



COLLEGE OF REGISTERED
DENTAL HYGIENISTS
OF ALBERTA



Practice Standards

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Introduction

Alberta's *Health Professions Act* (the “Act”) requires that all regulated professions have standards of practice. Such standards promote safe, competent, and ethical practice. Practice standards form part of the legal framework for professional practice and are binding on all members.

The *College of Registered Dental Hygienists of Alberta (CRDHA) Practice Standards* (the “Practice Standards”) describe the minimum levels of practice required for protection of the public. It is the responsibility of all regulated members to understand the Practice Standards and apply them to their dental hygiene practice, regardless of practice setting or areas of responsibility. Performance below the minimal standard is unacceptable and may result in disciplinary action. **Dental hygienists¹ should** strive to routinely practice above the Practice Standards.

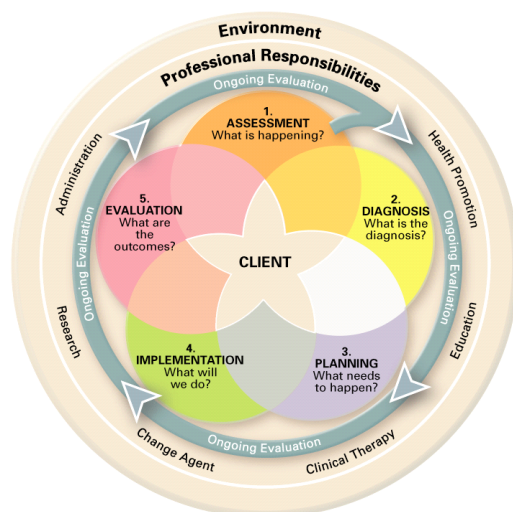
Purpose

The purpose of the Practice Standards is to:

- Establish criteria against which the practice of all dental hygienists will be measured by the public, **clients**, employers, and colleagues.
- Serve as a resource to support critical thinking, professional growth, self-assessment, and reflection.
- Ensure competency and a consistent standard of care for protection of the public.

Process of Care Model to Guide Dental Hygiene Practice

This **client-centred** model conceptualizes dental hygiene practice as a systematic cyclical process rather than the performance of specific tasks. At all stages, the dental hygienist demonstrates critical thinking, reflection, and problem-solving skills. The process includes five phases: assessment, diagnosis, planning, implementation, and evaluation.



Revised with permission of the Canadian Dental Hygienists Association.
From Dental Hygiene: Definition, Scope and Practice Standards (Ottawa: CDHA, May 2002), p. 7.

¹ A Glossary of Terms is at the end of this document. Terms included in the glossary are indicated in **bold text** the first time they are used in the Practice Standards.

Key Responsibilities

Key responsibilities occur in varying degrees, depending on the nature of an individual dental hygienist's practice setting. Dental hygienists provide services as clinicians, educators, researchers, administrators, health promoters, and consultants. The privilege of practising as a health professional requires knowledge, ethics, standards and research, all of which acknowledge the dental hygienist's social responsibility in the following key areas of dental hygiene practice:

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.

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.

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: Application of the scientific method to problems within the discipline of dental hygiene aimed at theory development and the validation/formation of an organized body of knowledge on which evidence-based decisions can be made.

Administration: Management processes and policy and protocol development.

Practice Settings

Dental hygienists practise in a variety of settings. Regardless of the practice setting, dental hygienists have an obligation to establish and maintain organizational structures, policies, and resources that are consistent with their legal, professional, and ethical responsibilities and that promote safety, respect, and support for all persons within the practice setting.

Practice settings include but are not limited to:

- Dentist- and dental hygienist-owned practices
- Consulting firms
- Educational institutions (e.g., universities, community colleges)
- Government (e.g., policy planning)
- Homecare and other outreach programs
- Hospital facilities
- Industries (e.g., insurance and dental supply companies)
- Institutions (e.g., correctional facilities)
- **Primary health care** centres
- Professional presenters
- Public health and community health
- Regulatory bodies and professional associations

- Research
- The military

Section I: Professionalism

The dental hygiene professionalism section of the Practice Standards provides a structure for clinical practice that focuses on conduct, communication, evidence-based practice, documentation, and safe practice protocols.

