

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.
9. A dental hygienist applies ionizing radiation and interprets radiographs as appropriate for the client and for the sole purpose of the dental hygiene process of care.
10. A dental hygiene practitioner who owns a private dental hygiene practice ensures specific standards for radiography, infection prevention and control, record retention and billing, marketing, and the recommendation of dental exams are maintained.

9. A dental hygienist applies ionizing radiation and interprets radiographs as appropriate for the client and for the sole purpose of dental hygiene care.

The Regulation sets out the performance and purpose of applying intra-oral radiographs (x-rays) and extra-oral radiographs. In accordance with the Regulation:

*5 (2) A registrant in the course of practicing dental hygiene may, during assessment and for diagnostic or imaging purposes, apply ...*

*(a) intra-oral X-rays,*

*(b) extra-oral X-rays for the purpose of implementing an authorization, issued by a person who is authorized under the Act to apply extra-oral X-rays, to apply extra-oral X-rays to a named individual.*

In the process of forming a dental hygiene diagnosis, a dental hygienist collects baseline assessment data as appropriate for the client and as indicated by clinical findings, which includes applying ionizing radiation and interpreting radiographs.

Client exposure to radiographs follows the principle of ALARA (as low as reasonably achievable). Attempts are made whenever possible to obtain recent radiographs from another dental health care provider to avoid unnecessary exposures. Dental hygienists ensure the quality of the radiographic exposure is adequate for diagnostic purposes.

The dental hygienist is responsible for documenting the number of radiographic exposures as well as the radiographic findings in the client's treatment record. Any findings on the radiograph that fall outside of the Dental Hygiene Scope of Practice are referred for consultation to the client's dentist and/or other appropriate health professional. This referral is documented in the client's treatment record.

The dental hygienist obtains consent from the client (or their representative) prior to exposing a radiograph. Authorization is also obtained from the client/representative and documented in the client treatment record prior to sharing any radiographs with a dentist or another dental hygienist. Security measures are taken when sharing radiographs via email.

Dental hygienists inform clients of the rationale for taking radiographs and what the process entails. When a client (or their representative) refuses the radiographs that have been recommended, they will be informed of the risks associated with refusing radiographs. This information is then documented in the client's treatment record and initialed by the dental hygienists and the client (or their representative).

When applying ionizing radiation, dental hygienists protect the client's safety by draping the client with a lead apron and thyroid collar. Dental hygienists ensure that potentially hazardous radiography materials are used safely, and according to manufacturers' recommendations and government guidelines (refer to [Workplace Hazardous Materials Information System](#) (WHMIS) guidelines and sections 8 and 9 of Health Canada's "[Safety Code 30](#)").

### **CDHBC Limits and Conditions**

A dental hygienist only exposes and interprets bitewing or periapical radiographs for the explicit purpose of forming a dental hygiene diagnosis, treatment planning, and evaluating client care. A dental hygienist may however expose intra-oral or extra-oral radiographs for other dental purposes upon the explicit authorization by a dentist or other qualified health practitioner.

Any conditions, abnormalities or pathologies identified radiographically that are beyond the dental hygienist's scope of practice (e.g. suspected decay, possible abscess, etc.) will be referred to a dentist or other appropriate health care provider. A dental hygienist implements and documents a process for consultation and collaboration with other health professionals in order to ensure the provision of safe, ethical, client-centred care. Dental hygienists collaborate with other health care practitioners to reduce unnecessary radiographic exposure.

In addition, dental hygienists who are responsible for radiographic equipment adhere to the parameters of [Safety Code 30](#) and the Government of Canada's [Radiation Emitting Devices Regulations](#)<sup>1</sup>.

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<sup>1</sup> Radiation Protection in Dentistry – Recommended Safety Procedures for the Use of Dental X-ray Equipment, Health Canada, Radiation Emitting Devices Act (R.S.C., 1985, c. R-1)

When directed by an authorized individual, a dental hygienist may apply intra-oral and extra-oral radiographs for the purposes indicated by the authorizing authority. For example, a panoramic radiograph or cone beam image may be taken by a dental hygienist under the authorization of a dentist and with the appropriate education. The final interpretation of these images will be completed by the authorizing individual.

