



**COLLEGE OF DENTAL HYGIENISTS OF ONTARIO**

**DENTAL HYGIENE  
STANDARDS OF PRACTICE**

# COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

## *DENTAL HYGIENE STANDARDS OF PRACTICE*

### HISTORY

In 1988, Health Canada published *Clinical Practice Standards for Dental Hygienists in Canada* as Part Two of the *Report of the Working Group on the Practice of Dental Hygiene*. These standards were generated and validated by practicing Canadian dental hygienists.

*The Clinical Practice Standards for Dental Hygienists in Canada* was endorsed by the Canadian Dental Hygienists Association (CDHA). In 1993, the CDHA along with other groups identified the need to update, revise and expand the *Clinical Practice Standards for Dental Hygienists in Canada* to include all roles/areas of responsibility within dental hygiene practice.

### STRUCTURE OF THE CDHO DENTAL HYGIENE STANDARDS OF PRACTICE

The *CDHO Dental Hygiene Standards of Practice* evolved from the *CDHA Practice Standards for Dental Hygienists in Canada* and has been adapted to conform with provincial regulations. Where appropriate, standards have been added specific to the practice of dental hygiene in Ontario.

The *CDHO Dental Hygiene Standards of Practice* has three major components:

structure	refers to the practice environment and the available resources that support and enable the delivery of safe and effective dental hygiene services/programs.
dental hygiene process	refers to the assessment, planning, implementation and evaluation of dental hygiene services/programs
outcomes	refers to the results/client outcomes of dental hygiene services/programs.

A criterion is a relevant indicator of the quality of dental hygiene care. The associated standards refer to the desired and achievable level or range of performance with which actual performance is compared. Each criterion identifies the five key areas of responsibility: clinical therapy, health promotion, education, administration and research (scientific inquiry). The associated standards are arranged according to the key areas of responsibility.

The boxing of the key areas of responsibility denotes that one set of standards applies to all areas of responsibility. The key areas of responsibility occur in varying degrees within every practice environment. For example, within clinical practice, the dental hygienist has a treatment/therapeutic role - scaling/root planning; an educative role - oral health counseling; a health promotion role - smoking cessation; an administrative role - record keeping; and a scientific inquiry role - collection of data through the use of objective measures and/or indices, to monitor client outcomes. Practice environments might include but are not limited to clinical practice, community health centres, education institutions and hospitals.

### **USE OF THE CDHO DENTAL HYGIENE STANDARDS OF PRACTICE**

A two-tiered process has been adopted for interpreting the *CDHO Dental Hygiene Standards of Practice*. Those standards written in *bold italics* are the critical standards for the practice of dental hygiene in the province of Ontario in all circumstances. Standards written in plain type are those standards to which the dental hygienist should aspire, in the context of the practice environment, the client's participation in the decision-making process and the dental hygienist's experience.

As self-regulating professionals, dental hygienists are expected to

- assure that their professional responsibility to the client prevails;
- apply the *CDHO Dental Hygiene Standards of Practice*, CDHO Code of Ethics and CDHO regulations and bylaws to their dental hygiene practice;
- maintain and improve their level of competence through the continuous upgrading of knowledge, skills and judgement; and
- be accountable for their actions.

Through the continuing use of both the *CDHO Dental Hygiene Standards of Practice* and the Clinical Self-Assessment Package, dental hygienists will be able to monitor and assess their dental hygiene practice in order to determine the need for continuing quality improvement activities.

The *CDHO Dental Hygiene Standards of Practice* and the Clinical Self-Assessment Package are designed primarily for dental hygienists to

- monitor their dental hygiene practice and practice environment for consistency with the *CDHO Dental Hygiene Standards of Practice*;
- assess the quality of client services/programs using the *CDHO Dental Hygiene Standards of Practice*;
- identify topic areas for enhancement/upgrading;
- determine learning goals/objectives for a specific year; and
- access appropriate continuing quality improvement activities (see professional portfolio).

The *CDHO Dental Hygiene Standards of Practice* may also be used by members of the public to familiarize themselves with quality dental hygiene practice so that they may assess dental hygiene services;

dental hygiene educators to design entry-to-practice education and continuing education programs; and CDHO to guide practice review and quality assurance activities.

The *CDHO Dental Hygiene Standards of Practice* provide a starting point for self-monitoring and assessment. The continuing use of the outcome criteria by dental hygienists will provide evidence-based data regarding the effectiveness and efficiency of selected dental hygiene interventions that will, in turn, generate criteria for decision-making within dental hygiene process. Dental hygienists as self-regulated professionals are accountable and responsible for the provision of safe, effective and efficient dental hygiene services/programs.

