

COLLEGE OF REGISTERED
DENTAL HYGIENISTS
OF ALBERTA

SUITE 302, 8657 - 51 AVENUE NW
EDMONTON, AB T6E 6A8
PHONE (780) 465-1756
FAX (780) 440-0544

November 15, 2019

Dear Jacques,

We are pleased to provide you with the answers to your questions regarding whether specific dental hygiene processes of care can be self-initiated in Alberta, meaning that dental hygienists are not required to obtain an assessment, performed by a dentist, prior to commencing the procedure.

Some background about the profession of dental hygiene in Alberta for you:

As per Schedule 5, Section 3 of Alberta's Health Profession Act, dental hygienists (a) assess, diagnose and treat oral health conditions through the provision of therapeutic, educational and preventive dental hygiene procedures and strategies to promote wellness, and (b) provide restricted activities authorized by the regulations.

Further to (b) above, Alberta dental hygienists do not have a defined "scope of practice". Rather, the legislation determines what restricted activities dental hygienists are authorized to provide. According to 13(1) of the Dental Hygienists Profession Regulation:

General members and courtesy members are authorized, in the practice of dental hygiene and in accordance with the standards of practice approved by the Council, to perform the following restricted activities:

- (a) for the purpose of assessing or treating oral health conditions but not for the purpose of performing restoration procedures of a permanent nature, to cut a body tissue, to administer anything by an invasive procedure on body tissue or to perform surgical or other invasive procedures on body tissue below the dermis or the mucous membrane or in or below the surface of teeth, including scaling of teeth;
- (b) to insert or remove instruments, devices, fingers or hands beyond the pharynx for oral soft tissue examinations;
- (c) to reduce a dislocation of a temporomandibular joint for the purpose of reducing a subluxation of the temporomandibular joint;
- (d) to prescribe the following Schedule 1 drugs within the meaning of Schedule 7.1 to the Government Organization Act for the purpose of treating oral health conditions, providing prophylaxis and treating emergencies:
 - (i) antibiotics;
 - (ii) antifungal agents;
 - (iii) anti-infective agents;
 - (iv) antiviral agents;
 - (v) bronchodilators;
 - (vi) epinephrine; (vii) fluoride;
 - (viii) pilocarpine;
 - (ix) topical corticosteroids;

- (e) to compound, provide for selling or sell, incidentally to the practice of dental hygiene, a Schedule 1 drug or Schedule 2 drug within the meaning of Schedule 7.1 to the Government Organization Act;
- (f) to order or apply any form of ionizing radiation in medical radiography.

Additionally, Alberta dental hygienists do not require supervision to provide any dental hygiene care, other than students who are performing the restricted activities. Unlike legislations in other provinces, dental hygienists do not need an order to provide service nor do they require a dentist examine a client prior to dental hygiene treatment. A dental hygienist can self-initiate as soon as they are registered with the college.

With respect to your questions about specific dental hygiene services:

Non-surgical periodontal therapy (including scaling)

It is within the Alberta dental hygiene scope of practice to self-initiate the assessment and implementation of non-surgical periodontal therapy, including: debridement, scaling, root planing, lavage, placement of antimicrobial agents into the gingival sulcus, gingival irrigation, use of an uninitiated diode laser as an adjunct to periodontal therapy (i.e. for the purpose of pocket disinfection), and prophylaxis including supra and subgingival air polishing. There are no conditions on an Alberta registered dental hygienist to self-initiate and implement non-surgical periodontal therapy.

Surgical periodontal therapy

Dental Hygienists in Alberta may self-initiate the client's dental hygiene assessment which may then identify a need for surgical periodontal therapy, but the role of the RDH is to make the referral to another health professional, not implement surgical periodontal therapy. Performing surgical periodontal therapy is not part of dental hygiene undergraduate education and there are no advanced education options to acquire this competency.

I hope that you find this information helpful. Please let us know if you require additional information.

Sincerely,

A handwritten signature in black ink, appearing to read 'Amie Dowell'.