Professional Responsibilities



Dental hygienists are responsible and accountable for their dental hygiene practice and conduct. At all times, dental hygienists practice within their own level of competence. Dental hygienists **must** restrict themselves to performing activities that are appropriate to the dental hygienist's area of practice and the procedure being performed.

1A. General Responsibilities

Dental hygienists:

- 1.1 Adhere to current provincial and federal legislation; and codes of ethics, Practice Standards, guidelines and policies relevant to the profession and practice setting. There are many laws, schedules, rules, standards, and bylaws that govern health care in Alberta. The official statutes and Regulations must be consulted for all purposes of interpreting and applying the law.

Examples of legislation include, but are not limited to:

Examples of Alberta Documents

- 1.1.1 *Health Professions Act (HPA)*
- 1.1.2 *Dental Hygienists Profession Regulation*
- 1.1.3 *CRDHA By-Laws*
- 1.1.4 *CRDHA Practice Standards & Practice Guidelines*
- 1.1.5 *CRDHA Code of Ethics*
- 1.1.6 *CRDHA Continuing Competence Program Rules*
- 1.1.7 *Freedom of Information & Protection of Privacy Act (FOIP)*
- 1.1.8 *Government Organization Act (GOA)*
- 1.1.9 *Health Information Act (HIA)*
- 1.1.10 *Occupational Health and Safety Act (OHS)*
- 1.1.11 *Personal Information Protection Act (PIPA)*
- 1.1.12 *Public Health Act (PHA)*

1.1.13 *Radiation Protection Act*

1.1.14 *Scheduled Drugs Regulation, Alberta Regulation 66/2007*

Examples of Federal Documents

1.1.15 *Food and Drugs Act* and its regulations

1.1.16 *Controlled Drugs and Substances Act*, its regulations including but not limited to the *Narcotic Control Regulations* and *Benzodiazepines and Other Targeted Substances Regulations*

1.1.17 *Personal Information Protection and Electronic Documents Act* (PIPEDA)

1.2 Adhere to federal, provincial, and institutional laws, codes, and guidelines respecting:

1.2.1 Human rights and freedoms

1.2.2 Employment standards

1.2.3 Consent to treatment

1.2.4 Protection of minors and vulnerable adults

1.2.5 Radiation protection

1.2.6 Ethical principles for research

1.2.7 Confidentiality and release of information

1.2.8 Retention and disposal of records

1.2.9 Drug error management

1.2.10 Adverse drug reaction reporting

1.2.11 Environmental codes, including disposal of biomedical and other hazardous wastes

1.2.12 Workplace Hazardous Materials Information System (WHMIS)

1.2.13 Adverse events

1.2.14 Communicable or infectious diseases

1.3 Demonstrate sound professional judgment and integrity.

1.4 Are familiar with all Practice Guidelines adopted by the CRDHA and give careful regard to those Guidelines in making clinical decisions. Failure to follow the Practice Guidelines may constitute a breach of one or more Practice Standards, which is unprofessional conduct.

1.5 Maintain competence through lifelong learning that includes self assessment and evaluation and is consistent with the CRDHA Continuing Competence Program and the Alberta-specific dental hygiene competency profile.

- 1.6 Use a client-centred approach by acting or advocating in the client's best interest.
- 1.7 Recognize client rights and the inherent dignity of the client by obtaining informed client consent, respecting privacy, and maintaining confidentiality.
- 1.8 Are accountable for the delegation of services to other health professionals under their supervision.
- 1.9 Support the work of the CRDHA and dental hygiene professional associations to promote oral health and professional practice.
- 1.10 Cooperate and comply with the requests of the CRDHA, its officials, and its committees to enable it to fulfil its legislated responsibilities.

1B. Consultation, Collaboration, and Communication

Dental hygienists:

- 1.11 Consult and collaborate in a cooperative, constructive, and respectful manner with other colleagues, health professionals and experts as necessary.
 - 1.11.1 Recognize self-limitations and the specialized skills of others in the delivery of care.
- 1.12 Effectively communicate with clients and/or **agents** in an open, truthful, and timely manner. This includes but is not limited to:
 - 1.12.1 Consideration of the client's needs, values, culture and **capacity** to understand.
 - 1.12.2 In the case of clients who lack capacity to make an **informed choice**, must actively involve the client's agent. The client is involved to the extent of his or her capacity.