References accompany each criterion. Dental hygienists may wish to keep these references handy, when using the standards. Note that these references are the most recent material and current editions. A glossary and detailed bibliography are also provided.

## GLOSSARY OF TERMS

This Glossary of Terms is adapted from the 1996, Ontario Ministry of Education and Training, *College Standards and Accreditation Council, Dental Hygiene Program Standards*.

### **Accountability**

refers to dental hygienists' obligation to accept responsibility for their professional knowledge, skills, attitudes and judgment. Accountability includes self-evaluation, compliance with legislation, standards and codes.

### **Client**

refers to a recipient of oral health services. This term is broad and inclusive and may refer to an individual of any age or gender, a family, a group and/or a community. The client, as a consumer of oral health services, will be unique with diverse needs, demands, definitions of wellness, motivations, and resources. The client is assumed to be seeking out a broad range of oral health services that are effective and efficient.

### **Client-Centered Service**

refers to the provision of dental hygiene services for which the client's goals, expectations, needs and abilities direct the selection of all preventive and therapeutic interventions.

### **Collaborate**

means to work together and refers to the dental hygienist and the client and/or other health professionals working together to achieve a common goal[s].

### **Collaboration**

is the process of the dental hygienist working together with the client and/or other health professionals to achieve common goals.

### **Collaborative Relationship**

is an alliance of the dental hygienist with the client and/or health professionals to develop a single, integrated and comprehensive approach based on the client's needs, resources and barriers, respective oral health requirements and health services and programs.

### **Competence**

refers to the knowledge, skills, attitudes and judgment that are required of the dental hygienist in order to provide quality oral health services and programs. Competence is verified through the practitioner's performance in the practice environment.

**Competent**

means that the dental hygienist behaves in a manner that is consistent with the knowledge, skills, attitudes and judgment required to provide quality oral health services and programs.

**Continuing Competency**

refers to the dental hygienist maintaining and improving competence over time through a variety of activities; for example, performance, continuing education courses, participation in professional associations and reading.

**Consultative Process**

refers to a process of deliberation or the dental hygienist conferring with the client and/or health professionals to achieve a common goal.

**Comprehensive Dental Hygiene Care**

refers to the selection of particular service components, based on client needs, that have been ascertained through a careful assessment process and includes scheduling of appointments and services provided. It integrates the concept of client learning, self-care and responsibility.

**Dental Hygienist**

is a registered oral health professional who performs a variety of roles including clinical therapy, health promotion, education, administration and research in a variety of practice environments. In all roles and practice environments, the dental hygienist works with the client/patient and other health professionals and, using a problem-solving framework, bases all decisions, judgments and interventions on current dental hygiene research and theory. As a registrant of a self-regulated profession, a dental hygienist must practice safely, ethically and effectively for the promotion of the oral health and well-being of the public in Ontario.

**Five Areas of Responsibility****Clinical Therapy**

refers primarily to preventive, therapeutic and ongoing services that enable the client to achieve optimal oral health and that contribute to overall health.

**Health Promotion**

refers to the process of enabling individuals and communities to increase awareness, responsibility and control over and improvement of their health.

**Education**

refers to teaching/learning; it is a motivational and behaviour modification process that can occur in any practice environment.

**Administration**

refers to policy development and management processes that can occur in any practice environment.

**Research (Scientific Inquiry)**

refers to informal and formal scientific inquiry, study and reporting that supplements, revises and validates dental hygiene practice.

**Dental Hygiene Standards of Practice**

are published by the College and other authorities to clarify the roles/responsibilities of the dental hygienist and to provide a framework for measuring the quality of dental hygiene services/programs. The *CDHO Dental Hygiene Standards of Practice* outlines the knowledge, skills, attitudes and judgment that are essential for quality dental hygiene practice.

**Dental Hygiene Process**

refers to the assessment of the client needs, formulation of a dental hygiene services/program plan, implementation of the plan and the subsequent evaluation of dental hygiene services/program.

**Dental Hygiene Treatment Plan**

is a written blueprint that directs the dental hygienist and the client as they work together to meet the client's goals for oral health. The plan increases the likelihood that the health professionals will work collaboratively to deliver client-focused, goal-oriented, individualized services/programs to the client. The treatment plan facilitates the monitoring of client progress and ensures continuity of services/programs and communication among health professionals.

**Determinants of Health**

refers to an element or group of elements that identify the boundaries/limits of health.

