapy against the potential risks to patients, and implement risk reduction strategies to minimize adverse bleeding complications associated with dental treatment.66

It is imperative that dental professionals have access to a good drug reference guide, either as a chairside reference text or in the form of an electronic database, to assist with completing an accurate medication list. Many popular dental drug resources also contain information on herbal medications, although dental professionals may find it helpful to also have a resource that is strictly devoted to herbal supplements. Resources provide valuable information about drug dosing, common side effects, drug interactions, and precautions for treating patients.

66 Practice Considerations for Dental Professionals http://www.adha.org/CE_courses/course15/abstract.htm
using these medications. Dental professionals should look up all medications that a patient is taking prior to prescribing other medications to ensure safety and compatibility. Text versions of reference guides should be replaced on an annual basis, as the field continuously evolves and changes. The advantages to electronic databases include speed of access to and the immediate availability of a vast quantity of information, and access to the most current drug data.  

\[67 \text{ http://www.adha.org/CE_courses/course15/practice_considerations.htm}\]
### 4) Safeguards for the Prescribing or Use of Drugs in Canadian Jurisdictions

<table>
<thead>
<tr>
<th>Province</th>
<th>Entry Level Requirements</th>
<th>Curricula</th>
<th>Required Additional Education/Training</th>
<th>Professional Misconduct, Standard of Practice, Guidelines Rules</th>
<th>QA &amp; Continuing Competency</th>
<th>Mandatory Liability Insurance Approval Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario</td>
<td>The CDHO is responsible for ensuring that an applicant meets all the current registration requirements of the CDHO prior to being permitted to register as a dental hygienist in Ontario. In accordance with section 31(1)(1) of regulation 537/99 made under the DHA, which deals with registration, an applicant must have: 1. successfully completed a program of at least two years in dental hygiene that at the time of the applicant's graduation was accredited by the Commission on Dental Accreditation of Canada or by the American Dental Association Commission on Dental Accreditation, 2. successfully completed a program of at least two years in dental hygiene that the Registration Committee considers to be equivalent to a program referred to in subparagraph 1, 3. successfully completed some courses in two or more of the programs referred to in subparagraphs 1 and 2 if the Registration Committee considers the courses to be equivalent to having successfully completed a program referred to in subparagraph 1, 4. in the case of an applicant who has previously held a certificate of professional liability insurance set out in the by-laws and prior to the issuance of a certificate, must show proof of actual coverage. O. Reg. 537/99, s. 1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Example of Ontario DH diploma curriculum at George Brown College can be found at [http://www.georgebrown.ca/Marketing/FTCal/hsci/S112.aspx](http://www.georgebrown.ca/Marketing/FTCal/hsci/S112.aspx)

A sample course outline from Georgian College (Dent 1021: Medical & Pharmacology Considerations for the Dental Hygienist) has been provided by the CDHO in its submission to HPRAC for this review.

Curricula of the Commission on Dental Accreditation of Canada (CDAC) accredited dental hygiene educational programs includes instruction and application of knowledge related to a variety of drugs. These are taught and evaluated as part of discrete courses and also applied in case studies and during direct client care. Students learn the appropriate use of drugs in dental/dental hygiene care as well as the associated risk factors. In clinical courses students apply this knowledge to treatment planning and care. What is missing is the actual administration of substances for pain management and the writing of prescriptions.

The approved dental hygiene

The restorative dental hygienist is an experienced graduate dental hygienist who performs restorative procedures in addition to traditional preventive duties. Applicants must be registered to practice dental hygiene in Ontario and have at least one year of experience as a dental hygienist.

PART V PROFESSIONAL MISCONDUCT 15. The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code: Dental Hygiene Act, 1991 - O. Reg. 218/94

In the development of the quality assurance program, CDHO acknowledges that dental hygienists are competent professionals whose goals include maintaining and improving their level of competence based on accepted standards of practice. As self-regulating professionals, dental hygienists are expected to:

- assure that their professional responsibility to the client prevails;
- apply the CDHO Dental Hygiene Standards of Practice, CDHO Code of Ethics, and CDHO regulations and bylaws to their dental hygiene practice;
- maintain and improve their level of competence through the continuous acquisition of knowledge, skills and judgement; and
- be accountable for their actions.

5. The applicant must provide proof of eligibility to acquire the amount of professional liability insurance set out in the by-laws and prior to the issuance of a certificate, must show proof of actual coverage. O. Reg. 537/99, s. 1. Dental Hygiene Act, 1991 - O. Reg. 218/94

<p>| 31 |</p>
<table>
<thead>
<tr>
<th>Province</th>
<th>Entry Level Requirements</th>
<th>Curricula</th>
<th>Required Additional Education/ Training</th>
<th>Professional Misconduct, Standard of Practice, Guidelines Rules</th>
<th>QA &amp; Continuing Competency</th>
<th>Mandatory Liability Insurance Approval Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alberta</td>
<td>Registration requirements (from Dental Hygienists Profession Regulation, Alta. Reg. 255/2006)</td>
<td>educational programs deliver pharmacology modules that are embedded in clinical practice courses as well as in medical history courses. Graduates' knowledge is tested through the National Dental Hygiene Certification Board (NDHCB) and the schools' curricula are accredited by the CDAC. Dental hygiene students are required to learn and practise the application of topical anesthetics for dental hygiene care. In clinical and preventive courses students study chemotherapeutic agents used in prevention of oral diseases including fluoride, CHX and antibiotics and nicotine replacement. Students are also required to learn how to interpret prescriptions written by other members of the health care team. In the case of administering substances by injection or inhalation, approximately 300 dental hygienists in Ontario have successfully completed courses in the theory and application of the use of anesthetics for purposes of pain and anxiety management during performance of the Authorized Act.</td>
<td>registration under the Act or a predecessor of the Act but does not hold a certificate at the time of application, successfully completed a program of study in dental hygiene that the Registration Committee considers to be substantially similar to a program referred to in subparagraph i.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Canada**

