



COLLEGE OF REGISTERED
DENTAL HYGIENISTS
OF ALBERTA



Practice Standards

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Introduction

The establishment of practice standards is essential for a self-regulating profession. The HPA requires that all regulated professions have standards of practice. Such standards promote safe, competent, and ethical practice. Practice standards form part of the legal framework for professional practice. The *College of Registered Dental Hygienists of Alberta (CRDHA) Dental Hygiene Practice Standards* describe the minimum levels of practice required for protection of the public.

It will be the responsibility of all regulated members to understand the *CRDHA Dental Hygiene Practice Standards* and apply them to their dental hygiene practice, regardless of practice setting or areas of responsibility. Performance below the minimal standard is unacceptable and may result in disciplinary action. Registered dental hygienists should strive to routinely practice above the minimal standards.

The draft *CRDHA Dental Hygiene Practice Standards* represent criteria against which the practice of all registered dental hygienists will be measured by the public, clients, employers, colleagues, and is another tool for professional self assessment.

Key Responsibilities

In 2002, in their publication, *Dental Hygiene: Definition, Scope, and Practice Standards*, the Canadian Dental Hygienists Association (CDHA) defined the key responsibilities of registered dental hygienists as:

Health Promotion: The process of enabling people to increase their awareness of, responsibility for, control over, and improvement of their health and well-being.

Education: The application of teaching and learning principles to facilitate the development of specific attitudes, knowledge, skills, and behaviours.

Change Agent: Taking a leadership role in managing the process of change. This can involve getting things started (catalyst); offering ideas for solving a problem (solution giver); helping individuals find and make the best use of resources (resource link); and understanding the change process (process helper). Acting as a change agent may also involve advocacy—promoting and supporting clients’ rights and well-being.

Clinical Therapy: The primary, interceptive, therapeutic, preventive, and ongoing care procedures that help to enable people to achieve optimal oral health that contributes to overall health.

Research: Application of the scientific method to problems within the discipline of dental hygiene aimed at theory development, and validation/formation of an organized body of knowledge on which evidence-based decisions can be made.

Administration: Management processes and policy and protocol development.

The key responsibilities occur in varying degrees, depending on the nature of an individual registered dental hygienist’s practice setting or environment.

The privilege of practising as a health professional requires knowledge, ethics, standards, and research, all of which acknowledge the registered dental hygienist's social responsibility in the key areas of dental hygiene practice.

Practice Environments of Registered Dental Hygienists

New practice environments for registered dental hygienists in Alberta are emerging and will continue to emerge as a result of legislative changes and health care reform initiatives that facilitate the public's access to dental hygiene services.

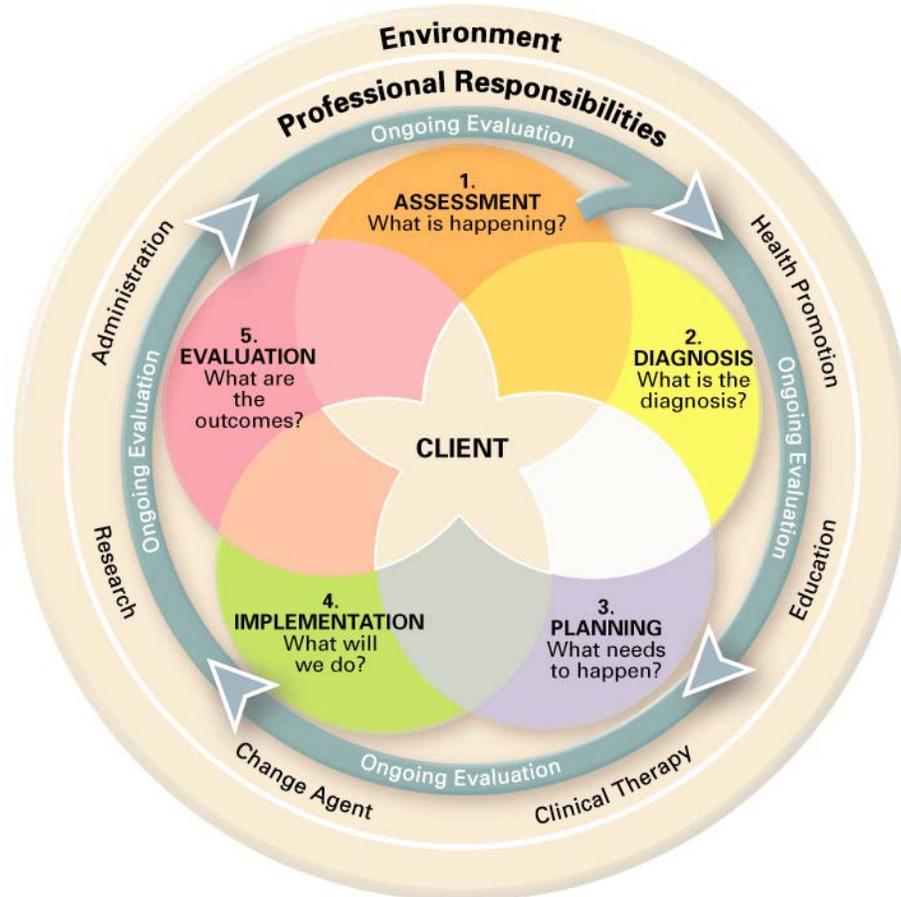
Practice environments include, but are not limited to:

