



COLLEGE OF
DENTAL HYGIENISTS
OF MANITOBA

PRACTICE DIRECTION: Supervision Requirements

April 2021

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.

College of Dental Hygienists of Manitoba's Practice Direction for Supervision Requirements

Purpose

This practice direction is to provide clarity for registrants of the College of Dental Hygienists of Manitoba (CDHM) regarding supervision requirements for Registered Dental Hygienists

Background

According to the *Dental Hygienists Act*¹, section 2(2) and *Regulation*² sections 3(1) to 3(4) inclusive:

- A practicing Registered Dental Hygienist (RDH) **without** 3000 hours of practice must be supervised by a dentist for the procedures or scaling, root planning, debridement, curettage, and oral anesthesia. Supervision for an RDH without 3000 hours of practice may be:
 - **Direct:** the supervising dentist is physically on-site when the RDH is providing clinical care that includes scaling, root planning, debridement, curettage, and oral anesthesia
 - **Indirect:** the supervising dentist is not physically on-site but oversees the RDH's provision of clinical care that includes scaling, root planning, debridement, curettage, and oral anesthesia.
- A practicing RDH **with** 3000 hours of practice, who has been approved for the Extended Practice (EP) roster, does not require supervision by a dentist for the procedures or scaling, root planning, debridement, curettage, and oral anesthesia.

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

Dental hygienists must be accepted, approved, and authorized to be on the Oral Anesthesia, Orthodontic or Restorative rosters prior to providing these skills.

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

Requirements

The decision to practice with **indirect** supervision is made jointly between the RDH and the dentist. It is the RDH's professional responsibility to ensure that the client's well-being is the utmost consideration when making the decision to provide care with indirect supervision.

For indirect supervision, a written agreement with the RDH and dentist is **required**. The agreement must state the dentist(s) who is (are) responsible for providing supervision, the agreed upon practices to be supervised, and be dated and signed by the RDH and supervising dentist(s). This agreement should be retained by the RDH and the dentist(s) and it should be updated as needed by the parties involved.

According to the *Dental Hygienists Regulation*², section 3(2) to 3(3), a RDH **with** 3000 hours of practice who has been approved for the EP roster 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.

Any dental hygiene service provided is subject to the *Dental Hygiene Practice Standards*³ and *Competencies*⁴ and to the *Dental Hygienists Code of Ethics*⁵.

*This practice direction reflects current legislation and is subject to periodic review and revisions.

References

1. *The Dental Hygienists Act* C.C.S.M. c. D34. 80/2009. 2008. Retrieved from: <https://web2.gov.mb.ca/bills/38-4/b005e.php>
2. *Dental Hygienists Regulation*, Man Reg 80/2008. Retrieved from: http://web2.gov.mb.ca/laws/regs/current/_pdf-regs.php?reg=80/2008
3. *CDHM Practice Standards*. College of Dental Hygienists of Manitoba. 2007. Retrieved from: <https://cdhm.info/?ddownload=959>
4. *CDHM Competencies*. College of Dental Hygienists of Manitoba. 2007. Retrieved from: <https://cdhm.info/?ddownload=822>
5. *Dental Hygienists' Code of Ethics*. The Canadian Dental Hygienists Association. 2012. Retrieved from: https://www.cdha.ca/pdfs/Profession/Resources/Code_of_Ethics_EN_web.pdf