1C. Evidence-Based Decision Making

Dental hygienists:

- 1.13 Demonstrate critical thinking in collecting and interpreting assessment information, formulating a **dental hygiene diagnosis**, planning, implementing, and evaluating all aspects of their practice.
- 1.14 Access and use evidence-based knowledge that is current, relevant, and credible through analyzing and interpreting the literature and other resources.
 - 1.14.1 Remain current with methodology, technology, and product options; select the best option for the situation to achieve optimum client outcomes.
 - 1.14.2 Only integrate new knowledge, services, or technology after completing a critical review process.
- 1.15 Question and, if necessary, take action regarding policies and procedures inconsistent with desired client outcomes, evidence-based practices and safety standards.

- 1.16 Support, facilitate, or participate in research relevant to dental hygiene.

1D. Documentation and Recordkeeping

Dental hygienists:

- 1.17 Maintain complete and accurate documentation and records consistent with applicable legislation, code of ethics, Practice Standards, guidelines, and policies. This includes but is not limited to:
- 1.17.1 Documenting all collected data including the date and all aspects of the dental hygiene process of care model (assessment, diagnosis, planning, implementation, and evaluation) in sufficient detail for other oral health professionals to continue with the implementation of the dental hygiene care plan.
 - 1.17.2 Recording information that is legible, concise, and accurate including the dental hygienist's initials, signature, or electronic identity.
 - 1.17.3 Using common language, symbols, and abbreviations that can be readily understood by professional peers.
 - 1.17.4 Correcting errors or adding information to the client record in accordance with best practices so that the original entry, the identity of the person making the correction, the reason for the correction, and the date are included.
 - 1.17.5 Maintaining records and data in an information management system with sufficient safeguards to protect the confidentiality and security of the information.
 - 1.17.6 Retaining client records for a minimum of 10 years following the date of the last service provided or, in the case of **minor** clients, until the client is 20 years of age or for 10 years, whichever is longer.

1E. Safe Practice Environment

Dental hygienists:

- 1.18 Provide a safe practice environment by ensuring written workplace practices, policies, and protocols reflecting applicable principles, standards, laws, and regulations are in place and followed to protect clients, self, and colleagues from illness and injury. This includes but is not limited to:
- 1.18.1 **Routine practices** in infection prevention and control procedures that are current and scientifically accepted, including but not limited to:
 - (a) Ensuring that scientifically recognized cleaning, disinfection, and sterilization techniques are practiced and monitored in the clinical, non-clinical, and reprocessing areas.
 - (b) Using acceptable methods of performing hand hygiene.

- (c) Using client and personal protective equipment and barrier techniques, such as disposable gloves, face masks, protective eyewear, and appropriate clinical attire.
- (d) Ensuring that the infection prevention and control practices are customized and specific to the individual's practice environment.

1.18.2 Further ensuring personal and client safety by:

- (a) Maintaining an up-to-date immunization status.
- (b) Following appropriate protocol for management of blood and body fluid exposures.
- (c) Recognizing, acknowledging, and asking for help with any personal, physical, or psychological condition that affects or may affect the ability to practice safely and effectively. This includes but is not limited to:
 - i. Practicing within the bounds of their competency, scope of practice, personal and/or professional limitations.
 - ii. Ensuring the dental hygienist's **fitness to practice**.
 - iii. Informing the CRDHA when an injury, dependency, infection, or any other condition has immediately affected, or may affect over time, their continuing ability to practice safely and competently.
- (d) Owning and/or operating radiation equipment in compliance with federal and provincial legislation.
- (e) Ensuring that facilities and equipment are functional and safe by following manufacturer's recommended service schedules and maintaining detailed service records.
- (f) Storing hazardous products in accordance with manufacturer instructions and any applicable laws, codes, and guidelines.
- (g) Disposing biomedical and other hazardous wastes in accordance with Alberta's *Environmental Protection and Enhancement Act* and any other applicable laws, codes, or guidelines.

