

## Guideline: Best Practice for Initiating Dental Hygiene Care

This guideline should be read in conjunction with Part III (Contraindications) and Part III.1 (Records) of the General Regulation, CDHO's Standards of Practice, and the Code of Ethics. All Registered Dental Hygienists (RDHs), 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 or not proceed with the dental hygiene treatment is the responsibility of the RDH. In documenting the reasons for proceeding, postponing treatment or referring to another health care provider, RDHs should note the resources consulted and/or rationale used.

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 taken and discussed with the client or the client's substitute decision maker. RDHs may choose to develop their own charting system or to evaluate an existing system against the Dental and Health History Taking Guideline available on CDHO's website. 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 email or fax and included in the client's chart. If the information is obtained over the telephone, RDHs should clearly document the substance, time and date of the conversation.

Areas of concern include contraindications to scaling teeth and root planing and curetting surrounding tissue on the RDH's own initiative if the client has not received clearance from a physician or dentist. These areas of concern are prescribed in Part III (Contraindications) of the General Regulation under the *Dental Hygiene Act, 1991*:

- i. **any cardiac condition for which antibiotic prophylaxis is recommended in the guidelines set by the American Heart Association (AHA)\*;**

\* A client who has previously experienced an episode of infective endocarditis or whose physician or Nurse Practitioner [RN(EC)] has noted that prophylactic antibiotics are required, must have taken the requisite prophylactic medication in accordance with the AHA guidelines before commencement of the dental hygiene appointment.

- ii. **any other condition for which antibiotic prophylaxis is recommended or required;**

Registrants should consult the guideline *Antibiotic Prophylaxis Recommendations* found on the CDHO web site for additional conditions requiring prophylactic antibiotics and if there are any concerns, consult with the appropriate health care professional prior to the delivery of invasive dental hygiene procedures as listed in Table 3 of the guideline.

**iii. any unstable medical or oral health condition, where the condition may affect the appropriateness or safety of scaling teeth and root planing including curetting surrounding tissue;**

Should a client present with an unstable condition, the registrant should consult with the client's appropriate health care provider. If, in the registrant's professional judgment, proceeding with treatment is not in the client's best interest, then the treatment must be postponed and the appropriate referral made.

**iv. active chemotherapy or radiation therapy;**

If a client is in the process of receiving chemotherapy and/or radiation therapy, consultation with the client's health care provider is essential prior to any dental hygiene intervention. Dental radiographs are not contraindicated if clinically indicated during radiation therapy; however, the decision to take routine oral radiographs while a client is in the process of receiving radiation therapy should be carefully considered. Ideally, clinically indicated radiographs should be performed before radiation therapy commences.

**v. significant immunosuppression caused by disease, medications or treatment modalities;**

When a client is identified as being significantly immunosuppressed, the dental hygienist must decide the risk versus the benefit of proceeding with care based on the client's current immune status. The dental hygienist should work collaboratively with the client's health care provider/team to determine the optimal sequencing of dental hygiene therapies and interventions to ensure that the client's oral health care needs are met safely and appropriately.

**vi. any blood disorders;**

"Blood disorders" is a very broad term and the dental hygienist should investigate the condition sufficiently to enable the registrant to make a decision based on risk as to whether to proceed or not. This investigation would involve confirming knowledge and evidence related to the condition and consulting with the appropriate health care provider.

**vii. active tuberculosis;**

If a client presents with active tuberculosis, the dental hygienist should postpone treatment until the client's physician has indicated that the disease is no longer in the active state.

**viii. drug or alcohol dependency of a type or extent that it may affect the appropriateness or safety of scaling teeth and root planing including curetting surrounding tissue;**

A client who appears to be under the influence of a substance that could impair the client's judgment or states that s/he has ingested a significant amount of alcohol prior to the dental hygiene appointment, should be rescheduled for a time when the client is aware and can participate safely in the dental hygiene care plan.

**ix. high-risk of infective endocarditis;**

A client who has previously experienced an episode of infective endocarditis or whose physician has noted that prophylactic antibiotics are required due to valve replacement surgery, must have taken the requisite prophylactic medication according to the AHA guidelines before commencement of the dental hygiene appointment. (See item i)

## BEST PRACTICE FOR INITIATING DENTAL HYGIENE CARE

- x. **a medical or oral health condition with which the registrant is unfamiliar or which could affect the appropriateness, efficacy or safety of the procedure;**

If in the course of taking the medical/dental history the dental hygienist becomes aware of a condition with which the registrant is unfamiliar, the registrant shall further investigate the condition using appropriate resources and evidence. This may include consulting with additional health care practitioners.

- xi. **a drug or a combination of drugs with which the registrant is unfamiliar or which could affect the appropriateness, efficacy or safety of the procedure.**

If the client is taking a drug or combination of drugs with which the registrant is unfamiliar, the registrant should further interview the client as to the nature of the medication and effects. The registrant should research the drug(s) in the current *Compendium of Pharmaceuticals and Specialties (CPS)*, *Mosby's Dental Drug Consult* or other suitable reference and note any contraindications to proceeding with treatment. If the registrant is in doubt, s/he should consult with the appropriate health care provider.

Since the above is not an exhaustive list of concerns, RDHs should research and consult on any area with which they are not familiar. A complete clinical assessment follows the detailed dental/medical history. This involves collecting comprehensive data by means of physical and oral examinations.

As per Subsection (2) of the Contraindication Regulation, if the RDH is in doubt as to the status or accuracy of the client's medical or oral history, they should not perform teeth scaling and root planing including curetting surrounding tissue.

## 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.

## PLANNING

RDHs are responsible for developing an individual treatment plan for each client before 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. 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

RDHs are responsible for ensuring that the dental hygiene treatment is individualized in accordance with the treatment plan presented and agreed to by the client. All treatment activities, including the time spent on the procedure, must be documented in accordance with the Records Regulations. Financial records must correlate with the actual time and procedure documented on the client's chart.

RDHs 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 cannot 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 PRACTICES IN ALL CLINICAL SETTINGS

- The office has a written policy for the collection and maintenance of client information in accordance with the Records Regulation and the *Personal Health Information Protection Act, 2004* (PHIPA).
- Current scientifically accepted infection control procedures are in place consistent with CDHO's Infection Prevention and Control (IPAC) Guidelines.
- Emergency protocol, emergency supplies, equipment, and oxygen are in place and up to date.
- The RDH has proof of current CPR certification.
- Exposing and processing of radiographs and radiation hygiene are consistent with the *Healing Arts Radiation Protection Act, 1990* (HARP).
- 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 dates and particulars of each professional contact with the client are documented in accordance with the Record Keeping Regulation.
- The RDH consults and/or refers to other health professionals as required.