



**ACDH**

Alberta College of Dental Hygienists

**Guidelines for  
Dental Hygienists  
in Alberta**

**Informed Consent**

October 2023



# Guidelines for Informed Consent

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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 dental hygiene services 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 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.



## Responsibilities Related to Informed Consent

Below are specific responsibilities you have related to obtaining informed consent from a patient:

### 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.

### Patient-Centred Approach Standard of Practice

- The dental hygienist must support the patient in making an informed choice when choosing between available options, respecting the patient's right to refuse a dental hygiene service or withdraw consent at any time during dental hygiene services.

### Communication Standard of Practice

- The dental hygienist must communicate effectively with the patient to promote the patient's health literacy and understanding of proposed dental hygiene services.

### Clinical Therapy Standard of Practice

- The dental hygienist must obtain the patient's ongoing informed consent for proposed dental hygiene services.

### Documentation Standard of Practice

- The dental hygienist must, when providing clinical therapy, document clinical notes. For each encounter, the patient record must contain the informed consent process, including the patient's informed refusal of any recommended dental hygiene services.

### Drugs: General Standard of Practice

- The dental hygienist must support the patient's informed choices and obtain informed consent in accordance with the College's Informed Consent Standard of Practice. This also includes discussing the following with the patient: (a) the rationale for the selection of a particular drug, (b) implications of using drug therapy.

### Evidence-Informed Practice Standard of Practice

- The dental hygienist must recommend or provide only those dental hygiene services that are appropriate and beneficial for the patient, informed by evidence, and consistent with the patient's informed consent.

### Code of Ethics: Patient's Autonomy and Informed Choice

- The patient's autonomy concerns the patient's right to make their own informed choices, including the right of refusal. This principle guides the dental hygienist to support the patient in the decision-making process.



## Applicability of This Guideline

This guideline is specific to dental hygienists providing clinical therapy. Dental hygienists can practice in a variety of settings, all of which may have different applications of consent.

The guidance in this document does not specifically apply to:

- Dental hygienists obtaining consent related to information privacy legislation for collecting, using, and disclosing health information;
- Researchers obtaining informed consent to meet research and ethics boards;
- Educators in relation to their students, unless the educator is providing a clinical dental hygiene service to a student;
- Health promoters, unless they are providing a clinical dental hygiene service;
- Administrators; or
- Consultants.

Be aware of the appropriate consent requirements for your practice of dental hygiene.

## The Informed Consent Process

Informed consent is the decision-making process that allows a patient and/or their substitute decision-maker the autonomy to make an informed choice about whether they will give a dental hygienist their consent to perform or continue with a dental hygiene service (see section [“Determining Who May Provide Informed Consent or Make an Informed Refusal”](#) below for more information about substitute decision-makers).

- This process is ongoing throughout a patient encounter and requires that you receive and maintain the patient’s and/or substitute decision-maker’s permission to proceed with any proposed services, including assessments.
  - See section below [“Ongoing Informed Consent.”](#)
- The informed consent process allows patients and/or their substitute decision-makers to fully understand the potential risks, benefits, alternatives, and consequences before giving their consent or refusal.

**You are responsible for obtaining informed consent for any service you are providing.**

Never assume that the patient has provided informed consent unless you have gone through the process to obtain it. This involves:

- Providing an appropriate explanation, including information relevant for the patient to make an informed choice;
- Seeking the patient’s agreement to receive the service;
- Considering the patient’s needs, values, interests, and goals;
- Allowing the patient the opportunity for informed refusal (see section below [“Informed Refusal or Withdrawn Consent”](#)).



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If you have delegated any part of the informed consent process to others (e.g., discussing fees, providing information about the procedure), you are still responsible for ensuring the Standard of Practice is met by assessing the patient's understanding of the information provided to them (including that they may refuse the service), answering any questions they have, and seeking their agreement to receive the services.

See [Appendix A](#) for an example scenario highlighting the ongoing informed consent process.

## Required Elements of Informed Consent

Consent can only be valid if it is:

1. Voluntary;
2. Informed by a proper explanation that is specific to the service that is to be provided;
3. Made by an individual with the capacity and authority to provide consent (i.e. the patient and/or their substitute decision-maker).

