

Best Practice for Initiating Dental Hygiene Care

March 2017



This guideline should be read in conjunction with *the Dental Disciplines Act (the Act)*, SDHA Competencies, Standards of Practice, and Code of Ethics. All dental hygienists, regardless of practice setting or employment arrangement, are expected to use their knowledge, skill and judgment when discussing situations in which consultation with another health care professional is indicated. The final decision to proceed with the dental hygiene treatment or not to proceed with the dental hygiene treatment is the responsibility of the registered dental hygienist. In documenting the reasons for proceeding, postponing treatment or referring to another health care provider, the dental hygienist should note the resources consulted and/or rationale used.

In Saskatchewan, a dental hygienist may self-initiate dental hygiene care: neither a comprehensive oral examination, nor an order from a dentist is required prior to dental hygiene care.

Best practice indicates that the Dental Hygiene Process of Care (ADPIE) is the framework within which all dental hygiene therapy should be conducted.

Assessment

A thorough, detailed medical and dental history must be performed and discussed with the client or the client's caregiver/decision maker. Determination of blood pressure for dental hygiene appointments is an essential step in the assessment phase of care. If warranted, and with the client's consent, further discussion with the appropriate health care professional to receive a medical clearance should occur. Ideally, the clearance will be provided in writing either by fax or e-mail and included in the client's chart. If the information is obtained over the telephone, the dental hygienist should clearly document the substance, time and date of the conversation.

A complete clinical assessment follows the detailed dental/medical history. This involves collecting comprehensive data by means of physical and oral examinations.

Registered dental hygienists have the ability and responsibility to assess the comprehensive needs of a client, and identify the client's unmet needs according to the *Human Needs Conceptual Model of Care* in order to formulate a dental hygiene diagnosis. Unmet needs identified by a dental hygiene assessment that are not within the dental hygiene scope of practice should be referred to the appropriate professional within the health care delivery system.

Specifically in accordance with the *Act* and the SDHA Competencies:

- **Caries Diagnosis:**
 - While "communicating a conclusion regarding dental caries" is not an authorized practice of dental hygienists in Saskatchewan, dental hygienists can identify the signs of dental disease:
 - Assess intraoral hard tissues (e.g. discoloration of teeth, possible caries, tori, etc.) (SDHA Competencies, Assessment #31, pg 5)
 - Assess the need for consultation and referrals within the health care delivery system (SDHA Competencies, Assessment #54, pg 6)

- **Radiographs:**

Radiographs are required in order to accurately assess a client's periodontal condition and inform a dental hygiene diagnosis and treatment plan. Dental hygienists can:

- Assess the need for radiographs for oral health care (**SDHA Competencies, Assessment #24, pg 5**)
- Expose, process and mount dental radiographs in accordance with the Radiation Health and Safety Act, 1985. (**The Act, section 23(5)(e)**)
- Interpret dental radiographs for the purpose of dental hygiene diagnosis (**SDHA Competencies, Assessment #26, pg 5**)

Diagnosis

The dental hygiene diagnosis links the data collected in the assessment phase to the proposed dental hygiene treatment. After all the necessary assessment data has been collected, a dental hygiene diagnosis is formulated to provide the rationale on which the dental hygiene treatment plan will be designed, implemented, and evaluated.

A 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. These conditions or concerns are identified through an interpretation of the assessment data, and should take the client's needs, values and beliefs into consideration. In accordance with the SDHA Competencies, the Planning section further describes these competencies.

The dental hygienist will analyze and interpret the dental hygiene assessment data in order to formulate a dental hygiene diagnosis. The nature of the dental hygiene diagnosis may vary between practice settings.

In direct clinical practice settings, the dental hygienist would:

- state the abnormal or unhealthy condition(s) identified during interpretation of the assessment data (such as chronic generalized moderate periodontitis);
- explain to the client or their representative the evidence supporting this interpretation (such as pocketing, furcations, bleeding, horizontal bone loss, etc.);
- state any conditions that require care or attention during the dental hygiene appointment; and
- document the above accordingly in the client's chart.

In indirect clinical dental hygiene practice settings, the dental hygienist would:

- analyze data against established measurable outcomes
- use assessment findings in determining a dental hygiene diagnosis
- document a dental hygiene diagnosis, statement of the problem or results of analysis

Dental hygienists can only diagnose conditions that are within the dental hygiene scope of practice to treat. Concerns may be identified during the assessment phase that require an appropriate referral, be it to a dentist, dental specialist, physician, or other health care provider. Referrals are not part of the dental hygiene diagnosis but rather are part of the dental hygiene treatment plan.

Planning

The dental hygienist is responsible for developing an individual treatment plan for each client prior to initiating dental hygiene therapies. The dental hygiene treatment plan for each client includes:

1. client-centered goals/objectives
2. planned sequence of activities
3. client participation

The client's informed consent for treatment must be obtained and documented. A consent to treatment is informed if, before giving it, the client received the necessary information about the nature, expected benefits, material risks and effects of the treatment, alternative courses of action and the likely consequences of not having the treatment.

Implementation

The dental hygienist is responsible for ensuring that the dental hygiene treatment is individualized in accordance with the treatment plan presented to, and agreed to, by the client. In addition, all treatment activities, including the time spent on the procedure must be documented completely and accurately. Financial records must correlate with the actual time and procedure documented on the client's chart.

The dental hygienist should ensure that the client receives appropriate post-appointment instructions and recommendations for pain management. Individualized instructions in oral self-care should be based on the assessment and treatment plan.

Evaluation

Clinical evaluation of the client's oral health progress should be done at intervals appropriate to the client and must not be dependent on third-party payment schedules or those of other health care providers. A clinical re-assessment is performed, the dental hygiene treatment plan is reviewed and discussed with the client and modified as required.

Best Practice in All Clinical Settings

- ✓ The office has a written policy for the collection and maintenance of client information in accordance with the Personal Health Information Protection Act (PHIPA).
- ✓ Current scientifically accepted infection control procedures are in place, and the office adheres to the current “Saskatchewan Infection Prevention and Control Standards in Oral Health Care Facility” document, developed and approved by all SK oral health regulators.
- ✓ Emergency protocol, emergency supplies, equipment and oxygen are in place and up to date.
- ✓ The dental hygienist has proof of current CPR certification.
- ✓ Exposing and processing of radiographs and radiation hygiene are consistent with the Radiation Health and Safety Act, 1985.
- ✓ Equipment is current and in good repair.
- ✓ Equipment, instruments and supplies are sufficient to support the selection and implementation of appropriate dental hygiene services.
- ✓ The date and particulars of each professional contact with the client is documented in the chart.
- ✓ The dental hygienist consults and/or refers to other health professionals as required.
- ✓ Informed consent for treatment must be obtained and documented prior to dental hygiene care being provided.
- ✓ Dental hygienists must record accurate details of the dental hygiene care provided.

Acknowledgement

The SDHA would like to acknowledge the College of Dental Hygienists of Ontario, and the College of Dental Hygienists of British Columbia in the development in this guideline.