



CDHNS

Self Initiation

Best Practices

**COLLEGE OF DENTAL HYGIENISTS OF NOVA SCOTIA
BEST PRACTICES FOR SELF INITIATION**

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1. INTRODUCTION

On May 04, 2009 the Nova Scotia Government facilitated increased public access to dental hygiene care by proclaiming the *Dental Hygienists Act of Nova Scotia, 2007* (the Act) and its accompanying Regulations. The Act and Regulations create the College of Dental Hygienists of Nova Scotia (CDHNS) whose mandate is the protection of the public through regulation of dental hygiene practice. This legislation legally authorizes dental hygienists to self initiate dental hygiene care, including scaling, root planing and curettage. Self initiation means dental hygienists will determine when to proceed with dental hygiene care. The Act validates the premise that self-initiated dental hygiene practice will satisfy the public interest principles of access, equality, accountability and quality of care, without any increased risk of harm to the public.

The CDHNS developed the following best practices to ensure each member understands and meets the self initiation regulation requirements. The CDHNS recommends that members adhere to the following guidelines established as a best practice for self-initiation.

1.1 What this means to the Public

Under previous legislation in Nova Scotia, dental hygienists provided dental hygiene care only under the employment and direct supervision of a licensed dentist or in public health settings. Under the Dental Hygienists Act 2007 and Regulations, the barrier of “seeing a dentist first” is removed. The right to self-initiate dental hygiene practice will reduce barriers to accessing dental hygiene care. This client-centred system will allow dental hygienists to provide dental hygiene care in under-served areas, addressing a need that has long been recognized by the Nova Scotia Dental Hygienists Association (NSDHA), other public health agencies and the government. While it is not expected that dental hygienists will leave traditional employment situations in large numbers, the new legislation does allow alternative dental hygiene practices. Dental hygienists will be able to establish mobile practices to visit clients who are home bound or in long term care; stand alone dental hygiene clinics in rural or urban settings, community health centres and cultural communities.

Increased access to dental hygiene services increases the opportunity for more people in Nova Scotia to be screened for oral health problems that may have a direct impact on their overall health. Dental hygienists will work with their clients to establish an oral health care plan that will include disease prevention, therapeutic interventions and appropriate referrals. Dental hygienists will work collaboratively with other health care professionals to ensure that the oral health care needs of Nova Scotians are addressed safely, effectively and efficiently.

1.2 What this means to the Dental Hygienist

Upon coming into force of the Act and Regulations, all dental hygienists previously licensed by the Provincial Dental Board of Nova Scotia (PDBNS) will receive a license from the CDHNS. All licensed dental hygienists are considered **members** of the CDHNS.

Section 23 (1) (b) of the Act states that a dental hygienist may perform the practice of dental hygiene “on the member's own initiative if the practice **does** involve the scaling of teeth and root planing, including curetting of surrounding tissue, if **none** of the contra-indications prescribed in the regulations to performing the procedure are present and if the member ceases the procedure when any of the prescribed contra-indications to continuing the procedure are present;.....”

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However **before** a member can self initiate dental hygiene services s/he must receive authorization from the CDHNS. Prior to receiving authorization from the CDHNS to self initiate, members must practice under a written protocol (order) signed by a dentist licensed by the PDBNS. Members who work under a protocol (order) from a licensed dentist must have a written, accessible copy of a standing order and all specific orders and record reference to the order(s) in the client record. (See Appendix A)

Dental hygienists licensed to practice in Nova Scotia previous to the enactment of the new legislation will have up to **two years** to complete a Self Initiation Course. Members must provide evidence of their successful completion of the Self Initiation Course to the CDHNS in order to receive their authorization to self-initiate dental hygiene care. Members who are authorized to self-initiate dental hygiene care are identified on the CDHNS public register and have an official seal placed on their license or Self Authorization Certificate by the CDHNS. (See Appendix B)

A license from the CDHNS **does not** authorize members to self initiate orthodontic and restorative services; a client-specific written order from a dentist licensed by the PDBNS is required to perform those services. Members who wish to administer oral anaesthetic must have a client specific, written order from the client's dentist, physician or nurse practitioner and provide evidence to the CDHNS they have successfully completed a CDHNS approved course in local anaesthetic.