Amie Dowell, MPH
Registrar & CEO
CRDHA



COLLEGE OF DENTAL HYGIENISTS OF BRITISH COLUMBIA

Suite 300, 388 Harbour Road
Victoria, British Columbia V9A 3S1
WWW.CDHBC.COM

Phone: (250) 383-4101
Fax: (250) 383-4144
Toll-free: (800) 778-8277 (B.C. only)

November 7, 2019

Mr. Jacques Gauthier, erg., M.A.P., ASC
Directeur général et secrétaire
Ordre des hygiénistes dentaire du Québec
606, rue Cathcart, bureau 700
Montréal, Québec H3B 1K9

Via email: jgauthier@ohdq.com

Dear Mr. Gauthier:

Re: Quebec Scope of Practice Revision

Thank you for the invitation to provide you with information relating to current BC dental hygiene care, specifically relating to the scope of practice on scaling and nonsurgical periodontal therapy. I first wish to confirm that dental hygienists in BC are able to fully self-initiate the dental hygiene scope of practice. In other words, dental hygienists in BC do not need direction or an order from a dentist or any other health professional to carry out the scope of practice.

As you will note below, at present there is a limit on practice within the Dental Hygienists Regulations that requires clients to have received a dental exam within the previous 365 days before receiving dental hygiene care from registrants in the Full and Conditional registration categories. Clients who receive care from a 365-exempt registrant are exempt from this requirement.

However, proposed amendments to the Dental Hygienists Regulations have been posted by the BC Ministry of Health that will remove the 365 day requirement.

Scaling

It is within the BC dental hygiene scope of practice to self-initiate the assessment and implementation of scaling and root planing. In a clinical setting the dental hygienist is able to self-initiate assessments including medical/dental histories and updates, intra/extra-oral assessments, dental and occlusal assessments, and periodontal and deposit assessments in order to develop a dental hygiene diagnosis.

The dental hygiene diagnosis clarifies the actual or potential conditions or concerns of a client that can be treated within the dental hygiene scope of practice. Based on the assessment data and the dental hygiene diagnosis, the dental hygienist develops a dental hygiene treatment plan which may include debridement, scaling, and root planing. It should be noted that scaling and root planing are restricted activities in BC which means only the professions who have them listed in their regulations can perform them. At present that group is limited to only dentists and dental hygienists.

At present, section 6 of the Dental Hygienists Regulation identifies limitations on practice for dental hygienists who are registered in the Full and Conditional registration category: the client must have had an

examination by a dentist within the previous 365 days or within such shorter time as is necessary or appropriate with good dental hygiene practice or good dental practice.

For dental hygienist who are registered in the 365-Day Rule Exempt category there is no such requirement for a prior dentist's examination in order to carry out assessments and scaling.

On August 30, 2019 the BC Minister of Health posted proposed amendments to the Dental Hygienists Regulation for public consultation. One of the proposed amendments includes the removal of the "365-day rule". For additional information, please view our website at <http://www.cdnhbc.com/News-Events/Removal-of-365-day-rule-proposed-Ministry-posts-d.aspx>

Nonsurgical Periodontal Therapy:

It is within the BC dental hygiene Scope of Practice to self-initiate the assessment and implementation of:

- Debridement, scaling, root planing;
- Lavage;
- Irrigating supragingival and subgingival tooth surfaces;
- Use of an uninitiated diode laser as an adjunct to periodontal therapy (i.e. for the purpose of pocket disinfection; and
- Prophylaxis, including supra and subgingival air polishing.

The delivery of controlled release periodontal chemotherapy is within the dental hygiene scope of practice, following a prescription by the client's dentist (see below). However, closed gingival or soft-tissue curettage with lasers or by any other intentional means, is not within the dental hygiene Scope of Practice in BC:

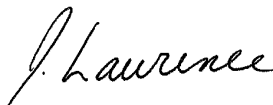
Again, at present section 6 of the Dental Hygienists Regulation identifies limitations on practice for dental hygienists who are in the Full or Conditional registration category: the client must have had an examination by a dentist within the previous 365 days or within such shorter time as is necessary or appropriate with good dental hygiene practice or good dental practice.

