

## **Interpretive guidance for dentist-prescribing of Schedule I drugs (including epinephrine and chlorhexidine) for administration by a dental hygienist**

*March 5, 2020*

*The following interpretive guidance from the College of Dental Hygienists of BC and the College of Dental Surgeons of BC is applicable to both the dental office setting – whether or not the dentist is on site – and to private dental hygiene practice.*

On February 24, 2020, the Ministry of Health announced amendments to the regulations (scope of practice statements) for dental hygienists, dental technicians, denturists and dentists. Two of the changes that affect the provision of dental hygiene services are:

1. Dental hygienists with the proper certification can now administer local anaesthetic without a dentist on site. The College of Dental Hygienists of BC indicates this certification with the letter “C” on a dental hygienist’s registration.
2. Dental hygienists wishing to administer a Schedule I drug (e.g. local anaesthetic containing epinephrine or chlorhexidine), must ensure the patient has a prescription from a dentist, authorizing the dispensing of the Schedule I drug.

Local anaesthetics without epinephrine are not Schedule I drugs and do not require a prescription.

In response to the amended regulations, CDSBC is continuing to work with the other oral health colleges to develop guidance for registrants. CDSBC will be updating the professional standard document [Prescribing and Dispensing Drugs](#) in the near future.

**It is expected the decision to administer a Schedule I drug will be based on collaborative discussion and decision-making amongst the patient, dental hygienist and dentist and include thorough documentation of those discussions and decisions, including the authorization by the dentist to dispense the drug.**

In order for a patient to provide informed consent for the administration of a Schedule I drug, it is expected that patient will be made aware of all of the risks, benefits, associated costs and options (including not administering the drug). In the case of anaesthetic containing a vasoconstrictor, this would include a discussion that while this formulation increases the depth and duration of anaesthesia, it may impact cardiac function.

The dental hygienist and dentist must be satisfied that, following a thorough clinical assessment and review of the medical history, there are no contraindications to the administration of the Schedule I drug.

**A prescription can be defined as an authorization for the dispensing of a drug to a patient and may be written or verbal.**

Within the traditional model of a dental hygienist and dentist working collaboratively within the same office, the specific requirement in the amended regulations of a prescription prior to administration of a Schedule I drug by a dental hygienist is not expected to change existing protocols. Rather, it will serve to focus the entire dental team on the existing standards of collaborative care, including a complete pre-treatment assessment of the patient, reviewing and updating of the patient's medical history and a determination through discussion between the dental hygienist and dentist of the need for the administration of the drug for the patient.

Once a need 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.

In the case of a private dental hygiene practice, the authorization can be provided by a written prescription from the dentist for the patient or over the phone following the expected

standards of collaborative care including assessment, review, and thorough discussion between the dental hygienist and the dentist.

A dentist may choose to make a standing order prescription for a given patient to cover a specific time frame (e.g. three to six months). If this is the case, it is expected the hygienist will review, update and document the patient's medical status as well as revisit and determine the ongoing need for the drug before each subsequent administration, engaging the prescribing dentist in discussion should any changes be noted.

### **It is expected the patient record will include:**

- The name and concentration (dosage) of the Schedule I drug being prescribed and administered.
- The reason and/or rationale for the need to prescribe and administer the drug.
- Documentation in the chart of the verbal prescription, along with the prescribing dentist's signature. If the dentist provides a prescription by phone, the dental hygienist must document this in the patient record and sign it. If the dentist has provided a written prescription for the patient, a copy must be included in the patient's record.
- Documentation as to the patient's provision of informed consent for the administration of the Schedule I drug.

#### **Reference documents**

- [Ministerial Order M041](#) with amendments to regulations for Dental Hygienists, Dental Technicians, Dentists and Denturists (February 4, 2020)
- *Health Professions Act* [Dental Hygienists Regulation](#)
- *Health Professions Act* [Dentists Regulation](#)
- College of Dental Hygienists of BC: "[New Bylaws Coming: What you need to know for your practice.](#)"
- CDSBC notice: "[Ministry of Health Amendments to Oral Health Regulations in Force](#)" (February 26, 2020)