1.3 Standards of Practice and Code of Ethics

Members should be familiar with the Act and Regulations, especially in the area of Scope of Practice. The CDHNS has adopted the Canadian Dental Hygienists Association (CDHA) Standards of Practice and Code of Ethics. These guidelines should be read in conjunction with the CDHA documents. (See Resources)

All members, regardless of practice setting or employment arrangement, are expected to use their knowledge, skill and judgment when assessing situations in which consultation with another health care professional is indicated.

The final decision to proceed with dental hygiene care is the responsibility of the member. In documenting the reasons for proceeding, postponing dental hygiene care or referring to another health care provider, the member must note the resources consulted and/or rationale used.

2. DENTAL HYGIENE PROCESS OF CARE (DHPC)

Best practice indicates that the Dental Hygiene Process of Care is the framework within which all dental hygiene care should be conducted. The DHPC is comprised of the following phases: Assessment, Diagnosis, Planning, Implementation and Evaluation.

2.1 Assessment

a. Medical and oral health history:

A thorough, detailed medical and oral health history must be taken and discussed with the client or the client's substitute decision maker. This medical history must be updated at each appointment and this update recorded in the client record.

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b. Charting:

Members may choose to use their own charting system or evaluate an existing system against the accepted Medical/Dental History Guide available on web sites such as the CDHO or other accepted professional references.

Those members who are in an employer/employee relationship will use charts and records provided by the employer. Whatever records system is used, it must provide sufficient space to record all necessary information for dental hygiene care using the DHPC. Members should also refer to the CDHNS Best Practices for Record Keeping document available on the CDHNS website.

c. **Consultation/Clearance:**

In accordance with the Regulations pursuant to the Act, a written authorization from a client's dentist, physician or nurse practitioner must be provided when any of the conditions discussed in Section 3. CONTRAINDICATIONS are reported or known to be present.

The College of Dental Hygienists Regulation Section 28(1) state:

"In this Section "clearance" means a written authorization for the Client's dentist, physician or nurse practitioner providing authority to a dental hygienist to engage in scaling teeth and root planing, despite the presence of any of the conditions outlined in subsection(2)."

If warranted, and with the client's consent, consultation with the appropriate health care professional to receive a medical clearance must occur. This authorization may be sent to the member either by fax or e-mail and must be included in the client's record.

2.2 **Dental Hygiene Diagnosis and Planning**

The member is responsible for developing an individual dental hygiene treatment plan for each client prior to initiating dental hygiene care. The dental hygiene treatment plan must be documented and must be updated on a regular basis. The client's informed consent for treatment must be obtained and documented.

The dental hygiene treatment plan for each client must include:

- a. a complete clinical assessment
- b. a dental hygiene diagnosis
- c. client centred goals/objectives
- d. planned sequence of activities
- e. client participation

2.3 **Implementation**

According to the Section 23 (2) of the Act "A dental hygienists shall only engage in the practice of dental hygiene to the extent that the practice is within the member's **individual** scope of practice." This is meant to ensure that members who have not received education or training, in a procedure or who are unfamiliar with any procedure or aspect of dental hygiene care will not perform that skill until they have engaged in such continuing competency activities to upgrade their skill in that area.

The member is responsible for ensuring that dental hygiene care is individualized in accordance with the dental hygiene treatment plan presented to, and agreed to by, the client.

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The member must ensure that the client receives appropriate post-appointment instructions and recommendations for pain management. Individualized instructions in oral self-care should be based on the assessment and treatment plan.

Financial records must correlate with the actual time and procedure documented on the client's record. All dental hygiene care, including the time spent on the procedure must be documented.

The member is responsible for maintaining competence in all clinical dental hygiene care s/he provides and for implementing all phases of the dental hygiene process of care.

2.4 Evaluation

Clinical evaluation of the client's oral health progress must be completed at intervals appropriate to the client and must not be dependent on third-party payment schedules or those of other health care providers.

A clinical re-assessment is performed; the dental hygiene treatment plan is reviewed, discussed with the client and modified as required. This includes the use of appropriate indices and charting to reassess the client's oral status.

If a client declines the recommended care this should be documented in the client's record.

3. CONTRAINDICATIONS

The following health issues/conditions are listed in the CDHNS Regulations and are referred to in the Act as contraindications. They require consultation and a written clearance before proceeding with dental hygiene care.