Alberta  
Registration requirements (from Dental Hygienists Profession Regulation, Alta. Reg. 255/2006)  
General register

Example of Alberta DH diploma/degree curriculum at UA can be found at:  
http://www.registrar.ualberta.ca/calendar/Undergrad/Medicine-and-Dentistry/Programs/114.4.html#11

Before a DH can receive a prescriber number, the Regulatory college requires completion of an additional program. As part of the continuing competency program, a general member must obtain a minimum of 45 program credits in the 3- 

8  An applicant for registration as a regulated member on the
<table>
<thead>
<tr>
<th>Province</th>
<th>Entry Level Requirements</th>
<th>Curricula</th>
<th>Required Additional Education/ Training</th>
<th>Professional Misconduct, Standard of Practice, Guidelines Rules</th>
<th>QA &amp; Continuing Competency</th>
<th>Mandatory Liability Insurance Approval Process</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1) An applicant for registration as a regulated member on the general register must (a) have a degree or diploma in dental hygiene from a program approved by the Council, (b) have successfully passed a dental hygiene registration examination approved by the Council, and (c) have successfully passed a jurisprudence examination approved by the Council.</td>
<td>4.4 Dental hygiene programs in Manitoba, Alberta, BC, and Saskatchewan include the administration of local anesthesia well in anticipation of proclamation of the necessary legislation. (CDHO)</td>
<td>course entitled “Elements of Prescribing, A Pharmacy Refresher Course for Dental Hygiene”. Course was developed by the College</td>
<td>Committee, (a) is detrimental to the best interests of the public; (b) contravenes this Act or the regulations; (c) harms or tends to harm the standing of the dental discipline practised by members of the Association generally; or (d) displays a lack of knowledge of or lack of skill or judgment in the practice of the dental discipline practised by members of the Association, whether or not that conduct is disgraceful or dishonourable, may constitute either unskilled practice of the dental discipline or professional misconduct, whichever the Discipline Committee finds.</td>
<td>year period that starts on the general member’s anniversary date and in each subsequent sequential 3-year period. (Program Requirements from Hygienists Profession Reg 255/2006.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>general register or on the courtesy register must provide evidence of having the type and amount of professional liability insurance required by the Council.</td>
<td></td>
</tr>
<tr>
<td>British Columbia</td>
<td>College of Dental Hygienists of British Columbia – Regulations and By-Laws</td>
<td>Example of DH degree curriculum at UBC can be found at: <a href="http://www.dentistry.ubc.ca/acadmic_programs/hygiene/entrytopractice/courses.asp">http://www.dentistry.ubc.ca/acadmic_programs/hygiene/entrytopractice/courses.asp</a></td>
<td></td>
<td>College of DH of BC – Regs and Bylaws Section 58 (11) For the purpose of this bylaw, professional misconduct includes but is not limited to conduct in which a</td>
<td>College of DH of BC – Regs and Bylaws</td>
<td>College of DH of BC – Regs and Bylaws</td>
</tr>
<tr>
<td></td>
<td>Full registration may be granted to dental hygienists who meet ALL of the following requirements: Graduation from a dental hygiene education program listed in</td>
<td>Dental hygiene programs in Manitoba, Alberta, BC, and Saskatchewan include the</td>
<td></td>
<td>College of DH of BC – Regs and Bylaws 52. (1) Full, full registration (residential care), full registration (dental hygiene practitioner) and conditional registrants</td>
<td>53. All registrants except those registered in the non-practising class must carry</td>
<td></td>
</tr>
<tr>
<td>Province</td>
<td>Entry Level Requirements</td>
<td>Curricula</td>
<td>Professional Misconduct, Standard of Practice, Guidelines Rules</td>
<td>QA &amp; Continuing Competency</td>
<td>Mandatory Liability Insurance Approval Process</td>
<td></td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------</td>
<td>-----------</td>
<td>---------------------------------------------------------------</td>
<td>----------------------------</td>
<td>-----------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Schedule I of the CDHBC Bylaws; * Certification by the National Dental Hygiene Certification Board (NDHCB); Graduation from a CDHBC approved local anaesthesia course and (i) eligibility to perform local anaesthesia in the jurisdiction of practice within the past three years; or (ii) successful completion of a CDHBC approved local anaesthesia refresher course; Demonstration of Continuing Competency (CC) (must meet one of the following Options) (i) Option A - 75 CC credits within the past three years (ii) Option B - for recent graduates, a reduced number of CC credits in accordance with Schedule G of the CDHBC Bylaws (iii) Option C - successful completion of a CDHBC approved dental hygiene refresher course within the past three years (iii) Option D - successful completion of the B.C. Dental Hygiene Practice Examination within the past three years; Completion of the B.C. Dental Hygiene Regulation Assessment; Possession of professional negligence insurance in the amount of $1 million per occurrence; Demonstration of good standing in every jurisdiction in which currently or previously registered to</td>
<td>administration of local anesthesia. Nova Scotia is currently developing a program as well in anticipation of proclamation of the necessary legislation. (CDHO)</td>
