



COLLEGE OF
DENTAL HYGIENISTS
OF MANITOBA

INTERPRETATION GUIDELINE: ORAL CANCER SCREENING (OCS) & EDUCATION

May 2022

The College of Dental Hygienists of Manitoba, Professional Practice Committee is responsible for developing professional resource documents for dental hygienists. Council approves these documents, of which, the purpose is to explain, enhance, add, or guide dental hygiene practice in accordance with The Dental Hygienists Act and Regulations. It is the responsibility of the dental hygienist to understand and comply with these documents.

The College of Dental Hygienists of Manitoba's Interpretation Guideline for Oral Cancer Screening and Education

Purpose

This interpretation guideline is to inform registrants of the College of Dental Hygienists of Manitoba (CDHM) about the current requirements for oral cancer screening and education.

Background

Oral cancer is a global public health issue.¹⁻⁴ This disease is now among the most common worldwide, being the 13th most common cancer in Canada,⁵ and is increasing in incidence.^{6,7} Oral cancers are often identified at a late stage,^{4,5,8} resulting in poorer prognosis, diminished quality of life,⁹ and client mortality.^{5,9}

Oral healthcare is a key component to the total health and overall wellness of Manitobans.¹⁰ As an oral healthcare professional, a Registered Dental Hygienist (RDH) interacts with the public on a regular basis^{4,5,10-12} and therefore, is an integral part to the health promotion and disease prevention of our population. As part of the routine dental hygiene process of care,^{5,6} a Registered Dental Hygienist has the skill set¹³ to play a critical role in the education, detection, and prevention of oral cancer.^{6,10} Routine oral cancer screenings (OCSs) facilitate earlier detection of oral cancer, significantly improving survival rates^{9,14} and client outcomes.^{5,9,15} As a Registered Dental Hygienist, the goal of an OCS is to detect oral cancer and/or precancerous lesions at an early stage,^{5,8,9,16} when easiest to remove, treat and most likely to be cured, and reduce the burdens associated with this disease.^{4,6}

Requirements

- Dental hygiene standards of care require a Registered Dental Hygienist to perform a routine,⁶ comprehensive OCS for every dental hygiene client,^{5,6} at every visit⁶, in every dental hygiene practice setting⁵
- A Registered Dental Hygienist in the province of Manitoba follows the dental hygiene process of care (Assess, Plan, Implement, Evaluate); a comprehensive OCS assessment, includes:
 - A thorough review of the client's health history⁵, including verbal inquiry^{5,6,10} and written documentation/record of:
 - Social history and oral risk factors^{5,6,10}
 - History of lesions⁵
 - Onset, duration, and symptoms
 - Extraoral examination (EOE)
 - Soft-tissue examination of the head and neck^{5,6,10,17,18}
 - Intraoral examination (IOE)
 - Intra-oral assessment⁴ of the oral and mucosal tissues, and the oral structures,^{5,6,10,19} and a visual assessment of the oropharynx^{5,10,20}

- A Registered Dental Hygienist cannot make a definitive oral cancer diagnosis²⁶; however, is able to detect head, neck and oral abnormalities, document irregular tissue changes⁵, inform the client,^{6,16} consult/collaborate with other health professionals as necessary and make appropriate referrals with potential suspicious findings^{5,6,15}
- As part of the legal record of care, a Registered Dental Hygienist is required to maintain detailed client documentation and records consistent with applicable legislation, code of ethics, and professional practice standards, guidelines and policies^{17,5,21-24}
- If an abnormal area, suspect lesion and/or lump is **identified**, the Registered Dental Hygienist provides detailed documentation⁵ in the client's chart including:
 - Type of abnormality, location, size, margins, appearance, colour, texture, association of sensitivity/pain, onset and duration
 - Photographic evidence
 - Adjunct screening tools;^{4,15,19,26} may be considered as a complement to conventional examinations
 - Communication of findings to client and the client's dentist
 - Plan for a re-evaluation appointment within a set time frame,^{5,10} or referral to an appropriate specialist^{5,10}
 - e.g., oral pathologist, oral surgeon, periodontist or [oral medicine, ENT] specialist
- If a re-evaluation period is planned and at the time of follow-up an abnormality has not resolved, or has grown and/or changed over time²⁵, a Registered Dental Hygienist is responsible for initiating the appropriate referral pathway^{5,6,10,22,23,26}
- Best practice for any consultation or referral should be conveyed in writing and include all pertinent information, including client details, reason for referral and all case-related information^{5,22}
 - Obtain client informed consent and document in the client's chart
- A Registered Dental Hygienist is responsible for follow-up with any and all referrals:
 - With both the client, the client's dentist, and specialist
 - Client referral compliance
 - Test results
 - Documentation in client's chart
- A Registered Dental Hygienist is responsible for completing written document of any changes⁵
- A Registered Dental Hygienist is responsible for educating clients on oral cancer self-exam and the increased oral health risks associated with behaviors such as smoking, alcohol use, etc.

Applicable Legislation

CDHM Competencies

The dental hygienist:

- assesses the determinants of health (e.g., age, gender, socioeconomic status, culture, environment, education, lifestyle, etc.) (Assessment #1)
- assesses health history (i.e., comprehensive medical history) (Assessment #4)
- compares current to previous health history if available (i.e., comprehensive medical history) (Assessment #6)
- assesses risk factors for pathologies other than caries and periodontal diseases (e.g. systemic diseases, cancer, etc.) (Assessment #10)
- assesses oral health history (Assessment #14)
- assess oral manifestations related to disease, pharmaceuticals and/or natural health products (Assessment #15)
- assesses extraoral head and neck region (Assessment #17)
- assesses intraoral soft tissues other than the periodontium (Assessment #19)
- compares current oral health findings to previous oral health history if available (Assessment #51)
- assesses the need for consultation and referrals within the health care delivery system. (Assessment #54)
- documents all records accurately, legibly, comprehensively, and in compliance with privacy legislation throughout the dental hygiene process of care (i.e., during assessment and diagnosis, planning, implementation, and evaluation) (Assessment #58)
- obtains informed consent for the dental hygiene care plan from the client and/or agent (e.g., therapy, pharmacotherapeutic agents, anaesthetics, etc.) (Planning #16)
- records the dental hygiene care plan (e.g., in writing, electronically, etc.) (Planning #17)
- teaches oral self-examination techniques (Implementation #5)
- verifies the client has received the planned services (Evaluation #1)
- reviews past documentation to ensure accuracy, legibility, comprehensiveness, and compliance with privacy legislation (Evaluation #14)

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

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