Getting to the Root of the Matter
Frequently asked Questions & Answers

From long-awaited Regulations and Bylaws changes enacted at the end beginning of March, to an unprecedented worldwide pandemic suspending the provision of dental hygiene care, the past year has presented many changes and challenges for dental hygienists in BC.

While the COVID-19 pandemic continues to be at the forefront of daily life, over the last several months registrants have turned their attention to other regulatory requirements including the annual registration renewal period. During this time, the CDHBC Practice Advisors have received an increase of questions related to the Regulation and Bylaws changes that came into effect at this time last year shortly before the start of the COVID-19 pandemic.

Registrants are encouraged to review resources that cover these changes which can be found on the News & Events page of the CDHBC website under New Regulations and Bylaw Amendments. The following Q&A addresses the most common questions received by the CDHBC Practice Advisors.

Q: Is the 365-day-rule still in effect?

A: On February 24, 2020, the 365-day-rule was removed and therefore it is no longer a limitation on practice. Dental hygienists in a variety of settings (e.g., dental office, dental hygiene office, public health, etc.) can proceed with the provision of dental hygiene care without the requirement for a dental examination beforehand. That being said, collaborative, client-centered care is important and timely dental exams ensure that clients' comprehensive oral health needs are met, so dental hygienists should discuss this with their clients. Furthermore, if during the provision of dental hygiene care, the dental hygienist notices something beyond their scope of practice that needs to be addressed, the dental hygienist needs to inform the client and make a referral to the client's dentist.

Q: Am I allowed to take radiographs without the authorization from a dentist or a dentist being on site if I'm using those radiographs for dental hygiene diagnosis?

A: Yes, dental hygienists in BC can self-initiate radiographs for the purpose of a dental hygiene diagnosis (i.e., periodontal status). A dental hygienist assesses the need for radiographs and only exposes and interprets bitewing or periapical radiographs for the explicit purpose of forming a dental hygiene diagnosis, treatment planning, and evaluating client care. Any conditions, abnormalities or pathologies identified radiographically that are beyond a dental hygienist's scope of practice to diagnose or treat (e.g., caries, endodontic abscess, etc.) will be referred to an appropriate health professional.

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 professional. Please review the CDHBC Limits and Conditions within Practice Standard #9 that addresses a dental hygienist's ability to self-initiate radiographs.

Q: If I need to refer a client to a specialist can I do that or can I only refer to a general dentist?

A: It is within the dental hygiene scope of practice, and a dental hygienist's responsibility to develop and implement referrals with other health care professionals (including specialists regarding oral pathologies). Referrals can be made directly to a specialist from a dental hygienist; however, it is in the

best interest of the client to work collaboratively with their dentist to mutually agree upon the need for further care. Please review the Interpretation Guideline, Referrals by Dental Hygienists for more information.

Q: Am I allowed to administer LA with epi without a dentist on-site?

A: Within the new Regulations, the requirement that a dentist be on-site while LA is being administered has been removed. A dental hygienist can now provide LA without a dentist being in the office, regardless of if the LA contains epinephrine. With that said, in order to administer a local anesthetic containing epinephrine, a prescription must be obtained and documented appropriately in the client chart.

There is helpful information on the changes in Regulation pertaining to LA in the Regulation Interpretation FAQs and the Information Bulletin on LA Prescriptions.

Q: Do I need a prescription before administering LA with epinephrine even if the dentist is in the office?

A: Dental hygienists wishing to administer a Schedule I drug (e.g., local anaesthetic containing epinephrine), must ensure the patient has a prescription from a dentist, authorizing the dispensing of the Schedule I drug. Further information related to this can be found in the Information Bulletin on LA Prescriptions. Once a need for LA with epinephrine is determined, the dentist can provide a verbal authorization for the drug to be dispensed to the patient and the dental hygienist can proceed with the administration, regardless of whether the dentist is on site or not. Additionally, page 3 of the Information Bulletin on LA Prescriptions provides helpful guidelines on what is expected to be included in the patient record.

Q: To be able to place a temporary restoration (IST) do I need to pass a course or webinar to be certified?

A: In order to provide IST, a dental hygienist must have specific education and training related to this therapy. The CDHBC does not endorse specific educational opportunities and encourages dental hygienists to exercise professional discretion in determining their competence and capability in applying a new skill to their dental hygiene practice. For more information on IST, please refer to the May 2020 IST Position Statement.

Given that the IST process is based on a careful determination of appropriate teeth to treat under specific circumstances, often in remote and underserved areas, the CDHBC Board concluded that delivery of this treatment must be carried out by Dental Hygiene Practitioners or Registered Dental Hygienists who are providing care in a private dental hygiene practice or a provincial Health Authority program. Registrants in these practice settings are best positioned to access the vulnerable populations who will benefit most from IST, particularly through mobile practices and long-term care settings.