- Clinical practice – both dentist and dental hygienist owned
- Consulting firms
- Educational institutions (e.g., universities, community colleges)
- Forensic laboratories
- Government (e.g., policy planning)
- Homecare and other outreach programs
- Hospital facilities
- Industries (e.g., insurance and dental supply companies)
- Institutions (e.g., correctional facilities)
- Primary health care centres
- Professional presenters
- Public health and community health
- Regulatory bodies and professional associations
- Research
- The military

All practice environments should support quality dental hygiene practice consistent with the CRDHA Dental Hygiene Practice Standards.

A Process of Care Model to Guide Dental Hygiene Practice

This model conceptualizes dental hygiene practice as a systematic cyclical process rather than the performance of specific tasks. At all stages, the registered dental hygienist demonstrates critical thinking, reflection, and problem-solving skills. The process includes five phases: assessment, diagnosis, planning, implementation, and evaluation.



Revised with permission of the Canadian Dental Hygienists Association.

From *Dental Hygiene: Definition, Scope, and Practice Standards* (Ottawa: CDHA, May 2002), p. 7.

If you plan or develop programs (e.g., public health, education, management), you may choose to reflect on this model using the following terms: Assessment, Analysis, Program Planning, Implementation, and Evaluation.

Definitions

Agent: A parent or guardian legally authorised to act on behalf of a client.

Client: Refers to an individual, family, group, community, or organization accessing the professional services of a dental hygienist.

Dental Hygiene Diagnosis: The dental hygienist analyzes and interprets data using problem-solving and decision-making skills in order to synthesize information and formulate a client-centred, specific diagnosis within the dental hygienist's scope of practice.

Drug Profile: A component of the client's comprehensive health history and is conducted for each client prior to initiating dental hygiene care. The client's drug profile, which is used to develop a care plan, aids the registered dental hygienist in determining possible contraindications and adverse effects, such as drug-drug and drug-food interactions. The drug profile includes:

- A comprehensive list of drugs (prescription and non-prescription) that the client is currently taking, or has taken, since the last update of the client's health history. When determining non-prescription drugs for the client's health history, the drug profile must include any drugs listed in Schedules 2 and 3 of Alberta's Drug Schedules, unscheduled drugs, as well as alcohol, tobacco, and natural health products not encompassed in the provincial drug schedules.
- Adverse drug reactions (e.g., known allergies or sensitivities that the client has to any drugs).
- Client compliance.
- The dental hygienist's interpretation about how the client's medications are affecting the client's systemic health and the health of the oral cavity.

Evidence-based Decision Making: The integration of best relevant research evidence with clinical expertise and client values. Recognition of the unique circumstances and preference of the individual client, the clinical skills and past experience of the dental hygienist, and the importance of client-centred clinical research is incorporated into this decision making process.

