



COLLEGE OF  
DENTAL HYGIENISTS  
OF MANITOBA

# PRACTICE STANDARDS

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### Part I. DENTAL HYGIENE DEFINED

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**Dental hygiene** is a health profession involving theory and evidence-based practice. Dental hygiene theory and practice draw on 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** is an individual, family, group, organization, or community accessing the professional services of a dental hygienist. The term “client” may also include the client’s advocate such as the parent of a young child.

**Dental hygienists** are regulated primary oral health care professionals.

**Key Responsibility Areas:** The key responsibilities of dental hygienists occur in varying degrees, depending on the nature of an individual dental hygienist’s practice and are the following:

**Health promotion:** The process of enabling people to increase their awareness of, responsibility for, control over, and improvement of their health and well-being.

**Education:** The application of teaching and learning principles to facilitate the development of specific attitudes, knowledge, skills, and behaviours.

**Clinical therapy:** The primary, interceptive, therapeutic, preventive, and ongoing care procedures that help to enable people to achieve optimal oral health that contributes to overall health.

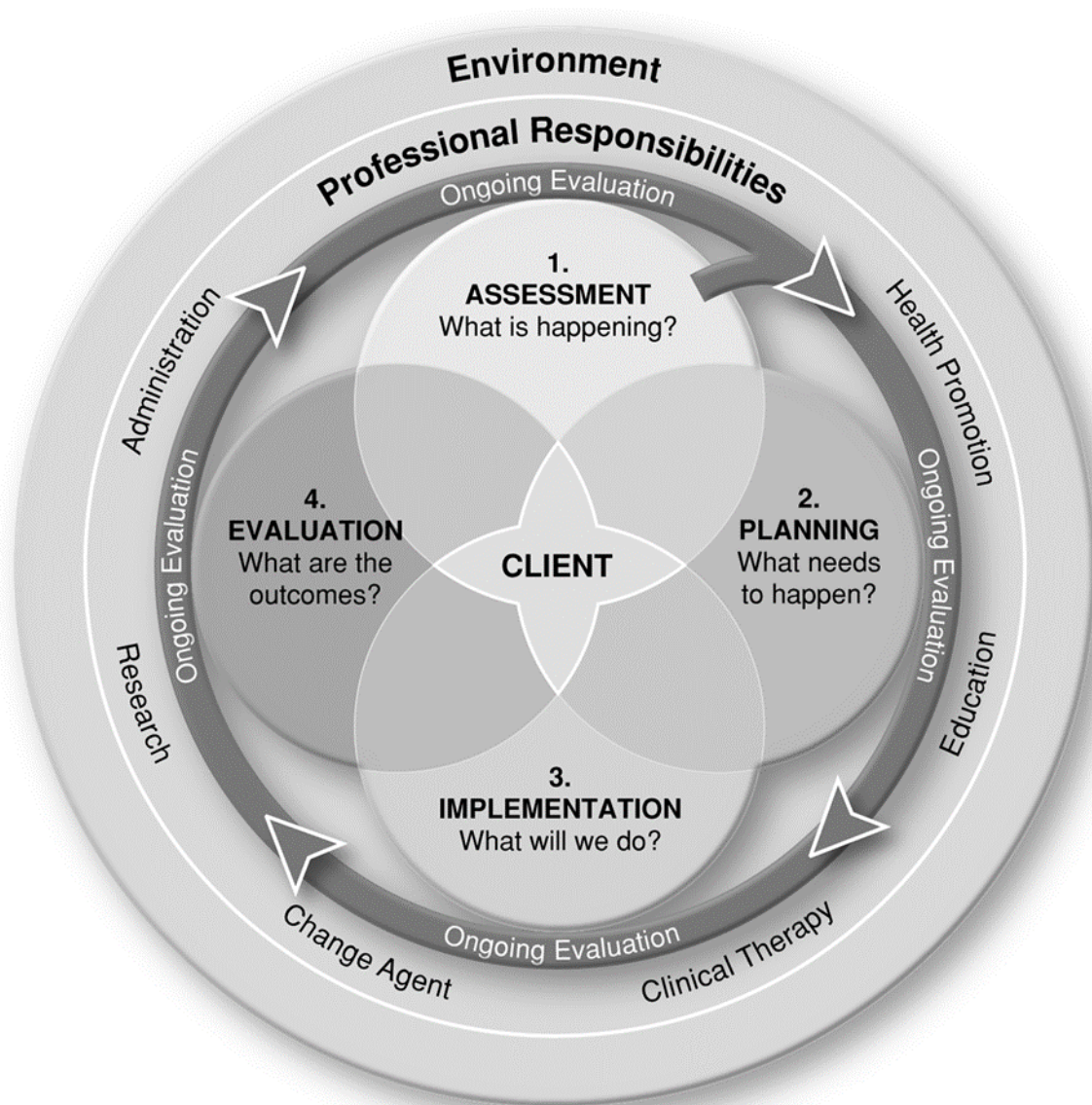
**Research:** Strategies for systematic inquiry and reporting that supplement, revise, and validate dental hygiene practice and that may contribute to the knowledge base of other disciplines.

