

Schedule E

PRACTICE STANDARDS AND PRACTICE STANDARD POLICIES

This section includes an Introduction to the Practice Standards, eight Practice Standards statements and Practice Standard Policies. The Practice Standards state required criteria for practice and the Policies provide additional guidelines for ideal or “best” dental hygiene practice.

The eight Practice Standards are part of the College’s bylaws and contribute to the legal framework for dental hygiene practice in British Columbia.

Dental hygienists have a legal and professional responsibility to be familiar with the Practice Standards and the Policies. By reviewing them regularly, dental hygienists may self-evaluate their practice and identify areas for continuing competency focus.

PRACTICE STANDARDS

Introduction

On March 1, 1995 the profession of dental hygiene in British Columbia became self-regulating under authority of the *Health Professions Act*. The Practice Standards are part of the legal framework for dental hygiene practice in BC and are within the mandate of the Quality Assurance Committee.

The 1995 Practice Standards were reviewed between 1998 and 2000 in consultation with dental hygienists practicing in a variety of settings. The new Practice Standards are part of the College's bylaws. They are supported by eight Practice Standard Policies that are policy only, and not in the bylaws.

The Practice Standards and Practice Standards Policies are worded broadly so that they apply to all areas of dental hygiene responsibility (clinical therapy, health promotion, education, administration and research). They also focus on principles of practice, rather than procedures, and dental hygienists need to use professional judgement and common sense when applying the Practice Standards to their own practice.

a) What is a Practice Standard?

All regulated professions have an acknowledged standard of practice. The standard may or may not be documented. The Practice Standards for dental hygiene are the minimum, competent, safe level of care provided by dental hygienists when they apply dental hygiene knowledge, skills and attitudes to their practice. The Practice Standards are part of the College's bylaws.

b) What are the Practice Standards Policies?

The Practice Standards Policies have been developed to complement the eight Practice Standards statements. They

provide detail about how to meet each of the Practice Standards.

c) Why are they worded as "must" and "may" statements?

The wording has a legislative tone because the Practice Standards are part of the College's bylaws and because the Policies complement the Standards. "Must" statements are a required standard of practice and "may" statements are a recommended standard of practice, but discretionary.

d) What is the purpose of the CDHBC Practice Standards and the Practice Standards Policies?

They are intended to:

- state the standard of care that dental hygienists in BC must provide, to protect the public from harm
- inform the public of the standard of dental hygiene care to expect
- demonstrate the accountability of the dental hygiene profession to the public, other health professionals and the government
- assist registrants with the evaluation of their own practice and identify areas requiring improvement
- provide guidance to dental hygiene educators
- provide a measurable standard to which a complaint against a dental hygienist can be compared
- comply with the *Health Professions Act*.

e) How may the Practice Standards and Practice Standards Policies be used?

Because they form part of the legal framework for dental hygiene practice in BC, dental hygienists have a legal and professional responsibility to be familiar with the Practice Standards and the Practice Standards Policies. Reviewing the Practice Standards and Policies on a regular basis would enable dental hygienists to re-evaluate their practice on an

on-going basis. Any weak areas should then be the focus of continuing study.

f) Terminology

- *Dental hygienist*: a qualified health professional who is registered with the CDHBC.
- *Dental hygiene practice*: a problem-solving process of assessment, dental hygiene diagnosis, planning, implementation and evaluation. This process integrates five areas of responsibility: clinical therapy, health promotion, education, administration and research.
- *Dental hygiene practice settings*: dental hygiene practice takes place in various settings including (but not limited to): dentist and dental hygienist owned practices, long term care and hospital facilities, community health agencies and centres, education institutions, professional and regulatory offices, dental and health businesses and industries, the military, and research facilities.
- *Dental hygiene care*: encompasses the services provided during the practice of dental hygiene and the manner in which they are provided.
- *Dental hygiene services*: actual techniques and procedures used during dental hygiene practice.
- *Client*: a potential and/or actual participant in dental hygiene services, including individuals, groups and communities.