Each of these points are explored below.

### 1. Assessing Voluntariness

The individual providing consent must be free from undue influence, duress, or coercion when making their decision.

- An individual who is experiencing pressure to consent or who is influenced by a relationship with a power imbalance is not voluntarily consenting.
- Take steps to ensure your patient and/or their substitute decision-maker can make a voluntary decision (e.g., identify and address power imbalances and/or sources of undue influence, duress, or coercion).

#### *Power Imbalances in the Dental Hygienist/Patient Relationship*

There is an inherent power imbalance that exists between a health professional and their patient. Dental hygienists must recognize this power imbalance and take steps to maintain professional boundaries with their patient.

- Ensure your patient understands that their decision will be respected and that you have provided them with reliable information.
- Refrain from influencing the patient's choices to allow the patient to participate in the informed consent process in a meaningful way.

### 2. Providing a Proper Explanation Specific to the Service

Informed consent requires effective communication to provide the patient with the opportunity to understand:

- The rights they have when receiving dental hygiene care; and
- What is involved in the services you propose to them.

The patient needs to be informed of their right to:



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- Make informed choices, consult with others, ask questions, and request additional information;
- Refuse to provide consent; and
- Withdraw consent that was previously given at any time during the provision of the dental hygiene service.

One way to ensure that you have provided a proper explanation to a patient is to consider what a reasonable person in the patient's position would want to know in that situation.

It is reasonable that a patient would expect truthful, accurate, and complete information that includes (at minimum):

- The recommended dental hygiene service;
- The exact nature and anticipated benefits of the dental hygiene service;
- The risks associated with the service, including common risks (i.e., occur frequently) and significant risks (i.e., have severe adverse outcomes);
- The side effects of prescription drugs, non-prescription drugs, or natural health products to be used during the service (see the [Guidelines for Drugs and Natural Health Products](#));
- The costs associated with the service;
- Diagnosis and prognosis (when determined);
- Any reasonable alternatives available and the risks associated with those services;
- The consequences of refusing recommendations.

While these main points must be met, there may be additional elements required for specific activities depending on the level of risk or the characteristics of the service (e.g., when prescribing schedule 1 drugs or providing nitrous oxide/oxygen sedation).

Each of these elements are explained further below.

## *The Recommended Dental Hygiene Service*

Tell your patient which dental hygiene service(s) you intend to provide them. This includes but is not limited to:

- Assessments (e.g., periodontal probing, radiographs);
- Treatments (e.g., scaling, fluoride, atraumatic restorative therapy, sealants);
- Educational interventions (e.g., oral health education, oral health instruction).

### **The patient must be informed of each service before you proceed.**

Recommendations for dental hygiene services should be based on the patient's needs and not on the patient's insurance coverage or the cost of service.

- The patient should be presented with any recommendation or reasonable alternative that will best achieve their oral health goals so they may consider each alternative's cost in their decision to provide informed consent.



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## *The Exact Nature and Anticipated Benefits of the Dental Hygiene Service*

Once you have identified the dental hygiene service you intend to provide your patient, you can discuss:

- Why this service is necessary and/or beneficial for their oral health;
- How the service aligns with the patient's needs, interests, values, and goals;
- What the service is for;
- How the service will be done;
- Who will be involved in the provision of the service and what their role involves;
- Where the service will be provided;
- What the implications are for receiving the service (e.g., food restrictions, time commitment, any other effects on the patient).

Sharing this information provides your patient with the rationale for your recommendation and allows them to better understand how it will meet their oral health needs and goals.

- Present the information accurately and truthfully without exaggerating the benefit of the service to avoid creating an unreasonable expectation for the service's outcomes.
- Provide your patient with evidence-informed information.

## *Risks of Proceeding with the Dental Hygiene Service*

Providing the patient with information about the service's risks allows them the opportunity to weigh the benefits against the risks.

- A risk is related to the probability of being exposed to danger, injury, or harm.
- Patients must be informed if a service has common or significant risks.

Take an evidence-informed approach to determining common and significant risks to share with your patient to allow them to make an informed decision.

