



Guidelines for Dental Hygienists in Alberta

Prescribing Schedule 1 Drugs

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Guidelines for Prescribing Schedule 1 Drugs

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The Alberta College of Dental Hygienists (the College) provides guidelines to support dental hygienists in understanding and meeting their legislated requirements, standards of practice, and code of ethics. Guidelines establish professionally accepted means by which dental hygienists can achieve compliance with the College's standards.

Failing to comply with a guideline may be considered unprofessional conduct if the dental hygienist did not achieve compliance with the standard, or if the departure from the guideline compromises the quality of client care or the integrity and/or credibility of the dental hygiene profession.

A dental hygienist may only depart from a guideline if they can demonstrate their chosen conduct:

- Achieves compliance with the applicable standard;
- Maintains the safety, effectiveness, or appropriateness of client care required by the standard; and
- Upholds the integrity of the dental hygiene profession.

While these guidelines reflect the requirements for dental hygienists at the time of development, these requirements may change from time to time. Dental hygienists remain responsible for ensuring their practice meets current legislative requirements, Standards of Practice, and Code of Ethics.



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Dental Hygienists' Responsibilities

Drugs: General Standards of Practice

- The dental hygienist uses an evidence-informed approach to administer, recommend, prescribe (if permitted), sell, provide, and compound drugs safely and appropriately.

Drugs: Prescribing Schedule 1 Drugs Standard of Practice

- The authorized dental hygienist prescribes safely and appropriately within their practice of dental hygiene, competencies, practice setting, and in compliance with legislation.

Documentation Standard of Practice

- The dental hygienist documents clear, accurate, and comprehensive patient records in a timely manner.

Clinical Therapy Standard of Practice

- The dental hygienist applies professional knowledge, training, and experience to competently provide patient-centred clinical therapy safely and effectively.

Informed Consent Standard of Practice

- The dental hygienist must obtain the patient's ongoing informed consent for the initiation and delivery of dental hygiene services.

Evidence-Informed Practice Standard of Practice

- The dental hygienist seeks, promotes, supports, and incorporates an evidence-informed approach in their practice.

Collaboration Standard of Practice

- The dental hygienist collaborates with patients, oral health professionals, and others in a cooperative, constructive, and respectful manner for the benefit of the patient.

Safety and Risk Management Standard of Practice

- The dental hygienist protects their patients, themselves, and others from illness and injury by ensuring a safe practice environment and complying with applicable provincial occupational health and safety legislation.

Code of Ethics (Beneficence and Non-Maleficence)

- Beneficence is the ethical principle of doing good while non-maleficence means to do no harm. Together these principles guide the dental hygienist to provide dental hygiene services that benefit the patient and minimize harm.

Restricted Activities Standard of Practice

- The dental hygienist performs only those restricted activities they are authorized and competent to perform, within the context of their practice of dental hygiene, and when patient assessment findings indicate their use. The dental hygienist completes approved advanced training and obtains additional authorization from the College prior to performing restricted activities requiring advanced training.



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Prescribing in the Practice of Dental Hygiene

A dental hygienist may only prescribe a Schedule 1 drug if they have completed advanced training according to College policies and have received College authorization.

The College authorizes dental hygienists to prescribe the drugs listed in section 8(d) of the Health Professions Restricted Activity Regulation following completion of a Council-approved program.

Authorized dental hygienists are required to prescribe according to the *Health Professions Act*, the Health Professions Restricted Activity Regulation, and ACDH's Drugs: Prescribing Standard of Practice.

Health Professions Act	Health Professions Restricted Activity Regulation	ACDH's Drugs: Prescribing Standard of Practice
Defines dental hygiene practice as assessing, diagnosing and treating oral health conditions.	Identifies the Schedule 1 drugs dental hygienists can prescribe to those listed in section 8(d) of the regulation, specifically: <ul style="list-style-type: none">• Antibiotics;• Antifungal agents;• Anti-infective agents;• Antiviral agents;• Bronchodilators;• Epinephrine;• Pilocarpine;• Topical corticosteroids.	Identifies the individuals to whom a dental hygienist can prescribe to: <ul style="list-style-type: none">• Patients who you have personally assessed*;• Patients with whom you have a clinical therapy relationship;• Situations where drug therapy aids in the patient's oral health goals. <p><small>*i.e. you have reviewed the patient's clinical assessment, medical history, medication history, current health status, individual circumstances.</small></p>

