

An overview of the
legislation that governs
dental hygiene
practice in Manitoba

Know the Act



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OF MANITOBA

2022

Dental Hygiene Regulation in Manitoba



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In 2008, following decades of lobbying and advocacy, ***The Dental Hygienists Act of Manitoba*** came into effect, allowing Manitoba dental hygienists to govern themselves for the first time.

At that time, The College of Dental Hygienists of Manitoba was established to register dental hygienists and oversee the safe practice of dental hygiene in Manitoba.

Topics

- Why do dental hygienists need legislation?
- What are the components of dental Hygiene legislation?
- Who can be called a dental hygienist?
- What is the dental hygiene scope of practice in Manitoba?
- Why and how a dental hygienist consults and refers?
- What does the Extended Practice Roster allow?
- What are 'potential risk' procedures?
- Where can a dental hygienist practice?
- What opportunities for dental hygiene practice are provided by the current legislation?

Click+Control on the provided CDHM Links for more detailed information

Why do dental hygienists need legislation?



- To become a recognized health profession
- To have a voice with government
- To be able to regulate ourselves
- To move the profession forward
- To increase access to our care

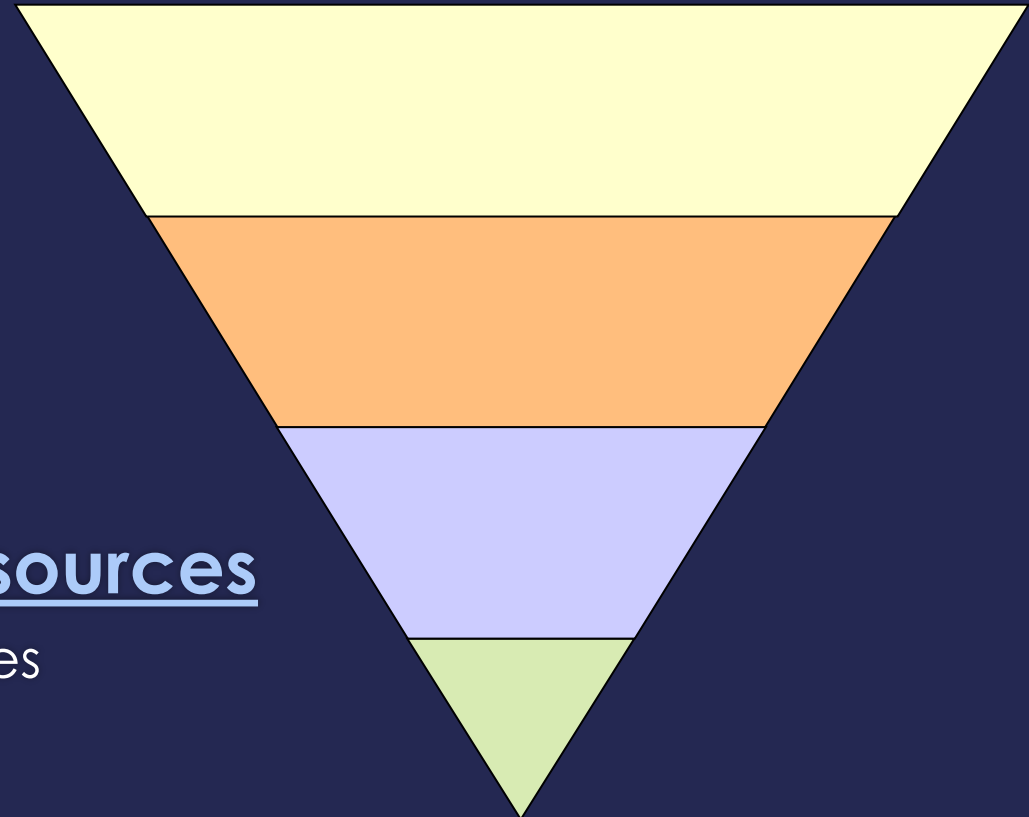
The College of Dental Hygienists of Manitoba (CDHM) is the governing body whose mandate is to protect the public