<td>respondent (a) has engaged in conduct that in the opinion of the discipline committee is relevant to the registrant’s suitability to practice, (b) has been found by another regulatory body to have committed an act that would in the opinion of the discipline committee be an act of professional misconduct, (c) committed an act of sexual misconduct, (d) contravened a term, condition or limitation imposed on the registrant’s certificate of registration, (e) contravened the Practice Standards of the profession or breached the Code of Ethics, (f) practised the profession while the respondent’s ability to do so was impaired by impaired by alcohol or drugs, (g) discontinued professional services required by a client unless</td>
<td>must complete 75 credits of continuing dental hygiene education, approved by the quality assurance committee, within a three year period.</td>
<td>professional liability insurance in an amount of at least $1 million per occurrence.</td>
<td></td>
</tr>
<tr>
<td>Province</td>
<td>Entry Level Requirements</td>
<td>Curricula</td>
<td>Required Additional Education/ Training</td>
<td>Professional Misconduct, Standard of Practice, Guidelines Rules</td>
<td>QA &amp; Continuing Competency</td>
<td>Mandatory Liability Insurance Approval Process</td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------</td>
<td>-----------</td>
<td>-------------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>-----------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Manitoba</td>
<td>Dental Hygienists Act, C.C.S.M. c. D34, Dental Hygienists Regulation, Man. Reg. 80/2008</td>
<td>Example of DH degree curriculum at UM can be found at: <a href="http://www.umanitoba.ca/faculties/dentalhygiene/DH_program.html">http://www.umanitoba.ca/faculties/dentalhygiene/DH_program.html</a></td>
<td>Dental hygiene programs in</td>
<td>(i) the client requests a discontinuation (ii) alternative services have been arranged, or (iii) the client is given a reasonable opportunity to arrange alternative services, (h) provided information about a client to a person other than the client or his or her representative without consent, (i) falsified a record relating to the respondent’s practice, (j) signed or issued in the respondent’s professional capacity a document that contains a false or misleading statement, (k) submitted an account or charge for services that is false or misleading, or (l) contravened the Act, the regulations or these bylaws.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Province</td>
<td>Entry Level Requirements</td>
<td>Curricula</td>
<td>Required Additional Education/ Training</td>
<td>Professional Misconduct, Standard of Practice, Guidelines Rules</td>
<td>QA &amp; Continuing Competency</td>
<td>Mandatory Liability Insurance Approval Process</td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------</td>
<td>-----------</td>
<td>----------------------------------------</td>
<td>-------------------------------------------------</td>
<td>-----------------------------</td>
<td>-----------------------------------------------</td>
</tr>
</tbody>
</table>
| Manitoba, Alberta, BC, and Saskatchewan | the applicant  
(a) is a graduate of a dental hygiene education program approved by the council;  
(b) has passed any examinations that the council may require;  
(c) establishes that his or her name has not been removed for cause from the register of persons authorized to engage in the practice of dental hygiene in Canada or elsewhere;  
(d) establishes that he or she has not been suspended as a result of professional misconduct by a regulatory authority governing the practice of dental hygiene in Canada or elsewhere;  
(e) pays the fees provided for in the by-laws; and  
(f) meets any other requirements set out in the regulations. | Manitoba, Alberta, BC, and Saskatchewan include the administration of local anesthesia. Nova Scotia is currently developing a program as well in anticipation of proclamation of the necessary legislation. (CDHO) | | | | |
| Newfoundl and | DENTAL AUXILIARIES ACT R.S.N.W.T. 1988,C.D-3 | Dental Auxiliaries' Regulations under the Dental Act | | Dental Auxiliaries' Regulations under the Dental Act | | |
| | 4. An applicant applying to be registered as a dental hygienist shall  
(a) complete an application form supplied by the registrar;  
(b) pay the fees prescribed by the board by these regulations;  
(c) have successfully completed the final examination of a school of dental hygiene accepted by the Commission on Dental Accreditation of the Canadian Dental Association or other school | Advanced training  
18. A dental hygienist with advanced training in orthodontics received at a university, or equivalent, approved by the board; and who is working under | | | |
| | | Professional misconduct  
22. For the purpose of paragraph 21(f) of the Act, "professional misconduct" for dental auxiliaries includes, but is not | | | |
<table>
<thead>
<tr>
<th>Province</th>
<th>Entry Level Requirements</th>
<th>Curricula</th>
<th>Required Additional Education/Training</th>
<th>Professional Misconduct, Standard of Practice, Guidelines Rules</th>
<th>QA &amp; Continuing Competency</th>
<th>Mandatory Liability Insurance Approval Process</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>of dental hygiene that may be approved by the board; (c.1) have successfully completed a certification examination from the National Dental Hygiene Certification Board, or an equivalent certification examination of a province or territory of Canada; (d) provide proof of current membership in good standing in the Newfoundland Dental Hygienists' Association; and (e) comply with other requirements that the board may consider appropriate.</td>