1.19 Recognize and respond to adverse events, including medical emergencies, using appropriate emergency protocol.

1.20 Ensure that emergency care is available by:

1.20.1 Establishing or knowing the practice setting's emergency protocols. These protocols must have regard to any guidelines for the type of care provided in the practice setting (e.g., if nitrous oxide/oxygen conscious sedation is provided, the guidelines in *CRDHA Guidelines for Prescribing and Administering Nitrous Oxide/Oxygen Conscious Sedation in Dental Hygiene Practice* must be considered).

- 1.20.2 Keeping emergency medical equipment, supplies, and drugs readily accessible.
- 1.20.3 Ensuring that emergency medical equipment, supplies, and drugs are current, and stored and maintained in accordance with manufacturer instructions.
- 1.20.4 Maintaining current certification in cardiopulmonary resuscitation (CPR) at the level required by CRDHA Council. Certain practice environments may require higher levels of certification.

1F. Leaving or Closing a Dental Hygiene Practice

1.21 When leaving a **practice in association arrangement** or closing an independent dental hygiene practice, dental hygienists:

1.21.1 Ensure continuity of care by:

- (a) Providing reasonable notice to clients who have an expectation of ongoing care.
- (b) Continuing to provide professional services until the expiration of the reasonable notice period.
- (c) Taking reasonable steps to assist the client with respect to continuity of care, which may include:
 - i. Transferring the client to another dental hygienist or dentist at the same practice.
 - ii. Referring the client to another dental hygienist or dentist at another practice.
 - iii. Providing information about other dental hygienists or dentists in the area.

1.21.2 Retain and dispose of business records in compliance with the requirements of the Canada Revenue Agency and personnel records in compliance with the *Personal Information Protection Act*.

1.21.3 Manage the sale, lease, transfer, lending, or removal of any designated radiation equipment in compliance with Alberta's Radiation Protection Regulation.

1.21.4 Give written notice to the CRDHA no less than 30 days in advance of any change to ownership interest or closure of the independent practice. Notification must include information about the steps taken to comply with the Practice Standards, including but not limited to:

- (a) The reasonable notice provided to clients.
- (b) The steps taken to ensure continuity of care.
- (c) The location and disposition of client records.

- (d) The manner in which clients may access their records.
- (e) The disposal of any medications, equipment, and supplies in a safe manner and in compliance with applicable laws and local requirements.
- (f) Any other matter relevant to the closure as may be requested by the CRDHA.

1.22 When leaving a practice in association arrangement, dental hygienists:

1.22.1 Ensure the secure storage and disposition of client records. This can be accomplished by:

- (a) Taking client records or copies when leaving the practice and maintaining the records for the required period of time and providing access to the records in accordance with the Practice Standards; or
- (b) Having an agreement with the record custodian that the custodian will maintain the records for the required period of time and provide access to the dental hygienist and the client as required.

1.23 When closing an independent dental hygiene practice, dental hygienists:

1.23.1 Ensure the secure storage and disposition of client records. This can be accomplished by:

- (a) Taking client records or copies when leaving the practice and maintaining the records for the required period of time and providing access to the records in accordance with the Practice Standards; or
- (b) Entering into an agreement with an information manager in accordance with section 66 of the *Health Information Act (HIA)*.

1G. Dental Hygienist/Client Relationship

1.24 The dental hygienist/client relationship is a professional relationship defined by legislation, the Dental Hygienists Profession Regulation and the CRDHA Code of Ethics. For the purposes of the *Act to Protect Patients, 2018*, and the *HPA*, and specific to protecting individuals from sexual misconduct and sexual abuse by a dental hygienist, a “client” (referred to as “patient” in the *HPA*) is defined as an individual awaiting or receiving oral health care services and/or treatment where the dental hygienist knew or ought to have known that they were providing care to the individual and satisfies any of the following conditions listed below:

- 1.24.1 The dental hygienist has charged or received payment from the individual or a third party on behalf of the individual.
- 1.24.2 The dental hygienist has contributed to a health record or file for the individual.
- 1.24.3 The individual has consented to oral health care services and/or treatment by a dental hygienist.
- 1.24.4 The dental hygienist prescribed a drug for which a prescription is needed for the client.