For dental hygienist who are registered in the 365-Day Rule Exempt registration category there is no such requirement for a prior dentist's examination in order to carry out nonsurgical periodontal therapy.

The delivery of subgingival, controlled release chemotherapeutic delivery system is within the dental hygiene scope of practice, provided that appropriate education is obtained; however, the prescription of a Schedule I chemotherapeutic agent is not within the dental hygiene scope of practice.

I trust this information will prove useful as you undertake your scope of practice revisions.

Regards,



Jennifer Lawrence
Registrar/CEO



November 9th, 2019

Dear Jacques

I am pleased to provide you with information regarding the practice of dental hygiene in the province of Manitoba.

Dental hygienists in Manitoba are legislated under the Dental Hygienists Act. The practice of dental hygiene is described in section 2(1).

2(1) The practice of dental hygiene is the promotion of oral health through oral health education and the assessment and treatment of the teeth and adjacent tissues using preventive or therapeutic means.

The practice of scaling and nonsurgical periodontal therapy (debridement) are listed in a) and b) of Part 2(2) of the Act;

Subject to the regulations, the practice of dental hygiene includes, but is not limited to

- (a) scaling and root planing above and below the gumline;*
- (b) performing debridement and curettage below the gumline*
- (c) administering oral anaesthetic;*
- (d) using oral therapeutic agents;*
- (e) applying dental sealants; and*
- (f) performing orthodontic and restorative procedures.*

Dental Hygienists with more than 3000 practice hours do not have a supervision requirement for scaling or non-surgical periodontal therapy.

Dental hygienists who have less than 3 000 practice hours, are required to be supervised by a dentist, either directly or indirectly (through a joint agreement in writing between the dentist and the dental hygienist where both are confident in provision of safe and appropriate treatment by the RDH)

I hope this information is helpful, let me know if you require any additional documentation.

Best Regards,

Arlynn Brodie RDH, MHS
Registrar, Executive Director

November 8, 2019

Jacques Gauthier, erg., M.A.P., ASC
Directeur général et secrétaire
Ordre des hygiénistes dentaires du Québec
606 rue Cathcart, bureau 700
Montréal, Québec H3B 1K9

Dear Mr. Gauthier,

This letter is in response to your questions in relations to the practice of dental hygiene in the province of New Brunswick. Each question is listed with the additional information requested:

A & B-Scaling/Root planing including curetting of surrounding tissue (Non-surgical periodontal therapy) Please note that the Rules pertaining to the scope of practice relating to the practice of dental hygiene and the scaling, root planing and non-surgical periodontal therapy in the province of New Brunswick has been added as an Annex to this letter

1- Please indicate whether dental hygienists in your specific province, may self-initiate the assessment and the implementation of this procedure. 2- Please indicate whether dental hygienists in your specific province, are bound by particular conditions, stipulations, or regulations in relation to assessment and/or the implementation of this procedure. For example, are dental hygienists required to work under the supervision of a dentist? Must they obtain a dental diagnosis prior to performing this procedure? Is this procedure prescriptive, meaning that dentists must, verbally or in writing, authorize the assessment and/or the intervention in question?

In accordance with our Act and Rules and National Entry to Practice competencies, the profession of dental hygiene in NB is practised based on the dental hygiene process of care. The dental hygiene process of care includes the assessment (medical/dental history, intra & extra oral assessments which includes dental and periodontal assessments) in order to identify actual and potential oral conditions of concerns for the client. If the dental hygienist identifies conditions that may not be in their scope of practice, then they must refer to the appropriate health professional such as a dentist. Once the assessment is completed, they can proceed to the implementation of treatment which can include scaling/non-surgical periodontal therapy.

In addition, dental hygienists can self-initiate scaling, root planing, non-surgical periodontal therapy, etc. without any supervision of a dentist if the dental hygienist has completed an additional educational module (self-initiation) or equivalent.