**Evidence-Based Practice**

is dental hygiene practice supported by a scientific body of knowledge that facilitates clinical decision making and evaluation of dental hygiene services/programs using objective outcome measures.

**Legislation**

refers to relevant laws enacted by the provincial and federal governments. The following legislation may impact on dental hygiene practice and may vary according to a particular practice setting:

- *Regulated Health Professions Act;*
- *Dental Hygiene Act and CDHO regulations and bylaws;*
- *Healing Arts Radiation Protection Act;*
- *Substitutes Decision Act, ;*
- *Health Care Consent Act;*
- *Health Protection and Promotion Act;*
- *Occupational Health and Safety Act;*
- *Freedom of Information Act;*
- *Ontario Business Corporation Act;*
- *Mental Health Act;*
- *Public Hospital Act;*
- *Child and Family Service Act;*
- *Coroners Act;*
- *Nursing Homes Act;*
- *Long Term Care Act;*
- *Canada Health Act;*
- *Charter of Right and Freedoms;*
- *Personal Health Information Protection Act;* and
- *Employment Standards Act.*

**Preventive Interventions**

are actions performed by the dental hygienist to promote and maintain the client's optimal oral health. Preventive interventions include educating clients about oral health, oral health practices and oral health services and programs, by using current knowledge and teaching and learning methodologies.

**Professional Behaviour**

describes behaviour that is consistent with the knowledge, skills and attitudes required to provide quality oral health care that is consistent with the legal, ethical and accepted practices of dental hygiene.

**Registrant**

refers to one who registers or is registered with the College of Dental Hygienists of Ontario.

**Resources**

refers to the available and feasible supports that enable dental hygiene care to be delivered.

**Scientific Method**

refers to the systematic, orderly procedures that, while not infallible, seek to limit the possibility for error and minimize the likelihood that any bias or opinion by the researcher might influence the results.

**Therapeutic Interventions**

are actions performed by the practitioner to assist the client to regain and maintain optimal oral health.

**PART ONE: STRUCTURE CRITERIA AND STANDARDS**

Structure refers to the resources of the practice environment that are required to perform safe and effective dental hygiene services/programs.

**Criterion 1: Dental Hygiene Responsibilities**

**As a dental hygienist, I seek and promote a practice environment that enables me to be accountable and responsible for dental hygiene services/ programs by:**

Key Areas of Responsibility in all Practice Environments	<b>STANDARDS</b>
<b>Therapeutic Services/Programs</b>	<b>1.1</b> <i>providing access to other health professionals;</i>
<b>Health Promotion Services/Programs</b>	<b>1.2</b> <i>providing written client service/program policies such as a written procedures/ policy manual to include emergency care protocols, infection control protocols, and health and safety measures;</i>
<b>Educative Services/Programs</b>	<b>1.3</b> <i>providing written human resource policies such as employment contracts and job descriptions; and</i>
<b>Administrative Services/Programs</b>	<b>1.4</b> <i>providing written policies regarding issues of client consent and confidentiality consistent with current legislation.</i>
<b>Research (Scientific Inquiry) Services/Programs</b>	

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 References:  
 CDHO *Code of Ethics*  
 Darby and Walsh. Chapter 1  
 Wilkins. Chapter 1

## PART ONE: STRUCTURE CRITERIA AND STANDARDS

Structure refers to the resources of the practice environment that are required to perform safe and effective dental hygiene services/programs.

### Criterion #2: Participative Decision Making

**As a dental hygienist, I seek and promote a practice environment that supports and enables me to participate in decision making by:**

Key Areas of Responsibility in all Practice Environments	STANDARDS
Therapeutic Services/Programs	2.1 <i>developing and implementing a process for consultation with other health professionals;</i>
Health Promotion Services/Programs	2.2 <i>using a consultative process to make decisions regarding facilities, the purchase and/or maintenance of equipment, supplies and procedures, as necessary;</i>
Educative Services/Programs	2.3 <i>using a consultative process to develop policies relating to the administration / management of services/programs; *</i>
Administrative Services/Programs	2.4 <i>using a consultative process to make staffing decisions according to needs, available positions and resources; and *</i>
Research (Scientific Inquiry) Services/Programs	2.5 <i>using a consultative process to develop policies to support scientific inquiry. *</i>
	(* this may not be enforced if the dental hygienist is precluded from performing the function)

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References:

CDHO *Code of Ethics*  
Darby and Walsh. Chapter 2

## PART ONE: STRUCTURE CRITERIA AND STANDARDS

Structure refers to the resources of the practice environment that are required to perform safe and effective dental hygiene services/programs.