Section 28(3) of the *College of Dental Hygienists of Nova Scotia Regulations* states the following:

"All of the following are prescribed as contra-indications under clause 23(1) of the Act, and a dental hygienist must not, on their own initiative, perform scaling teeth or root planing nor continue scaling teeth or root planing for a client when any of the following conditions are reported or known to be present in the client, or if the dental hygienist is in doubt as to the accuracy of the medical or oral health history of the client, unless there is a relevant, current and documented clearance as provided for in subsection (2)."

3.1 CONDITIONS

- a. *any cardiac condition for which antibiotic prophylaxis is recommended in the guidelines set by the American Heart Association* (AHA).*

The member must have consulted with the client's dentist, physician or nurse practitioner to determine that it is appropriate to proceed if the client has taken the prescribed medication in accordance with the guidelines of the AHA. Before any dental hygiene care begins, the fact that the client has taken the prescribed medication must be recorded in the client record and the written clearance attached.

- b. *any other condition, other than listed in clause (a), for which antibiotic prophylaxis is recommended or required;*

The member must consult evidence-based resources such as the current guidelines of the American Heart Association (AHA), the American Academy of Orthopaedic Surgeons (AAOS) or other sites such as the guideline Recommended Antibiotic Prophylaxis for Dental Procedures found on the CDHO web site for additional conditions requiring prophylactic antibiotics. If the member has any concerns she/he must

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consult with the appropriate health care professional prior to the delivery of invasive dental hygiene care.

- c. *any unstable medical or unstable oral health condition, that may affect the appropriateness or safety of the procedure;*

Should a client present with an unstable medical or unstable oral health condition, the member must consult with the client's appropriate health care provider. If, in the member's professional judgment, proceeding with dental hygiene care is not in the client's best interest, the dental hygiene care must be postponed and the appropriate referral made.

- d. *active chemotherapy or radiation therapy; or previous head and neck radiation;*

If a client has a history or is in the process of receiving chemotherapy and/or radiation therapy, consultation with the client's health care provider is required prior to any dental hygiene care. In the case of radiation therapy, no additional routine oral radiographs can be taken even if prescribed by a dentist or physician.

- e. *immunosuppression caused by disease, medications or treatment modalities;*

When a client is identified as being significantly immunosuppressed the member must determine the risk versus the benefit of proceeding with the dental hygiene care based on the client's current immune status. The member must work collaboratively with the client's health care provider/team to determine the optimal sequencing of dental hygiene care and to ensure that the client's oral health care needs are met safely and appropriately.

- f. *any blood disorders;*

"Blood disorders" is a very broad term and the member must investigate the condition sufficiently to enable her/him to make a decision whether to proceed based on the risk versus the benefits. This investigation involves confirming the knowledge and evidence related to the condition and consultation with the appropriate health care provider.

- g. *active tuberculosis;*

If a client presents with active tuberculosis, the member must postpone dental hygiene care until the client's physician has indicated that the disease is no longer in the active state.

- h. *drug or alcohol dependency that it may affect the appropriateness or safety of the procedure;*

A client who appears to be under the influence of a substance that could impair the client's judgment or states that s/he has ingested a significant amount of alcohol/drugs prior to the dental hygiene appointment, must be rescheduled for a time when the client is aware and can participate safely in the dental hygiene care.

- i. *high-risk of infective endocarditis;*

A client who has previously experienced an episode of infective endocarditis or whose physician has noted that prophylactic antibiotics are required due to valve replacement surgery, must have taken the requisite prophylactic medication according to the AHA guidelines before commencement of the dental hygiene appointment. (See item i)

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- j. *a medical or oral health condition with which the member is unfamiliar or which could affect the appropriateness, efficacy or safety of the procedure;*

If in the course of taking the medical/dental history the member becomes aware of an unfamiliar condition, the member shall further investigate the condition using appropriate resources and evidence. This may include consulting with additional health care practitioners.

- k. *a drug or a combination of drugs that the dental hygienists is unfamiliar with or that could affect the appropriateness, efficacy or safety of the procedure;*

If the client is taking a drug or combination of drugs with which the member is unfamiliar, the member shall further interview the client as to the nature of the medication and effects. The member must research the drug(s) in the current CPS; Mosby's Dental Drug Consult or other evidence-based reference and note any contraindications to proceeding with dental hygiene care. If the member is in doubt, s/he must consult with the appropriate health care provider.