PRACTICE STANDARDS

1. A dental hygienist must obtain informed consent from the client or the client's representative before initiating dental hygiene care.
2. A dental hygienist must practice safely.
3. A dental hygienist must assess the client's needs.
4. A dental hygienist must analyze the assessment information and make a dental hygiene diagnosis.
5. A dental hygienist must plan for the dental hygiene care to be provided, based on the assessment data and dental hygiene diagnosis.
6. A dental hygienist must implement the plan consented to or adjust the plan in consultation with the client or the client's representative.
7. A dental hygienist must evaluate while dental hygiene care is being provided, and at the completion of care, to determine if the desired outcome has been achieved.
8. A dental hygienist must document the dental hygiene care provided, following protocols of the practice setting.

PRACTICE STANDARD POLICY #1

Practice Standard:

A dental hygienist must obtain informed consent from the client or the client's representative before initiating dental hygiene care.

Policy:

- 1.1 Dental hygienists must obtain informed consent from the client or the client's representative before providing any services, by physical indication or verbal statement, following applicable laws. (see the following policies in Tab 7: Informed Refusal to Consent, Consent of Minors to Treatment, and the summary of BC's New Adult Guardianship Laws).

PRACTICE STANDARD POLICY #2

Practice Standard:

A dental hygienist must practice safely.

Policy:

- 2.1 When contacting blood or saliva, dental hygienists must practice recognized infection control as outlined by current resources as amended from time to time (refer to "CDC Infection Control Guidelines for Dentistry" by the Centers for Disease Control and Prevention, and "Recommendations for Implementation of Infection Control Procedures" by the Canadian Dental Association*).

* *Publications change from time to time. Dental hygienists are encouraged to obtain a current copy of any resources noted in the Practice Standards Policies from the publicist, from the College office, or from their websites: www.cdc.gov and www.cda-adc.ca.*

- 2.2 Dental hygienists must protect the client. In a clinical setting this should include:
- Draping the client with a lead apron and thyroid collar during exposure to x-rays; and
 - Providing safety glasses for the client if there is any danger from splatter or materials; and
 - Providing hearing protection for the client if he/she is sensitive to the noise of practice setting equipment.
- 2.3 Dental hygienists must use potentially hazardous materials (such as radiation and disinfectants) safely, according to manufacturers' recommendations and government guidelines (refer to the Workplace Hazardous Materials Information System (WHMIS) guidelines and sections 8 and 9 of Health Canada's, "Safety Code 30" document).
- 2.4 When dental hygienists own their practice, dental hygienists must store and dispose of potentially hazardous wastes and materials safely, according to government guidelines (refer to the Workplace Hazardous Materials Information System (WHMIS) guidelines).
- 2.5 When dental hygienists are responsible for radiography equipment, dental hygienists must comply with all aspects of the Radiation Protection Program.

PRACTICE STANDARD POLICY #3

Practice Standard:

A dental hygienist must assess the client's needs.

Policy:

- 3.1 Dental hygienists must collect baseline assessment data* as appropriate for the client (or supplement data collected by

another health professional), and update the data as required.

In a clinical setting, this should include:

- demographic information
- the client's concerns, if any
- medical and dental history information
- vital signs, if indicated
- head and neck examination data
- intra-oral soft tissue examination data
- periodontal examination data
- dental and occlusal examination data that impacts on health
- diagnostic results/interpretations (e.g. from radiographs, bacterial and enzyme tests, etc)
- oral hygiene routines and techniques
- the client's anxiety and pain levels.

* *The extent of data collected will vary with the different practice settings and with clients who have specific needs or conditions. Professional judgement must be used to determine the data that are needed to assess each client.*

PRACTICE STANDARD POLICY #4

Practice Standard:

A dental hygienist must analyze the assessment information and make a dental hygiene diagnosis.

Policy:

- 4.1 Dental hygienists must establish a dental hygiene diagnosis by interpreting the dental hygiene assessment findings and discussing the implications of the findings with the client or the client's representative. In a clinical setting this should include the implications of conditions that are abnormal or unhealthy, and conditions that require special care.

- 4.2 Dental hygienists may determine short and long-term dental hygiene prognoses.