<td>the direction and supervision of a licensed dental general practitioner may (a) place and remove separators; (b) cement orthodontic bands that have been pre-fitted by the general practitioner; (c) remove orthodontic attachments; (d) remove excess cement following cementation of orthodontic bands; (e) make orthodontic impressions; (f) tie in prepared orthodontic arch wires; and (g) give oral hygiene, appliance care and appliance-placement instruction.</td>
<td>limited to the following: (a) contravention of a provision of the Act or the regulations under the Act; (b) failure to abide by the terms, conditions or limitations of the licence; (c) failure to maintain professional standards of conduct and competence; (d) failure to maintain adequate records of treatment; (e) falsifying a record of examination or treatment; (f) signing a document that the auxiliary knows, or ought to know, is false, misleading or otherwise improper; (g) conviction for an offence that affects the fitness of an auxiliary to assist in providing dental services; (h) permitting, counselling or assisting a person who is not licensed under the Act to engage in the practice of dentistry as</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Province</td>
<td>Entry Level Requirements</td>
<td>Curricula</td>
<td>Required Additional Education/ Training</td>
<td>Professional Misconduct, Standard of Practice, Guidelines Rules</td>
<td>QA &amp; Continuing Competency</td>
<td>Mandatory Liability Insurance Approval Process</td>
</tr>
<tr>
<td>----------</td>
<td>-------------------------</td>
<td>-----------</td>
<td>------------------------------------------</td>
<td>-----------------------------------------------------------------</td>
<td>-----------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>defined in the Act; (i) engaging in the activities of a dental auxiliary in a manner except as ordered and supervised by a licensed practitioner engaged in the practice of dentistry, unless as an employee or agent of a municipal or other government, university or a hospital; (j) sexual impropriety with a patient; (k) abusing a patient verbally or physically; (l) the displaying of signs bearing the auxiliary's name and occupation in a manner general to public view, or in a fashion that could be considered as an attraction or solicitation to the public except signs within the premises of a practitioner which indicate the room or location where the auxiliary provides service; and (m) conduct or act relevant to the practice of dentistry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Province</td>
<td>Entry Level Requirements</td>
<td>Curricula</td>
<td>Required Additional Education/ Training</td>
<td>Professional Misconduct, Standard of Practice, Guidelines Rules</td>
<td>QA &amp; Continuing Competency</td>
<td>Mandatory Liability Insurance Approval Process</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------------</td>
<td>-----------</td>
<td>------------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>-----------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>NWT/ Nunavut</td>
<td>Dental Auxiliaries Act, R.S.N.W.T. 1988,c.D-3 Current to: 2006-02-02 <a href="https://canlii.org/nu/laws/sta/d-3/20070904/whole.html">https://canlii.org/nu/laws/sta/d-3/20070904/whole.html</a> Persons entitled to be registered 3. (1) Subject to this section, a person who is (a) a graduate of a college, school or university in a program of dental hygiene accredited by the Canadian Dental Association, or (b) registered as a dental hygienist in a province or the Yukon Territory, is, on payment of the prescribed fee, entitled to be registered in the Dental Hygienists Register.</td>
<td>Example of DH degree curriculum at Dalhousie U can be found at: <a href="http://dlm.cal.dal.ca/DEHY.htm">http://dlm.cal.dal.ca/DEHY.htm</a> Dental hygiene programs in Manitoba, Alberta, BC, and Saskatchewan include the administration of local anesthesia. Nova Scotia is currently developing a program as well in anticipation of proclamation of the necessary legislation. (CDHO)</td>
<td>that, having regard to all the circumstances, would reasonably be regarded as disgraceful, dishonourable or unprofessional.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>Regulations, N.S. Reg. 208/94 Qualifications and registration 8 (1) A person who satisfies the Registrar that he or she has graduated from an accredited dental hygiene school shall be eligible to be registered in the Dental Hygienists' Register.</td>
<td>Example of DH degree curriculum at Dalhousie U can be found at: <a href="http://dlm.cal.dal.ca/DEHY.htm">http://dlm.cal.dal.ca/DEHY.htm</a> Dental hygiene programs in Manitoba, Alberta, BC, and Saskatchewan include the administration of local anesthesia. Nova Scotia is currently developing a program as well in anticipation of proclamation of the necessary legislation. (CDHO)</td>
<td>Dental Hygienists Regulations made under Section 45 of the Dental Act S.N.S. 1992, c. 3 O.I.C. 94-913 (November 8, 1994), N.S. Reg. 208/94 (i) &quot;unprofessional conduct&quot; by a dental hygienist includes (i) the contravention or violation of any mandatory continuing dental education regulations (Regulation 9) made under subsection 45 (1) of the Dental Act S.N.S. 1992, c. 3 O.I.C. 94-486 (June 7, 1994), N.S. Reg. 97/94 4 (1) Every licensed dental hygienist is required to obtain forty-five credit hours of</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Province</td>
<td>Entry Level Requirements</td>
<td>Curricula</td>
<td>Required Additional Education/Training</td>
<td>Professional Misconduct, Standard of Practice, Guidelines Rules</td>
<td>QA &amp; Continuing Competency</td>
<td>Mandatory Liability Insurance Approval Process</td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------</td>
<td>-----------</td>
<td>----------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>-----------------------------</td>
<td>-----------------------------------------------</td>
</tr>
</tbody>
</table>

