

THE REGULATION OF DENTAL HYGIENE IN MANITOBA

The Profession of Dental Hygiene

Dental hygienists are regulated primary oral health care professionals who specialize in clinical preventive and therapeutic therapies, oral health education and health promotion. Dental hygiene is a health profession involving theory and evidence-based practice, drawing upon the biomedical, social, and behavioural sciences, and the body of dental hygiene knowledge. The practice of dental hygiene involves collaboration with clients, other health professionals and society to achieve and maintain optimal oral health, an integral part of well-being. A client may be an individual, family, group, organization, or community accessing the professional services of a dental hygienist. As oral health professionals, dental hygienists practice as clinicians, educators, researchers, administrators, health promoters and/or consultants.

The Dental Hygienists Act of Manitoba

[The Dental Hygienists Act](#) (2005) and [Regulations](#) (2008) established the College of Dental Hygienists of Manitoba (CDHM). The role of the CDHM is to protect the public by ensuring that dental hygiene practitioners meet professional standards which qualify them to practice. In addition, the regulatory body oversees and monitors a continuing competency program and handles complaints from the public and members. In order to increase access to oral health care services, the Act created the Extended Practice dental hygienist who is able to independently provide clinical care as a collaborative health care professional in approved, alternative private and public health care settings and programs.

Scope of Practice

Registered dental hygienists collaborate with the client, health professionals and others to assess and treat oral health conditions through the provision of therapeutic, educational and preventive dental hygiene procedures and strategies directed toward the promotion of overall health and wellness.

According to the *Dental Hygienists Act* and *Regulations*, the clinical practice of dental hygiene includes, but is not limited to: scaling and root planing above and below the gumline, performing debridement and curettage below the gumline, administering oral anaesthetic, using oral therapeutic agents, applying dental sealants and performing orthodontic and restorative procedures. For details of the scope of practice of dental hygienists in Manitoba, refer to the [CDHM Practice Standards](#), [CDHM Practice Competencies](#) and [CDHM Practice Guidelines](#).

Registration Categories and Rosters

Following initial application, dental hygienists are registered as:

- Practising
- Non-practising
- Student
- Temporary

Registrants must apply for and provide the required evidence to be on the following practice rosters:

- Extended Practice roster
- Oral (local) anaesthesia roster

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- Orthodontic roster
- Restorative roster

Continuing Competency

All practising RDHs are required to participate in a [Continuing Competency Program](#) that includes annual documentation of either two competency goals and an optional professional activity, or one competency goal and one professional activity. For each competency goal, RDHs self-assess their learning needs, establish a goal, engage in learning activities and reflect and analyze progress in reaching their goal. The legislation also allows for practice audits of individual RDHs.

The Registered Dental Hygienist (before 3000 hours of practice)

The Regulations state that registered dental hygienists with less than 3000 practice hours are to be supervised by a dentist. Supervision can be either direct or indirect. The degree to which either direct or indirect supervision is used is jointly determined and agreed upon between the RDH and the employing dentist. Key factors to be taken into consideration are the experience of the dental hygienist and public safety.

Direct: the supervising dentist is physically present when the RDH is providing clinical care that includes scaling, root planing, debridement, or oral anaesthetics.

Indirect: the supervising dentist is not physically present, but oversees the RDH's provision of clinical care that includes scaling, root planing, debridement, or oral anaesthetics.

It is the RDH's professional responsibility to ensure that when working under indirect supervision that the public's interests are central. When indirectly supervised, a written agreement with the employer must state who is responsible for providing supervision, either the employing dentist or an alternative dentist.

Note: that no dental hygienist can legally supervise dental assistants who are performing intra-oral functions as dental assistants must be supervised by a dentist.

The Registered Dental Hygienist - Extended Practice (after 3000 hours of practice)

Once 3000 career hours of practice have been reached, the RDH is eligible to apply to be placed on the Extended Practice Roster. The RDH-EP is able to provide the specific clinical services of scaling, root planing, debridement, and oral anaesthetic without the supervision of a dentist in all approved settings and programs. According to the Regulations, the RDH-EP is also responsible for consulting the appropriate professional for medical or oral health conditions, or drugs or combination of drugs that may affect the appropriateness, efficacy or safety of the procedure.