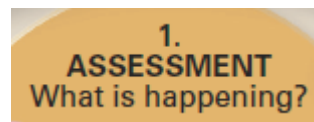
- 1.25 An individual will be considered a client for one year (365 days) after the last date of professional interaction between the individual and the dental hygienist.
- 1.26 The dental hygienist may not enter into a close personal relationship or sexual relationship with a former client until at least one year (365 days) has passed since the last professional interaction occurred and the professional relationship has ended, and there is minimal risk of a continuing power imbalance as a result of the professional dental hygienist/client relationship.
- 1.26.1 A power imbalance occurs when a dental hygienist is in a position of authority and has professional obligations.
- 1.26.2 In determining whether there is a risk of a continuing power imbalance, the following factors will be considered:
- (a) The number of times that the dental hygienist and the client had a professional interaction;
 - (b) The duration of the professional relationship;
 - (c) The nature of the professional interactions;
 - (d) Whether sufficient time has passed since the last professional interaction occurred;
 - (e) Whether the client has confided personal information to the dental hygienist beyond that which was necessary for the purposes of receiving professional services;
 - (f) Whether the client was emotionally dependent on the dental hygienist; and
 - (g) Whether the client is particularly vulnerable as a result of factors such as age, gender identity, socioeconomic status, or as a result of a mental, intellectual, or physical disability.
- 1.26.3 It is the responsibility of the dental hygienist to maintain ethics, demonstrate respect for and sensitivity to personal boundaries, and clarify the roles and goals in the dental hygienist/client relationship.
- 1.27 For the purposes of this Practice Standard, a spouse, interdependent partner, or individual with whom the dental hygienist has a pre-existing sexual relationship that is currently ongoing will not be considered a “client.”

Section II: Dental Hygiene Process of Care

The standards provide a structure for clinical practice that focuses on the provision of client-centred comprehensive care.

2A: Assessment

The dental hygienist determines data requirements and then collects and records the subjective and objective data on the health status of clients using professional judgment and methods consistent with medico-legal-ethical principles to complete the client profile. A wide range of methods may be used. The method used is determined by its appropriateness for each of the key responsibility areas. The dental hygienist must obtain **informed consent**.

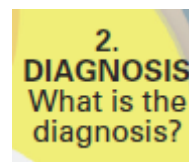


Dental hygienists:

- 2.1 Consider the client's ability to give informed consent and, if necessary, involve the client's agent.
- 2.2 Locate, review, and update previous information.
- 2.3 Collect baseline information using appropriate assessment strategies, techniques, tools, and indices.
- 2.4 Order and expose radiographs, as necessary, to accurately assess the client's oral health status.
- 2.5 Determine if further assessment is required and, if necessary, refer the client to the appropriate health care provider.
- 2.6 Take into consideration the client's **determinants of health** and **risk factors**.
- 2.7 Identify the client's knowledge, attitudes and skills, including, but not limited to:
 - 2.7.1 Oral health concerns and goals.
 - 2.7.2 Behavioural factors (e.g., motivation, beliefs, values, compliance).
 - 2.7.3 Oral self-care.
 - 2.7.4 Barriers to the attainment of oral health.
- 2.8 Assess the need for management of client pain, anxiety, and discomfort.
- 2.9 Record assessment findings and interpretations.

2B: Diagnosis

When providing **dental hygiene services**, the dental hygienist analyzes and interprets data using problem-solving and decision-making skills to synthesize information and formulate a diagnosis within the dental hygienist's scope of practice. A diagnosis must be client-centred and specific.

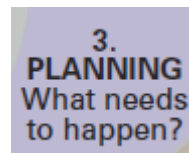


Dental hygienists:

- 2.10 Analyze all information to formulate a decision or dental hygiene diagnosis.
- 2.11 Interpret radiographs for the purpose of formulating a dental hygiene diagnosis.
- 2.12 Effectively communicate to the client or agent the dental hygiene assessment findings and diagnosis. This communication includes but is not limited to:
 - 2.12.1 Conditions that are abnormal, atypical, or unhealthy.
 - 2.12.2 The client's actual or potential problems.
 - 2.12.3 Conditions that contraindicate initiation of care or require special precautions.
 - 2.12.4 Conditions that require referral to another health care professional.
 - 2.12.5 A prognosis or possible prognosis.
- 2.13 Record the dental hygiene diagnosis.
 - 2.13.1 Diagnostic statements must be clear and concise describing the existing condition and possible etiology.
- 2.14 Should record a formal statement of the short- and long-term dental hygiene prognosis.