Dental hygienists must not prescribe for themselves. You should also refrain from prescribing for family and close personal contacts (e.g., friends) as a best practice to avoid potential conflicts of interest or power imbalances. However, in limited circumstances you may prescribe drugs for a family member or others with whom you have a close, personal relationship if:

- The condition is minor;
- There is an emergency (e.g., the patient may experience poor outcomes or harm if the drug isn't prescribed immediately); or
- There is no other prescriber readily available to prescribe the drug.

Dental hygienists who are prescribing should also refer to and follow the [Guidelines for Drugs and Natural Health Products](#).



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Authorization to Prescribe Schedule 1 Drugs

Only those dental hygienists who are authorized by the College are permitted to prescribe the drugs listed in the Health Professions Restricted Activity Regulation section 8(d).

- The College will only provide authorization if you successfully complete a Council-approved training program and have applied for and received approval from the College to perform the Advanced Restricted Activity.
- You can find more information about the application and authorization process for Advanced Restricted Activities on the [College's website](#).

Dental hygienists who are authorized by the College to perform the Advanced Restricted Activity to administer local anaesthesia are also authorized to prescribe a single Schedule 1 drug: epinephrine. This authority to prescribe is limited to the use of epinephrine as a vasoconstrictor in combination with a local anaesthetic drug as part of administering local anaesthesia.

- See the [College's website](#) for information about the Advanced Restricted Activity for Local Anaesthesia.

Making Prescribing Decisions

Dental hygienists select a drug therapy for their patient based on their knowledge of pharmacotherapy. Ensure that you self-assess your own competency and take steps to address any learning needs related to prescribing (e.g., through completion of coursework, mentorship, or continuing education).

- Drug information is rapidly updated so prescribers need to be aware of current information and evidence regarding the drugs they prescribe.
- You should engage in ongoing continuing competence education and learning activities related to prescribing.

Dental hygienists should utilize the evidence-informed approach described in the Drugs and Natural Health Products Guidelines. Consider the following factors when assessing a patient's needs and determining whether to prescribe any Schedule 1 drug(s):

- Patient-specific factors (e.g., age, weight, gender, culture, medical conditions, concurrent drugs, drug allergies);
- Patient's oral health goals;
- Expected action or therapeutic outcome;
- Common or serious adverse effects;
- Potential interactions with other drugs or food;
- Recommended dosage and dosage adjustment for specific patients;
- The patient's ability to access care and the impacts of any unnecessary delays in care;
- Current barriers or gaps in the patient's care;
- Continuity of care for the patient; and



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- The need to consult with another health professional.

Selecting a Schedule 1 Drug

Choosing a drug to prescribe must be evidence-informed.

- Look to reliable sources when determining whether to prescribe a Schedule 1 Drug
 - Reliable sources include research findings that are methodologically appropriate and clinically relevant to the situation. Both the ranking of the source on an evidence hierarchy and the quality of the evidence are considered (e.g., scholarly peer-reviewed journals, systematic reviews, clinical and best practice guidelines, government data from Health Canada).

Example

A dental hygienist is considering whether to prescribe an antibiotic for a patient.

- The dental hygienist knows that dental hygienists who prescribe or administer antibiotics should be familiar with, and participate in, antimicrobial stewardship to ensure best possible patient outcomes, minimize adverse effects, and minimize antimicrobial resistance.
- The dental hygienist consults [Bugs & Drugs®](#), a reliable, Alberta-created antimicrobial stewardship tool designed to limit the development of resistance through the judicious use of antibiotics.
 - Development and maintenance of the resource is supported by Alberta Health Services, Alberta Health, the BC Ministry of Health, and the Do Bugs Need Drugs?® program.
 - The online resource provides general recommendations for appropriate antibiotic use and care of patients including sections specific to antimicrobial prophylaxis in dentistry and recommended empiric therapy of selected dental infections.
- The dental hygienist selects a drug to recommend to their patient based on their pharmacological knowledge, the patient's medical and medication history, and the evidence from Bugs & Drugs®.



