

# College of Dental Hygienists of Manitoba's Practice Guideline on Supervision



This practice guideline will help to clarify two main issues:

1. **Supervision**
2. **Legal Practice Settings**

## **1. Clarification of Supervision Requirements for Registered Dental Hygienists (RDH)**

According to the *Dental Hygienists Act and Regulations* subsections 3(1) to 3(4) inclusive:

- A practising RDH **without** 3000 hours of practice must be supervised by a dentist for the procedures of scaling, root planing, debridement, curettage, and oral anaesthesia.
- A practising RDH **with** 3000 hours of practice and listed on the extended practice roster does not require supervision by a dentist.

When an RDH achieves 3000 hours of practice, an application to appear on the extended practice roster must be submitted to the CDHM along with any supporting documentation and evidence. The application must be accepted, approved, and authorized by CDHM prior to any unsupervised procedures of scaling, root planing, debridement, curettage, and oral anaesthesia being performed by the RDH.

Dental hygienists must be accepted, approved, and authorized to be on the oral anaesthesia, orthodontic or restorative register rosters prior to providing these skills.

Supervision for an RDH **without** 3000 hours may be:

- **Direct:** the supervising dentist is physically present when the RDH is providing clinical care that includes scaling, root planing, debridement, curettage, or oral anaesthetic.
- **Indirect:** the supervising dentist is not physically present, but oversees the RDH's provision of clinical care that includes scaling, root planing, debridement, curettage, or oral anaesthesia.

The decision to have indirect supervision should be made jointly between the RDH and the dentist based on the confidence they both have that the RDH is sufficiently experienced to confidently provide safe and appropriate treatment. It is the RDH's professional responsibility to ensure that the client's well-being is the utmost consideration when making the decision to work with indirect supervision.

When indirectly supervised, a written agreement with the employer is **required** and must state the dentist(s) who is (are) responsible for providing supervision as well as any restrictions to practice, and be dated and signed by the RDH and supervising dentist(s). This agreement should be retained by the RDH and the dentist and it should be updated as needed by the parties involved.

An RDH **with** 3000 hours may practice without supervision:

- If the dental hygienist reviews the client's health record and determines that the client does not have an oral health or other medical condition or is not taking a drug or combination of drugs that the dental hygienist is not familiar with or that could affect the appropriateness or safety of the procedure.
- If the dental hygienist determines that the client does have an oral health or medical condition, or is taking drugs that are not familiar to the dental hygienist or that could affect the appropriateness or safety of the procedure, the dental hygienist may consult with a dentist, physician, registered nurse, or registered clinical assistant regarding health concerns, or a dentist, physician or pharmacist in the case of any drug concerns. After consultation, the dental hygienist may proceed if satisfied that it is appropriate and safe to do so without the supervision of a dentist.

## **2. In What Practice Settings can Dental Hygienists Legally Provide Care?**

According to *the Dental Hygienists Act*, Section 2 and the Dental Hygienists Regulation (Section 1[Definitions] and subsections 2(1) to (6) inclusive and 3(1) to (4) inclusive [Included Practices]):

- A practising RDH **without** 3000 hours of practice may provide the specific clinical skills of scaling root planing, debridement, curettage, and oral anaesthesia, but only **with supervision** (direct or indirect) and limited to the settings listed below:
- A practising RDH **with** 3000 hours of practice and listed on the extended practice roster may provide the specific clinical skills of scaling, root planing, debridement, curettage, and oral anaesthesia **without supervision**, but limited to the settings listed below:
  - A dentist's office or another setting approved by the patient's dentist
  - A 'facility'
    - A hospital as designated by the Hospitals Designation Regulation
    - A personal care home as designated by the Personal Care Homes Designation Regulation
    - A psychiatric facility as designated 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
  - 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

All orthodontic and restorative procedures must be performed in collaboration with a dentist. This applies to all practising members regardless of practice hours.

All other dental hygiene services have no setting, program or supervision requirements. All registered dental hygienists, regardless of practice hours, may perform these professional activities in any location. These activities include, but are not limited to:

- 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 RDH determines that there is no obvious sign of decay
- Fabricating and delivering mouthguards

These services may be provided in any location, such as, but not limited to: a school, a community health clinic, the patient's home, the dental hygienist's home or a sports arena.

See The Regulation of Dental Hygiene in Manitoba

[http://cdhm.info/legislation/CDHMStakeholderUpdate\\_July2013.pdf](http://cdhm.info/legislation/CDHMStakeholderUpdate_July2013.pdf) for more examples of legal practice.

This practice guideline reflects current knowledge and is subject to periodic review and revisions with on-going research.