Approved Practice Settings and Programs

According to the Regulations, the specific clinical skills of scaling, root planing, debridement, and oral anaesthetic must be provided in one of these settings:

- A dentist's office or another setting approved by the patient's dentist
- A 'facility'

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- A hospital as designated by the Hospitals Designation Regulation
- A personal care home as designed by the Personal Care homes Designation Regulation
- A psychiatric facility as designed by the Facilities Designation Regulation
- Another facility as approved by the Minister of Health as a result of a special request
- An 'oral health program'
 - An oral health program established or operated by the Government of Manitoba or Canada, a municipality, a regional health authority, or the University of Manitoba
 - Another program approved by the Minister of Health as a result of a special request
- 'Facilities' and 'oral health programs' may or may not have an affiliated dentist.

Orthodontic and restorative procedures must be performed collaboratively with a supervising dentist.

All other dental hygiene services have no setting, program or supervision requirements, including:

- Assessment and evaluation procedures
- Oral health education and promotion
- Using oral therapeutic agents: anticariogenic agents, desensitizing agents, periodontal chemotherapeutic agents, or any other category of oral therapeutic agents approved by the CDHM Council.
- Applying dental sealants where after an assessment of the tooth, the dental hygienist determines that there is no obvious sign of decay.

Collaborative Practice

For all practice settings, collaborating inter-professionally to ensure the best care for the client is crucial. This could include a dentist, a physician, a nurse practitioner, an occupational therapist, a speech language pathologist, a social worker, or another health care professional. To address referral needs for oral care outside the scope of practice of a dental hygienist, the RDH would be advised to have a relationship with a collaborating dentist or available dental agency/program.

There is no legislated requirement to have a dentist see a patient or provide an exam prior, during or following care being provided by an Extended Practice RDH in any setting or program. For dental hygienists employed in dentist-owned practices, how examinations are handled would be an issue to be discussed between the dentist and the RDH.

RDH Practice Scenarios that Increase the Public's Access to Care

The following scenarios assume that the RDH has the appropriate designation and that practice is collaborative.

With a private dentist-owned practice:

- The RDH sees a new or recall patient, performs the assessment including medical/dental history, develops a sequence for interventions based on the dental

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hygiene diagnosis and care plan, and proceeds with dental hygiene services as appropriate. The client may be seen with or without having been previously seen by the dentist or with or without the dentist on site at the time of the appointment.

- The RDH sees a patient of record off-site that is homebound, in long-term care or in the hospital and can no longer come to the office.
- The RDH provides care for a dentist's clients without the dentist on site in another setting such as a satellite practice or other clinical setting.
- The RDH works collaboratively by referral with several dentists to see clients who have access issues.

With a facility:

- The RDH is in a long term care (LTC) facility or hospital to provide clinical care and health promotion, including: 1) assessing new residents/patients to determine their oral health care needs/refer for needed treatment; 2) developing individualized daily oral care plans, 3) ensuring appropriate oral care products are available; 4) providing dental hygiene clinical care and on-going oral evaluation; 5) supporting palliative care; 6) providing mouth care training and coaching for caregivers; 7) advising on oral care protocols, etc.

With a government or educationally-based oral health program:

- The RDH provides similar clinical and health promotion services as in a LTC facility with an existing governmental home care agency to develop and deliver an oral care program for their homebound clients.
- The RDH works with a Regional Health Authority to develop a community clinic oral health program for new parents including: 1) pre-post natal oral health education, 2) oral assessment and referral of parents/infants/toddlers, 3) provision of dental hygiene clinical care including application of fluoride varnish for at-risk children.
- The RDH works in a school-based program to: 1) screen and refer children in need of dental treatment, 2) provide preventive clinical care, such as pit and fissure sealants and fluoride for at-risk children.
- The RDH works with a First Nations community to provide oral health promotion and preventive services on reserve.
- The RDH clinical instructor with the University of Manitoba, School of Dental Hygiene oversees care by students in a variety of outreach settings, such as a group home for the disabled, or a community-based health clinic.

Other opportunities:

- The RDH volunteers at an inner city mission that has a dental clinic. The mission has received approval from the Minister of Health to allow RDHs who are on the Extended Practice roster to work on site independently.
- The RDH work with a community or professional sports team to assess the need, fabricate and fit custom mouth guards to prevent oral injury.