

**Restricted Activities Authorization**  
**College of Registered Dental Hygienists of Alberta (CRDHA)**  
**Updated November 2015**

<b>DH Regulation</b>	<b>Clarification for CRDHA Members</b>
<p><b>13(1)</b> General members and courtesy members are authorized, in the practice of dental hygiene and in accordance with the standards of practice approved by the Council, to perform the following restricted activities:</p>	<p>General members and courtesy members are the only categories of members who will be issued a practice permit under the HPA. Many procedures performed by dental hygienists such as extra-oral examinations, dental hygiene diagnosis, fluoride applications, impressions, etc. are not considered restricted activities.</p> <p>Standards of Practice include the CRDHA Code of Ethics, Practice Standards and Practice Guidelines. The Code of Ethics and Practice Standards are available on the CRDHA's website at <a href="http://www.crdha.ca">www.crdha.ca</a>.</p>
<p>(a) for the purpose of assessing or treating oral health conditions but not for the purpose of performing restoration procedures of a permanent nature, to cut a body tissue, to administer anything by an invasive procedure on body tissue or to perform surgical or other invasive procedures on body tissue below the dermis or the mucous membrane or in or below the surface of teeth, including scaling of teeth;</p>	<p>This restricted activity is intended to allow dental hygienists to perform a variety of therapeutic and preventive therapy procedures that are classified as restricted activities because they involve cutting of tissue or invasive procedures. Examples of these restricted activities include:</p> <ul style="list-style-type: none"> <li>• periodontal probing</li> <li>• periodontal debridement including scaling, root planing and soft tissue curettage using hand or powered instruments</li> <li>• gingival irrigation</li> <li>• placement of anti-microbial agents into the gingival sulcus</li> <li>• placement of dressings</li> <li>• use of air abrasion prior to placement of sealants</li> <li>• placement of temporary restorations, not including cutting of the cavity preparation. Refer to Restricted Activities <a href="#">HPA Frequently Asked Questions</a>.</li> <li>• administration of local anaesthetic by injection for oral nerve block or infiltration anaesthesia following completion of a Council-approved course. The University of Alberta Local Anaesthesia Continuing Education Course is the CRDHA Council-approved course and serves as the benchmark for educational qualifications regarding this restricted activity. Members must apply for a CRDHA Local Anaesthesia Certificate prior to incorporating this restricted activity into their scope of practice.</li> </ul>
<p>(b) to insert or remove instruments, devices, fingers or hands beyond the pharynx for oral soft tissue examinations;</p>	<p>This authorization allows regulated members to perform routine comprehensive intra-oral examinations including assessment of the oral-pharyngeal soft tissues as one of the components of client assessment prior to provision of dental hygiene care.</p>