**10.A dental hygiene practitioner who owns a private dental hygiene practice ensures specific standards for radiography, infection prevention and control, record retention and billing, marketing, and the recommendation of dental exams are maintained.**

**All dental hygienists are responsible for upholding the Practice Standards above (#1-9). Additionally, for the purposes of section 6 of the Dental Hygienists Regulation, dental hygiene practitioners who own a private dental hygiene practice are also responsible for upholding Practice Standard #10.**

The Regulation sets out the definition and context of private dental hygiene practice. In accordance with the Regulation:

6 (1) ... **“private dental hygiene practice”** means the practice of dental hygiene in circumstances where a dentist is not **normally** on site or immediately available.<sup>2</sup>

*(2) A registrant who is a dental hygienist may not engage in independent practice unless standards, limits or conditions respecting independent practice have first been established under section 19(1) (k) or (l) of the Act.*

*(3) A registrant who engages in independent practice must, in the course of providing dental hygiene services to a patient, recommend that the patient be examined by a dentist unless the dental hygienist*

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<sup>2</sup> The blue highlighted sections reflect language that the College has recommended to government as preferable over the existing draft which reads: “independent dental hygiene practice” and in which “normally” was not included. The drafted additions assume this language will be incorporated.

- (a) has reason to believe that the patient has recently been examined by a dentist, or*
- (b) has recently recommended to the patient that the patient be examined by a dentist*

Private dental hygiene practice is further defined in CDHBC bylaws as:

*any business or undertaking, whether or not it is incorporated,*

*(a) that provides direct client care included in the practice of dental hygiene to individuals on a regular or continuous basis, according to criteria established by the board, and*

*(b) whose provision of direct client care included in the practice of dental hygiene is not limited to providing services on behalf of*

- (i) another private dental hygiene practice owned by one or more dental hygiene practitioner registrants or grandparented registrants,*
- (ii) a dental practice owned by one or more registrants of the College of Dental Surgeons of British Columbia, or*
- (iii) another institution, facility or agency that meets criteria established by the board,*

*and, for greater certainty, does not include the practice of an individual registrant who provides direct client care included in the practice of dental hygiene exclusively as an employee of one or more practices, institutions, facilities or agencies described in paragraph (b)(i), (ii) or (iii);*

With respect to these definitions, private dental hygiene practice may include any circumstance where the dental hygiene practitioner is the sole proprietor of the practice and is responsible for the day-to-day operations of the practice including, but not limited to, billing and document retention. The dental hygiene practitioner may employ registered dental hygienists and other health professionals provided that such employment is permitted by that health professional's regulatory body and that their practice standards are upheld. Dental hygiene practitioners who own and operate a private dental hygiene practice are responsible for upholding Practice Standards while respecting the Standards, Limits and Conditions established specifically for this form of practice.

In accordance with Section 6 (2):

## **CDHBC Limits and Conditions**

### **Radiography**

Radiographic equipment owned by dental hygiene practitioners is operated and maintained in adherence with all Federal and Provincial standards as outlined in Section 9. of this document and complies with the CDHBC Radiation Protection Program. Requirements of this program include:

- Ensuring dental x-ray equipment is inspected upon installation and prior to initial use, and on regular intervals thereafter,
- Sending a certificate of inspection to the College upon renewal of registration,
- Ensuring a quality assurance program is in place and maintained,
- Keeping the client's dose of ionizing radiation to a minimum by adhering to the principle of ALARA, and
- Complying with the [Worksafe BC requirements](#) which stipulate that the owner of the x-ray equipment will:
  - “a) maintain and make available to the [WorkSafe BC] Board:
    - (i) for at least 10 years, records of radiation surveys, and
    - (ii) for the period that the worker is employed plus 10 years, records of exposure monitoring and personal dosimetry data, and
  - (b) make the records available to workers.”

Dental hygiene practitioners who own conventional radiography equipment ensure that potentially hazardous chemicals/materials are stored and disposed of safely, according to manufacturers' recommendations and government guidelines.

When radiographs are exposed to support dental hygiene treatment, care is taken to ensure duplicate films are used to reduce radiation exposure (when conventional radiographs are employed) and radiographs are shared or requested from other dental care providers as necessary. Dental hygiene practitioners ensure that clients in their practice are referred to a dentist or appropriate

specialist for diagnosis of radiographic findings outside the dental hygiene scope of practice.

