

GUIDELINES

for dental hygiene practice in a public health setting

Utah law allows a Utah licensed dental hygienist to practice dental hygiene on a patient in a public health setting prior to that patient receiving a dental examination by a dentist when the following conditions are met:

1. The dental hygienist has a written agreement with a Utah licensed, resident dentist stating that:
 - The dental hygienist will practice in a public health setting
 - The dentist will be available for consultation as necessary in person, by phone, or by electronic communication
 - The dental hygienist will refer each patient with a dental need beyond the dental hygienist's scope of practice to a licensed dentist, and
 - The dental hygienist will obtain from each patient an informed consent form stating that the patient is receiving treatment by the dental hygienist within the scope of hygiene practice, but not a dental examination by a dentist.
2. The dental hygienist practices in a public health setting:
 - An individual's residence if that individual is unable to leave the residence
 - A school as part of a school-based program
 - A nursing home
 - An assisted living or long-term care facility
 - A community health center
 - A federally-qualified health center, or
 - A mobile dental health program that employs a Utah licensed dentist

Two sample forms are available that relate to these guidelines:

- **Agreement** for dental hygiene practice in a public health setting (for signatures of the dentist and dental hygienist)
- **Informed Consent** for dental hygiene treatment in a public health setting (for signature of the patient or other responsible party)

References:

UCA 58-69-102(6), 58-69-102(8), 58-69-501(2), and 58-69-801(4)

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Agreement

for dental hygiene practice in a public health setting

It is agreed by the undersigned parties that *Hygienist* will:

- . Practice within the scope of dental hygiene practice as provided by Utah law
- . Practice in one or more of these public health settings: an individual's residence if the individual is unable to leave the residence; a school as part of a school-based program; a nursing home; an assisted living or long-term care facility; a community health center; a federally-qualified health center; a mobile dental health program that employs a dentist licensed and residing in Utah.
- . Assure that *Dentist* is available in person, by phone, or by electronic communication
- . Discuss conditions of medically compromised patients with *Dentist*
- . Not use local anesthesia or nitrous oxide without a dentist present
- . Maintain current CPR training
- . Discuss liability insurance with *Dentist*
- . Obtain from each patient an informed consent which provides that treatment by *Hygienist* is not a substitute for a dental examination by a dentist
- . Refer a patient with a dental need beyond the *Hygienist's* scope of practice to a dentist
- . Report to *Dentist* the hygiene assessment and treatment that was rendered
- . Maintain dental hygiene treatment records

Parties

Dentist: _____
Signature of Utah licensed, resident dentist

Hygienist: _____
Signature of Utah licensed, resident dental hygienist

Date: _____

Informed Consent

for dental hygiene treatment in a public health setting

I understand and consent to the facts that:

- . I am receiving treatment by a dental hygienist within the scope of hygiene practice, but not a dental examination by a dentist
- . Any continuing care I may require is my responsibility
- . While the dental hygienist may give me advice and suggest resources for possible further treatment, as a patient it is my responsibility to follow up with any needed treatment.

Signature of patient or other responsible party

Printed name of patient or other responsible party

Date

July 2015