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(c) to reduce a dislocation of a temporomandibular joint for the purpose of reducing a subluxation of the temporomandibular joint;	<p>“Subluxation” is an incomplete or partial dislocation of a joint. Subluxation of the temporomandibular joint occasionally occurs during the provision of dental hygiene treatment. If the subluxation cannot be self-reduced by the client, the dental hygienist will assist the client by placing thumbs intra-orally and against the mandible adjacent to the posterior teeth, curving fingers and placing them under the body of the mandible, press down and back with thumbs, and at the same time pulling up and forward with fingers so the joint slips back in place.</p>
<p>(d) to prescribe the following Schedule 1 drugs within the meaning of Schedule 7.1 to the Government Organization Act for the purpose of treating oral health conditions, providing prophylaxis and treating emergencies:</p> <p>(i) antibiotics;</p> <p>(ii) antifungal agents;</p> <p>(iii) anti-infective agents;</p> <p>(iv) antiviral agents;</p> <p>(v) bronchodilators;</p> <p>(vi) epinephrine;</p> <p>(vii) fluoride;</p> <p>(viii) pilocarpine;</p> <p>(ix) topical corticosteroids;</p>	<p>“Prescription” as defined in Alberta’s <i>Pharmacy and Drug Act</i> is a direction by a person who is authorized by an Act of the Legislature of Alberta or an Act of the Parliament of Canada to prescribe drugs, directing that a drug be dispensed to or for the patient named in the direction.</p> <p>Schedule 1 drugs can be sold only with a prescription. Drugs in this schedule include all the federally scheduled drugs in the Prescription Drug List within the <i>Food and Drug Regulations (Canada)</i>, and certain others, which are specific to Alberta. All drugs listed in Alberta’s Schedule 1 are subject to the same regulations as drugs listed in the Prescription Drug List (Canada), which includes any natural health products that are classified as drugs and therefore require a prescription (e.g., Vitamin K1 injection). Schedule 1 drugs <u>do not</u> include controlled substances such as narcotics.</p> <p>Although all dental hygiene educational programs teach the competencies required to prescribe, until implementation of the HPA, dental hygienists did not have the formal authority to sign prescriptions.</p> <p>Members cannot automatically begin signing prescriptions. A dental hygienist, like all authorized prescribers, must have a valid prescriber’s identification (ID) number in order to issue prescriptions.</p> <p>CRDHA members must apply to the CRDHA for a prescriber’s ID number. Members who apply for a prescriber ID number must successfully complete a Council-approved pharmacy refresher course that will provide information and assess the applicant’s knowledge related to:</p> <ul style="list-style-type: none"> <li>• applicable legislation, standards of practice and prescribing guidelines</li> <li>• appropriate and accurate prescription writing</li> <li>• requirements for documentation</li> <li>• current knowledge of drugs used in dental hygiene practice</li> <li>• communication and collaboration with other health professionals</li> <li>• prevention, identification and management of adverse drug reactions</li> <li>• accessing appropriate resources for up-to-date drug and prescribing information</li> </ul> <p>Upon successful completion of the required course, a prescriber’s ID number will be issued and the regulated member’s name will be entered onto the CRDHA’s prescriber roster. The Alberta College of Pharmacists will be notified of the prescriber’s name and ID number and any future cancellation of that prescriber number.</p>

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<p><b>(Repeated)</b></p> <p>(d) to prescribe the following Schedule 1 drugs within the meaning of Schedule 7.1 to the Government Organization Act for the purpose of treating oral health conditions, providing prophylaxis and treating emergencies:</p> <p>(i) antibiotics;</p> <p>(ii) antifungal agents;</p> <p>(iii) anti-infective agents;</p> <p>(iv) antiviral agents;</p> <p>(v) bronchodilators;</p> <p>(vi) epinephrine;</p> <p>(vii) fluoride;</p> <p>(viii) pilocarpine;</p> <p>(ix) topical corticosteroids;</p>	<p>Authorization to prescribe Schedule 1 drugs is solely related to prescription of drugs used in dental hygiene practice. Dental hygienists <u>are not</u> authorized to prescribe drugs for any other conditions such as sore throats, ear infections, etc. The CRDHA has developed <i>Guidelines Regarding Prescription and Non-Prescription Drugs in Dental Hygiene Practice</i>. Following, are examples of the Schedule 1 drugs used in dental hygiene practice:</p> <ol style="list-style-type: none"> <li>i. Antibiotics are routinely used for the purposes of pre-medication* prior to initiating dental hygiene treatment and for the prevention or treatment of periodontal disease and infections. Some examples of antibiotics used for pre-medication are penicillins, clindamycin, and cephalosporins.  An example of an antibiotic commonly used for periodontal treatment is tetracycline. Controlled release methods may be used for intracrevicular delivery (fibres, chips, microspheres, gels).</li> <li>ii. Anti-fungal agents, such as nystatin, are used to treat oral conditions such as Candidiasis.</li> <li>iii. Anti-infective agents are used for pre-medication for those allergic to penicillins and to prevent or treat periodontal disease and infections. Two examples of anti-infective agents are: chlorhexidine gluconate and metronidazole.</li> <li>iv. Anti-viral agents may be prescribed for the treatment or relief of oral herpetic lesions. One example of this is acyclovir.</li> <li>v. Bronchodilators, such as salbutamol, may be used when a medical emergency arises during the provision of dental hygiene services. This is a standard emergency kit item.</li> <li>vi. Injectable local anaesthetics with epinephrine are routinely utilized for pain management purposes when providing dental hygiene treatment.</li> <li>vii. Fluoride is no longer a Schedule 1 drug in the amounts and preparations used in oral health settings. Some examples of commonly used fluorides are sodium fluoride drops or tablets, stannous fluoride gel (GelKam) and fluoride-containing varnish (e.g. Duraflor). Currently, none of the oral care fluoride products require a prescription. Most “dental” fluorides are now classified as Schedule 3 drugs in Alberta.</li> <li>viii. Pilocarpine agents, such as Salagen tablets, may be used as treatment for dry mouth (xerostomia).</li> <li>ix. Topical corticosteroids, such as triamcinolone acetonide dental paste, may be used for the treatment of oral inflammatory and ulcerative lesions.</li> </ol> <p>* Guidelines for the prescription of oral antibiotics for prevention of bacterial endocarditis are set out by the American Heart Association. The CRDHA supports <a href="#">the 2013 conjoint guideline of the American Dental Association and the American Academy of Orthopaedic Surgeons</a> concerning antibiotic prophylaxis for dental patients with total joint replacements. If dental hygienists have concerns or questions about a specific client, a consultation with the client’s physician or orthopaedic surgeon is recommended.</p>
<p>(e) to compound, provide for</p>	<p>You do not require a prescriber’s ID number to perform this restricted activity.</p>