There are no requirements to receive a dental examination and dental diagnosis prior to scaling/root planing or non-surgical periodontal therapy. It is understood that through the dental hygienist's assessment, and by identifying any contraindications, the dental hygienist would either consult with the dentist or the client's medical physician prior to proceeding or directly proceed with the scaling, root planing if no contra indications have been identified. Any medically compromised patient would require a consultation (verbal or written communication) **with a dentist or medical physician** prior to proceeding with treatment. Note that a consultation with the client's medical physician or dentist would



be deemed customary practice for any client who may have health concerns that could be compromised during oral care treatment.

In addition, there is no prescriptive order required from the dentist to perform scaling, root planing or a prior dental examination before proceeding whether they are self-initiated or not. A standing verbal direction from the dentist is acceptable practice if the dental hygienist has not completed the self-initiation educational module or equivalent. If the dental hygienist has completed the self-initiation module, then the supervision of a dentist that entails that the dentist must always be on site during treatment care by a dental hygienist is no longer required.

C- Surgical Periodontal therapy

Surgical periodontal therapy would not be considered as part of the scope of practice of dental hygienists in New Brunswick.

I trust that this information contained in this letter responds to your inquiry. Please contact us if you require any additional information.

Respectfully,

Diane Thériault

Executive Director/Registrar

NB College of Dental Hygienists/Ordre des hygiénistes dentaires du N. B.

ANNEX

Rules Reference

39(1) "The practice of dental hygiene means the application of professional knowledge for the purpose of providing therapeutic, preventive and maintenance services and programs for the promotion of optimal oral health and includes: (a) assessment for dental hygiene services, the planning of dental hygiene interventions, and the evaluation of the progress and results of dental hygiene interventions and services, oral health practices and behaviours."

"39(2) A dental hygienist may engage in the practice of dental hygiene subject to the conditions and limitations imposed on the member's licence, and in accordance with these Rules and any practice exclusions contained in these Rules:

(a) within their scope if the procedure is performed where a licensed member of the NB Dental Society is present during the procedure;

(b) if the procedure is ordered by a dentist licensed by the NB Dental Society or a physician authorized to practise medicine under the Medical Act;

(c) on the member's own initiative, where the practice does not involve the scaling of teeth and root planing, including curetting of surrounding tissue;

(d) on the member's own initiative where the practice does involve the scaling of teeth and root planing, including curetting of surrounding tissue, where: (i) the member has successfully completed a module approved by Council (the self-initiation module or equivalent) and has her name appear on the self-initiation register, (ii) none of the contraindications to performing the procedure as prescribed in 39(5) of these Rules are present, and (iii) the client confirms taking the prescribed medication in accordance with these guidelines.

39(4) The following actions are included in the scope of practice of dental hygienists and a dental hygienist is authorized to carry out the following actions under the specified conditions:

(a) order or administer the following drugs:

- (i) antimicrobial agents, other than antibiotics,*
- ii) desensitizing agents, including topical anesthetics,*
- (iii) anticariogenic agents, and*
- (iv) whitening agents;*

(b) order, administer and interpret radiographs for the purpose of dental hygiene services;

(d) self-initiate dental hygiene care after having successfully completed the self-initiation module or its equivalent as approved by Council, provided proof of completion to the College and satisfied all conditions indicated under this section.

39(5) A member shall not self-initiate nor continue the scaling of teeth and root planing, including curetting of surrounding tissue, without consultation with a dentist or physician when any of the following conditions are reported or known to be present:

- (a) any cardiac condition for which antibiotic prophylaxis is recommended in the guidelines set by the American Heart Association;*
- (b) any other condition for which antibiotic prophylaxis is recommended or required, including joint replacement and high risk of bacterial endocarditis;*
- (c) any unstable medical or unstable oral health condition where the condition may affect the appropriateness or safety of the practice of dental hygiene or where the member is in doubt as to the status or accuracy of the medical or oral health history of the patient;*
- (d) drug or alcohol dependency that may affect the appropriateness or safety of scaling teeth and root planing, including curetting surrounding tissue;*
- (e) a medical or oral health condition with which the member is unfamiliar or that could affect the appropriateness, efficacy or safety of the procedure;*
- (f) a drug or a combination of drugs with which the member is unfamiliar, or which could affect the appropriateness, efficacy or safety of the procedure, including nutritional and botanical supplements;*
- (g) a medical history which indicates a known medical intervention that requires a dental pre-screening;*
- (h) active chemotherapy or radiation therapy;*
- (i) immunosuppression caused by disease, medications or treatment modalities that may affect the appropriateness, efficacy or safety of the procedure;*
- (j) active tuberculosis; or*
- (k) blood disorders that may affect the appropriateness, efficacy or safety of the treatment, including a platelet therapy and an anticoagulant therapy."*