- Risks will vary depending on the patient, their oral health status, and their overall health status.
- Common risks can be identified by their frequency of occurrence, regardless of the severity of danger, injury, or harm (e.g., tender gingiva, temporary temperature sensitivity).
- Significant risks are those that result in severe danger, injury, or harm for the patient (e.g., risk of bacteremia for an immunocompromised patient).
- Risks include possible side effects to prescription drugs, non-prescription drugs, or natural health products.

It may be impossible or unreasonable to outline all risks associated with a service. To identify relevant risks to share with your patient, consider:

- What the patient would want to know;
- What other dental hygienists would disclose;



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- What a reasonable person in similar circumstances to the patient would want to know.

## *Costs Associated with the Dental Hygiene Service*

The patient needs to know what the costs will be before consenting to the dental hygiene service.

- As the health care provider who is providing the service, you should discuss this directly with your patient to ensure that the information is accurate, truthful, and complete.
- Your patient should be informed of the financial obligations associated with dental hygiene care prior to their appointment.

The task of discussing cost may be delegated to another team member who has been given adequate direction and training to do so.

- If you choose to delegate this task, be aware of what information the patient has received before you proceed with the service.
  - You are accountable for ensuring your patient has the information they need to give informed consent.
- Never assume that someone else has provided your patient with all relevant cost information unless you are confident in the policies and procedures in place to verify the information that is given to the patient.
  - You should discuss the information the patient received with them to verify its accuracy and allow them to ask questions.

If you are seeing a regular patient who is aware of the costs associated with your services, ensure they are informed of changes to fees or increases in billing (e.g., if more scaling units are required for that appointment than for previous appointments).

## *Diagnosis and Prognosis*

To make an informed choice about their care, the patient needs to know their:

- Diagnosis (identification of their oral health condition(s)); and
- Prognosis (predicted outcome of the oral health condition with and without dental hygiene intervention).

It may be that you have not yet determined a diagnosis or prognosis for your patient at the point when consent is required to proceed (e.g., when initiating assessments).

- If this is the case, you may discuss how the service is necessary to collect information required to determine the patient's oral health status, including diagnosis and prognosis.

Communicate the diagnosis, any differential diagnoses identified, and prognosis before treating the patient's oral health condition.

See the [Guidelines for Clinical Therapy](#) for more information on diagnosis and prognosis.



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## *Reasonable Alternatives Available to the Patient and the Risks Associated with Those Options.*

Inform the patient of their options for care, including the anticipated benefits and risks of each option.

- Use an evidence-informed approach to identify reasonable alternative dental hygiene services.
- It may be that there are no reasonable alternative services available or that a reasonable alternative is no treatment at all.

## *Consequences of Refusing Recommendations*

Inform the patient about the potential consequences of refusing a recommendation, including the effect on prognosis, health outcomes, and the patient's goals.

- For example, a patient's goal is to avoid dental caries, but they have declined to follow your recommendation to apply fluoride.
  - To ensure their refusal is informed, explain how refusing the service will affect their oral health goal.

## **3. Determining Who May Provide Informed Consent or Make an Informed Refusal**

If you are unsure if someone is the appropriate individual to provide informed consent, it is best to seek legal advice from a lawyer and/or to contact the patient's physician to discuss concerns about capacity.

## *Capacity to Make Informed Decisions*

The patient and/or their substitute decision-maker can provide informed consent.

- You may presume that adult patients have the capacity to provide informed consent.
  - If you have reasons to believe that your adult patient is unable to make their own health care decisions, you may refer that patient to their physician to initiate a capacity assessment.
- A substitute decision-maker is someone legally authorized to make health decisions on behalf of another individual (e.g., guardian, trustee, or agent under a personal directive in accordance with legislation)

Capacity refers to the patient's ability to understand and appreciate the nature, risks, and foreseeable consequences of both the proposed dental hygiene service and the failure to act.

- A patient's capacity must be determined by an appropriate assessor (e.g., a physician, psychologist, or designated capacity assessor).

There may be specific instances where an appropriate assessor has determined that the patient lacks the capacity to make personal decisions.