### Criterion #3: Support and Resource Requirements

**As a dental hygienist, I seek and promote a practice environment that provides resources, including human resources that support and enable me to:**

Key Areas of Responsibility in all Practice Environments	STANDARDS
<b>Therapeutic Services</b>  <b>Health Promotion Services</b>  <b>Educative Services</b>  <b>Administrative Services</b>  <b>Research (Scientific Inquiry) Services/Programs</b>	<p><b>3.1</b> <i>maintain and apply current knowledge and skills;</i></p> <p><b>3.2</b> <i>implement current scientifically accepted infection control protocols appropriate to the service/program and practice environment and having regard to the risk of contact with the client's body fluids;</i></p> <p><b>3.3</b> <i>adhere to protocols that ensure physical safety of both dental hygienists and clients and enable responsible action in an emergency situation;</i></p> <p><b>3.4</b> <i>provide comprehensive dental hygiene services/programs;</i></p> <p><b>3.5</b> <i>ensure client privacy/confidentiality;</i></p> <p><b>3.6</b> <i>maintain records according to CDHO regulations;</i></p> <p><b>3.7</b> <i>access, assess and use technology/equipment consistent with manufacturer's directions;</i></p> <p><b>3.8</b> discuss, plan and co-ordinate client services/programs; and</p> <p><b>3.9</b> implement current written policies and protocols related to the practice environment</p>

3

References:

CDHO *Code of Ethics*

CDHO Proposed Regulation for Prescribed Records

Darby and Walsh. Chapters 7 - 9

Wilkins. Chapters 2 - 4

CDA. *Guidelines for Infection Control*

**PART ONE: STRUCTURE CRITERIA AND STANDARDS**

Structure refers to the resources of the practice environment that are required to perform safe and effective dental hygiene services/programs.

**Criterion #4: Maintaining Professional Competence**

**As a dental hygienist, I seek and promote a practice environment that provides me with opportunities to maintain and enhance my dental hygiene knowledge, skills and judgment by:**

Key Areas of Responsibility in all Practice Environments	STANDARDS	
<b>Therapeutic Services/Programs</b>	<b>4.1</b>	<i>fostering my participation in continuing quality improvement activities;</i>
<b>Health Promotion Services/Programs</b>	<b>4.2</b>	<i>providing current knowledge of dental hygiene and other relevant content areas such as clinical dentistry and periodontics;</i>
<b>Educative Services/Programs</b>	<b>4.3</b>	<i>adhering to the CDHO Dental Hygiene Standards of Practice and CDHO regulations, codes and guidelines;</i>
<b>Administrative Services/Programs</b>	<b>4.4</b>	<i>complying with the CDHO Quality Assurance Program;</i>
<b>Research (Scientific Inquiry) Services/Programs</b>	<b>4.5</b>	providing opportunities to consult with colleagues; and
	<b>4.6</b>	reinforcing professionally acceptable judgments through consultation and peer review.

4  
References:

Ontario Regulation 218/94, Part VI, Quality Assurance  
CDHA Dental Hygiene: Definition and Scope, August 1995

**PART ONE: STRUCTURE CRITERIA AND STANDARDS**

Structure refers to the resources of the practice environment that are required to perform safe and effective dental hygiene services/programs.

**Criterion #5: Information Management**

**As a dental hygienist, I seek and promote a practice environment that has systems to manage information that enable and support me to:**

Key Areas of Responsibility in all Practice Environments	STANDARDS
<b>Therapeutic Services/Programs</b>	<b>5.1</b> <i>provide safe and effective ongoing services/programs through records that adhere to the CDHO Proposed Regulation for Prescribed Records;</i>
<b>Health Promotion Services/Programs</b>	<b>5.2</b> <i>develop, implement, evaluate and revise services/programs that meet the needs and expectations of the client;</i>
<b>Educative Services/Programs</b>	
<b>Administrative Services/Programs</b>	<b>5.3</b> <i>comply with the CDHO Proposed Regulation for Prescribed Records;</i>
<b>Research (Scientific Inquiry) Services/Programs</b>	<b>5.4</b> <i>maintain pertinent and current information relating to policies and protocols;</i>
	<b>5.5</b> <i>conduct reviews of the literature;</i>
	<b>5.6</b> <i>gather, record and analyse the scientific data;</i>
	<b>5.7</b> ensure that there are tracking and reporting mechanisms; and
	<b>5.8</b> revise existing policies and/or develop new ones as required.

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References:

CDHO Proposed Regulation for Prescribed Records  
 CDHO *Code of Ethics*  
 Darby and Walsh. Chapter 2  
 Wilkins. Chapter 6

**PART TWO: PROCESS CRITERIA AND STANDARDS**

Process refers to the assessment, planning, implementation and evaluation of dental hygiene services/programs.