- provisions of the Dental Act or regulations made pursuant to the Act,
- (ii) failure to abide by the terms, conditions or limitations of any license issued under the Act,
- (iii) incompetence in the practice of dental hygiene,
- (iv) conduct that is detrimental to the best interests of one or more patients,
- (v) performing services other than those authorized pursuant to the Act or regulations,
- (vi) engaging in the practice of dental hygiene while the ability to perform services is impaired by alcohol or other drugs,
- (vii) engaging in the practice of dental hygiene while the ability to do so is impaired by an infirmity or reasons of health,
- (viii) failure to comply with a decision of the Discipline Committee or the Board,

continuing dental education during each three year cycle.
<table>
<thead>
<tr>
<th>Province</th>
<th>Entry Level Requirements</th>
<th>Curricula</th>
<th>Required Additional Education/Training</th>
<th>Professional Misconduct, Standard of Practice, Guidelines Rules</th>
<th>QA &amp; Continuing Competency</th>
<th>Mandatory Liability Insurance Approval Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saskatchewan</td>
<td>SASKATCHEWAN DENTAL HYGIENISTS’ ASSOCIATION</td>
<td>Example of DH diploma curriculum at SIAST can be found at: <a href="http://www.siast.sk.ca/wasacana/educationtraining/oncampusprograms/5888/5886/5852/index.shtml#courses">http://www.siast.sk.ca/wasacana/educationtraining/oncampusprograms/5888/5886/5852/index.shtml#courses</a> Dental hygiene programs in Manitoba, Alberta, BC, and Saskatchewan include the administration of local anesthesia. Nova Scotia is currently developing a program as well in anticipation of proclamation of the necessary legislation. (CDHO)</td>
<td>(x) failure to observe the Code of Ethics for dental hygienists as prescribed by the Board, (x) providing false or misleading information to the Board, (x) conviction for any offence related to or which brings into question the ability to practice dental hygiene.</td>
<td>(ix) failure to observe the Code of Ethics for dental hygienists as prescribed by the Board, (x) providing false or misleading information to the Board, (x) conviction for any offence related to or which brings into question the ability to practice dental hygiene.</td>
<td>(c) provides satisfactory evidence that she or he has successfully completed a council approved education program in the administration of local anesthesia; and (d) provides evidence of liability insurance as outlined in section 49 of the Bylaws.</td>
<td>(c) provides satisfactory evidence that she or he has successfully completed a council approved education program in the administration of local anesthesia; and (d) provides evidence of liability insurance as outlined in section 49 of the Bylaws.</td>
</tr>
<tr>
<td>Province</td>
<td>Entry Level Requirements</td>
<td>Curricula</td>
<td>Required Additional Education/Training</td>
<td>Professional Misconduct, Standard of Practice, Guidelines Rules</td>
<td>QA &amp; Continuing Competency</td>
<td>Mandatory Liability Insurance Approval Process</td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------</td>
<td>-----------</td>
<td>----------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>-----------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Yukon</td>
<td>Dental Profession Act, R.S.Y. 2002, c. 53</td>
<td>Yukon Dental Hygiene Practice Category as determined by the association.</td>
<td>(c) it is a breach of this Act or the bylaws of that member's association; or (d) it is a failure to comply with an order of the professional conduct committee, discipline committee or council of that member's association; 1997, c.D-4.1, s.27. Licensing examinations. (2) The &quot;required number of continuing education credits&quot; referred to in subsection (1) means a minimum of 50 continuing education credits over a three year period for full registrants possessing full, conditional, or non-practising licences, a minimum of 30 credits are to be obtained in the Dental Hygiene Practice Category as determined by the association.</td>
<td>amount of at least one million dollars per occurrence.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Province</td>
<td>Entry Level Requirements</td>
<td>Curricula</td>
<td>Required Additional Education/ Training</td>
<td>Professional Misconduct, Standard of Practice, Guidelines Rules</td>
<td>QA &amp; Continuing Competency</td>
<td>Mandatory Liability Insurance Approval Process</td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------</td>
<td>-----------</td>
<td>----------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>-----------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>authorising the dental hygienist to administer local anaesthetic by the method they are qualified for, subject to such conditions as the Registrar thinks necessary.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Testing Competency: The National Dental Hygiene Certification Examination (NDHCE)**

In Canada, the level of government responsible for the registration or licensure for dental hygiene practice is the provincial or territorial dental hygiene regulatory authority. Requirements for registration or licensure as a dental hygienist vary among Canadian dental hygiene regulatory authorities. Those variations may include differences in educational requirements, clinical competencies, continuing education requirements, language competencies, and written and/or clinical practice examinations. The NDHCE is intended to fulfill a regulatory authority’s written examination requirement; however, acceptance/requirement of the National Dental Hygiene Certificate is completely at the discretion of the individual provincial or territorial dental hygiene regulatory authority. The NDHCB is the agency responsible for the development, administration, scoring and reporting of the written NDHCE. Certification examinations have a well defined purpose: to protect the public by ensuring that those who are certified possess sufficient knowledge and skills to perform important occupational activities safely and effectively (AERA, 19991). The purpose of the NDHCE is to assist the provincial and territorial dental hygiene regulatory authorities in determining whether or not an applicant for registration or licensure possesses adequate knowledge and/or skills related to entry-level dental hygiene practice standards.