Fitness to Practice: The registered dental hygienist restricts or accommodates practice if he/she cannot safely perform essential functions of the dental hygiene profession due to mental or physical disabilities.

Health History: A complete and thorough legal document that contains information about the client's past and present medical and dental conditions, risk factors for disease, a drug profile, undiagnosed conditions, and allergies or sensitivities. The health history should also include information about the client's lifestyle: cultural practices related to health and disease, past and present emotional problems, and general state of mind. This written report is obtained from the health history questionnaire, a verbal interview, and direct client observation.

Informed Consent: The client has been provided with information about the proposed treatment, including material effects and costs, significant risks and side effects of the proposed treatment, alternative treatments and the consequences of not having the treatment. You must also answer the client's questions. If the client is a minor or lacks the capacity to make a decision, consent must be obtained from the client's agent. A practitioner may wish to consider the additional legal protection of a written consent form.

Informed Refusal: A client's decision to refuse recommended treatment after all options, potential risks, and potential benefits have been thoroughly explained. Autonomy is a right; but the client record must include documentation of the refusal and the client's understanding of the

implications. A practitioner may wish to consider the additional legal protection of a written refusal form.

May/could: Freedom or liberty to follow a reasonable alternative.

Minor: In Alberta, a minor is defined as any person under the age of 18 years. *Note:* A mature minor is a person under 18 who is able to consent to his or her own medical treatment, to understand the nature and consequences of the treatment, and to decide who has access to his or her information.

Must/shall: Indicates an imperative need and/or duty; an essential or indispensable item; mandatory.

Non-Prescription: Drugs that can be obtained without a prescription. Non-prescription drugs include any drugs listed in Schedules 2 and 3 of Alberta's Drug Schedules, unscheduled drugs as well as alcohol, tobacco, and natural health products not encompassed in the provincial drug schedules.

Prescription: 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.

Primary Health Care: Ideally, primary health care takes a holistic approach to service delivery, emphasizing health promotion and the prevention of disease and illness, integrating a diverse range of health care providers into a well-coordinated team, and fostering collaboration among these providers to ensure the seamless flow of information from one organization or provider to the next.

Model primary health care also features access to essential care with interdisciplinary provider teams offering services that meet the needs of clients; and remuneration for quality care using various payment arrangements.

Recommend: To suggest a course of action or drug therapy to a client based on professional expertise and assessed client need.

Should: The recommended manner to obtain the standard; highly desirable.

1. Professional Responsibility

Registered dental hygienists are responsible and accountable for their dental hygiene practice and conduct. At all times, registered dental hygienists practice within their own level of competence. Dental hygienists must restrict themselves to performing activities that are appropriate to the dental hygienists' area of practice and the procedure being performed.

General Responsibilities

Registered dental hygienists:

- 1.1 Adhere to current provincial and federal legislation; and codes of ethics, practice standards, guidelines and policies relevant to the profession and practice setting. This includes, but is not limited to:

Examples of Alberta Documents

- 1.1.1 *Health Professions Act (HPA)*
- 1.1.2 Dental Hygienists Profession Regulation
- 1.1.3 CRDHA By-Laws
- 1.1.4 CRDHA Dental Hygiene Standards of Practice & Practice Guidelines
- 1.1.5 CRDHA Code of Ethics
- 1.1.6 CRDHA Continuing Competence Program Rules
- 1.1.7 *Freedom of Information & Protection of Privacy Act (FOIP)*
- 1.1.8 *Government Organization Act (GOA)*
- 1.1.9 *Health Information Act (HIA)*
- 1.1.10 *Personal Information Protection Act (PIPA)*
- 1.1.11 *Public Health Act (PHA)*
- 1.1.12 *Radiation Protection Act*
- 1.1.13 *Scheduled Drugs Regulation, Alberta Regulation 66/2007*

There are many laws, schedules, rules, standards, and bylaws that govern health care in Alberta. The official statutes and Regulations must be consulted for all purposes of interpreting and applying the law.