Nov 7, 2019

Sent via Email

Jacques Gauthier, erg., M.A.P., ASC
Directeur général et secrétaire
Ordre des hygiénistes dentaires du Québec
606, rue Cathcart, bureau 700
Montréal, QE H3B 1K9
Email: jgauthier@ohdq.com

Dear Jacques Gauthier,

I am pleased to confirm that practising dental hygienists in this province may “self-initiate” the following procedure - non-surgical debridement, which includes scaling and rootplaning.

We are governed by a Dental Hygienists Act and the Dental Hygienists Regulations (both were effective May 15, 2009). Our Act and Regulations use two similar terms to describe ‘self-initiation’. Self-directed clinical practice, and self-initiation. The definitions that will assist in explaining to describe the requirements around self-initiation in the regulations are listed below. They are taken directly from our legislation.

***“self-directed clinical practice”** means the practice of dental hygiene without a written protocol;*

***“self-initiation module”** means the self-initiation module of continuing education approved by the Council, designed to provide education to dental hygienists regarding matters relevant to self-directed clinical practice;*

In essence, this means that dental hygienists who are “self-initiating” are making decisions on how/when to initiate care. The specific legislated requirements around self-initiation are laid out in Section 8 (2) of the Regulations.

“(h) for an applicant who intends to engage in self-directed clinical practice and for an applicant applying for a practising licence 2 years after being issued an initial licence under the Act, they must

*(i) have successfully completed the self-initiation module, or
(ii) have equivalent education or experience to that provided by the self-initiation module, as determined by the Registrar.”*

- The “module” that is currently required is the online *Self-Initiation Module for NS* offered through the CDHA. It is available in French and English. It takes ~15 hours to complete.
- Individuals who feel that they have the equivalent education and experience to the module, may submit a request for an exemption using a template provided to them.
- Since all practising dental hygienists must be self-initiating within 2 years of obtaining their initial practising licence, of the 728 actively practising dental hygienists, only 4 are currently not authorized to self-initiate (0.5%).

I think it is also important to point out that we are currently undergoing revisions to our regulations and we will be requesting to have **section 8 (2) (h) removed entirely**. The concept of self-directed practice, or “self-initiation” was integrated into our initial legislation back in 2009 as a transition for dental hygienists evolving from direct supervision under the *Dental Act* which previously governed the

profession of dental hygiene in Nova Scotia. After operating with these existing legislated restrictions for just over 10 years, our request for removal is based on the following reasons:

- a. We have demonstrated over the past 10 years that this additional requirement is not necessary to ensure safe and competent practice of dental hygienists.
- b. Dental hygienists of accredited dental hygiene programs are adequately prepared to self-initiate upon graduation (i.e., the programs adequately prepare dental hygienists to make decisions regarding the initiation of dental hygiene services, including scaling, rootplaning, and ordering and interpreting radiographs, administering drugs outlined in the Regulations, and when to consult prior to initiating services).
- a. The course required for self-initiation authorization does not provide any further education/knowledge than the curriculum taught in undergraduate accredited dental hygiene programs, i.e., it does not enhance their ability to self-initiate care.
- b. ~99% of our practising members are self-initiating and they are required to be so within 2 years of being issued an initial practising licence.
- c. There is a requirement to consult when out of scope and/or refer.
- d. There are standards of practice that include expectations that dental hygienists will always work within their individual scopes of practice, and continue to consult with the appropriate healthcare providers (e.g., dentist, physician, pharmacist) prior to initiating care, when safety, appropriateness, or efficacy concerns are identified.