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- If it has been determined that a patient lacks capacity, a substitute decision-maker can provide informed consent if they are the patient's legal guardian or are otherwise authorized by legislation to act on behalf of the patient.
  - Different legislation appoints a substitute decision-maker based on the patient's capacity to make decisions. (e.g., [Mental Health Act](#), [Personal Directives Act](#), and [Adult Guardianship and Trusteeship Act](#)).
- A patient without the capacity to consent should still be involved in decision-making to an extent that is appropriate for them (e.g., recognizing and acknowledging their opinions about the service).

Depending on the patient's individual situation, they may have substitute decision-makers that assist them with their decisions.

- Discuss with the patient or their substitute decision-maker how decisions are made for your patient.

## *Capacity That is Impaired*

A patient's capacity may be temporarily impaired (e.g., if the patient is affected by oral sedatives, nitrous oxide/oxygen sedation, recreational drugs, alcohol).

- If the patient is impaired, they cannot provide informed consent.
- If you know the patient will be impaired during their appointment (e.g., sedated), plan for obtaining informed consent before their appointment when their capacity is not affected.
- Document the informed consent process in the patient record and ensure that you discuss how to proceed if the plan needs to be changed during the appointment.
- To respect the patient's right to informed choice, do not proceed with services that were not discussed when they had capacity to make decisions.
  - The only exception to this is an emergency where you must act quickly to prevent or minimize harm to the patient (see section below "[Emergency Situations](#)").

## *Minor Patients*

In Alberta, there is no legislation that identifies an age when a minor cannot consent for themselves.

- You may presume a patient under 18 years old is a minor who lacks the capacity to provide their own consent.
  - In this situation, you would seek consent from the patient's legal guardian (e.g., parent).
  - You should confirm that an adult seeking to provide informed consent is the patient's legal guardian as other adults cannot legally provide informed consent.



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- Discuss with the patient's legal guardian in advance whether someone other than a legal guardian will be accompanying a minor to appointments and document this in the patient record.
  - Prior to proceeding with any dental hygiene service, ensure you have obtained informed consent from the legal guardian.

If a minor patient can understand and appreciate the nature, risks, and consequences of the proposed dental hygiene services, they could be considered a "mature minor" and may provide consent for themselves.

- To assess whether your patient is a mature minor, you should consider:
  - The patient's age;
  - The patient's maturity;
  - The patient's intelligence (i.e., ability to understand the nature, benefits, risks, consequences, and alternatives to medical care and treatment);
  - The patient's capability to balance risk over benefits;
  - The level of freedom the patient has from parental control; and
  - Any other factors that may be relevant in the circumstances.<sup>1</sup>
- Document the factors you considered during your assessment in the patient record.
- As a general rule, the more serious the proposed treatment, the greater the level of maturity required for a minor patient to be considered a mature minor.<sup>2</sup>

## Ongoing Informed Consent

Each intended dental hygiene service (e.g., procedure or strategy) requires informed consent prior to initiation.

- Informed consent involves ongoing communication beginning with [a proper explanation](#) of the dental hygiene service.
- Maintain informed consent during delivery the dental hygiene services. Dental hygiene services can only be provided if the patient agrees to allow you to proceed.

If you feel the patient has a reasonable understanding of the information provided, you can ensure you maintain ongoing informed consent by either:

- Affirming that the patient wishes to proceed and reminding the patient to ask any questions about the service; or
- Relying on implied consent.

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<sup>1</sup> Factors compiled from: Alberta Health Services "[Summary Sheet: Consent to Treatment/Procedure\(s\)- Minors/Mature Minors](#)" (25 October 2010); College of Physicians and Surgeons of Alberta "[Advice to the Profession: Informed Consent for Minors](#)" (December 2015).

<sup>2</sup> College of Physicians and Surgeons of Alberta "[Advice to the Profession: Informed Consent for Minors](#)" (December 2015).



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- Implied consent involves interpreting the words or behaviour of the patient or the surrounding circumstances to determine the patient's willingness to receive treatment.

Use caution if you rely on implied consent.

- There is risk that you may be misinterpreting your patient's behaviour and that they are no longer consenting to the dental hygiene service. Ensure that your patient understands that they may withdraw their consent at any time.

The more reliable approach to ensuring ongoing informed consent is to affirm the patient's wishes throughout the appointment rather than relying on implied consent.