2C: Planning

Planning involves the mutual development of short- and long-term goals, objectives, desired outcomes, and the selection of interventions. The dental hygienist, in partnership with the client and/or agent and, if needed, in collaboration with other professionals, uses the assessment data and the diagnosis to formulate goals and objectives, select dental hygiene interventions or services, and determine evaluation methods to formulate a dental hygiene care plan. The dental hygienist must obtain informed consent.



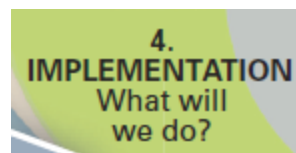
Dental hygienists:

- 2.15 Facilitate the client's and/or agent's active participation in the planning of dental hygiene services/programs.
- 2.16 Identify resources and dental hygiene interventions depending on the client's needs and values.
- 2.17 Discuss and coordinate client activities to ensure the planned dental hygiene services can be integrated into the client's total oral and health care plan. This includes but is not limited to:

- 2.17.1 Involving the client and/or agent in prioritizing and sequencing the planned interventions.
- 2.17.2 Communicating the planned interventions to relevant others in accordance with privacy guidelines (e.g., other health care providers, client's agent or family, administrative staff).
- 2.17.3 Supporting the client and/or agent in making an informed choice when choosing between available intervention options.
- 2.18 **Recommend** or provide only those services appropriate and necessary for the client's oral health and that are consistent with the client's informed choice.
 - 2.18.1 Critical thinking is applied to the decision-making process and the dental hygiene care plan is developed to promote optimum client outcomes.
 - 2.18.2 The dental hygienist has the right to refuse to perform or provide services requested by the client that are not generally recognized or accepted by the profession.
- 2.19 Ensure that there is effective communication with the client and/or agent during the planning process. This communication includes but is not limited to:
 - 2.19.1 Treatment options, including the advantages and disadvantages.
 - 2.19.2 Significant risks and costs.
 - 2.19.3 Options for management of client pain, anxiety, and discomfort, if appropriate.
 - 2.19.4 Possible consequences of not proceeding with the recommended dental hygiene care plan.
- 2.20 Reach consensus regarding goals, objectives, desired outcomes, and interventions, with the client's interests, needs, and values having priority.
- 2.21 Document the client's **informed refusal** of any recommended aspects of care.
 - 2.21.1 If possible, obtain the client's signature regarding the informed refusal.
- 2.22 Select measurement tools to determine achievement of goals and objectives.

2D: Implementation

Implementation involves putting the dental hygiene care plan into action. The dental hygienist activates and/or revises the dental hygiene care plan in collaboration with the client and/or agent and, if needed, in collaboration with other health professionals. The dental hygiene care plan should include educational, consultative, preventive, aesthetic and therapeutic services, in order to achieve the planned oral and other health goals. The dental hygienist must obtain informed consent prior to implementation.

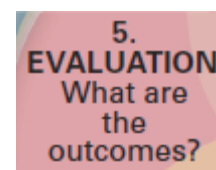


Dental hygienists:

- 2.23 Review and confirm the dental hygiene care plan.
- 2.24 Implement and monitor strategies to promote optimum client outcomes.
- 2.25 Consult with other health professionals and refer as needed.
- 2.26 Provide dental hygiene expertise within an interprofessional team.
- 2.27 Make revisions to the dental hygiene care plan as necessary:
 - 2.27.1 Consult with the client and/or agent regarding any proposed changes to the plan (based on client response or evaluation of services) and record as appropriate.
- 2.28 Develop and/or promote policies supporting healthy lifestyles, environments, and communities.

2E. Evaluation

The dental hygienist appraises the effectiveness of the implemented care plan, objectively comparing actual outcomes to expected outcomes, to determine the extent to which oral health and wellness goals have been attained, to provide recommendations in regard to the client's ongoing care, and to evaluate the dental hygienist's own professional competence. The evaluation process is ongoing throughout the phases of the dental hygiene process of care.