- l. *a medical history which indicates a known medical intervention that requires a dental pre-screening;*

The member must research the medical intervention/drug and its implication for dental hygiene care and consult with an appropriate health care provider. These conditions can include cancer therapy, osteoporosis and Paget's disease. For example, a client who has a medical history which indicates s/he has been treated with bisphosphonate medications.

The ADA has developed a report (2008) on osteonecrosis and the use of bisphosphonates.

http://www.ada.org/prof/resources/topics/topics_osteonecrosis_bisphosphonate_report.pdf.

If a member is in doubt as to status or accuracy of the medical or oral health history of the client the member shall conduct evidence based research and consult with the appropriate health care professional.

4. GENERAL BEST PRACTICES IN ALL CLINICAL SETTINGS

- a. The office has a written policy for the collection and maintenance of client information, including a confidentiality policy consistent with the federal legislation, PIPEDA and members must stay informed of any provincial requirements which may come into force regarding privacy issues.
- b. Current scientifically accepted infection control procedures are in place.
- c. Emergency protocol, emergency supplies, equipment and oxygen are in place.
- d. The member has proof of current CPR certification.
- e. Exposing and processing of radiographs and radiation hygiene are consistent with the current accepted standards. All x-ray equipment, and its accessories, must conform to the Federal requirements of the Radiation Emitting Devices Act and the Food and Drugs Act. The member should refer to Health Canada Safety Code 30.
- f. Equipment is current and in good repair.
- g. Equipment, instruments and supplies are sufficient to support the selection and implementation of appropriate dental hygiene care.

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- h. The date and particulars of each professional contact with the client is documented accurately and in accordance with legal requirements.
- i. The member is authorized by the CDHNS to self initiate
- j. The member consults and/or refers to other health professionals as required by the Dental Hygienists Act (2007) and Regulations, the CDHA Practice Standards and Code of Ethics and the CDHNS Best Practices for Self Initiating Dental Hygiene Practice.

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5. APPENDIX A: SCHEDULE A – PROTOCOL FOR AUTHORIZING DENTAL HYGIENIST TO PERFORM PROCEDURES

Order Authorizing Dental Hygienist to perform Procedures

Purpose

The purpose of this order is to authorize a dental hygienist who is not permitted by the College of Dental Hygienists of Nova Scotia to engage in self-directed practice to perform certain practices on their own initiative.

Authorized services:

The services authorized by this order are:

- Scaling teeth and root planing including curettage of surrounding tissues;
- Administering and interpreting radiographs for dental hygiene purposes; and
- Ordering, administering and prescribing the drugs permitted by clause 25(a) of the *College of Dental Hygienists of Nova Scotia Regulations*.

It is the accepted protocol in this office that each patient must undergo a comprehensive examination by a dentist, including a detailed medical and oral health history, and that the medical and oral health history of a patient must be updated at every subsequent appointment.

If there are no changes in the patient’s medical or oral health history since their last appointment in this office, I authorize the dental hygienists listed in this order to undertake the services authorized by this order.

If a patient discloses changes in their medical or oral health since their last appointment in this office, the dental hygienist must not undertake any of the services authorized by this order, unless the dental hygienist obtains a patient specific order from me, or from a dentist authorized by me to issue orders in my absence.

Authorized Dental Hygienists

All of the following dental hygienists are authorized under this order:

Printed name of dental hygienist

Signature of dental hygienist

Authorizing dentist

(printed name of authorizing dentist)

(signature of authorizing dentist)

Date:

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6. APPENDIX B – SEAL AUTHORIZING SELF INITIATION

The following seal will be placed on the member’s license or authorization certificate upon presentation of proof of the successful completion of a Self Initiation Course recognized by the CDHNS.



7. Resources

For additional information or to discuss a particular situation, the member is encouraged to contact the CDHNS. www.cdhns.ca

CDHA Standards of Practice – http://www.cdha.ca/content/resources/publications_definition.asp

Code of Ethics - http://www.cdha.ca/content/resources/publications_ethics.asp

Dental Hygienists Act of Nova Scotia - <http://www.gov.ns.ca/legislature/legc/index.htm>

Dental Hygiene Regulations - <http://www.gov.ns.ca/just/regulations/regs/dhygienists.htm>

CDHNS Best Practices Record Keeping – www.cdhns.ca