A patient's informed consent is no longer valid if:

- The patient's condition has changed;
  - For example, if assessment data reveals the patient's condition is better or worse than you anticipated when you sought informed consent.
- The evidence supporting the procedure or strategy has changed;
- The patient has withdrawn consent; or
- The patient has refused the involvement of particular individuals in their care.

In any of these situations, dental hygienists need to obtain new informed consent to reflect the changes in the information that are relevant to the patient's informed choice.

## Informed Refusal or Withdrawn Consent

Patients have the right to refuse to give consent or withdraw their consent at any time.

If you do not receive informed consent from your patient or your patient withdraws their consent, you must not proceed or continue with that dental hygiene service.

It is your responsibility to respond appropriately if a patient refuses or withdraws consent.

- Collaborate with your patient to modify the planned services and obtain new informed consent.

It may be that a patient's informed refusal can affect the provision of other services.

- Use your professional judgment to determine if there are risks created by the refusal which outweigh the benefits of moving forward with the dental hygiene care plan.
- For example, consider a patient who refuses to update their medical history when they had previously indicated they would be receiving chemotherapy at this time.
  - You can provide them with an explanation for why that information would be necessary for providing dental hygiene care and that there may be significant risks to proceeding with treatment (e.g., bacteremia).
  - While it is the patient's right to make the informed choice to refuse to provide you with that information, you may choose not to proceed with treatment because of the risks associated with providing dental hygiene care.



## Documentation

Document the informed consent process in the patient record, including relevant details about the information you provided the patient and the patient's input or response to that information.

- Consent may be verbal or in writing.
  - You should consider the risks to the patient (e.g., the potential for bleeding, infection, pain, and discomfort) and the invasiveness of the procedure when deciding on the type of consent required and the level of documentation required.
    - More complex procedures with greater risk and invasiveness should have written consent before proceeding (e.g., atraumatic restorative therapy).

The patient record must contain the patient's informed refusal or withdrawal of consent.

- You should outline the steps you took to respect the patient's decision (e.g., discontinuing the service immediately, adjusting services, obtaining new consent).

## Consent Forms

Written consent is a strategy for documenting the patient's consent but using a generic form can be challenging because it may not meet the requirements for informed consent. Informed consent needs to be specific to the patient and the dental hygiene service(s) you intend to provide.

- You should consider obtaining written consent for procedures that are complex, involve sedation, or involve anything more than a minor risk.

If you use a generic form, ensure that you are also:

- Discussing relevant information with the patient so that they can ask questions;
- Communicating that the patient can withdraw their consent or refuse a service; and
- Taking steps to determine whether the patient understands what they are consenting to.

You must ensure that you are obtaining informed consent by following the Standard of Practice's requirements whether you use a consent form or not.

## Emergency Situations

Depending on the circumstances, a medical emergency may present an exceptional situation where it is unreasonable to obtain informed consent prior to providing treatment.

- Dental hygienists may provide treatment to manage a medical emergency without consent from the patient or their substitute decision-maker if attempting to obtain consent would result in delaying care and place the patient at risk of serious harm.



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If you are unable to obtain informed consent without delaying urgent emergency care, ensure that you:

- Only provide the treatment necessary to manage the emergency;
- Document details of the emergency in the patient record, including why you proceeded without informed consent; and
- Discuss the emergency that occurred, treatment provided, and any other relevant information with the patient or their substitute decision-maker as soon as is practicable.

If the emergency care can wait until the patient or their substitute decision-maker can provide informed consent, you should first obtain informed consent before proceeding.

## Summary

To prevent situations where a patient feels they were not provided the opportunity to give informed consent:

- Communicate the required and relevant information to your patient to assist them in their choices;
- Have your patient demonstrate that they understand the information and are considering it in their decision;
- Ensure that your patient has consented to the services you intend to provide them;
- Document information about the informed consent process; and
- Document that informed consent was obtained or refused.

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## Appendix A- Example scenario

The following scenario outlines a dental hygienist's interactions with their patient. The different elements of informed consent throughout the appointment are highlighted in the text boxes.

While this example may be useful to identify how informed consent may influence a patient encounter, situations involving your patients will require you to use your professional judgment to determine how to proceed.

A new adult patient presents for a dental hygiene appointment.