The Manitoba Dental Hygienists Association (MDHA) is the association that supports dental hygiene professionals

Hierarchy of Legislation

- The Act
- The Regulations
 - ▶ Standards
 - ▶ Competencies
 - ▶ Code of Ethics
- The By-laws
- CDHM Practice Resources
 - ▶ Interpretation Guidelines
 - ▶ Practice Directions
 - ▶ Position Statements



The Regulated Health Professions Act (RHPA)

All Manitoba health professions, including dental hygiene, are gradually transitioning to the RHPA according to government's schedule

- [View the Regulated Health Professions Act](#)

Who is a dental hygienist?

3(1) No person except a dental hygienist may

- ▶ (a) represent or hold out, expressly or by implication, that he or she is a dental hygienist or is entitled to engage in the practice of dental hygiene as a dental hygienist; or
- ▶ (b) use any sign, display, title or advertisement implying that he or she is a dental hygienist.

3(2) No person except a dental hygienist shall

- ▶ use the title "dental hygienist", "oral hygienist" or "registered dental hygienist", a variation or abbreviation of any of those titles, or an equivalent in another language.

The Act states:

The Practice of Dental Hygiene is...



2(1) ...the promotion of oral health through oral health education and the assessment and treatment of the teeth and adjacent tissues using preventive or therapeutic means.

The Practice of Dental Hygiene includes:



2(2) Included practices

Subject to the regulations, the practice of dental hygiene includes, ***but is not limited to***

- (a) scaling and root planing above and below the gumline;
- (b) performing debridement and curettage below the gumline;
- (c) administering oral anaesthetic;
- (d) using oral therapeutic agents;
- (e) applying dental sealants; and
- (f) performing orthodontic and restorative procedures.

Restorative and Orthodontic Procedure Requirements



If qualified and on the appropriate roster, the RDH can provide restorative & orthodontic procedures in collaboration with a dentist

Consulting & Referring

Primary and interprofessional care are grounded in consultation and collaboration



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CDHM Consult and Collaborate Practice Standard



- 1.11 *Consult and collaborate with other colleagues, health professionals, and experts as necessary*
 - ▶ **Consultation:** occurs when the other person has expertise/information/authority that the RDH needs to safely proceed with providing quality service. A consult involves more of a one-way communication, i.e. you ask, they give.
 - ▶ **Collaboration:** occurs more as equals working together to provide quality care. Collaboration entails more of a two-way give-and-take between the professionals involved. You learn from them; they learn from you. See the [CDHM Practice Direction for Interprofessional Collaborative Care](#)

Referring is part of best practice



○ CDHM Competencies:

- ▶ Assessment #54: assesses the need for consultation and referrals within the health care delivery system
- ▶ Implementation #54: acts as a client advocate (e.g. assisting the client to find treatment, communicating the client's needs to other health professionals, etc.)
- ▶ Evaluation #11: evaluates the need for further consultation and referrals within the health care delivery system.

What should an RDH referral include?

- Provide in writing:
 - ▶ Patient details
 - ▶ Medical history
 - ▶ Social history
 - ▶ Patient's chief complaint
 - ▶ Detailed description of finding
 - ▶ Referring clinician details

Dental hygiene practice hours

Less than
3000 Hours

More than
3000 Hours



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RDHs with *less than 3000* practice hours:



- Must be supervised by a dentist (not an RDH) when providing these 'potential risk' procedures:
 - ▶ Periodontal treatment (debridement, scaling, root planing, and curettage)
 - ▶ Local anaesthesia (if qualified and on the roster)
- Can provide all other dental hygiene procedures without supervision

Two kinds of supervision:

- ▶ **Direct Supervision** – the dentist is physically present
- ▶ **Indirect Supervision** – the dentist oversees care, but is not physically present
 - The CDHM recommends the RDH and dentist enter into an ‘Indirect Supervision Agreement’ that is:
 - Mutually agreed upon between the dentist & RDH
 - In writing, dated and signed by both parties
- ▶ It is the RDH’s professional responsibility to ensure that the patient’s health and safety comes first

Examples of appropriate patients for in office indirect supervision might include...