Examples of Federal Documents

- 1.1.14 *Canada Food and Drugs Act* and its regulations
- 1.1.15 *Controlled Drugs and Substances Act*, its regulations including the *Narcotic Control Regulations* and *Benzodiazepines and Other Targeted Substances Regulations*
- 1.1.16 *Personal Information Protection and Electronic Documents Act (PIPEDA)*
- 1.2 Adhere to federal, provincial, and institutional laws, codes, and guidelines respecting:
 - 1.2.1 Human rights and freedoms
 - 1.2.2 Consent to treatment
 - 1.2.3 Protection of minors and vulnerable adults
 - 1.2.4 Radiation protection
 - 1.2.5 Ethical principles for research
 - 1.2.6 Confidentiality and release of information
 - 1.2.7 Retention and disposal of records
 - 1.2.8 Drug error management
 - 1.2.9 Adverse drug reaction reporting
 - 1.2.10 Environmental codes, including disposal of biomedical and other hazardous wastes
 - 1.2.11 Workplace Hazardous Materials Information System (WHMIS)
 - 1.2.12 Adverse events
 - 1.2.13 Communicable or infectious diseases
- 1.3 Demonstrate sound professional judgment and integrity.
- 1.4 Are familiar with all Practice Guidelines adopted by the CRDHA and give careful regard to those Guidelines in making clinical decisions and failure to follow the Practice Guidelines may constitute a breach of one or more Standards of Practice, which is unprofessional conduct.
- 1.5 Maintain competence through lifelong learning that includes self assessment and evaluation and is consistent with the CRDHA Continuing Competence Program (and the Alberta specific dental hygiene competency profile).

- 1.6 Use a client¹-centred approach, by acting or advocating in the client's best interest.
- 1.7 Recognize client rights and the inherent dignity of the client by obtaining informed client consent, respecting privacy, and maintaining confidentiality.
- 1.8 Are accountable for the delegation of services to other health professionals under their supervision.
- 1.9 Support the work of the CRDHA and dental hygiene professional associations to promote oral health and professional practice.
- 1.10 Cooperate and comply with the requests of the CRDHA, its officials and committees, to enable them to fulfil their legislated responsibilities.

Consultation, Collaboration, and Communication

Registered dental hygienists:

- 1.11 Consult and collaborate in a cooperative, constructive, and respectful manner with other colleagues, health professionals, and experts as necessary.
- 1.12 Effectively communicate with clients and/or agents in an open, truthful, and timely manner. This includes, but is not limited to the following:
 - 1.12.1 Consideration of the client's needs, values, and capacity to understand.
 - 1.12.2 In the case of clients who lack capacity for informed choice, the client's agent will be actively involved. The client is involved to the extent of his or her capacity.

Evidence Based Decision Making

Registered dental hygienists:

- 1.13 Demonstrate critical thinking in collecting and interpreting assessment information, formulating a dental hygiene diagnosis, planning, implementing, and evaluating all aspects of their practice.
- 1.14 Access and utilize current research-based knowledge through analyzing and interpreting the literature and other resources.
 - 1.14.1 Remain current with technological and product options; select the best option for the situation, depending on client need.

¹ The term "client" refers to an individual, family, group, community, or organization accessing the professional services of a dental hygienist.

- 1.15 Question, and if necessary, take action regarding policies and procedures inconsistent with desired client outcomes, evidence-based practices, and safety standards.
- 1.16 Support, facilitate, or participate in research relevant to dental hygiene.

Documentation and Recordkeeping

Registered dental hygienists:

- 1.17 Maintain documentation and records consistent with applicable legislation, code of ethics, professional practice standards, guidelines, and policies. This includes, but is not limited to:
 - 1.17.1 Documentation of all aspects of the dental hygiene process of care model (assessment, diagnosis, planning, implementation, and evaluation) in sufficient detail so that another oral health professional can continue with the implementation of the dental hygiene care plan.
 - 1.17.2 Dating and documentation of records should contain common language, symbols, and abbreviations that can be readily understood by professional peers.
 - 1.17.3 Maintain records and data in a secure information management system.
 - 1.17.4 Retain client records for a minimum of 10 years following the date of the last service provided or, in the case of minor clients, until the client is 20 years of age or for 10 years, whichever is longer.