Dental hygienists:

- 2.29 Determine the need for modification of interventions or goals based on changing client needs, interim evaluation of outcomes, client and/or agent discussions, and new information using indices or other measurements.
- 2.30 Evaluate dental hygiene outcomes, including client satisfaction, using a variety of data collection, analysis, and communication techniques.
- 2.31 Analyze outcomes to include, if appropriate, the development and maintenance of practice profiles, databases, or statistical profiles.
- 2.32 Use baseline and subsequent information to determine and discuss actual versus expected outcomes and satisfaction with the client and/or agent.
- 2.33 Evaluate the client's behavioural responses to interventions.

- 2.34 Evaluate the changes in the client's knowledge and perception of oral health.
- 2.35 Evaluate the need for further consultation and referrals within the health care delivery system. If a referral is determined to be necessary, the dental hygienist must:
 - 2.35.1 Communicate the need for the referral with the client and/or agent.
 - 2.35.2 Relay pertinent information to the client's health professional of choice in accordance with any applicable laws, codes, or guidelines of confidentiality and release of information.
- 2.36 Identify further questions, dental hygiene interventions, or research requirements.
- 2.37 Establish the continuing care interval based on evaluation outcomes.
- 2.38 Review past documentation to ensure accuracy, legibility, comprehensiveness, and compliance with privacy legislation.
- 2.39 Evaluate compliance with any applicable local, provincial, and federal legislation and guidelines relating to the individual dental hygienist's practice environment and setting.
- 2.40 Identify and improve aspects of care and service on an ongoing basis.

Glossary of Terms

The following words and phrases, when used in the Practice Standards, whether they appear capitalized, in lower case, in plural or singular form, have the meaning as set out below.

Agent: A parent or guardian legally authorised to act on behalf of a client.

Capacity: The cognitive capacity to understand and process relevant information.

Client: Refers to an individual, family, group, community, or organization accessing the professional services of a dental hygienist.

Client (Individual): An individual awaiting or receiving oral health care services and/or treatment where the dental hygienist knew or ought to have known that they were providing care to the individual and satisfies any of the following conditions listed below:

- (a) The dental hygienist has charged or received payment from the individual or a third party on behalf of the individual.
- (b) The dental hygienist has contributed to a health record or file for the individual.
- (c) The individual has consented to oral health care services and/or treatment by a dental hygienist.
- (d) The dental hygienist prescribed a drug for which a prescription is needed for the client.

Client-centred: The focus is the client and satisfying the client's unmet human needs related to oral disease prevention and health promotion.

Dental Hygienist: A qualified oral health professional, who is registered with the CRDHA, who performs a variety of roles including clinical therapy, health promotion, education, administration, and research in a variety of practice environments. In all roles and practice environments, the dental hygienist works collaboratively with the client and other health professionals and, using a problem solving framework, bases all decisions, judgements and interventions on current evidence-based research and theory. As a registrant of a self-regulated profession, a dental hygienist must practice safely, ethically, and effectively for the promotion of the oral health and well-being of the Alberta public.

Dental Hygiene Diagnosis: The dental hygienist analyzes and interprets data using problem-solving and decision-making skills to synthesize information and formulate a client-centred, specific diagnosis within the dental hygienist's scope of practice.

Dental Hygiene Services: Dental hygiene services include the assessment, diagnosis, and treatment of oral health conditions through therapeutic, educational, and preventive dental hygiene procedures and strategies that promote wellness. These procedures and strategies include restricted activities authorized by the Alberta Dental Hygienists Profession Regulation. Dental hygiene services are provided to individual clients or communities by dental hygienists in their roles as clinicians, educators, researchers, administrators, health promoters, and consultants.

Determinants of Health: A client's biology and genetic endowment, culture, education, employment/working conditions, gender, healthy child development, health services, lifestyle, income and social status, personal health practices and coping skills, physical environments, social support networks, and social environments that influence their health status.

Evidence-based Decision Making: The integration of best relevant research evidence with clinical expertise and client values. Recognition of the unique circumstances and preference of the individual client, the clinical skills and past experience of the dental hygienist and the importance of client-centred clinical research is incorporated into this decision-making process.

Fitness to Practice: The qualities and capabilities of the dental hygienist that are relevant to their capacity to practice. The dental hygienist must restrict or accommodate their practice if they cannot safely perform essential functions of the dental hygiene profession due to mental or physical disabilities.