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Indications for Prescribing a Schedule 1 Drug

An indication for a drug is the reason the drug is used (e.g., to treat an illness or disease).

Authorized dental hygienists must only prescribe a drug for an indication that is either:

1. Approved by Health Canada;
2. Considered a best practice or accepted clinical practice based on peer-reviewed literature; or
3. Part of an approved research protocol.

Each point is described in detail below.

1. The Indication is Approved by Health Canada

Health Canada receives results of drug studies outlining a drug's safety and efficacy for specific conditions and approves the condition(s) for which the drug may be used.

- The condition(s) for which a drug is approved are listed as part of the drug's product monograph.
- Drug product monographs are available for most drugs via the online query of [Health Canada's Drug Product Database](#).

All the indications for prescribing a drug may not be included on the drug's product monograph.

- Consider the drug's best practices or accepted clinical practices based on peer-reviewed literature before prescribing ([see below](#)).

2. The Indication is Considered a Best Practice or Accepted Clinical Practice Based on Peer-Reviewed Literature

An authorized dental hygienist may prescribe a Schedule 1 drug for an indication that is not included in the drug's product monograph if that indication is considered a best practice or an accepted clinical practice.

- An indication may be considered a best practice or accepted clinical practice if the drug becomes well known for the indication outside of the drug's monograph and the indication is listed in textbooks, clinical practice guidelines developed and published by reputable organizations, or peer-reviewed literature.
- These best practices or accepted clinical practices (e.g., "off-label" uses, expanded uses) are based on post-market research but may not have been submitted to Health Canada as a request to amend the list of approved indications in the product monograph.



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Dental hygienists who choose to prescribe drugs for indications not approved by Health Canada should carefully consider the quantity, quality, and source of the evidence they are using to justify the prescription.

- Including an additional indication for a drug in a best practice tool (e.g., textbook, practice guideline) does not occur based on individual opinion (expert or otherwise) or a single study. It requires evidence, practice experience, and scrutiny by peers, including data from large clinical trials published in peer-reviewed medical journals and consensus of several practice experts.
- Examples of clinically accepted practices are those indications included for therapies recommended in [Bugs & Drugs®](#).

Additional information can be found:

- Canadian Agency for Drugs and Technologies in Health “[Off-Label Use of Drugs](#)”

3. The Indication is Part of an Approved Research Protocol

Authorized dental hygienists may prescribe a Schedule 1 drug listed in the regulations if the drug is part of an approved research protocol.

- The research protocol must receive ethics approval from a health research ethics board before it can be considered approved.

Issuing a Prescription

Prescriptions must include:

- Name and address of the patient;
- Date the prescription is issued;
- Drug name;
- Drug strength, dose, and dosage form, if applicable;
- Dosage, if applicable;
- Route of administration, if applicable;
- Quantity of drug to be provided;
- Directions for use;
- Number of refills authorized and interval between each refill, if applicable;
- Prescriber’s name and phone number;
 - Include your ACDH registration number and unique prescriber’s ID number to assist the pharmacist in verifying your authorization.
- Prescriber’s signature.

Written Prescriptions

Prescriptions should be issued in writing to prevent drug errors.

- Dental hygienists who issue prescriptions for patients are responsible to ensure that the prescriptions are clear, complete, and accurate and that they are transmitted safely and securely.



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- You can provide the written prescription to your patient to fill at a pharmacy.
 - A pharmacist may contact the prescriber to confirm the authenticity of the prescription or to discuss the prescribed therapy when necessary.
- Written prescriptions may be handwritten, or computer-generated.
 - Computer-generated signatures are only permissible if the prescriber hand-initials the prescription to authenticate it.
- Prescriptions must be clear and legible.
 - Abbreviations should be avoided to prevent drug errors.

Additional tools and publications to assist in preventing drug errors include:

- Institute for Safe Medication Practices (ISMP) [List of Error-Prone Abbreviations](#)
- ISMP's [Prescription for Safety](#)
- ISMP's list of [High-Alert Medications](#)

Facsimile (Faxed) Transmission of Prescriptions

Written prescriptions may be transmitted directly to a pharmacy by fax.

