

Standards of Practice



DRUGS: PRESCRIBING SCHEDULE 1 DRUGS

Dental hygienists who apply for and receive approval from the College may **prescribe** Schedule 1 drugs as listed in section 8(d) of the [Health Professions Restricted Activity Regulation](#).

The dental hygienist who prescribes Schedule 1 drugs must also comply with the [Drugs: General Standard of Practice](#).

STANDARD STATEMENT

The dental hygienist who is permitted by the College to **prescribe** Schedule 1 drugs listed in section 8(d) of the Health Professions Restricted Activity Regulation does so safely and appropriately within their practice of dental hygiene, competencies, practice setting, and in compliance with **legislation**.

PERFORMANCE EXPECTATIONS

The dental hygienist must...

1. Complete a College-approved education or training program in preparation for prescribing any Schedule 1 drug listed in section 8(d) of the Health Professions Restricted Activity Regulation.
2. Apply for and receive approval from the College prior to prescribing any Schedule 1 drug listed in section 8(d) of the Health Professions Restricted Activity Regulation.
3. Prescribe in accordance with current provincial and federal legislative requirements and standards.
4. Comply with the regulations and policies that enable the dental hygienist to prescribe.
5. Prescribe only those Schedule 1 drugs listed in section 8(d) of the Health Professions Restricted Activity Regulation.
6. Only prescribe a Schedule 1 drug for an individual with whom the dental hygienist has a **clinical therapy relationship** to:
 - a) Treat an oral health condition that the dental hygienist is competent to diagnose and manage; and
 - b) Aid in the achievement of the patient's oral health goals.

7. Only prescribe for a patient when they have personally performed an appropriate patient assessment, including consideration of the patient's:
 - a) Medical history;
 - b) **Medication history**;
 - c) Current health status; and
 - d) Individual circumstances.
8. Not prescribe drugs for a family member or anyone else with whom they have a close personal relationship except for minor conditions, in an emergency, or when another prescriber is not readily available to prescribe the drug.
9. Not prescribe for themselves.
10. Use **evidence-informed** best practice guidelines and resources when prescribing Schedule 1 drugs. The dental hygienist must only prescribe a drug for an indication that is either:
 - a) Approved by Health Canada;
 - b) Considered a best practice or accepted clinical practice based on peer-reviewed literature; or
 - c) Part of an approved research protocol.
11. Select drug therapy based on knowledge of pharmacotherapy and consideration of factors, including, but not limited to:
 - a) Expected action or therapeutic outcome;
 - b) Recommended dosage and dosage adjustment for specific patients;
 - c) Common or serious adverse effects;
 - d) Drug interactions;
 - e) Patient's oral health goals; and
 - f) Patient-specific factors such as age, weight, gender, culture, medical conditions, concurrent drugs, and drug allergies.
12. Provide information to enable the patient to receive the intended benefit of the drug therapy. This includes but is not limited to:
 - a) Possible side effects and when to report; and
 - b) Administration instructions and possible drug or food interactions, if applicable.
13. Record the prescribing decisions made in the patient's **record**, including the following:
 - a) The date the drug was prescribed;
 - b) The name, strength, dose, and dosage form of the drug prescribed;
 - c) The quantity of the drug prescribed;
 - d) The indication for the prescribing decision;
 - e) The goal of the prescribed therapy;
 - f) Instructions given to the patient;
 - g) Any follow-up required to evaluate the patient's response; and
 - h) Identification of the dental hygienist who prescribed.