Safe Practice Environment

Registered dental hygienists:

- 1.18 Provide a safe environment that meets universal precautions for infection control and workplace health and safety requirements and protocols.
 - 1.18.1 Universal infection control procedures as outlined by current sources such as the Canadian Dental Association, Health Canada, and Centres for Disease Control, must be followed, including but not limited to:
 - (a) Use of barrier techniques, such as disposable gloves, face masks, and acceptable clothing.
 - (b) Protection of their own and client's eyes with safety glasses.
 - (c) Use of acceptable methods of washing and drying hands before gloving and after removal of gloves.
 - (d) Ensuring that scientifically recognized cleaning, disinfection, and sterilization techniques are practiced and monitored.

- (e) Avoiding cross-contamination by strictly adhering to aseptic technique.
- (f) Current protocols for minimizing biofilm waterline contamination.

1.18.2 Further ensure personal and client safety by:

- (a) Maintaining an up-to-date immunization status.
- (b) Obtaining immediate medical treatment for puncture wounds.
- (c) Recognizing, acknowledging and asking for help with any personal, physical, or psychological condition that affects, or may affect, the ability to practice safely and effectively. This includes, but is not limited to:
 - i. Ensuring the dental hygienist's fitness to practice.
 - ii. Informing the CRDHA when an injury, dependency, infection, condition, or any other serious incapacity has immediately affected, or may affect over time, their continuing ability to practice safely and competently.
- (d) Checking that equipment is functional and safe and, if needed, request or initiate repair.
- (e) Storing hazardous products in accordance with manufacturer recommendations and any applicable laws, codes, and guidelines.
- (f) Disposing biomedical and other hazardous wastes in accordance with the Alberta *Environmental Protection and Enhancement Act* and/or other applicable laws, codes or guidelines.

1.19 Respond to emergency situations.

1.20 Ensure that emergency care is available by:

1.20.1 Establishing or knowing the practice setting's emergency protocols.

- (a) These protocols must have regard to any guidelines for the type of care provided in the practice setting (e.g., if nitrous oxide/oxygen conscious sedation is provided, the guidelines in *CRDHA Guidelines for Prescribing and Administering Nitrous Oxide/Oxygen Conscious Sedation in Dental Hygiene Practice* must be considered).

1.20.2 Supplying or knowing the location of emergency cart or kit.

1.20.3 Maintaining current certification in cardiopulmonary resuscitation (CPR) at the level required by CRDHA Council. Certain practice environments may require higher levels of certification.

2. Dental Hygiene Process: Assessment

The registered dental hygienist determines data requirements and then collects and records the subjective and objective data on the health status of clients using professional judgment and methods consistent with medico-legal-ethical principles in order to complete the client profile. Client refers to an individual, family, group, community, or organization. A wide range of methods may be used and will be determined by their appropriateness for each of the key responsibility areas. Registered dental hygienists:



- 2.1 Locate, review, and update previous information.
- 2.2 Collect baseline information using appropriate methodology².
- 2.3 Order and expose radiographs, as necessary, to accurately assess the client's oral health status.
- 2.4 Determine if further assessment is required and, if necessary, refer the client to the appropriate health care provider.
- 2.5 Take into consideration the client's determinants of health and risk factors. The determinants of health include:
 - 2.5.1 Biology and genetic endowment
 - 2.5.2 Culture
 - 2.5.3 Education
 - 2.5.4 Employment/working conditions
 - 2.5.5 Gender
 - 2.5.6 Healthy child development
 - 2.5.7 Health services
 - 2.5.8 Lifestyle
 - 2.5.9 Income and social status
 - 2.5.10 Personal health practices and coping skills
 - 2.5.11 Physical environments
 - 2.5.12 Social support networks

² The extent of data collected will vary with different practice settings and with clients who have specific needs or conditions. Professional judgment must be used to determine data needed to assess each client.