- There is a risk of a privacy breach when faxing a prescription
 - Ensure the fax machine is secure and that you have protocols in place to verify the pharmacy's fax number.
- You may be required to verify the faxed prescription for the pharmacist when they receive it.
- If faxed, the original prescription must be invalidated.
 - Ensure the prescription is documented in the patient's record (e.g., file the invalidated original copy).
 - To avoid the prescription being inappropriately filled more than once, a written copy must not be given to the patient and must not be transmitted elsewhere.
- Add the following information to the transmission as a cover sheet:
 - The prescriber's address, fax number, and phone number;
 - The time and date of the fax transmission;
 - The name and fax number of the pharmacy intended to receive the transmission;
 - An indication that the prescription represents the original of the prescription drug order;
 - An indication that the addressee is the only intended recipient and there are no others;
 - An indication that the original prescription will be invalidated and securely filed; and



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- An indication that the original prescription will not be transmitted elsewhere at another time.

Verbal Transmission of Prescriptions

Verbal transmission of prescriptions can be prone to error and should be avoided.

- Prescriptions communicated verbally (e.g., in person or by telephone) can be misheard, misinterpreted, or transcribed incorrectly.
- Verbal or telephone prescriptions:
 - Must be used only in emergent or urgent situations that call for immediate action or attention; and
 - Can be exchanged between qualified practitioners only (e.g., from the dental hygienist prescriber to the pharmacist or pharmacy technician, but not from a receptionist to the pharmacist).
 - The use of an intermediary to issue a verbal prescription may increase the potential for errors.

Electronic Transmissions of Prescriptions

The use of electronic means to transmit prescriptions in Alberta is currently rare and only allowed from systems that use secure messaging between the patient's electronic record and the pharmacy system or the provincial health record via a secure network.

- Electronic patient record systems must:
 - Have the ability to audit the transmission of prescriptions;
 - Ensure the information is encrypted; and
 - Ensure others are not permitted or able to generate and/or transmit an electronic prescription utilizing the prescriber's login or electronic signature.
- A privacy impact assessment submitted to the Office of the Information and Privacy Commissioner must address the use of electronic prescription transmission.
- The Alberta College of Pharmacy article "[Electronic Transmission of Prescriptions Allowed in Limited Circumstances](#)" details requirements for electronic transmissions.

Patient Instructions, Monitoring and Follow-up

Inform your patients of the information they'll need to receive the intended benefit of the drug therapy. This includes:

- Administration instructions, including how to take the drug (e.g., the frequency, time of day, duration);
- Foods or other drugs to avoid while taking the drug;
- How and when to report possible side effects.



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- Inform your patient who they can contact if they experience side effects.
- As a dental hygienist, you have a duty to report adverse reactions to [Health Canada's Vigilance Program](#), especially those that are:
 - Unexpected, regardless of their severity (i.e., not consistent with product information or labelling);
 - Serious, whether expected or not;
 - Reactions to recently marketed health products (on the market less than five years), regardless of their nature or severity.
 - See the section for reporting adverse drug events in the "Guidelines for Drugs and Natural Health Products" for more information about reporting side effects.

How you monitor and follow-up with a patient depends on the patient's care plan.

- Determine appropriate monitoring and follow-up based on the patient's assessment, diagnosis, and individual circumstances.

Documentation

Dental hygienists must accurately document clinical notes relating to prescribing a drug, including the assessment findings and interpretations, diagnosis, care plan, and prescriptions given.

The patient record must include:

- The date the drug was prescribed;
- The name, strength, dose, and dosage form of the drug prescribed;
- The quantity of the drug prescribed;
- The indication for the prescribing decision;
- The goal of the prescribed therapy;
- Instructions given to the patient;
- Any follow-up required to evaluate the patient's response; and
- Identification of the prescribing dental hygienist.

You must also document the process you completed to obtain informed consent from your patient.

- The information you document should represent the information you shared with your patient and whether the patient provided informed consent or if there was an informed refusal.

Acknowledgments

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