Dental hygiene regulatory authorities in Alberta, British Columbia, Newfoundland and Labrador, Ontario, and Saskatchewan require the National Dental Hygiene Certificate as a requirement for registration and/or licensure.

---

69 National Dental Hygiene Certification Board 1929 Russell Road, Suite 322, Ottawa, ON K1G 4G3, Tel: (613) 260-8156 Fax: (613) 260-8511
E-mail: exam@ndhcb.ca www.ndhcb.ca
2. ELIGIBILITY CRITERIA for the National Competency Examination:

2.1 Student in a Dental Hygiene Program

2.1.1 Student in an Accredited Dental Hygiene Program A student in a dental hygiene program that is accredited by the Commission on Dental Accreditation of Canada (CDAC) or the American Dental Association Commission on Dental Accreditation (ADA/CODA), may apply to write the NDHCE upon confirmation by the dental hygiene program director or designate, that the student, at the application deadline date, is within four months of completion of the dental hygiene program.

2.1.2 Student in the cohort of a Dental Hygiene Program that has been reviewed by the Commission on Dental Accreditation of Canada (CDAC) and to whom CDAC has granted “Program Status Under Review”. Such student may apply to write the NDHCE upon confirmation by the dental hygiene program director or designate, that the student, at the application deadline date, is within four months of completion of the dental hygiene program AND following verification of eligibility by the NDHCB. Students in subsequent cohorts of the program will be given the same consideration until such time as the CDAC notifies the NDHCB that “status under review” has been revoked or that accreditation has been granted.

2.2 Graduate of an Accredited Dental Hygiene Program An applicant who is a graduate of a dental hygiene program that was accredited by the Commission on Dental Accreditation of Canada (CDAC) or by the American Dental Association Commission on Dental Accreditation (ADA/CODA) on the date of the applicant’s graduation may apply to write the NDHCE.

2.3 Graduate of a Non-Accredited Dental Hygiene Program An applicant who is a graduate of a dental hygiene program that was not accredited by the Commission on Dental Accreditation of Canada (CDAC), or the American Dental Association Commission on Dental Accreditation (ADA/CODA) on the date of the applicant’s graduation, may apply to write the NDHCE following verification of eligibility and written confirmation of such by the NDHCB.

The NDHCE is presented in both official Canadian languages and currently consists of a sufficient number of multiple choice test items to ensure validity and reliability. Experimental questions are included in the examination but are not counted toward the candidate’s score. The test items are developed from a comprehensive description of the content domain or competencies of the entry-level to practice dental hygiene. These competencies form the basis of the NDHCE. The classification of the competencies is based on the following: (The modified Angoff method is based on the concept of the borderline or minimally competent candidate. The minimally competent candidate is one who possesses the minimum level of knowledge and skills necessary to perform at a certified level):

Dental Hygiene Process of Care Model: Assessment and Diagnosis: Collects, critically analyses data and interprets data. Planning: Formulates goals and objectives, selects dental hygiene interventions/services, and validates the dental hygiene care plan. Implementation: Activates the dental
hygiene interventions/services defined in the dental hygiene care plan. Evaluation: Appraises the effectiveness of the dental hygiene interventions/services and professional competence.

How New Practitioners are Measured: List of Competencies, by group70 of the The National Dental Hygiene Certification Examination

Blueprint for The National Dental Hygiene Certification Examination (2005) 71

Group 1A

DENTAL HYGIENE PROCESS: ASSESSMENT & DIAGNOSIS

The Dental Hygienist:

- assesses the determinants of health (e.g., age, gender, socioeconomic status, environment, education, lifestyle, etc.). 01-01
- determines the need for fluoride. 01-03b
- assesses client behavioural factors (e.g., motivation, beliefs, values, compliance, etc.). 01-07
- assesses health history. 01-08a
- compares current to previous health history. 01-08b
- assesses oral health history. 01-08c
- compares current oral health history to previous oral health findings. 01-09
- assesses intraoral soft tissues other than the periodontium. 01-14
- assesses gingivae. 01-15
- assesses clinical attachment level and adjacent bone. 01-16a
- determines the presence or absence of periodontal diseases. 01-16b
- assesses hard and soft deposits. 01-17
- assesses intraoral hard tissues. 01-18
- assesses client oral self-care. 01-20
- identifies client's oral health education needs. 01-26
- identifies client's oral health concerns and goals. 01-27
- interprets data to determine client's oral health status and needs. 01-28

---

70 National Dental Hygiene Certification Board 1929 Russell Road, Suite 322, Ottawa, ON K1G 4G3, Tel: (613) 260-8156 Fax: (613) 260-8511
E-mail: exam@ndhcb.ca www.ndhcb.ca

- determines and utilizes appropriate communication channels throughout the dental hygiene process of care (e.g., verbal, nonverbal, written, electronic, interpreter, etc.). 01-30a
- applies principles of effective communication throughout the dental hygiene process of care (e.g., active listening, reflective responding, etc.). 01-30b
- assesses risk factors for periodontal diseases. 01-33
- complies with the national practice standards, code of ethics and relevant legislation throughout the dental hygiene process of care. 01-35
- assesses the need for management of client pain, anxiety and discomfort.
- documents all records accurately, legibly, comprehensively, and in compliance with privacy legislation throughout the dental hygiene process of care (e.g., paper, electronic, etc.). 01-38

DENTAL HYGIENE PROCESS: PLANNING

The Dental Hygienist:
- records the dental hygiene care plan (e.g., in writing, electronically, etc.). 02-14