**Criterion #6: Practicing Professionally**

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**As a dental hygienist, I practice professionally by:**

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Key Areas of Responsibility in all Practice Environments	STANDARDS
<b>Therapeutic Services/Programs</b>	<b>6.1</b> <i>adhering to CDHO Dental Hygiene Standards of Practice and CDHO regulations, codes and guidelines;</i>
<b>Health Promotion Services/Programs</b>	<b>6.2</b> <i>participating in continuing quality improvement activities;</i>
<b>Educative Services/Programs</b>	<b>6.3</b> <i>consulting with experts and other health professionals, as required;</i>
<b>Administrative Services/Programs</b>	<b>6.4</b> <i>recognizing and acknowledging any physical or mental condition, including infection, or any substance abuse or addiction that affects, or may affect over time, my ability to practice safely and effectively; and</i> <b>6.4.1</b> <i>informing the CDHO if my condition may affect the safety and/or competence of practice and my capacity to practice;</i>
<b>Research (Scientific Inquiry) Services/Programs</b>	<b>6.5</b> <i>accessing and utilizing current research-based knowledge through analysing and interpreting the literature and other resources; and</i>
	<b>6.6</b> <i>managing career development.</i>

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References:

CDHO *Code of Ethics*,  
Darby and Walsh. Chapters 2 and 39  
Wilkins. Chapter 1

**PART TWO: PROCESS CRITERIA AND STANDARDS**

Process refers to the assessment, planning, implementation and evaluation of dental hygiene services/programs.

**Criterion #7: Individualizing Services**

**As a dental hygienist, I individualize dental hygiene services/programs based on client need, client expectations and the resources of the practice environment by:**

<b>Key Areas of Responsibility in all Practice Environments</b>	<b>STANDARDS</b>
<b>Therapeutic Services/Programs</b>	7.1 <i>analysing client need and expectations in terms of the five key areas of responsibility;</i>
<b>Health Promotion Services/Programs</b>	7.2 <i>selecting and implementing the appropriate dental hygiene services/programs to address client need and expectations;</i>
<b>Education Services/Programs</b>	7.3 <i>reviewing and revising these services/programs, as required;</i>
<b>Administrative Services/Programs</b>	7.4 <i>adhering to codes that define and protect human rights and freedoms;</i>
<b>Research (Scientific Inquiry) Services/Programs</b>	7.5 seeking information required for understanding of social, cultural, personal and environmental factors;
	7.6 communicating and co-operating with human resources such as: other health professionals, government agencies, external agencies and clients; and
	7.7 communicating with other health professionals and seeking their input as required for the health of the client.

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References:

CDHO *Code of Ethics*  
Darby and Walsh. Chapter 2

**PART TWO: PROCESS CRITERIA AND STANDARDS**

Process refers to the assessment, planning, implementation and evaluation of dental hygiene services/programs.

**Criterion #8: Assessment**

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**As a dental hygienist, I perform an assessment by:**

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<b>Key Areas of Responsibility in all Practice Environments</b>	<b>STANDARDS</b>
<b>Therapeutic Services/Programs</b>	<p><b>8.1</b> <i>collecting required baseline personal and clinical information in accordance with the CDHO Proposed Regulation for Prescribed Records;</i></p> <p><b>8.2</b> <i>assessing the history and condition of the client to determine whether special precautions are necessary;</i></p> <p><b>8.3</b> <i>assessing the current medical status of all clients to determine those who are at high risk for emergency situations and oral disease;</i></p> <p><b>8.4</b> <i>critically analysing the available data to determine the client’s present and future need for oral health care; and</i></p> <p><b>8.5</b> assessing and monitoring client’s anxieties, fears and emotions.</p>
<b>Health Promotion Services/Programs</b>	<p><b>8.1</b> <i>collecting baseline information to substantiate and direct service/program development;</i></p> <p><b>8.2</b> <i>reviewing and updating previously collected information;</i></p> <p><b>8.3</b> <i>analysing information against established determinants of health and health outcome measures to determine service/program priorities; and</i></p> <p><b>8.4</b> identifying verifying and responding to the health promotion needs of the client.</p>