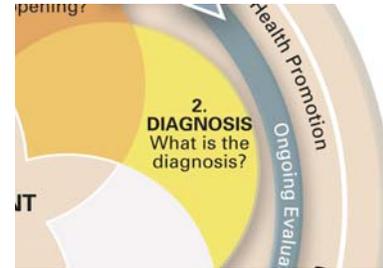
2.5.13 Social environments

Registered dental hygienists:

- 2.6 Identify the client's knowledge, attitudes, and skills, including, but not limited to:
 - 2.6.1 Oral health concerns and goals
 - 2.6.2 Behavioural factors (e.g., motivation, beliefs, values, compliance, etc.)
 - 2.6.3 Oral self care
 - 2.6.4 Barriers to the attainment of oral health
- 2.7 Assess the need for management of client pain, anxiety, and discomfort.
- 2.8 Record assessment findings and interpretations.

3. Dental Hygiene Process: Diagnosis

When providing dental hygiene services, the registered dental hygienist analyzes and interprets data using problem-solving and decision-making skills in order to synthesize information and formulate a diagnosis within the dental hygienists' scope of practice. A diagnosis must be client-centred and specific. Client refers to an individual, family, group, community, or organization. Registered dental hygienists:



- 3.1 Analyze all information to formulate a decision or dental hygiene diagnosis.
- 3.2 Interpret radiographs for the purpose of dental hygiene diagnosis.
- 3.3 Effectively communicate with the client or agent the dental hygiene assessment findings and diagnosis. This communication includes, but is not limited to:
 - 3.3.1 Conditions that are abnormal or unhealthy
 - 3.3.2 The client's actual or potential problems
 - 3.3.3 Conditions that require special precautions
 - 3.3.4 Conditions that require referral to another health care professional
 - 3.3.5 A prognosis, or possible prognosis
- 3.4 May record the dental hygiene diagnosis.
 - 3.4.1 Diagnostic statements should be clear and concise describing the existing condition and possible etiology.
- 3.5 May record a formal statement of short and long-term dental hygiene prognosis.

4. Dental Hygiene Process: Planning

Planning involves the mutual development of goals, objectives, and the selection of interventions. The registered dental hygienist, in partnership with the client and/or agent and, if needed, in collaboration with other professionals, uses the assessment data and the diagnosis to formulate goals and objectives, select dental hygiene interventions or services, and determine evaluation methods in order to formulate a dental hygiene care plan. At all times, a client refers to an individual, family, group, community, or organization. The registered dental hygienist must obtain informed consent. Registered dental hygienists:



- 4.1 Facilitate the client's active participation in the planning of services/programs.
- 4.2 Identify resources and dental hygiene interventions depending on the client's needs and values.
- 4.3 Discuss and coordinate client activities to ensure the planned dental hygiene services can be integrated into the client's total oral and health care plan. This includes, but is not limited to:
 - 4.3.1 Discussion and coordination with the client and/or agent.
 - 4.3.2 Communication of the plans of services/programs to relevant others in accordance with privacy guidelines (e.g., other health care providers, client's agent or family, administrative staff, etc).
 - 4.3.3 Support of the client and/or agent in their informed decision between available intervention options.
- 4.4 Recommend or provide only those services they believe are necessary for the client's oral health or as consistent with the client's informed choice.
 - 4.4.1 Critical thinking is applied to the decision-making process and the dental hygiene action plan is developed to promote optimum client outcomes.
 - 4.4.2 The registered dental hygienist has the right to refuse to perform or provide services requested by the client that are not generally recognized or accepted by the profession.
- 4.5 Ensure that there is effective communication with the client or agent during the planning process. This communication includes, but is not limited to:
 - 4.5.1 Treatment options, including the advantages and disadvantages.
 - 4.5.2 Significant risks and costs.
 - 4.5.3 Options for management of client pain, anxiety, and discomfort, if appropriate.