PRACTICE STANDARD POLICY #5

Practice Standard:

A dental hygienist must plan for the dental hygiene care to be provided, based on the assessment data and dental hygiene diagnosis.

Policy:

- 5.1 Dental hygienists must endeavor to integrate the dental hygiene treatment plan with the dentist's plan for the client's comprehensive dental care.
- 5.2 When indicated, dental hygienists must consult with the client's dentist, and may consult with other applicable health care providers, in order to integrate the plan for dental hygiene services into the client's total health care plan.
- 5.3 Dental hygienists must discuss the dental hygiene plan for services with the client or the client's representative. In a clinical setting this should include:
- oral health and wellness information and techniques
 - treatment options
 - pain and anxiety control options
 - the number of appointments recommended
 - the recommended time interval between appointments
 - services to be provided at each appointment
 - short-term goals that could result from the recommended services and how they will be evaluated
 - risks of the recommended services
 - recommendations for future referrals to dentists and other health care providers, if applicable
 - risks of the client declining the recommended services.

- 5.4 Dental hygienists may discuss long-term goals with the client or the client's representative including evaluation of the goals.
- 5.5 Dental hygienists may discuss fees associated with the plan.

PRACTICE STANDARD POLICY #6

Practice Standard:

A dental hygienist must implement the plan consented to or adjust the plan in consultation with the client or the client's representative.

Policy:

- 6.1 Dental hygienists must attempt to reduce a client's anxiety and, if indicated for the provision of clinical services, offer pain control.
- 6.2 Dental hygienists must discuss, as the plan is implemented, any proposed changes to the plan (based on client response or evaluation of services), and again obtain informed consent.

PRACTICE STANDARD POLICY #7

Practice Standard:

A dental hygienist must evaluate while dental hygiene care is being provided, and at the completion of care, to determine if the desired outcome has been achieved.

Policy:

- 7.1 At the completion of the planned services, dental hygienists must explain to the client the need for any follow-up or

maintenance dental hygiene care and recommend a time interval to the next dental hygiene appointment or meeting.

- 7.2 Dental hygienists must, if indicated, recommend referral to dental and other applicable health care professional(s).

PRACTICE STANDARD POLICY #8

Practice Standard:

A dental hygienist must document the dental hygiene care provided, following protocols of the practice setting.

Policy:

- 8.1 Dental hygienists must label all client records with the client's name and the date.
- 8.2 Dental hygienists must record accurate details of the dental hygiene care provided, including:
- baseline assessment data
 - an interpretation of dental hygiene assessment findings (or a dental hygiene diagnostic statement)
 - a plan for services, particularly if the client needs or desires more than one appointment
 - notes about the services provided (in a clinical setting this would include pain control method(s) used and the type and amount of any agents used)
 - amount of time spent with the client, when appropriate
 - evaluation findings and next appointment planning details
 - precautions and instructions given (if any)
 - possible risks (if any) of services planned and of not receiving the recommended services
 - recommended referrals.

- 8.3 Dental hygienists must make legible and objective record entries, preferably in ink, initial or sign entries and corrections, and make corrections so that the original entry is still legible.
- 8.4 Dental hygienists must record details of pertinent discussions and communications with the client, and maintain copies of correspondence.
- 8.5 Dental hygienists must document and initial the client's informed refusal to consent to any recommended aspect of care (the client may give a physical indication or verbal statement of refusal).
- 8.6 When the dental hygienist owns the client's records, dental hygienists must retain records in a secure manner for no less than 10 years after the last client appointment*.
- 8.7 If electronic records are kept, the entries should be non-erasable and secure with the registrant's name or initials included in the entry.

* *The CDHBC's policy for the retention of dental hygiene records is the same as the CDSBC's standard for the retention of dental records. Dental hygienists who own clinics, own their clients' records. One of the issues affecting dental hygienists is the length of time it is necessary to retain records in the event of litigation arising from treatment. The College recommends that dental hygienists who own clinics obtain legal advice regarding this issue. Special rules apply in respect to minors and adults under a disability. In addition, judicial interpretation of the Limitation Act has introduced some uncertainty regarding limitation periods.*