**Criterion #8: Assessment (cont)**

<b>Key Areas of Responsibility in all Practice Environments</b>	<b><u>STANDARDS</u></b>
<b>Educative Services/Programs</b>	<p><i>8.1 collecting, analysing and interpreting required information;</i></p> <p><i>8.2 reviewing and updating previously collected information; and</i></p> <p><i>8.3 defining problem, cause and effect through co-discovery with the client.</i></p>
<b>Administrative Services/ Programs</b>  <b>Research (Scientific Inquiry) Services/Programs</b>	<p><i>8.1 collecting and analysing required information; and interpreting, managing and updating information as required.</i></p>

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References:

CDHO Proposed Regulation for Prescribed Records  
 CDHO *Code of Ethics*  
 Wilkins. Chapters 6 - 21  
 Darby and Walsh. Chapters 10 -13

**PART TWO: PROCESS CRITERIA AND STANDARDS**

Process refers to the assessment, planning, implementation and evaluation of dental hygiene services/programs.

**Criterion #9: Planning - Client Participation**

**As a dental hygienist, I encourage the client to be an active participant in developing an oral health plan by:**

Key Areas of Responsibility in all Practice Environments	STANDARDS
Therapeutic Services/Programs	9.1 <i>determining, with the client, the client's oral health priorities;</i>
Health Promotion Services/Programs	9.2 <i>developing a dental hygiene service/program plan with the client;</i>
Educative Services/Programs	9.3 <i>developing short and long term goals and objectives with the client;</i>
Administrative Services/Programs	9.4 <i>collaborating, as required, with other health professionals to ensure an integrated plan;</i>
Research (Scientific Inquiry) Services/Programs	9.5 <i>obtaining or reconfirming the client's consent;</i>
	9.6 <i>discussing dental hygiene service/program priorities with the client including their integration in the overall service/program plan;</i>
	9.7 <i>selecting communication and education techniques and strategies that are appropriate for the client's needs and expectations;</i>
	9.8 <i>developing services/programs within the limitations of existing resources; and</i>
	9.9 reaching mutual agreement regarding the desired oral health outcomes (goals) with the client.

9

References

CDHO *Code of Ethics*  
 Darby and Walsh. Chapter 6, 39  
*Health Care Consent Act*  
 Wilkins. Chapter 21  
 CDHO. *Prevention of Sexual Abuse of Clients*

**PART TWO: PROCESS CRITERIA AND STANDARDS**

Process refers to the assessment, planning, implementation and evaluation of dental hygiene services/programs.

**Criterion #10: Implementation - Client/Clinician Safety**

**As a dental hygienist, I promote client, co-worker and personal safety by:**

<b>Key Areas of Responsibility in all Practice Environments</b>	<b>STANDARDS</b>
<p><b>Therapeutic Services/Programs</b></p> <p><b>Health Promotion Services/Programs</b></p> <p><b>Educative Services/Programs</b></p> <p><b>Administrative Services/Programs</b></p> <p><b>Research (Scientific Inquiry) Services/Programs</b></p>	<p><b>10.1</b> <i>ensuring that current scientifically accepted infection control procedures are in place to include</i></p> <p><b>10.1.1</b> <i>using barrier techniques;</i></p> <p><b>10.1.2</b> <i>protecting the clinician’s and client’s eyes;</i></p> <p><b>10.1.3</b> <i>using a standardized method for the washing and drying of hands before gloving and after removing gloves;</i></p> <p><b>10.1.4</b> <i>practicing and monitoring scientifically recognized sterilization and disinfection techniques;</i></p> <p><b>10.1.5</b> <i>using disposable supplies only once; and</i></p> <p><b>10.1.6</b> <i>maintaining up-to-date personal immunization records</i></p> <p><b>10.2</b> <i>ensuring the provision of services/programs in emergency situations by</i></p> <p><b>10.2.1</b> <i>knowing the practice environment’s emergency protocols;</i></p> <p><b>10.2.2</b> <i>knowing the location of emergency supplies and oxygen; and</i></p> <p><b>10.2.3</b> <i>maintaining current certification in basic cardio-pulmonary resuscitation;</i></p> <p><b>10.3</b> <i>ensuring the safe management of hazardous wastes;</i></p> <p><b>10.4</b> <i>ensuring the practice environment meets all legal requirements for workplace health and safety; and</i></p> <p><b>10.5</b> <i>maintaining current certification in basic first aid.</i></p>

10

References:

RCDSO Guidelines, *Respecting Infection Control in the Dental Office*, June 1995  
 Darby and Walsh. Chapter 7 - 9  
 Wilkins. Chapter 4

## PART TWO: PROCESS CRITERIA AND STANDARDS

Process refers to the assessment, planning, implementation and evaluation of dental hygiene services/programs.