Removal of this requirement will not result in an increased risk to the public.

Please let me know if you have any further questions regarding our legislation.

Sincerely,



Stacy Bryan, RDH, Dip DH, MA Lead
Registrar, CDHNS
11-2625 Joseph Howe Drive
Halifax, NS B3L 4G4
Ph: 902-444-7241



November 7, 2019

Jacques Gauthier, erg., M.A.P., ASC
Directeur général et secrétaire
Ordre des hygiénistes dentaires du Québec
606, rue Cathcart, bureau 700
Montréal (Québec) H3B 1K9

Dear Mr. Gauthier,

In response to the questions you have asked about the practice of dental hygiene in Ontario, I have prepared the following statements:

In regards to scaling (détartrage) dental hygienists are permitted under the *Dental Hygiene Act, 1991*, to self-initiate the assessment and implementation of this procedure. Dental hygienists in Ontario do not require a dentist to be part of an assessment, dental hygiene diagnosis (professional opinion) or dental hygiene treatments. Supervision is never a requirement for dental hygienists in Ontario.

In regards to Nonsurgical Periodontal Therapy (thérapie parodontale non-chirurgicale), dental hygienists in Ontario are permitted to self-initiate the assessment and implementation of this procedure. There are no restrictions on these activities.

In regards to Surgical Periodontal Therapy (thérapie parodontale chirurgicale), dental hygienists in Ontario are permitted to self-initiate the assessment and implementation of this procedure but would work closely with a dentist in providing the procedure. For example, the dentist must prepare the surgical site by cutting back the tissue to expose the root surface, and the dental hygienist would then provide the periodontal therapy including debridement. Supervision is never a requirement for dental hygienists in Ontario when providing services.

I hope the information provided is helpful in your efforts to see that Quebec residents have the same access to dental hygienist services that the Ontario residents currently enjoy. If I can provide any additional information please do not hesitate to contact me.

Yours truly,

Lisa Taylor, RDH, BA, MEd, MCOB
Registrar and CEO



SASKATCHEWAN DENTAL HYGIENISTS' ASSOCIATION

1024 -- 8th St. E.
Saskatoon, SK S7H 0R9

Tel (306) 931-7342 Fax (306) 931-7334
E-mail: sdha@sasktel.net

November 7, 2019

Mr Jacques Gauthier
Ordre des Hygiénistes Dentaires du Québec
606 Rue Cathcart, Bureau 700
Montréal, QC H3B 1K9

Dear Mr. Gauthier,

The Saskatchewan Dental Hygienists' of Saskatchewan responded to a survey from the OHDQ in 2018 regarding:

1. Scaling (Détartrage),
2. Nonsurgical Periodontal Therapy (Thérapie Parodontale Non-chirurgicale) and
3. Surgical Periodontal Therapy (Thérapie Parodontale Chirurgicale).

Briefly our answers to the issues of scaling can be summed up to indicate that scaling is an authorized practice under The Dental Disciplines Act (1997) and that dental hygienists can self-initiate periodontal care without a dentist seeing the patient first or doing the diagnosis. Dental Hygienists can assess, diagnose, plan, implement and evaluate any periodontal care without supervision and oversight.

In regards to the second survey query on Nonsurgical Periodontal Therapy it is within the scope of practise for dental hygienists in Saskatchewan to self-initiate the assessment and the implementation of this procedure(s). Registered dental hygienists are not bound by conditions, stipulations, or regulations in relation to assessment and/or the implementation of this procedure.

With respect to Surgical Periodontal Therapy a registered dental hygienists may not self-initiate the assessment and the implementation of this procedure. The dentist would be involved in the surgical exposure of root surfaces and the dental hygienist would debride.

I believe that the responses to the survey were correct when submitted by the previous Registrar and CEO Kellie Glass and are consistent with our scope of practise at this time.

Sincerely,

Catherine Folkersen
Registrar.CEO

