

TEMPLATE

## **Collaborative Practice Authorization for Dental Hygienist and Licensed Dental Assistant in Community Settings**

In accordance with Minnesota Chapter 150A.01, Subd. 1a, a dental hygienist licensed under this chapter may be employed or retained by a health care facility, program, or nonprofit organization to perform dental hygiene services described under paragraph (b) without the patient first being examined by a licensed dentist.

This collaborative agreement will be reviewed and signed annually by the collaborating dentist, dental hygienist and licensed dental assistant.

Full name of the Collaborative Practice Agreement Dentist:

Minnesota Dentist License Number:

Email:

Primary Dental Practice Setting/Address:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Full name of the Dental Hygienist:

Minnesota Dental Hygienist License Number:

Email:

Phone:

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Full name of the Dental Assistant (if applicable):

Minnesota Dental Assistant License Number:

Email:

Phone:

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Collaborative Practice Setting Name(s) Adresse(s):

- 1.
- 2.
- 3.

All practice locations are in: **Example:** “Mobile”

### **1. Description of Organization, Practice Setting and Population to be served by the Dental Hygienist:**

These organizations as well as the partnerships meet the guidelines for practice settings for the dental hygienist under a collaborative agreement in Minnesota Chapter 150A.10.

### **2. Medically Compromised Patients**

At each appointment with the dental hygienist and/or licensed dental assistant the medical histories are reviewed by the dental assistant, dental hygienist or dentist (there is nothing in law or rule that prevents dental assistants from reviewing medical history). Any complex medical histories will be discussed with the collaborating dentist to determine whether the patient is appropriate for the dental hygienist and/or dental assistant to treat or determine if treatment modifications are necessary.

### **3. Age and Specific Practice Procedures**

\_\_\_\_\_ (name of dental hygienist, licensed dental assistant) will be working under general supervision under the collaborative practice agreement with Dr. \_\_\_\_\_.

The services to be provided by the dental hygienist or dental assistant do not have additional limitations, rather, this agreement is applicable to the delegation of duties listed within the scope of collaborative practice authorization for dental hygienists and dental assistants, found in Minnesota Chapter 150A.10, Subd. 1a and Subd. 2a.

(If an individual dentist decides to place additional limitations on the scope of practice this can be modified and indicated in this section)

Both the passive consent form for the screening/assessment and the active consent form for treatment are constructed and distributed by \_\_\_\_\_ (name of organization).

\_\_\_\_\_ (name of dental hygienist, dentist, dental therapist, licensed dental assistant) will be doing the assessments/screenings.

(Describe which procedures will be performed and what protocols (if any) will be utilized to determine the necessary procedures.)

#### **4. Dental Records**

(Describe in detail where the dental records will be stored, who has access to the records, administrative rights of the paper records or software for paperless records, and which electronic dental records system the program is utilizing if paperless.)

Documentation will include medical and dental history review, special considerations, treatment provided, outcomes, patient response to treatment and any referrals or actions taken in accordance with the Minnesota Rules 3100.9600- Recordkeeping.

#### **5. Medical Emergencies**

The dental hygienist and/or dental assistant will be current in cardiopulmonary resuscitation as mandated by state law. Emergency response plans, emergency medications, and equipment available is dependent on the site in which services are being performed and it is the responsibility of the collaborating dentist to ensure that the dental hygienist and dental assistant are familiar with the site in order to locate appropriate equipment, medications, and response plan that would be used in an emergency.

#### **6. Quality Assurance Plan**

Please explain in detail your quality assurance plan.

##### **Example:**

\_\_\_\_\_ will perform a quarterly dental record review on the records for patients seen by the dental hygienist and dental assistant to insure quality assurance. Patient care review will be performed by the collaborating dentist on a quarterly basis. Referral follow-up will be the responsibility of the dental hygienist. The dental hygienist is responsible for timely referrals to a dentist in the partner clinics for treatment beyond the dental hygienist's scope of practice.

#### **7. Working with Dental Assistants (Minnesota Chapter 150A.10, Subd. 1a and 2a).**

Beginning August 1, 2017, Subd. 2a. Collaborative practice authorization for dental assistants in community settings was enacted, authorizing a licensed dental assistant to assist other providers and also provide the following services when authorized by the supervising dentist and when working with the dental hygienist, dental therapist, and/or a dentist. A dental assistant operating under general supervision of a collaborating dentist under this subdivision is authorized to perform the following services:

- (1) provide oral health promotion and disease prevention education
- (2) take vital signs such as pulse rate and blood pressure
- (3) obtain informed consent, according to Minnesota Rules, part 3100.9600, subpart 9, for treatments authorized by the collaborating dentist within the licensed dental assistant's scope of practice.

- (4) apply topical preventative agents, including fluoride varnishes and pit and fissure sealants
- (5) perform mechanical polishing to clinical crowns not including instrumentation
- (6) complete preliminary charting of the oral cavity and surrounding structures, except periodontal probing and assessment of the periodontal structure
- (7) take photographs extraorally or intraorally
- (8) take radiographs

Determination of need for sealant treatment is done by the dental hygienist, dental therapist, or dentist in advance of sealant application/placement by a licensed dental assistant and upon the authorization criteria of the supervising dentist.

The determination for fluoride treatment does not need to be done by a hygienist.

A licensed dental assistant may perform mechanical polishing to clinical crowns although necessary scaling for patients (child or adult) must be provided by the dental hygienist as part of a prophylaxis.

The licensed dental assistant will complete and document the completion of a course on medical emergencies within each continuing education cycle.

## **8. Referral Protocol**

If the screening results indicate the need for urgent or follow up care, \_\_\_\_\_ staff will explain the need for follow up care and assist in referrals to partnering dental facilities:

\_\_\_\_\_ (list other dental clinics or other appropriate facilities). A copy of the referral letter is sent home to the parents/legal guardian if the patient is a minor.

Any referral will be documented in the patient's chart or the electronic record system. The dental hygienist and \_\_\_\_\_ (other staff) will also work with partner clinics to follow up with the patients, parents/legal guardians and expedite urgent care. All correspondence with patients, parents/guardians will be documented in the dental record.