The amendment to the Dental Hygiene Act, 1991 was proclaimed on September 1, 2007. Therefore, registrants who have been approved by the CDHO to self-initiate their authorized act of ‘scaling teeth and root planing, including curetting surrounding tissue’ may do so without an ‘order’ from a dentist subject to the regulation on contraindications.

Section 4 and 5 of the Dental Hygiene Act, 1991 (DHA) reads as follows:

4. In the course of engaging in the practice of dental hygiene, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:
   1. Scaling teeth and root planing including curetting surrounding tissue.

Additional requirements for authorized acts

5. (1) A member shall perform a procedure under the authority of paragraph 1 of section 4 in accordance with any requirements prescribed in the regulations, and may perform such a procedure,
   (a) on the member’s own initiative, if none of the contraindications prescribed in the regulations to performing the procedure are present, and if the member ceases the procedure if any of the prescribed contraindications to continuing the procedure are present; or
   (b) if the procedure is ordered by a member of the Royal College of Dental Surgeons of Ontario. 2007, c. 10, Sched. B, s. 4 (1).

Same

(2) A member shall not perform a procedure under the authority of paragraph 2 of section 4 unless the procedure is ordered by a member of the Royal College of Dental Surgeons of Ontario.

Please refer to the attached Standard of Practice for information on the approval process for self-initiation, along with the guideline and regulation respecting prescribed contraindications to scaling teeth and root planing, including curetting surrounding tissue, on member’s own initiative and the application form.
If a registrant has not been approved for self-initiation and is proceeding under an ‘order’, the ‘order’ could be a ‘standing order’ in the form of an office protocol outlining certain conditions which must be met prior to these procedures being performed. This protocol should be signed by both the dentist and dental hygienist (sample attached). Normally, due to the nature of the treatment, a ‘client specific order’ is required for orthodontic and restorative procedures. With respect to dental hygienists working in public health, the policy and procedure manual written by the health unit usually includes a protocol for ‘order’. This should be signed by both the dental hygienist and the dentist, generally the director of dental health, providing the ‘order’. If you are using an office protocol, you must reference the protocol in the client’s chart. The dental hygienist must be able to show that s/he received an ‘order’ prior to commencing treatment.

Please note that the dentist can choose to establish his/her own office protocol outlining conditions under which a dental hygienist may proceed with treatment. The protocol provided by this College is a sample and can be amended to accommodate individual office policies. If there is no protocol in place, every ‘order’ must be client specific and recorded in the client’s chart every time the client presents to the office. A ‘client-specific order’ should be signed/initialled by the dentist and recorded in the client’s chart. One way of accomplishing this is to write the ‘order’ in the chart and have the dentist sign/initial the chart.

There is no supervision requirement for dental hygienists in Ontario. However, for a dental hygienist who has not been approved for self-initiation by the CDHO, the ‘order’ is required regardless of whether the dentist is present in the office or not and must be provided prior to commencing treatment on the client. Once an ‘order’ has been provided, a dental hygienist can treat a client without the dentist being present in the office. However, the protocol may not cover a situation where a client presents with medical contra-indications unless the dentist is available for consultation or the office protocol provides for obtaining medical clearance from a physician or a nurse practitioner.
SUGGESTED PROTOCOL FOR PROVIDING ORDERS FOR INITIATING SCALING, ROOT PLANING, INCLUDING CURETTING SURROUNDING TISSUE

ORDER TO PROCEED WITH SCALING AND ROOT PLANING, INCLUDING CURETTING SURROUNDING TISSUE

In this office, it is the accepted protocol that each client must have a medical history taken and updated at each appointment.

If there are no conditions in the medical history that contraindicate scaling and root planing, including curetting surrounding tissue, I authorize the dental hygienist(s) listed below to initiate these procedures.

If there are conditions in the medical history that contraindicate scaling and root planing, including curetting surrounding tissue, I authorize the dental hygienist to proceed provided that s/he has:

(a) obtained a client specific order from me; or

(b) obtained medical clearance for the proposed treatment from a member of the College of Physicians and Surgeons or a nurse practitioner who is a member of the College of Nurses of Ontario.

Dental hygienist(s) authorized under this protocol

Name(s) (printed)   Signature(s)

__________________________________________  ____________________________________________

__________________________________________  ____________________________________________

__________________________________________  ____________________________________________

__________________________________________  ____________________________________________

__________________________________________  ____________________________________________

__________________________________________  ____________________________________________

Authorizing dentist’s signature   Date