### Criterion #11: Implementation - Equipment and Resource Selection

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As a dental hygienist, I select suitable equipment and resources by:

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Key Areas of Responsibility in all Practice Environments	STANDARDS
Therapeutic Services/Programs	11.1 <i>knowing the range of current acceptable technological options;</i>
Health Promotion Services/Programs	11.2 <i>selecting the best options for the situation from those available;</i>
Educative Services/Programs	11.3 <i>choosing and using any new product or technique that is supported by sound scientific principles and that has demonstrated safety and effectiveness when used according to the manufacturer's directions; and</i>
Administrative Services/Programs	
Research (Scientific Inquiry) Services/Programs	11.4 <i>not using any outdated, out-of-repair or dangerous equipment.</i>

11

References:

CDHO *Code of Ethics*,  
CDHO *Milestones*. Volume 2, Number 4, December 1995  
RCDSO *Dispatch*. Volume 9, Number 3, October 1995  
Ontario Regulation 797/93, Professional Misconduct

**PART TWO: PROCESS CRITERIA AND STANDARDS**

Process refers to the assessment, planning, implementation and evaluation of dental hygiene services/programs.

**Criterion #12: Implementation - Provision of Services/Programs**

**As a dental hygienist, I provide dental hygiene services/programs by:**

Key Areas of Responsibility in all Practice Environments	STANDARDS
Therapeutic Services/Programs  Health Promotion Services/Programs  Educative Services/Programs  Administrative Services/Programs  Research (Scientific Inquiry) Services/Programs	12.1 <i>reviewing and confirming that the dental hygiene service/program plan is consistent with the CDHO Proposed Regulation for Prescribed Records;</i>
	12.2 <i>providing dental hygiene services/programs that are within the defined scope of practice and avoiding unnecessary interventions, inappropriate interventions or those refused by the client;</i>
	12.3 <i>managing client pain and/or anxiety by</i> 12.3.1 <i>discussing options for the control of pain and anxiety with the client;</i> 12.3.2 <i>reassuring the client, as appropriate;</i> 12.3.3 <i>selecting and providing clinical techniques for control of pain and anxiety; and</i> 12.3.4 <i>evaluating the effectiveness of the pain control method;</i>
	12.4 <i>recommending self-care procedures;</i>
	12.5 <i>respecting the client’s person by not placing any instrument, material or device on any portion of the client’s person;</i>
	12.6 <i>using current health promotion techniques to implement and monitor strategies that promote health and self-care;</i>
	12.7 <i>implementing current educational and communication techniques and strategies based on established principles; and</i>
	12.8 <i>promoting client access to information and/or resources.</i>

12 References:  
 RCDSO Guidelines. *For the Use of Sedation and General Anaesthesia in Dental Practice*, November 1995 (reprinted in CDHO Milestones, Vol. 3, Number 1, March 1996)  
 CDHO Proposed Regulation for Prescribed Records  
 Darby and Walsh, Chapter 24

## PART TWO: PROCESS CRITERIA AND STANDARDS

Process refers to the assessment, planning, implementation and evaluation of dental hygiene services/programs.

### Criterion #13: Evaluation

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As a dental hygienist, I incorporate ongoing evaluation by:

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<b>Key Areas of Responsibility in all Practice Environments</b>	<b>STANDARDS</b>
<b>Therapeutic Services/Programs</b>	<b>13.1</b> <i>recording and updating relevant findings according to the CDHO Proposed Regulation for Prescribed Records;</i>
<b>Health Promotion Services/Programs</b>	<b>13.2</b> <i>discussing process and outcomes of services/programs with the client and other health professionals, while respecting client confidentiality;</i>
<b>Educative Services/Programs</b>	
<b>Administrative Services/Programs</b>	<b>13.3</b> <i>using indices, instruments and observations to assess changes and outcomes;</i>
<b>Research (Scientific Inquiry) Services/Programs</b>	<b>13.4</b> <i>discussing with the client their perceptions of changes in oral health; and</i>
	<b>13.5</b> <i>using continuing quality improvement activities to adhere to the CDHO Dental Hygiene Standards of Practice.</i>

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References:

- CDHO Proposed Regulation for Prescribed Records
- CDHO *Code of Ethics*
- Darby and Walsh. Chapter 25, 39
- Wilkins. Chapter 42

**PART THREE: OUTCOMES CRITERIA AND STANDARDS**

Outcomes refer to the client’s oral health as a result and/or outcome of dental hygiene services/programs.

