December 2011 Bulletin

ORAL CANCER SCREENING UPDATE

As an RDH, oral cancer screening is your concern!

In order to provide registrants with the most current information regarding the CDHBC position on oral cancer screening, the College is circulating the following update:

- A dental hygiene assessment involves the collecting of pertinent information relating to the client's general and oral health including the hard and soft tissues of the head, neck and oral cavity, as outlined in the *CDHBC Bylaws (Practice Standards and Scope of Practice)*.[1,2] It is the dental hygienist's professional and regulatory right to exercise the full extent of this scope in the best interest of their clients.
- Dental hygienists are specifically educated to differentiate between normal soft tissue, deviations from normal and suspicious lesions or pathologies.
- The College expects that RDH's routinely assess the hard and soft tissues of the head, neck and oral cavity and document changes from their normal state.
- The gold standard for the diagnosis of oral cancer and precancer (dysplasia) is a **biopsy**.[3,4] Therefore, the diagnosis of the lesion will be made by the pathologist who completes the biopsy.
- While dental hygienists may not *diagnose* a cancerous or pre-cancerous lesion, they have a responsibility to identify abnormal tissue conditions and initiate the appropriate referral pathway. Referrals for further investigation or biopsy may be made to an oral medicine specialist, oral surgeon or periodontist. Clients without dental insurance may be referred to their MD for referral to an ear, nose and throat specialist. In Greater Vancouver, uninsured clients may also be referred to the Oral Mucosal Disease clinic at Vancouver General Hospital. All referrals should include thorough documentation of the lesion and concerns.
- While the use of adjunctive tools such as direct fluorescence visualization (VELScope®) or toluidine blue is within the DH Scope of Practice, these tools remain complementary to a comprehensive health history review and the fundamental visual and tactile means of intra-oral and extra-oral examination.

"Dental hygienists are educated to perform oral mucosal screenings, and the dental hygiene appointment is an ideal model for this exam due to the frequency and regularity of client interaction and the duration of the hygiene appointment. The 90 seconds spent completing an oral mucosal examination not only raises awareness of the hygienist's abilities and knowledge but, most importantly, could save a life."

Dr. Denise Laronde, PhD, RDH
Assistant Professor, UBC Faculty of Dentistry
CDHBC Board Member

References

1. CDHBC Bylaws, *CDHBC Registrant's Handbook*, Tab 5, page 7 – 8.
2. CDHBC Scope of dental hygiene practice, *CDHBC Registrant's Handbook*, Tab 6, page 4.
3. Guideline for the Early Detection of Oral Cancer in British Columbia 2008, JCDA. 2008 April; 74(3): 245 – 53.
4. Poh, CF; Ng, S; Berean, KW; Williams, PM; Rosin, MP; Zhang, L. Biopsy and Histopathologic Diagnosis of Oral Premalignant and Malignant Lesions. JCDA. 2008 April; 74 (3): 283 – 289.

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REMINDER TO REGISTRANTS re: DOCUMENTATION STANDARDS

Registrants are reminded that it is necessary to follow Practice Standard #8 regarding documentation (Tab 5, pg 11-12) at all times. Please bear in mind that the contents of the client chart, including all attachments such as radiographs, odontograms, and referral letters, comprise a legal document and must represent a **clear and concise record** of the treatment provided to the client.

Key points to remember:

- **Label all client records** with the client's name and date.
- **Record accurate details** of the dental hygiene care provided, including: assessment data, interpretation of assessment findings (or a dental hygiene diagnostic statement), a plan for services (particularly if the client requires more than one appointment), notes about the services provided, the amount of time spent with the client (when appropriate), evaluation findings and next appointment planning details, any precautions and instructions given, possible risks (if any) of services planned and of not receiving the recommended services, and recommended referrals.
- **Make legible entries** in ink.
- **Initial or sign** *all* entries and corrections, and make corrections so that the original entry is still legible. "Whiteout" products are not appropriate because the visibility of the original entry cannot be maintained with the use of these products.
- **Record pertinent discussions** and communications with the client and other health professionals, and maintain copies of correspondence.
- **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).
- 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. If electronic records are kept, the entries should be non-erasable and secure with the registrant's name or initials included in the entry.

It is the dental hygienist's responsibility to ensure that the documentation of their care meets these practice standard policies and that the legal criteria outlined above are met. The College welcomes the opportunity to support registrants by providing clarification of these practice standard policies. Please feel free to contact the office at 1-800-778-8277 or by email at cdhbc@cdhbc.com.