An existing patient in the practice with a recently updated medical and dental history

A patient who does not have any medical or oral health conditions that may significantly affect patient safety

A patient who is not on a drug or combination of drugs that the RDH is unfamiliar with or which could affect patient safety

Examples of collaboration for RDHs working with indirect supervision...

The dentist and RDH review the charts of those scheduled to be seen while the dentist is out of the office and together, they choose patients who are most appropriate to book

The RDH reviews the charts of those scheduled to be seen while the dentist is out of the office and discusses any concerns with the dentist prior to seeing

After completing the medical/dental history, The RDH has concerns regarding a patient who has arrived for treatment while the dentist is out of the office, and contacts the dentist or his/her designate to consult

Community-based practice for RDHs with less than 3000 hours

Can provide low risk/high value oral health promotion services

Have no restrictions as to where service can be provided

Requires that RDH follows practice standards, including current infection control protocols

Excludes providing periodontal treatment and local anaesthesia

Community-based practice examples for RDHs with less than 3000 practice hours



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Pre- and Post- natal Care

An RDH as part of an interprofessional health care team in a community based clinic develops and delivers oral health educational programming for pre-natal classes. Following delivery, the RDH works collaboratively to assess and advise regarding oral health during post-natal well-baby visits to promote healthy habits.

School-based Care

An RDH in collaboration with an elementary school offers parents the option to provide consent for their child to receive a dental hygiene assessment at school.

Based on the findings, a menu of services is available on site, including education, screening, referral, plaque removal, fluoride varnish and pit and fissure sealants.

Athlete Safety

With adult or parental consent, the RDH takes impressions, fabricates and fits custom sport mouthguards for a hockey, soccer, or other sports team to prevent oral injuries.

Assisted Living and Personal Care Homes Care



In collaboration with a facility, with consent, an RDH assesses the residents' oral health on site, including screening for oral cancer.

- ▶ Residents with oral health concerns outside RDH scope are referred
- ▶ The RDH develops a custom daily care plan including specific products needed that is discussed with the individual, family, and any caregivers
- ▶ Low risk procedures such as desensitizing and fluoride varnish are provided (*excludes periodontal treatment and local anaesthesia*)
- ▶ Daily care is supported by individual and group caregiver training
- ▶ The RDH participates in collaborative patient care teams

RDHs with *more than* 3000 practice hours



- Eligible for the Extended Practice (EP) Roster
- Once approved for EP, can provide full scope of clinical dental hygiene care *without* supervision, including those with potential risk (periodontal treatment and local anaesthesia)
- Periodontal treatment and local anaesthesia *must* be provided in practice settings designated by the legislation

CONSULTING:

The Extended Practice RDH ensures the safety of the patient when providing 'potential risk' procedures unsupervised by consulting in situations of concern (Reg 3(2), 3(3)):

Concern about an oral health or other medical condition:

before proceeding, consult with a dentist, physician, nurse practitioner or a registered medical clinical assistant

Concern about a drug or combination of drugs with which the RDH is unfamiliar:

before proceeding, consult with a dentist, physician, or pharmacist

Following the consultation, the Extended Practice RDH decides whether it is safe to proceed



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Practice Settings



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Settings are defined by regulation as:

- A dentist's office or a setting approved by the patient's dentist
- A Facility
- An Oral Health Program

A dentist's office or a setting approved by the patient's dentist



- In a collaborative employee-employer relationship with the patient's dentist, dental hygienists on the Extended Practice Roster can provide their full scope of care:
 - ▶ In the dentist's main, satellite, or mobile practice
 - ▶ In the dentist's patient's home, including their residence, a retirement home, or an assisted living facility
 - ▶ Or, in any other setting approved by the patient's dentist

Examples of an Extended Practice RDH collaborating with an employing dentist

- The RDH provides a full range of clinical care for new or re-care patients while the dentist is out of the office, short or longer term
- The RDH provides a full range of clinical care for a patient from the practice in any setting, including their 'home'
- The RDH provides a full range of clinical care for clients with access issues by collaboration and referral from one/several dentists