Informed Choice: Critical elements of informed choice include disclosure (e.g., revealing pertinent information, including risks and benefits), voluntariness (e.g., the choice is not coerced or manipulated), and capacity.

Informed Consent: Permission granted in the knowledge of possible consequences. The client has been provided with information about the proposed treatment, including material effects and costs, significant risks and side effects of the proposed treatment, alternative treatments, and the consequences of not having the treatment. The dental hygienist must answer the client's questions. If the client is a minor or lacks the capacity to make a decision, informed consent must be obtained from the client's agent. The dental hygienist may wish to consider the additional legal protection of a written consent form.

Informed Refusal: A client's decision to refuse recommended treatment after all options, potential risks, and potential benefits have been thoroughly explained. Autonomy is a right; however, the client record must include documentation of the refusal and the client's understanding of the implications. A practitioner may wish to consider the additional legal protection of a written refusal form.

May: Freedom or liberty to follow a reasonable alternative.

Minor: In Alberta, a minor is defined as any person under the age of 18 years. *Note:* A mature minor is a person under 18 who is able to consent to his or her own medical treatment, to understand the nature and consequences of the treatment and to decide who has access to his or her information.

Must: Indicates an imperative need and/or duty; an essential or indispensable item; mandatory.

Practice in Association Arrangement: In accordance with HPA Part 5, Section 97, a practice conducted in co-operation with another person where one or more of the following occur:

- (a) joint advertising
- (b) shared office telephone number
- (c) combined client billing for services provided by more than one person
- (d) shared office reception area

- (e) shared office or clinic expenses
- (f) shared administrative functions or expenses
- (g) shared ownership or use of premises, equipment, furnishings, or other property
- (h) shared employees
- (i) sharing or circumstances that the regulations under this section constitute as practice in association

Primary Health Care: Ideally, primary health care takes a holistic approach to service delivery, emphasizing health promotion and the prevention of disease and illness, integrating a diverse range of health care providers into a well-coordinated team, and fostering collaboration among these providers to ensure the seamless flow of information from one organization or provider to the next.

Model primary health care also features access to essential care with interdisciplinary provider teams offering services that meet the needs of clients; and remuneration for quality care using various payment arrangements.

Recommend: To suggest a course of action or drug therapy to a client based on professional expertise and assessed client need.

Risk Factors: Behaviours, conditions, lifestyles, or genres that if present in the client, child, parent, family, or environment may contribute to future disease, disability, or abuse and neglect.

Routine Practices: Routine Practices include a recommended pattern of behaviours to form the foundation of limiting the transmission of microorganisms in all health care settings and is generally accepted care for all clients. Elements of Routine Practice are hand hygiene; risk assessment related to client symptoms, care, and service delivery, including screening for infection diseases; risk reduction strategies through the use of PPE, cleaning environment, laundry, disinfection, and sterilization of equipment, waste management, safe sharps handling, client placement, and healthy workplace practice; and education of healthcare providers, clients and families, and visitors.

Sexual Abuse: The threatened, attempted or actual conduct of a regulated member towards a patient that is of a **sexual nature** and includes any of the following conduct:

- (a) sexual intercourse between a regulated member and a patient of that regulated member;
- (b) genital to genital, genital to anal, oral to genital, or oral to anal contact between a regulated member and a patient of that regulated member;
- (c) masturbation of a regulated member by, or in the presence of, a patient of that regulated member;
- (d) masturbation of a regulated member's patient by that regulated member;
- (e) encouraging a regulated member's patient to masturbate in the presence of that regulated member;
- (f) touching of a sexual nature of a patient's genitals, anus, breasts or buttocks by a regulated member. [As per the *Health Professions Act* Section 1(1)(nn.1)]

Sexual Misconduct: Any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature by a regulated member towards a patient that the regulated member knows or ought reasonably to know will or would cause offence or humiliation to the patient or adversely affect the patient's health and well-being but does not include sexual abuse. [As per the *Health Professions Act* Section 1(1)(nn.2)]

Sexual Nature: Does not include any conduct, behaviour or remarks that are appropriate to the service provided. [As per the *Health Professions Act* Section 1(1)(nn.3)]

Should: The recommended manner to obtain the standard; highly desirable.

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