**Criterion #14: Evaluation**

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**As a dental hygienist, I make revisions to the oral health assessment and service/program plan, based on evaluation findings, by**

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<b>Key Areas of Responsibility in all Practice Environments</b>	<b>STANDARDS</b>
<b>Therapeutic Services/Programs</b>	<i>14.1 discussing proposed revisions to the assessment data and service/program plans with the client and other health professionals;</i>
<b>Health Promotion Services/Programs</b>	<i>14.2 using appropriate data collection/communication techniques and assessing the client’s satisfaction with the dental hygiene services/programs; and</i>
<b>Educative Services/Programs</b>	
<b>Administrative Services/Programs</b>	14.3 modifying dental hygiene services/programs, based on outcome measures, changing needs and new information.
<b>Research (Scientific Inquiry) Services/Programs</b>	

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References:

Wilkins. Chapter 21  
Darby and Walsh. Chapters 14, 15, 25 and 39  
CDHO Proposed Regulation for Prescribed Records

**PART THREE: OUTCOMES CRITERIA AND STANDARDS**

Outcomes refer to the client’s oral health as a result and/or outcome of dental hygiene services/programs.

**Criterion #15: Evaluation**

**As a dental hygienist, I evaluate the outcome of dental hygiene services/programs, in terms of the specified goals and timelines, by:**

<b>Key Areas of Responsibility in all Practice Environments</b>	<b>STANDARDS</b>
Therapeutic Services/Programs	15.1 <i>Assessing the effectiveness and efficacy of the dental hygiene services/programs according to the specified goals and objectives;</i>
Health Promotion Services/Programs	15.2 <i>assessing the impact of the dental hygiene services/programs against the baseline data;</i>
Educative Services/Programs	15.3 <i>determining and documenting the need for dental hygiene services/programs additions, revisions and deletions;</i>
Administrative Services/Programs	15.4 <i>assessing the client’s acquired knowledge, skills, judgment and attitudes against the baseline data;</i>
Research (Scientific Inquiry) Services/Programs	15.5 reviewing operational processes to determine effectiveness and efficiency of the dental hygiene services/programs goals and objectives; and
	15.6 analysing and applying scientific data to dental hygiene process.

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References:

Wilkins, Chapter 21  
 Darby and Walsh. Chapters 14,15, 25 and 39  
 CDHO Proposed Regulation for Prescribed Records

## **PROPOSED STANDARD OF PRACTICE**

### **Self-Initiation**

- 1. A member shall not self-initiate scaling and root planning including curetting surrounding tissue when any of the following conditions are reported or known to be present in the client:**
  - i) any cardiac condition for which antibiotic prophylaxis is recommended in the guidelines set by the American Heart Association;**
  - ii) any other condition for which antibiotic prophylaxis is recommended or required;**
  - iii) any unstable medical condition, where the condition may affect the appropriateness or safety of scaling and root planning including curetting surrounding tissue;**
  - iv) active chemotherapy or radiation therapy;**
  - v) significant immunosuppression caused by disease, medications or treatment modalities;**
  - vi) any blood disorders;**
  - vii) active tuberculosis;**
  - viii) drug or alcohol dependency of a type or extent that it may affect the appropriateness or safety of scaling and root planning including curetting surrounding tissue;**
  - ix) high-risk infective endocarditis;**
  - x) a medical condition with which the member is unfamiliar or that could affect the appropriateness, efficacy or safety of the procedure; or**
  - xi) a drug or a combination of drugs with that the member is unfamiliar or which could affect the appropriateness, efficacy or safety of the procedure.**
  
- 2. Notwithstanding paragraph (1) a member shall not self-initiate scaling and root planning, including curetting of the surrounding tissue, if the member is in doubt as to the status or accuracy of the medical history.**

*References Self-Initiation:*

Darby, M.L. and Walsh, M.M. Dental Hygiene Theory and Practice  
W. B. Saunders Company, 1995.  
Chapters 10,15,29,30,33 & 34,  
Gingival Curettage: pp 214 - 215

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Respiratory Tract Procedures.* Fall, 1995.

Wilkins, E.M. Clinical Practice of the Dental Hygienist 7th edition,  
Williams & Wilkins, 1994.  
Chapters 6, 46, 49, 58, 59 & 60  
Gingival Curettage pp 528 - 531

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- Canadian Dental Hygienists Association. *Code of Ethics*, June, 1992.
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- Government of Ontario. *Health Care Consent Act*, March, 1996.
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- Ontario Regulation 218/94, Part VI, Quality Assurance.
- CDHO Proposed Regulation for Prescribed Records.
- Pew Health Professions Commission. *Health America: Practitioners for 2005*, October, 1991.
- RCDSO. *Dispatch*, Volume 9, Number 3, October, 1995.

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