DENTAL HYGIENE PROCESS: IMPLEMENTATION

The Dental Hygienist:
- applies principles of risk management for client health and safety. 03-01
- applies principles of risk management for practitioner health and safety. 03-02
- applies principles of infection control. 03-03
- applies principles of instrumentation. 03-04
- applies principles of ergonomics. 03-05
- applies principles of time management. 03-08
- teaches the client oral self-care techniques and strategies (e.g., postoperative care, etc.). 03-17
- teaches proper selection and use of appropriate oral care products (e.g., automated toothbrushes, chemotherapeutics, tongue scraper, etc.). 03-18
- uses materials and equipment according to manufacturer's specifications. 03-31
- maintains instruments and equipment (e.g., care of air polishing equipment, ultrasonic scaler and tips, instrument sharpening, etc.). 03-33
- manages continuing care/supportive periodontal therapy/maintenance. 03-34
- performs non-surgical periodontal therapy by hand instrumentation. 03-38
exposes intra- and extra-oral radiographs. 03-53
uses knowledge of tooth anatomy and periodontium during periodontal debridement (e.g., maxillary first premolar, etc.). 03-64

DENTAL HYGIENE PROCESS: EVALUATION (no competencies)

Group 1B - DENTAL HYGIENE PROCESS: ASSESSMENT & DIAGNOSIS

The Dental Hygienist:
- assesses pharmacological actions/interactions. 01-10
- assesses oral manifestations of pharmaceuticals (i.e., prescribed and nonprescribed). 01-11
- assesses head and neck region (e.g., temporomandibular joint, lymph nodes, thyroid gland, etc.). 01-13
- determines the classification of periodontal diseases. 01-16c
- interprets dental radiographs. 01-21a
- assesses the need for radiographs for dental hygiene care. 01-22
- assesses barriers to the attainment of oral health (e.g., economics, attitudes, habits, values, access, etc.). 01-29
- assesses the need for consultation and referrals within the health care delivery system. 01-31
- assesses risk factors for caries. 01-32
- identifies signs of abuse and/or neglect. 01-37
- assesses practice environment for safety risks and emergency measures. 01-39
- assesses the client’s ability to make an informed choice. 01-43
- demonstrates sensitivity to client diversity throughout the dental hygiene process of care (e.g., culture, language, disability, religion, creed, lifestyle, etc.). 01-44
- identifies clients at risk for medical emergency. 01-45

DENTAL HYGIENE PROCESS: PLANNING

The Dental Hygienist:
- develops priorities with the client based on the client’s needs and values. 02-03
- obtains informed consent for dental hygiene care plan. 02-11
- revises the plans of services/programs when necessary (e.g., based on the input of clients, relevant others, or information gained during implementation or evaluation, etc.). 02-15
- plans strategies to ensure continuing competence/quality assurance.
DENTAL HYGIENE PROCESS: IMPLEMENTATION

The Dental Hygienist:

• acts as a client advocate. 03-12
• adapts and applies clinical techniques to a community setting (e.g., aseptic technique, operator/client positioning, etc.). 03-13
• adapts and applies clinical techniques for clients with special needs (e.g., mobility aids, operator/client positioning, etc.). 03-14
• provides information regarding dental treatment (e.g., dental implants, prosthodontics, orthodontics, restorative, endodontics, etc.). 03-23
• provides information regarding the relationship between general health and oral health (e.g., lung disease, heart disease, diabetes, low birth weight, etc.). 03-29c
• implements strategies to manage client pain, anxiety and discomfort. 03-35
• performs non-surgical periodontal therapy by powered instrumentation. 03-39
• performs subgingival irrigation techniques. 03-40
• applies caries prevention agents. 03-45a
• applies debridement techniques for dental implants. 03-49a
• monitors the client for adverse reactions to interventions. 03-57
• reports signs of abuse and/or neglect. 03-59
• manages hazardous substances and wastes. 03-60
• applies strategies to ensure continuing competence/quality assurance. 03-62

DENTAL HYGIENE PROCESS: EVALUATION

The Dental Hygienist:

• verifies the client has received the planned services. 04-01
• evaluates the need for further dental hygiene interventions. 04-11
• evaluates the need for further consultation and referrals within the health care delivery system. 04-12
• evaluates own performance in relation to practice standards and the code of ethics. 04-14
• evaluates client satisfaction 04-15
• establishes the continuing care interval based on evaluation outcomes.
Group 2A

DENTAL HYGIENE PROCESS: ASSESSMENT & DIAGNOSIS

The Dental Hygienist:

- assesses epidemiological data. 01-02a
- assesses exposure to fluoride. 01-03a
- determines the need for non-fluoride caries prevention agents. 01-05
- assesses occlusion. 01-19a
- assesses parafunctional habits. 01-19b
- assesses the quality of dental radiographs. 01-21b
- selects relevant scientific/professional information. 01-23a
- selects appropriate oral health indices. 01-24a
- interprets appropriate oral health indices. 01-24b
- assesses risk factors for pathologies other than caries and periodontal diseases (e.g., systemic diseases, cancer, etc.). 01-34
- assesses the effect of fixed and removable prostheses on oral health (e.g., implants, partial denture, complete denture, crown, bridge, etc.). 01-41

DENTAL HYGIENE PROCESS: PLANNING

The Dental Hygienist:

- facilitates the client's participation in the planning of services/programs. 02-01
- selects principles from change theories to facilitate adaptive behaviours (e.g., behaviour modification, social change theory, etc.). 02-02
- establishes short term and long term goals with the client. 02-04
- selects evidence-based clinical intervention options. 02-05
- selects evidence-based health promotion intervention options. 02-06
- identifies required resources (e.g., human, financial, material, etc.). 02-07
- supports the client in making an informed choice among interventions (e.g., risks, costs, benefits, prognosis, time lines, etc.). 02-08
- establishes expected outcome measures related to the goals of the client and the dental hygiene diagnosis. 02-09
- develops a sequence for interventions based on the dental hygiene diagnosis.
communicates the plans of services/programs to others as required in accordance with privacy guidelines (e.g., health care providers, client’s family or guardian, administrative staff, etc.). 02-13

DENTAL HYGIENE PROCESS: IMPLEMENTATION

The Dental Hygienist:

- applies principles of teaching and learning to the education of individuals and groups. 03-16
- provides nutritional counselling related to oral health. 03-20
- provides information regarding actions, interactions, and oral manifestations of pharmaceuticals (i.e., prescribed and nonprescribed). 03-30
- applies knowledge of whitening techniques. 03-42
- applies dentinal desensitizing agents. 03-45b
- removes deposits from fixed and removable prostheses. 03-48
- processes intra- and extra-oral radiographs. 03-54a
- performs coronal polishing techniques. 03-55
- uses knowledge of general basic sciences during dental hygiene interventions (e.g., anatomy, chemistry, pathology, etc.). 03-63

DENTAL HYGIENE PROCESS: EVALUATION

The Dental Hygienist:

- evaluates the progress of interventions (i.e., conducts interim interventions). 04-02
- modifies interventions based on interim evaluations and discussions with the client. 04-03
- modifies goals based on interim evaluations and discussions with the client. 04-04
- evaluates oral biological and physiological outcomes of interventions. 04-05
- evaluates the client’s behavioural responses to interventions. 04-06
- evaluates changes in the client’s knowledge and perception of oral health. 04-07
- uses measurable criteria in the evaluation of outcomes. 04-08
- evaluates the short term and long term effectiveness of interventions by comparing actual outcomes to expected outcomes.
Group 2B

DENTAL HYGIENE PROCESS: ASSESSMENT & DIAGNOSIS

The Dental Hygienist:

- assesses demographic data. 01-02b
- determines oral health status of a population. 01-06
- assesses vital signs. 01-12
- critiques relevant scientific/professional information. 01-23b
- selects and interprets appropriate oral health diagnostic tests (e.g., microbiological tests, pulpal vitality, caries screening, etc.). 01-25
- assesses the effect of personal manipulations of oral structures on oral health (e.g., piercings, intraoral tattooing, tooth shaping, tongue bifurcation, etc.). 01-40
- assesses the effect of orthodontic therapy on oral health. 01-42
- assesses the effect of dietary practices on oral health (e.g., nutrition, eating disorders, etc.). 01-46

DENTAL HYGIENE PROCESS: PLANNING

The Dental Hygienist:

- collaborates with others in planning services/programs as required (e.g., health care providers, client’s family or guardian, community members, services clubs, professionals, etc.). 02-12

DENTAL HYGIENE PROCESS: IMPLEMENTATION

The Dental Hygienist:

- collaborates with others in providing, maintaining, and advocating for oral health care programs. 03-15
- teaches oral self-examination techniques. 03-19
- provides information or counselling regarding tobacco use cessation. 03-21a
- provides information regarding the relationship between alcohol use and oral health. 03-21b
- teaches oral health injury prevention strategies. 03-22
- provides information regarding available social and health services. 03-24
- provides information regarding the pathophysiology of oral conditions. 03-25
- provides information regarding the microbiology of oral conditions.
provides information regarding immunology of oral conditions. 03-27
provides information regarding histology and embryology of oral and dental structures (e.g., cleft palate, enamel hypoplasia, fluorosis, amelogenesis imperfecta, etc.). 03-28
provides information regarding anatomy and physiology of oral and dental structures. 03-29a
provides information regarding anatomy and physiology of eruption patterns. 03-29b
promotes wellness through healthy public policies (e.g., lobbying, board/committee membership, education, etc.). 03-36
ensures provision of care or provides care in emergency situations. 03-37
applies appropriate chemotherapeutics (pharmacotherapeutics) excluding fluoride. 03-41
recontours overhanging restorations. 03-43
applies pit and fissure sealants. 03-44
applies and removes periodontal dressings. 03-46
removes surgical sutures. 03-47
demonstrates knowledge of impression-taking techniques. 03-49b
fabricates study casts. 03-50
fabricates acrylic mouth appliances (e.g., mouth protectors, whitening trays, etc.). 03-51
exposes intra and extra-oral photographs. 03-52
possesses knowledge of digital radiography. 03-54b
uses isolation techniques (e.g., rubber dam, cotton-roll holder, etc.). 03-56
facilitates the integration of interventions into the organizational structure for residents of facilities (e.g., long-term care, correctional, etc.). 03-58
documents health and safety incidents. 03-61

DENTAL HYGIENE PROCESS: EVALUATION

The Dental Hygienist:

- performs periodic documentation audits. 72 73