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<p>selling or sell, incidentally to the practice of dental hygiene, a Schedule 1 drug or Schedule 2 drug within the meaning of Schedule 7.1 to the <i>Government Organization Act</i>;</p>	<p>The authority to perform the restricted activity of compounding, providing for sale or selling does not mean that registered dental hygienists will now be able to compound or sell drugs in the same manner as pharmacists. There is no intent for dental hygienists to establish store front sales centres for prescription or non-prescription drugs used in providing dental hygiene services. The authorization to compound, provide for sale or sell is merely intended to provide flexibility to meet client needs where a pharmacy is not readily accessible or client compliance is an issue.</p> <p>In Schedule 7.1 of the GOA, <i>compound</i> is defined as “to mix together 2 or more ingredients of which at least one is a drug for the purposes of dispensing a drug or drugs, but does not include reconstituting a drug or drugs with only water.” There are some instances in dental hygiene practice where a member might engage in compounding. One such example is the mixing of Benadryl liquid and Kaopectate for a client to use as a rinse for relief of pain from aphthous ulcers.</p> <p>Keeping a supply of Schedule 1 or 2 drugs in a dental hygiene practice and giving or charging for the drugs being used during the course of dental hygiene treatment or to be used by the client in follow-up care is interpreted as providing for sale or selling. Many practices keep a supply of routinely used drugs on-site and give or sell the drug to the client to get them started with their oral care regimen. Once the client is engaged in the oral care program, repeat prescriptions can be dispensed through a pharmacy.</p> <p>Schedule 1 drugs require a prescription as a condition of sale. Schedule 2 drugs do not require a prescription as a condition of sale. Schedule 2 drugs are less strictly regulated, but do require professional intervention with an appropriately qualified healthcare practitioner. In a pharmacy, Schedule 2 drugs are sold from an area to which there is no public access and no opportunity for client self-selection.</p>
<p>(f) to order or apply any form of ionizing radiation in medical radiography.</p>	<p>Authorization to perform this restricted activity is for the purpose of ordering, exposing and interpreting intra-oral or extra-oral dental radiographs as a part of dental hygiene practice and does not include the ordering of ionizing radiation for any other medical diagnostic purpose or for any form of dental or medical radiation therapy.</p> <p>Dental hygienists who have completed the appropriate theoretical and clinical education are also authorized to use lasers for dental hygiene procedures (i.e. tooth bleaching and periodontal therapy). Laser bleaching and laser periodontal therapy competencies can be obtained through a dental hygiene undergraduate program or a formal continuing education opportunity.</p> <p>Laser periodontal therapy courses must include hands-on clinical experiences using the laser on <b>live, human clients</b>. Refer to <a href="#">HPA Frequently Asked Questions</a> for further information.</p> <p>Dental hygienists can own dental radiation equipment, including lasers. All dental x-ray equipment, including digital radiography systems, and any Class 3b or Class 4 lasers used for dental hygiene procedures must be installed, registered and monitored in accordance with the Alberta <i>Radiation Protection Act</i> and Regulation. If you have acquired or purchased radiation equipment, you must contact the CRDHA office for directions regarding registration and inspection of the equipment prior to operating the equipment.</p>