14. Take responsibility for the prescribing decision. This includes but is not limited to:
 - a) Monitoring, documenting, and evaluating the patient's response to the prescribed drug therapy and following up or adjusting as appropriate; and
 - b) Notifying those health professionals whose care of the patient may be impacted by the prescribing decision.
15. Issue prescriptions that are legible, accurate, and complete. To be complete:
 - a) Written prescriptions must include the following legal requirements:
 - i. Name and address of the patient;
 - ii. Date the prescription is issued;
 - iii. Drug name;
 - iv. Drug strength, dose, and dosage form, if applicable;
 - v. Dosage, if applicable;
 - vi. Route of administration, if applicable;
 - vii. Quantity of drug to be provided;
 - viii. Directions for use;
 - ix. Number of refills authorized and interval between each refill, if applicable;
 - x. Prescriber's name and phone number; and
 - xi. Prescriber's signature.
 - b) Computer-generated prescriptions must include the handwritten signature of the prescriber or utilize an electronic signature that is hand-initialed by the prescriber.
16. Only issue prescriptions verbally when it is not possible to issue a written prescription to the patient or transmit the prescription directly to a pharmacy.
17. Ensure prescriptions transmitted to a pharmacy are transmitted in a manner that ensures patient confidentiality, authenticity, validity, and security of the prescription.
18. Ensure that when prescriptions are transmitted by facsimile (fax):
 - a) The prescription is sent directly from a secure fax machine to a single pharmacy acceptable to the patient;
 - b) The prescriber is available and can verify the source of the faxed prescription for the pharmacist, if required;
 - c) In addition to all the legal requirements of a complete prescription, the transmission includes:
 - i. The prescriber's address, fax number, and phone number;
 - ii. The time and date of the fax transmission;
 - iii. The name and fax number of the pharmacy intended to receive the transmission;
 - iv. An indication that the prescription represents the original of the prescription drug order;

- v. An indication that the addressee is the only intended recipient and there are no others;
 - vi. An indication that the original prescription will be invalidated and securely filed; and
 - vii. An indication that the original prescription will not be transmitted elsewhere at another time.
- d) Pre-printed fax forms do not reference a pharmacy, pharmacist, pharmaceutical manufacturer, distributor, agent, or broker.
19. Only transmit prescriptions via an online platform if the system meets or exceeds legal requirements in Alberta for online transmission.

PATIENT EXPECTATION

The patient can expect that the prescribing dental hygienist is knowledgeable and works with the patient to ensure the prescribed drug is a safe and appropriate choice for treating an oral health condition.

GLOSSARY

CLINICAL THERAPY RELATIONSHIP: Refers to the professional relationship between a dental hygienist and a patient in which a dental hygienist provides clinical therapy to the patient in accordance with the [Clinical Therapy Standard of Practice](#).

DRUG: May also be referred to as medication. Unless otherwise specified, includes both:

- Prescription drugs (refers to drugs in Schedule 1)
- Non-prescription drugs (refers to drugs in Schedule 2, Schedule 3, and unscheduled drugs)

EVIDENCE-INFORMED: The integration of best available evidence with clinical expertise and patient values¹. This approach involves identifying, searching for, and interpreting the result of the best available evidence to inform decision-making processes.²

INFORMED CONSENT: Receiving the patient's written or verbal permission to proceed with a proposed service following a process of decision-making leading to an informed choice. Informed consent involves ongoing communication between the parties involved. In the case of a minor or others who do not have the capacity to provide informed consent, the agreement must come from a legal guardian or substitute decision-maker legally authorized to act on behalf of a patient.

¹Straus, S. E., Glasziou, P., Richardson, W. S., & Haynes, R. B. (2019) Evidence-Based Medicine: How to Practice and Teach EBM (5th ed). Elsevier.

² Federation of Dental Hygiene Regulators of Canada. (2021) Entry-to-Practice Canadian Competencies for Dental Hygienists. Accessed from: www.fdhrc.ca/wp/wp-content/uploads/2021/12/EPCCoDH_FDHR_Canada_November_2021.pdf

MEDICATION HISTORY: The medication history is part of the patient's comprehensive medical history. This assessment includes the patient's use of prescription drugs, non-prescription drugs, and natural health products. The patient's medication history aids the dental hygienist in determining possible contraindications and adverse effects, such as drug-drug and drug-food interactions.

PRESCRIBE: Throughout this standard, the term prescribe refers to prescribing a Schedule 1 drug listed in section 8(d) of the [Health Professions Restricted Activity Regulation](#).

RECORD: As defined in the [Health Information Act](#), means a record of health information in any form and includes notes, images, audiovisual recordings, x-rays, books, documents, maps, drawings, photographs, letters, vouchers and papers, and any other information that is written, photographed, recorded, or stored in any manner, but does not include software or any mechanism that produces records.