The dental hygiene practitioner who owns the client's records, including radiographs, is responsible for keeping these in a secure manner for a period of no less than 16 years.

### **Infection Prevention and Control**

Infection prevention and control is critical to client care and will be upheld in all practice settings. Provincial guidelines<sup>3</sup> have been established for all dental health care providers which explain the aspects of client safety that are assured through care providers' maintenance of proper cleaning, disinfecting, and sterilization of care items and practice environments. These standards are recognized by dental health regulators in BC as the established expectations for all dental care providers responsible for their own practices, including dental hygiene practitioners who own and operate a private dental hygiene practice.

Dental hygienists practicing in alternative practice settings (e.g. mobile dental hygiene clinics, group homes, long term care facilities, etc.) adhere to specific considerations for the transport of contaminated instruments and the disposal of hazardous and biomedical waste as outlined in Part F of the Infection Prevention and Control Guidelines.<sup>2</sup>

### **Record Retention and Billing**

Dental hygiene practitioners who own and operate a private dental hygiene practice are responsible for maintaining client records and appropriate billing processes. When a dental hygienist owns a practice, they own the client records of that practice. In accordance with the [Limitation Act](#), client records will be securely retained for no less than 16 years, with additional requirements for minors and adults with a disability.

As a practice owner, the dental hygiene practitioner upholds ethical, accurate billing practices that respect the client's right to informed decision-making and reflect the dental hygiene care that was provided. As a practice owner, the dental hygiene practitioner does not deny, or discriminate in relation to, services

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<sup>3</sup> CDHBC Infection Prevention and Control Guidelines, July 2012.

provided to clients who have dental coverage or benefits through provincial social assistance or other third-party sources.

### **Marketing**

Owners of private dental hygiene practices may choose to market their practices and/or care being offered to increase client volume; however, certain standards must be maintained and conditions met. Section 69. (2) of the CDHBC bylaws provides that:

*Any marketing undertaken by a registrant must not be:*

- (a) false,*
- (b) inaccurate,*
- (c) reasonably expected to mislead the public,*
- (d) unverifiable, or*
- (e) contrary to the public interest in the practice of the profession.*

Advertisements pertaining to a dental hygiene practice or services will reflect the true nature of the care being provided, without creating an unjustified or unreasonable expectation of the outcome. Marketing strategies will not take advantage of any weakened state of any recipients, be it mental, physical, or emotional and will not attempt to improperly influence an individual or organization representing an individual in a weakened state. Marketing tools will not compare the quality of services provided by one dental hygienist over another and will not imply that they may obtain treatment results not achievable by another dental care provider.

Dental hygienists who limit their form of practice to certain branches or areas of the profession may state that they do so, however, will not use the title “specialist” or any similar descriptor to suggest specialized status in any marketing tools.

It is the responsibility of the dental hygiene practitioner as a practice owner to adhere to Section 69 of the CDHBC bylaws and the marketing guidelines described in the Professional Practice Standards document.<sup>4</sup>

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<sup>4</sup> Forthcoming in Phase II of the Practice Standards re-development process.

In accordance with Section 6 (3):

### **CDHBC Limits and Conditions**

#### **Recommending a Dental Exam**

The Regulation stipulates that in providing dental hygiene services to a client in a private dental hygiene practice, the dental hygienist will recommend that the client be examined by a dentist. Collaborative, client-centered care is pivotal to all practice settings and timely dental exams ensure that clients' comprehensive oral health needs are met. A dental exam will be recommended to a client if the client has not recently been examined by a dentist, if a recommendation for an exam has not been recently made, or if the dental hygiene assessment indicates a need for dental care beyond the dental hygiene scope.

### **TERMINOLOGY**

Authorizing authority: A health professional regulated under the *Health Professions Act* who has been given the regulatory authority to authorize taking a radiograph.

Client: For the purposes of dental hygiene care and practice standards, a "client" is considered to be synonymous with a "patient" as referenced in the *Health Professions Act* and the Dental Hygienists Regulation.

Radiographs: For the purposes of dental hygiene care and practice standards, the term "radiographs" is considered to be synonymous with "x-rays" as referenced in the Dental Hygienists Regulation.