**Change agent:** Taking a leadership role in managing the process of change. This can involve getting things started (catalyst); offering ideas for solving a problem (solution giver); helping individuals find and make the best use of resources (resource link); and understanding the change process (process helper). Acting as a change agent may also involve advocacy—promoting and supporting clients’ rights and well-being.

**Administration:** Management processes and policy and protocol development.

**A Process Model to Guide Dental Hygiene Practice.** This model conceptualizes dental hygiene practice as a systematic cyclical process rather than the performance of specific tasks and includes:

- **Assessment:** Collection and interpretation of information to make a decision or dental hygiene diagnosis.
- **Planning:** Development of mutual and informed goals and objectives, and selection of interventions.
- **Implementation:** Activation of the plan.
- **Evaluation:** Appraisal at all phases of the model and of the effectiveness of intervention outcomes.



## Part II. PRACTICE STANDARDS

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### 1. PROFESSIONAL RESPONSIBILITIES

Dental hygienists are responsible and accountable for their dental hygiene practice and conduct. Dental hygienists:

- 1.1. Adhere to current jurisdictional legislation, regulations, codes of ethics, practice standards, guidelines, and policies relevant to the profession and practice setting
- 1.2. Seek and advocate for practice environments that have the organizational and human support systems as well as the resource allocations necessary for safe, competent, and ethical dental hygiene practice
- 1.3. Manage their dental hygiene practice within the practice setting
- 1.4. Access and utilize current research-based knowledge through analyzing and interpreting the literature and other resources
- 1.5. Question and, if necessary, take action regarding policies and procedures inconsistent with desired client outcomes, evidence-based practices, and safety standards; evidence-based decision-making is the systematic application of the best available evidence to the evaluation of options and decision-making in clinical, management, and policy settings
- 1.6. Follow dental hygiene process, demonstrating sound professional judgment and integrity
- 1.7. Recognize client rights and the inherent dignity of the client by obtaining informed client consent, respecting privacy, and maintaining confidentiality
- 1.8. Use a client-centred approach, always acting or advocating in the client's best interest
- 1.9. Provide a safe environment that meets universal infection control and workplace health and safety requirements and protocols
- 1.10 Respond to emergency situations
- 1.11 Consult and collaborate with other colleagues, health professionals, and experts as necessary
- 1.12 Maintain documentation and records consistent with regulatory requirements
- 1.13 Know the technological and product options; select the best option for the situation, depending on client need
- 1.14 Recognize, acknowledge, and ask for help with any personal, physical, or psychological condition that affects, or may affect, the ability to practice safely and effectively
- 1.15 Maintain competence through lifelong learning
- 1.16 Support the professional association through personal membership

## 2. DENTAL HYGIENE PROCESS: ASSESSMENT

Assessment involves gathering information about the client. A wide range of methods may be used and will be determined by their appropriateness for each of the key responsibility areas.

- 2.1 Locate, review, and update previous information
- 2.2 Collect baseline information using appropriate methodology
- 2.3 Identify the client's determinants of health and risk factors (the determinants of health include income and social status, social support networks, education, employment/working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender, culture)
- 2.4 Identify the client's knowledge, attitudes, and skills
- 2.5 Analyze all information to formulate a decision or dental hygiene diagnosis
- 2.6 Record assessment findings and interpretations
- 2.7 Maintain records and data in a secure information management system

## 3. DENTAL HYGIENE PROCESS: PLANNING

Planning involves the mutual development of goals, objectives, and the selection of interventions.

- 3.1 Facilitate the client's active participation in the development of the plan
- 3.2 Discuss and coordinate client activities
- 3.3 Identify resources and dental hygiene interventions depending on client need
- 3.4 Reach consensus regarding goals, objectives (desired outcomes), and interventions, with clients' interests having priority
- 3.5 Identify measurement tools to determine achievement of goals and objectives
- 3.6 Identify quality improvement initiatives to be incorporated into the plan (a quality improvement initiative is a structured process that selectively identifies and improves aspects of care and service on an ongoing basis)
- 3.7 Apply critical thinking to the decision-making process and make choices to ensure optimum client outcomes

## 4. DENTAL HYGIENE PROCESS: IMPLEMENTATION

Implementation involves putting the plan into action

- 4.1 Review and confirm the dental hygiene plan
- 4.2 Implement and monitor strategies to promote health and self-care
- 4.3 Provide clinical or other services; consult, and refer as needed
- 4.4 Provide dental hygiene expertise within a multi-disciplinary team
- 4.5 Implement the plan, making revisions as necessary
- 4.6 Communicate with clients in an open, honest, clear, and timely way
- 4.7 Develop and promote policies supporting healthy lifestyles, environments, and communities

## 5. DENTAL HYGIENE PROCESS: EVALUATION

Evaluation involves the appraisal of intervention outcomes and the processes or activities used to achieve those outcomes.

- 5.1 Evaluate dental hygiene outcomes including client satisfaction using a variety of data collection, analysis, and communication techniques
- 5.2 Analyze outcomes to include, if appropriate, the development and maintenance of practice profiles, databases, or statistical profiles
- 5.3 Discuss processes, outcomes, and satisfaction with the client
- 5.4 Determine the need for revisions based on changing needs and new information using indices or other measurements
- 5.5 Consult with, and refer to, other professionals as needed
- 5.6 Identify further questions, care, or research requirements