



NOVA SCOTIA REGULATOR OF DENTAL HYGIENE, DENTAL TECHNOLOGY, & DENTURISM

Practice Standard: Dental Hygienists: Professional Judgment and Collaboration with Healthcare Professionals

APPROVED BY THE NSRDHDTD BOARD: May 1, 2025

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1. Preamble

Dental hygienists play a critical role in promoting oral health and overall well-being. Their ability to self-initiate care, assess client needs, and determine when to collaborate with other healthcare professionals is essential in providing safe, competent, and effective oral health care services.

This new standard on Professional Judgment and Collaboration is an addition to the general Code of Ethics and Practice Standards approved by the Board of the NSRDHDTD for Nova Scotia dental hygienists. All the foundational requirements, such as obtaining informed consent and following health privacy laws, must still be followed. This document provides additional guidance on how to handle situations involving collaboration and consultation with other healthcare professionals. This Standard is intended to support, not replace, the professional judgment that dental hygienists make in specific situations.

Under the *Regulated Health Professions Act*, the prior regulatory requirement for dental hygienists to obtain written clearance or approval from specified healthcare professionals for certain procedures has been removed. However, the expectation that dental hygienists consult or collaborate with the appropriate healthcare professional, when necessary, prior to performing client care remains. This Standard outlines the principles of professional judgment and collaboration, that NSRDHDTD practising dental hygienists must follow.

Professional judgment and interdisciplinary collaboration are fundamental to the effective and safe provision of dental hygiene services. By recognizing when consultation or referral is necessary, dental hygienists contribute to comprehensive client care and uphold the highest standards of practice. Implementing the principles set out in this Standard ensures that clients receive safe and effective services that are tailored to their unique healthcare needs.

2. Definitions for the Purpose of this Standard

COLLABORATE: To work in partnership with the client, other members of the oral health care team, other health care professionals, and individuals outside the health care system, while maintaining a focus on the needs and goals of the client. Collaboration may include consultations, referrals, coordinated service delivery, or other relationships that benefit the client.

CONSULTATION: A request for advice on the care of the client from another healthcare professional. The consultant may or may not see the client directly. The responsibility for clinical outcomes remains with the consultee who may decide to accept or reject the advice of the consultant.¹

DENTAL HYGIENE SERVICES: Any service that falls within the scope of practice of dental hygiene as outlined in the *Dental Hygiene, Dental Technology, and Denturism Regulations*.

LIMITATIONS: Occur when the client's needs for assessment, diagnosis, or treatment are best met by another healthcare professional or in another practice setting. This can include recognizing when the client's needs fall outside the scope of practice of dental hygiene or the dental hygienist's individual competence.

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OTHERS: Those within the client's circle of care, including healthcare professionals, administrative personnel, cultural brokers, and those directly or indirectly involved in supporting the health and well-being of a client. The term may also include representatives from private, voluntary, and non-profit groups, and government sectors.²

CLIENT-CENTRED: This approach recognizes the partnership and sharing of power between the client and healthcare professionals to improve clinical outcomes and satisfaction with care. It includes demonstrating attitudes and behaviours that are respectful of the whole person and their preferences.³

INFORMED CONSENT: The act of providing the client with information about the proposed treatment, including risks and side effects of the proposed treatment, alternative treatments, and the consequences of not having the treatment, in order to support the client's ability to make informed decisions. In the case of a minor or others who cannot self-determine, the agreement must come from a legal guardian or substitute decisionmaker.⁴

REFERRAL: An explicit request for another healthcare professional to become involved in the care of a client. Prior to a referral, the client must consent to the referral, and release of necessary personal health information, unless the other healthcare profession is already within the client's circle of care. The dental hygienist must document the consent. Accountability for clinical outcomes is negotiated between the healthcare professionals involved.⁵

SELF INITIATION: Self-initiation for dental hygienists refers to the ability to provide dental hygiene services without requiring an order or supervision from another oral healthcare professional, e.g., dentist. This means that a "self-initiated" dental hygienist can independently perform procedures, such as developing a care/treatment plan, scaling, root planing, ordering and taking radiographs, and oral health assessments/diagnoses within their scope of practice.

There is no longer an additional requirement for dental hygienists to apply to the Regulator for self-initiation. All dental hygienists in Nova Scotia, unless there is a specific condition or restriction on their licence, can self-initiate care for their clients (i.e., determine when and how to provide dental hygiene services). There may still be some procedures with standards of practice that require collaboration and/or an order from another healthcare professional prior to initiating certain care e.g., performing orthodontics or permanent restorative procedures.