- They are interested in reducing bleeding in their gums and preventing cavities.
- The dental hygienist introduces themselves (name, protected title) to the patient and discusses the patient's goals with the patient.
- The dental hygienist determines the patient's dental history, including their last dental hygiene appointment and radiographs.



- ✓ *Consider the patient's interests and goals.*
- ✓ *Inform the patient who you are and your role.*

- ✓ *Provide information about the proposed procedures (risks, benefits, costs).*
- ✓ *Connect the purpose of the procedures to the patient's goals.*
- ✓ *Discuss what the procedures involve.*
- ✓ *Inform how the assessments impact recommendations for treatment.*



Based on their discussion, the dental hygienist recommends assessments for the patient that includes periodontal probing and radiographs.

- The dental hygienist explains that the assessments will be used to diagnose whether the patient has periodontitis and caries. They discuss the risks, benefits, and costs of each proposed service and describe what the patient can expect during and after the procedures.
- The dental hygienist recommends that scaling be performed, but the estimated amount of scaling and scheduling of appointments will be based on the findings of the assessments.



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The patient is unsure about receiving radiographs and asks for more information about why they are beneficial and help to achieve the patient's oral health goals.

- The dental hygienist provides additional information about the procedure and identifies a visual examination as an alternative treatment. Visual examinations' risks and benefits are discussed, including limitations for interproximal caries detection.
- The patient provides informed consent to proceed with the periodontal probing and radiographs.
- The dental hygienist documents that the patient was hesitant but informed consent was obtained after providing the patient with additional information.



- ✓ *Answer patient's questions truthfully and accurately based on reliable sources.*
- ✓ *Offer alternative options and discuss their benefits, risks, costs, etc.*
- ✓ *Documents informed consent process.*

Following the assessments, the dental hygienist informs the patient that based on their periodontitis diagnosis, the best treatment option would be to provide local anaesthesia during scaling and to break up the appointments into two separate visits.

- ✓ *Share diagnosis with patient.*
- ✓ *Give information about proposed services.*
- ✓ *Accept patient's informed refusal.*
- ✓ *Provide alternative options and discuss the benefits and risks.*
- ✓ *Document the informed consent process.*



- Costs and scheduling are discussed.
- The patient is informed about the risks and benefits of local anaesthesia and the impacts the anaesthesia will have on their ability to speak and eat following the appointment.
- The patient decides not to proceed with local anaesthetic since they prefer to have a single appointment to complete the scaling.
- The dental hygienist discusses options for topical anaesthetic, including risks, benefits, and limitations compared to local anaesthetic.
- The patient provides informed consent to proceed with scaling with topical anaesthetic.
- In the patient record, the dental hygienist documents that the patient refused local anaesthetic but consented to scaling with topical anaesthetic.



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While scaling, one area is very painful, and it is difficult to instrument using only topical anaesthetic.

- The dental hygienist discusses the option of using local anaesthetic only in that specific area to allow for effective instrumentation.
- The patient provides informed consent to proceed with local anaesthetic in the specified area.



- ✓ *Monitor the patient and provide options to manage pain.*
- ✓ *Acknowledges that informed consent is an ongoing process and is situational.*

- ✓ *Accept withdrawn consent.*
- ✓ *Provide alternative options.*
- ✓ *Obtain informed consent before proceeding with an alternative option.*



When the dental hygienist resumes scaling, the patient decides they do not want topical anaesthetic anymore.

- The patient tells the dental hygienist, who informs the patient that the alternative options are to proceed without topical anaesthetic or to leave the scaling incomplete.
- The dental hygienist shares the risks and benefits of each alternative, including effects on the patient's prognosis.
- The patient consents to proceeding with scaling without topical anaesthetic.

Based on the patient's caries risk, the dental hygienist recommends applying topical fluoride varnish.

- The dental hygienist discusses risks, benefits, costs, and implications of the treatment, including abstaining from hot beverages and brushing/flossing their teeth for the period of time specified by the manufacturer's instructions.
- The patient provides informed consent for the treatment.



- ✓ *Connect dental hygiene service recommendations with the patient's interests and goals.*
- ✓ *Provide relevant information for the patient's decision (e.g., risks, benefits, costs, and implications).*
- ✓ *Document the informed consent process.*