



COLLEGE OF
DENTAL HYGIENISTS
OF MANITOBA

INTERPRETATION GUIDELINE: ORAL CANCER SCREENING (OCS) & EDUCATION

May 2022

The College of Dental Hygienists of Manitoba is responsible for developing professional resource documents for dental hygienists and in serving the public interest. 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 Regulation. 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 guidelines for oral cancer screening and education.

Background

Oral cancer is a global public health issue. This disease is now among the most common worldwide and is increasing in incidence. Oral cancers are often identified at a late stage, resulting in poorer prognosis, diminished quality of life, and client mortality.

Oral healthcare is a key component to the total health and overall wellness of Manitobans. As an oral healthcare professional, a Registered Dental Hygienist (RDH) interacts with the public on a regular basis and therefore, is an integral part to the health promotion, education and disease prevention of the population. Routine oral cancer screenings (OCSs) facilitate earlier detection of oral cancer, significantly improving survival rates and client outcomes. The goal of the RDH and OCS is to detect oral cancer and/or precancerous lesions at an early stage, when easiest to treat and most likely to be cured, and reduce the burdens associated with this disease.

Requirements

- Dental hygiene standards of care require an RDH to perform a routine, comprehensive OCS for every dental hygiene client, at every visit, in every dental hygiene practice setting
- The RDH process of care (Assess, Plan, Implement, Evaluate) includes a comprehensive OCS assessment, including but not limited to:
 - A thorough review of the client's medical and dental history, including verbal inquiry and written documentation/record of:
 - Social history and oral risk factors
 - History of lesions
 - Onset, duration, and symptoms
 - Extraoral examination (EOE)
 - Soft-tissue examination of the head and neck
 - Intraoral examination (IOE)
 - Intra-oral assessment of the oral and mucosal tissues, and the oral structures; and a visual assessment of the oropharynx
- An RDH cannot make a definitive oral cancer diagnosis; however, is able to detect head, neck and oral abnormalities, document irregular tissue changes, inform the client, consult/collaborate with other health professionals as necessary and make appropriate referrals with potential suspicious findings

- As part of the legal record of care, an RDH is required to maintain detailed client documentation and records consistent with applicable legislation, code of ethics, and professional practice standards, guidelines and policies
- If an abnormal area, suspect lesion and/or lump is **identified**, the Registered Dental Hygienist provides detailed documentation 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 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, or referral to an appropriate specialist with follow-up
 - 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 time, the RDH is responsible for initiating the appropriate referral pathway
- 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
 - Obtain client informed consent and document in the client's chart
- An RDH 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
- An RDH is responsible for completing written document of any changes
- An RDH 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.

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

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