FACILITIES are defined as:



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- Provincially designated long-term care, hospital and psychiatric facilities
- A facility approved by the Minister of Health

Designated long-term care, hospital and psychiatric facilities*



- An Extended Practice dental hygienist can provide their full scope of practice at designated provincial facilities
- A dentist is not required to be employed by the facility for a dental hygienist to provide clinical services on site

[*see definitions in regulations](#)

Example: Providing care in a facility

(personal care home, hospital, psychiatric facility)

With less than 3000 practice hours

- ▶ Assessment of soft and hard tissues
- ▶ Referral for needs outside of RDH scope
- ▶ Oral Cancer Screening
- ▶ Dental hygiene diagnosis and care plan
- ▶ Custom daily mouth care plans; product recommendations
- ▶ Clinical care **excluding** 'potential risk' procedures
- ▶ Support for palliative, comfort care
- ▶ Evaluation of oral care
- ▶ Individualized and group caregiver training
- ▶ Participating in interprofessional patient care teams
- ▶ Contributing to development of oral care protocols

With more than 3000 practice hours

- ▶ All the previous list + periodontal treatment and local anesthesia

The RDH raises awareness of the importance of oral health to overall health and plays an important role in identifying urgent needs such as oral lesions, candidiasis, periodontal disease, and painful/broken down teeth or dentures that require treatment.

Facilities approved by the Minister of Health by special request

In circumstances where a single or group of dental hygienists would like to provide care in a facility that is not currently approved, a specific letter of request can be sent to the Minister of Health by the requesting facility.

This mode of approval can work well when the facility is private, the population is underserved, and the dental hygienist has an interest in providing care on site.

Dental hygienists would be advised to seek the support and advice of the CDHM when pursuing this type of Ministerial request.

Examples of special requests to the Minister of Health

- This approach has been used successfully when the Siloam Mission dental clinic was approved as a site where Extended Practice dental hygienists could provide their full scope of practice
- Other possibilities could include requesting to establish:
 - ▶ A dental hygiene practice in an assisted living retirement home or home for the disabled
 - ▶ A dental hygiene mobile practice in a rural community
 - ▶ An on-site dental hygiene practice for a large commercial business

ORAL HEALTH PROGRAMS are defined as:



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- A clinical program for the promotion or advancement of oral health established or operated by:
 - ▶ the government of Manitoba or Canada
 - ▶ a municipal government
 - ▶ a regional health authority
 - ▶ the University of Manitoba
- A program approved by the Minister of Health following a process similar to a facility request as previously discussed

Oral Health Programs



- An Extended Practice dental hygienist can provide their full scope of practice as part of an oral health program which can include clinical care
- A program may be existing or initiated by the dental hygienist

Example of a Home Care Practice

In cooperation with a Regional Health Authority home care program, the Extended Practice RDH provides in-home dental hygiene services, including:

- ▶ Assessing the individual's oral health
- ▶ Referring any urgent needs
- ▶ Developing with the individual, family and caregivers a daily care plan, including needed products
- ▶ Observing daily care and providing suggestions
- ▶ Providing periodontal and caries preventive treatment
- ▶ Providing on-going assessment, evaluation, and treatment

Example of a Community-based Health Clinic Practice

In cooperation with a Government of Manitoba Community Clinic, the Extended Practice RDH could provide:

- ▶ Targeted education for individuals and groups, including expectant and new parents, teens, individuals with diabetes, or older adults
- ▶ Oral assessment and feedback during special clinic days, such as well-baby or cancer screening clinics
- ▶ Clinical assessment, referrals and dental hygiene treatment for all age groups

Example of a Rural Municipal Dental Hygiene Practice



In cooperation with the governing body of a rural town, the Extended Practice RDH enters into a contract whereby dental hygiene services are provided to local residents who are experiencing barriers to accessing dental care. The RDH's full scope of care could be provided to residents:

- ▶ Using mobile or permanent equipment on town property or other designated locations, such as a local assisted living facility

Example of a First Nations Dental Hygiene Practice

In cooperation with a government funded First Nations community program, the Extended Practice RDH enters into a contract to provide services for residents. Discussion could include:

- ▶ Equipment and supplies needed
- ▶ Age groups to be targeted
- ▶ Dental hygiene services to be provided
- ▶ Where services will be provided
- ▶ School and community-based educational programming

Example of a University of Manitoba Dental Hygiene Pilot Clinic



The U of M School of Dental Hygiene establishes a faculty and student staffed dental hygiene program that offers oral health promotion activities and clinical care on site to an at-risk population, such as:

- ▶ Participants in a Diabetes program or clinic
- ▶ An organization that serves the homeless
- ▶ A program that assists immigrants and refugees

Do Manitoba RDHs have the ability to provide their full scope of practice?



- YES,** in approved settings with Extended Practice designation
- YES,** with specific approval from the Minister of Health
- NO,** not in your own store-front, direct access dental hygiene clinic

Practice Resources

“Practice guidelines are systematically developed statements to assist the practitioner regarding patient decisions about appropriate health care for specific clinical circumstances” (Institute of Medicine, 1990).

Practice or interpretation guidelines define the role of specific assessment and treatment modalities in the management of clients. The purpose of interpretation guidelines is to support clinicians and clients in making appropriate decisions about health care.

CDHM Interpretation Guidelines



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- [Interpretation Guideline for Oral Cancer Screening \(OCS\) & Education](#)
- [Interpretation Guideline for Injectable and Non-injectable Oral Anaesthetic](#)
- [Interpretation Guideline for Dental Radiography](#)
- [Interpretation Guideline for Temporary Restorations](#)
- [Interpretation Guideline for Interim Stabilization Therapy \(IST\)](#)
- [Interpretation Guideline for Cardiac Implanted Electrical Devices \(CIED\) and Ultrasonic Instrumentation](#)
- [Interpretation Guideline for Vital Tooth Whitening](#)

CDHM Practice Directions



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Practice Directions are supplemental interpretations of legislation pertaining to the practical duties, responsibilities, and boundaries of ethical professional practice.

- [Practice Direction for IPC for Mobile Delivery of Services](#)
- [Practice Direction for Interprofessional Collaborative Care](#)
- [Practice Direction for Record Keeping](#)
- [Practice Direction for Practice Settings Requirements](#)
- [Practice Direction for Supervision Requirements](#)
- [Practice Direction for Occupational Blood or Bodily Fluid Exposures](#)

CDHM Position Statements



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While Interpretation Guidelines focus on treatment modalities within dental hygiene scope of practice, there are some treatments offered in oral health settings that dental hygienists may not perform in Manitoba. The purpose of position statements is to highlight these treatments and support clinicians and clients in making appropriate decisions related to oral health care.

- [Position Statement for Nitrous Oxide/Oxygen Conscious Sedation](#)
- [Position Statement for the Removal of Implant Supported Crowns and/or Fixed Prosthesis](#)

CDHM Practice Standards



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The College of Dental Hygienists of Manitoba Practice Standards define and describe dental hygiene practice in the province of Manitoba. 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. The Practice Standards are divided into 5 categories;

1. Professional Responsibilities
2. Dental Hygiene Process Assessment
3. Dental Hygiene Process Planning
4. Dental Hygiene Process Implementation
5. Dental Hygiene Process Evaluation

CDHM Competencies

The College of Dental Hygienists of Manitoba Competencies are assumptions based on dental hygiene entry-level competencies which reflect dental hygiene paradigm concepts.



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CDHM Code of Ethics



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The Code of Ethics is a document that is designed to set out acceptable behaviours that registrants of a profession are expected to incorporate into their practice. As well, a Code of Ethics can also increase confidence in a governing body by indicating to the public that registrants of the organization are committed to following basic ethical guidelines in the course of providing treatment



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**If you still have questions,
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