



College Interpretation of the Amended Dental Hygienists Regulation

Why is this called an “interpretation document”?

The legislated process for regulation amendments is conducted by the BC Ministry of Health. The College’s role in this process is to provide its interpretation of these regulations and how they will be applied.

Why are the bylaws being changed?

The College Board has filed bylaw changes to align the College bylaws with the amended Dental Hygienists Regulation to further enhance public safety. These bylaw changes will come into effect on March 2nd, 2020. Please refer to the FAQ on the bylaw changes for further details.

What does it mean to remove the ”365-Day Rule”? What will that mean for my practice?

The removal of the 365-Day Rule means that it is no longer a regulatory requirement for clients to obtain a dental exam prior to receiving dental hygiene care.

While there is no regulatory requirement, dental hygienists must continue to practice collaboratively using a client-centered approach.

Further to that principle, the amended regulation requires that registrants practicing in a private dental hygiene practice must recommend a dental exam to their clients.

It looks like Section 5 is brand new. What does this section mean?

Section 5 is the core of the Dental Hygienists Regulation as it outlines all the restricted activities registrants are permitted to perform. There have been substantial changes to this section and the restricted activities go beyond the two that are listed in the previous regulations. Below is the College’s brief interpretation of each restricted activity in the order that they appear in the amended regulation:

Diagnosis

As the ability to diagnose is a restricted activity, the amended regulations provide certainty that the diagnosis of gingivitis and periodontitis is within the dental hygiene scope of practice.

For the purposes of the Dental Hygienists Regulation, the dental hygiene diagnosis focuses on a condition or disease that can be resolved from care that a dental hygienist is authorized to provide. Therefore, dental hygienists are able to diagnose gingivitis and periodontitis under the updated regulation.

It is important to note that registrants are still able and expected to identify or recognize other oral conditions outside the ‘range of normal’ and make the appropriate recommendations and



referrals. However, that process is different from the formal diagnosis for the purposes of the regulation.

Scaling, debridement, root planing

The restricted activity of scaling, debridement and root planning remains in the amended regulation reflecting no change compared to the previous regulations.

Administer a Substance

This restricted activity ensures that dental hygienists will continue to be able to administer a substance, which is defined as air and water, by irrigation. This ability is essential to the safe provision of dental hygiene care. As administration of a substance is a restricted activity, the amended regulation provide certainty that it is in the dental hygiene scope of practice.

Dislocation of TMJ

The reduction of a complete dislocation of the temporomandibular joint (TMJ) is a restricted activity. Should this dislocation occur during the course of dental hygiene care, the amended regulation now provide certainty that a registrant is permitted to reduce the dislocation using manual therapy.

X-rays

The provision of X-rays is a restricted activity. The amended regulations provide certainty that a registrant can self-initiate the application of intra-oral X-rays. These X-rays can only be applied for assessment, diagnostic and treatment purposes in the practice of dental hygiene.

This section also provides that upon authorization from another health professional who can provide that authorization, dental hygienists can apply extra-oral x-rays. This authorization most commonly comes from a dentist but can also be provided by other health professionals in certain circumstances.

This section requires that the College establish practice standards, limits and conditions in order to bring this section into force. The College has developed these standards, limits and conditions and are [available for reading here](#). These standards, limits and conditions provide clear information on the process and requirements for applying X-rays.

Local Anaesthesia

The administration of a drug is a restricted activity. Under the amended regulations, dental hygienists maintain the restricted activity of being able to self-initiate the administration of oral local anaesthesia (L/A).

However, the limit that required a dentist to be on-site while L/A was being administered has been removed. This means that a dental hygienist can now provide L/A without a dentist being



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in the office. With this limit removed, it is important that the dental hygienist is prepared to act in the case of the emergency. Please see the [proposed changes to the College Bylaws](#) and that [FAQ document](#) for further details regarding the new CPR requirement.

In order to administer a local anesthetic containing epinephrine (e.g. 2% Lidocaine 1:100,000 epi), a prescription must be obtained and documented appropriately in the client chart. Plain anaesthetics (without epi) are categorized as Schedule II drugs and, therefore, do not require a prescription.

While a dentist no longer needs to be on-site to administer L/A, a prescription for L/A containing epinephrine must be reflected in the chart before administration can occur.

Drugs and Prescribing

Given that prescribing a drug specified in Schedule I of the Drug Schedules Regulation is a Restricted Activity, it is the purview of the Ministry of Health to determine whether it should be included in the Dental Hygienists Regulation. At this time, the amended regulation does not include the ability to prescribe.

While prescribing was part of the College's proposal to government in 2016 and a strong case continues to exist for dental hygienists to prescribe certain substances, the College recognizes that initiating the ability to prescribe is a very complex change.

Under the amended regulation, a prescription from a health care professional must be properly documented in the chart before a registrant can administer that drug to a client. This includes L/A with epinephrine and chlorhexidine rinse. The authorized prescriber must provide and document the prescription in accordance with their regulatory requirements and standards. It should be noted that any authorized health professional can provide a prescription such as a dentist, a physician, a nurse practitioner, etc.

What is section 6? How do these limits work?

Section 6 is where the amendments to the Dental Hygienists Regulation set out any limit or condition on the practice of dental hygiene. This was where the 365-day rule and the dentist onsite for L/A provisions existed in the previous regulation. You will see in the amended regulation these limits have been removed.

The new limit that has been added is in relation to private dental hygiene practice. Private dental hygiene practice is currently defined as the practice of dental hygiene in circumstances where a dentist is not on site or immediately available. In other words, these limits would apply to dental hygienists who work outside of a dental practice.



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This section requires the College to establish standards, limits or conditions before a registrant can engage in private dental hygiene practice. [Please click here](#) to review the new practice standard on private dental hygiene practice.

This section also requires that registrants who engage in private dental hygiene practice must recommend to their client that they receive a dental exam unless the registrant believes that the client has recently been examined by a dentist, or the registrant has recently recommended they be examined by a dentist. It is important to note that this is a requirement to recommend a dental exam. There is no requirement for the client to have received a dental exam before providing dental hygiene care.

Finally, this section clearly states that a registrant must not provide permanent restorative procedures. Temporary restorations remain within the dental hygiene scope of practice.