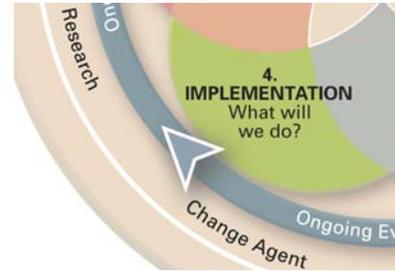
4.5.4 Possible consequences of not proceeding with the recommended dental hygiene care plan.

Registered dental hygienists:

- 4.6 Reach consensus regarding goals, objectives (desired outcomes), and interventions, with the client's interests, needs, and values having priority.
- 4.7 Document the client's informed refusal of any recommended aspects of care.
 - 4.7.1 If possible, obtain the client's signature regarding the informed refusal.
- 4.8 Select measurement tools to determine achievement of goals and objectives.
- 4.9 Identify and improve aspects of care and service on an ongoing basis.

5. Dental Hygiene Process: Implementation

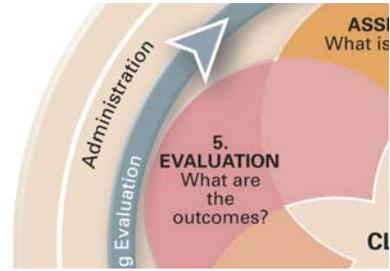
Implementation involves putting the plan into action. The dental hygienist activates and/or revises the dental hygiene care plan in collaboration with the client and/or agent, and, if needed, in collaboration with other professionals. At all times, a client refers to an individual, family, group, community, or organization. The dental hygiene care plan may include educational, consultative, preventive, aesthetic, and therapeutic services, in order to achieve the planned oral and other health goals. In this area, registered dental hygienists:



- 5.1 Review and confirm the dental hygiene care plan.
- 5.2 Implement and monitor strategies to promote optimum oral health.
- 5.3 Consult with other health professionals and refer as needed.
- 5.4 Provide dental hygiene expertise within an interdisciplinary team.
- 5.5 Make revisions to the plan as necessary:
 - 5.5.1 Consult with the client regarding any proposed changes to the plan (based on client response or evaluation of services) and record as appropriate.
- 5.6 Develop and/or promote policies supporting healthy lifestyles, environments, and communities.

6. Dental Hygiene Process: Evaluation

The dental hygienist appraises the effectiveness of the implemented care plan, objectively comparing actual outcomes to expected outcomes, in order to determine the extent to which oral health and wellness goals have been attained, to provide recommendations in regard to the client's ongoing care, and to evaluate the dental hygienist's own professional competence. The evaluation process is ongoing throughout the phases of the dental hygiene process of care. Registered dental hygienists:



- 6.1 Evaluate dental hygiene outcomes, including client satisfaction, using a variety of data collection, analysis, and communication techniques.
- 6.2 Analyze outcomes to include, if appropriate, the development and maintenance of practice profiles, databases, or statistical profiles.
- 6.3 Discuss processes, actual versus expected outcomes, and satisfaction with the client and/or agent.
- 6.4 Evaluate the client's behavioural responses to interventions.
- 6.5 Evaluate the changes in the client's knowledge and perception of oral health.
- 6.6 Determine the need for modification of interventions or goals based on changing client needs, interim evaluation of outcomes, client and/or agent discussions, and new information using indices or other measurements.
- 6.7 Evaluate the need for further consultation and referrals within the health care delivery system. If a referral is determined to be necessary, the registered dental hygienist shall:
 - 6.7.1 Communicate the need for the referral with the client and/or agent.
 - 6.7.2 Relay pertinent information to the client's health professional of choice in accordance with any applicable laws, codes, or guidelines of confidentiality and release of information.
- 6.8 Identify further questions, dental hygiene interventions, or research requirements.
- 6.9 Establish the continuing care interval based on evaluation outcomes.
- 6.10 Review past documentation to ensure accuracy, legibility, comprehensiveness, and compliance with privacy legislation.
- 6.11 Evaluate compliance with any applicable local, provincial, and federal legislation and guidelines relating to the individual dental hygienist's practice environment and setting.

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