3. Professional Judgment in Dental Hygiene Care

Dental hygienists are expected to use their knowledge, skills, and judgment to assess client conditions, determine appropriate services, and recognize when consultation or referral is necessary. The Dental Hygiene Process of Care (DHPC), or ADPIE model, serves as the foundation for clinical decision-making, encompassing:

1. **Assessment (A)** – Gathering comprehensive medical and oral health histories, including risk factors that may impact treatment.
2. **Diagnosis (D)** – Identifying conditions within the dental hygiene scope (e.g., periodontal disease and decay) and determining the need for consultation or referrals.

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3. **Planning (P)** – Developing an individualized dental hygiene care plan with evidence-based strategies. This includes identifying any potential contraindications to care and following up with the appropriate healthcare professional prior to implementing planned services.
4. **Implementation (I)** – Carrying out oral health care services safely, this includes obtaining informed client consent.
5. **Evaluation (E)** – Monitoring the progress and the effectiveness of care and adjusting dental hygiene care plans as needed. This includes identifying the need for referral and coordination of care.

4. When to Collaborate or Consult

Collaboration with other healthcare professionals (e.g., dentists, physicians, speech pathologists, social workers) is necessary when a client's care needs extend beyond the dental hygiene scope of practice or the individual dental hygienists' competencies.

As an important member of the interprofessional team, dental hygienists must recognize their limitations and cooperate with other interprofessional team members to optimize client outcomes. Key scenarios requiring collaboration include, but are not limited to, the following:

- **Medical Conditions Requiring Clearance** – Clients with certain cardiac conditions, immunosuppression, or blood disorders may require clearance from their primary healthcare provider (e.g., physician or nurse practitioner) or the client's specialist before undergoing dental hygiene procedures.
- **Complex Oral Health Issues** – That necessitate referral.
- **Medication Considerations** – When a client is taking unfamiliar or potentially contraindicated medications, consultation with a physician or pharmacist ensures safe provision of care.
- **Active Infections or Systemic Health Concerns** – Clients with health conditions active tuberculosis, ongoing chemotherapy, or recent head and neck radiation therapy may require deferral of care or consultation before proceeding with dental hygiene care.

5. Best Practices for Collaboration

To ensure effective collaboration, dental hygienists must:

1. **Communicate Clearly** – Provide detailed and concise client information to other healthcare professionals, ensuring transparency in shared care.
2. **Document All Interactions** – Maintain accurate records of referrals, consultations, and medical clearances to uphold professional accountability.
3. **Obtain Written Clearance** – While no longer mandated in legislation, there may be certain circumstances where the dental hygienist determines that it is necessary to obtain written

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clearance from another healthcare professional (e.g., a client has a complex health history). In these instances, the dental hygienist must obtain written medical clearance via a secure platform/method e.g., mail, email, or fax, in compliance with [Nova Scotia's Personal Health Information Act](#) requirements.

4. **Respect Client Autonomy** – Educate clients on the importance of interdisciplinary care and involve them in decision-making.
5. **Adhere to Ethical Standards and Comply with Legislation**– Follow the Code of Ethics, Practice Standards, and privacy legislation and maintain a client-centered approach in all collaborative efforts.

6. Acknowledgements

Existing CDHNS documents and legislation were used to develop this document, including the Dental Hygienists Regulations and the CDHNS Best Practices Self-Initiation document. Appreciation goes to the following organizations whose documents were helpful in the development of this Standard. This is in addition to documents referenced in the End Notes. The Alberta College of Dental Hygienists (ACDH) *Collaboration Standard* (2023), College of Dental Hygienists of Ontario (CDHO)'s *Guideline: Best Practice for Initiating Dental Hygiene Care* (2023).

7. Document History

First approved by the CDHNS on April 11, 2025, for circulation to registrants for consultation. Following the consultation period, the final version was approved by the Initial Board for the NSRDHDT, on May 1, 2025.

Approximate date of next review: 2028

8. End Notes

¹ Nova Scotia College of Nursing. (2018) Nurse Practitioner Standards of Practice. Accessed from: cdn1.nscn.ca/sites/default/files/documents/resources/NP_Standards_of_Practice.pdf

² Federation of Dental Hygiene Regulators of Canada. (2021) Entry-to-Practice Canadian Competencies for Dental Hygienists. Available from: www.fdhrc.ca/wp/wp-content/uploads/2021/12/EPCCoDH_FDHRN_November_2021.pdf

³ Registered Nurses' Association of Ontario. (2015) Person- and Family-Centred Care. Accessed from: rnao.ca/sites/rnao-ca/files/FINAL_Web_Version_0.pdf

⁴ Federation of Dental Hygiene Regulators of Canada. (2021) Entry-to-Practice Canadian Competencies for Dental Hygienists. Available from: www.fdhrc.ca/wp/wp-content/uploads/2021/12/EPCCoDH_FDHRN_November_2021.pdf

⁵ Nova Scotia College of Nursing. (2018) Nurse Practitioner Standards of Practice. Accessed from: cdn1.nscn.ca/sites/default/files/documents/resources/NP_Standards_of_Practice.pdf