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<p><b>(2)</b> A general member or a courtesy member who has provided evidence satisfactory to the Registrar of having completed and remaining current in the advanced training required by the Council and who has received notification from the Registrar that the authorization is indicated on the general register or the courtesy register is authorized to perform the following restricted activities:</p>	<p>Members are not automatically authorized to perform the advanced practice restricted activities in 13(2) (a) through (c).</p>
<p>(a) to prescribe or administer nitrous oxide for the purposes of conscious sedation;</p>	<p>This restricted activity may only be performed by a regulated member who has completed a Council-approved nitrous oxide/oxygen conscious sedation course and whose name has been entered on the CRDHA roster of dental hygienists who are qualified to perform this procedure.</p> <p>The University of Alberta Nitrous Oxide/Oxygen Conscious Sedation Course is the CRDHA Council-approved course and serves as the benchmark for educational qualifications regarding this restricted activity. Following completion of an approved course, registrants must apply to have their names entered on the CRDHA roster of dental hygienists who are authorized to administer nitrous oxide/oxygen conscious sedation.</p> <p>CRDHA's <i>Guidelines for Prescribing and Administering Nitrous Oxide/Oxygen Conscious Sedation in Dental Hygiene Practice</i> are sent to all members with their authorization to prescribe and administer nitrous oxide/oxygen.</p> <p>Dental hygienists without approved advanced training must not provide treatment to a client who is receiving nitrous oxide/oxygen conscious sedation unless another provider authorized to order and administer nitrous oxide/oxygen conscious sedation remains in the operatory for the duration of the treatment.</p>
<p>(b) in collaboration with a dentist, to fit an orthodontic or periodontal appliance for the purpose of determining the preliminary fit of the appliance;</p>	<p>The University of Alberta Orthodontic Module is the CRDHA Council-approved course and serves as the benchmark for educational qualifications related to the preliminary fitting of orthodontic and periodontal appliances. The U of A course includes the preliminary fitting of the most commonly used appliances (e.g. Maxillary Hawley, Maxillary and Mandibular Space Maintainers (Holding Arches), Palatal Expansion Appliance, and splints).</p> <p>CRDHA is currently in the processes of establishing policies regarding approval of other orthodontic training courses, receipt of evidence of satisfactory completion of such courses, and evidence of currency in the performance of the restricted activity of preliminary fitting of orthodontic and periodontal appliances. You will be required to provide evidence satisfactory to the Registrar of having completed and remaining current in the advanced training required by Council. All members will be provided with further information regarding the process to be placed on the roster of dental hygienists authorized to perform this restricted activity as soon as the information is available.</p>

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<p>(c) in collaboration with a dentist, to perform surgical or other invasive procedures on body tissue below the surface of teeth for the purpose of performing restoration procedures of a permanent nature.</p>	<p>Performance of restoration procedures of a permanent nature <u>does not</u> include cutting a cavity preparation. It does include placing, carving and finishing amalgam and composite restorations of a permanent nature after the cavity preparation has been cut by a dentist.</p> <p>Members are not automatically authorized to perform restorative procedures.</p> <p>Members wishing to provide these procedures must be authorized to provide these services. Council has developed policies regarding approval of restorative courses; receipt of evidence of satisfactory completion of such courses; and evidence of currency in the provision of restorative procedures. All these criteria must be met in order to receive authorization and be placed on the Roster of CRDHA members authorized to provide restorative procedures.</p> <p>Contact CRDHA to request an application form to apply to be placed onto the roster of dental hygienists authorized to provide restorative services. Members will be required to provide evidence satisfactory to the Registrar of having completed and remaining current in the advanced training required by Council. Contact CRDHA if you wish further information.</p>
<p><b>14(1)</b> Despite any authorization to perform restricted activities, regulated members must restrict themselves in performing restricted activities to those activities that they are competent to perform and to those that are appropriate to the member's area of practice and the procedure being performed.</p> <p><b>(2)</b> A regulated member who performs a restricted activity must do so in accordance with the standards of practice adopted by the Council under section 133 of the Act.</p>	<p>Section 14(1) is self explanatory.</p>