



NEWFOUNDLAND & LABRADOR
**COLLEGE OF
DENTAL HYGIENISTS** INC.

POLICY:	Oral Anaesthetic
Section:	Scope of Practice
Subsection:	Oral anaesthetic (local anaesthesia)
APPLICABLE LEGISLATION:	D.H. Regulations as per the Health Professions Act Of Newfoundland and Labrador Section 7(4) a & b

POLICY STATEMENT

Members of the NLCDH who hold a practicing licence may apply to have their local anaesthetic credentials recognized by the NLCDH. Once a member has received that recognition they may administer local anaesthetic as part of their dental hygiene practice, under the conditions set out in the Health Professions act of Newfoundland and Labrador and specifically Dental Hygiene **Regulation 7(4) a & b.**

The NLCDH has determined the following policy based on the education of the member in local anaesthesia, the length of time which has passed since the member has received that education and/or length of time that has passed since the member has practiced the competency or skill.

PROCEDURE:

1. Education

Practicing members may apply for recognition of their local anaesthesia credentials if they have completed a course in local anaesthesia approved by the NLCDH .

Courses approved by the NLCDH:

- a) A local anaesthesia course, program or module delivered by a dental or dental hygiene educational program accredited by the Commission on Dental Accreditation of Canada (CDAC) or the American Dental Association Commission on Dental Accreditation (ADA/CODA)
- b) A local anaesthesia course, program or module delivered by a dental or dental hygiene educational program not accredited by the CDAC or ADA/CODA but which has been reviewed by the NLCDH and it is determined to have substantial equivalency to the “approved” local anaesthesia courses.

2. Categories

a) **Members who have completed their local anaesthesia program 0-36 months prior to the date of application for recognition of local anaesthesia credentials, must provide:**

- (i) A completed application form supplied by the NLCDH.
- (ii) Evidence (as specified on the application form) of successful completion of a local anaesthesia program delivered by a dental hygiene educational program.
- (iii) Detailed course information (course outline, syllabus, workbook, manual), if the program does not qualify under section 1(i) above.
- (iv) Evidence of CPR certification (Level C cardiopulmonary resuscitation course or Health Care Provider Course) delivered in accordance with the Canadian or American Heart and Stroke Foundation (send a photocopy of your wallet card-must have been issued within the last twelve months)

Policy:

- (i) The Registrar will review and verify documentation. The Registrar may refer the matter to the Credentials Committee.
- (ii) If substantial equivalency is determined, a NLCDH Local Anaesthesia Recognition Certificate will be issued.
- (iii) If substantial equivalency cannot be determined, the applicant will be advised to successfully complete a College “approved” local anaesthesia program **(a refresher course will not qualify)**.
- (iv) A local anaesthesia certificate will not be issued if the applicant is the subject of investigation or discipline related to unprofessional conduct in any jurisdiction.

b) Members who have completed their local anaesthesia program more than 36 months but not more than 72 months prior to the date of application for recognition of local anaesthesia credentials, must provide:

- (i) A completed application for the recognition of local anaesthesia credentials
- (ii) Evidence (as specified on the application form) of successful completion of a local anaesthesia program delivered by a dental or dental hygiene educational program
- (iii) Detailed course information (course outline, syllabus ,workbook, manual), if the program does not qualify under section 1(i) above.
- (iv) Evidence of CPR certification (Level C cardiopulmonary resuscitation course or Health Care Provider Course) delivered in accordance with the Canadian or American Heart and Stroke Foundation (send a photocopy of your wallet card-must have been issued within the last twelve months.
- (v) Evidence of currency of administration of local anaesthesia in the form of a letter from your employer(s) verifying that you administered local anaesthesia on a regular basis

Policy:

- (i) Registrar to review and verify documentation. The Registrar may refer the matter to the Credentials Committee.
- (ii) If the Registrar or Credentials Committee determines substantial equivalency of the local anaesthesia course, program or module and there is evidence of currency of administration, NLCDH credential recognition of local anaesthesia certificate will be issued.
- (iii) If the Registrar or the Credentials Committee determines substantial equivalency of the local anaesthesia course, program or module, but more than 36 months have elapsed since the applicant last administered local anaesthesia on a regular basis, the applicant will be required to:
- (iv) Successfully complete a College “approved” local anaesthesia refresher course/complete course prior to being reconsidered for recognition of local anaesthesia credentials.
- (v) If substantial equivalency cannot be determined, the applicant will be advised to successfully complete a College “approved” local anaesthesia program **(a refresher course will not qualify)**.
- (vi) A local anaesthesia certificate will not be issued if the applicant is the subject of investigation or discipline related to unprofessional conduct in any jurisdiction.

c) Members who have completed their local anaesthesia program more than 72 months prior to the date of application for recognition of local anaesthesia credentials, they must provide:

- (i) A completed application for the recognition of local anaesthesia credentials
- (ii) Evidence (as specified on the application form) of successful completion of a local anaesthesia program delivered by a dental or dental hygiene educational program
- (iii) Detailed course information (course outline, syllabus ,workbook, manual), if the program does not qualify under section 1(i) above.
- (iv) Evidence of CPR certification (Level C cardiopulmonary resuscitation course or Health Care Provider Course) delivered in accordance with the Canadian or American Heart and Stroke Foundation (send a photocopy of your wallet card-must have been issued within the last twelve months)
- (v) Evidence of currency of administration of local anaesthesia in the form of a letter from your employer(s) verifying that you administered local anaesthesia on a regular basis.

Policy:

- (i) Registrar to review and verify documentation. The Registrar may refer the matter to the Credentials Committee.
- (ii) If the Registrar or Credentials Committee determines substantial equivalency of the local anaesthesia course, program or module and there is evidence of currency of administration, NLCDH credential recognition of local anaesthesia certificate will be issued.
- (iii) If the Registrar or the Credentials Committee determines substantial equivalency of the local anaesthesia course, program or module, but more than 36 months have elapsed since the applicant last administered local anaesthesia on a regular basis, the applicant will be required to:
 - a. Successfully complete a College “approved” local anaesthesia refresher course/complete course prior to being reconsidered for recognition of local anaesthesia credentials.
- (iv) If substantial equivalency cannot be determined, the applicant will be advised to successfully complete a College “approved” local anaesthesia program (a refresher course will not qualify).
- (v) A local anaesthesia certificate will not be issued if the applicant is the subject of investigation or discipline related to unprofessional conduct in any jurisdiction.

Application: Recognition of Local Anaesthesia Credentials

Section 1: Eligibility

Applications may be accepted from NLCDH registrants who have successfully completed one of the following:

A local anaesthesia course, program or module delivered by a dental or dental hygiene educational program accredited by the Commission on Dental Accreditation of Canada (CDAC) or the American Dental Association Commission on Dental Accreditation (ADA/CODA)

A local anaesthesia course, program or module delivered by an out-of-province dental or dental hygiene educational program not accredited by the CDAC or ADA/CODA

ALL PROGRAMS are reviewed to determine substantial equivalency to the “approved” local anaesthesia programs.

Section 2: Member Information

Member's ID # _____

Last Name _____ Given Name _____

Maiden Name _____

Address _____

Postal Code _____

Phone _____ Work Phone _____

Section 3 Education

Date of completion of L.A. Course: _____

Name and address of educational institution which delivered the course: _____

Type of educational facility: University College Other

Type of course: Part of diploma/degree level dental hygiene program

Continuing education course

Other

Portion of continuing education course: Didactic Study _____

Clinical Portion: _____

Section 4: Documentation

The following documentation must be submitted with this application. Please refer to the NLCDH Policy: **Oral Anaesthetic.** (www.nlcdh.com)

Evidence of successful completion of a course in administration of local anaesthetic agents, infiltrative and conductive (block) in one of the following forms:

A **certified** copy of the official transcript issued by the diploma or degree dental hygiene program whose regular curriculum included administration of local anaesthesia, or

A **certified** copy of the certificate of completion issued by the dental or dental hygiene program, or continuing education facility which delivered the local anaesthesia program.

Evidence of CPR certification (level C or course for health care providers) within the last twelve months.

Applicants who have completed courses that have not been reviewed by the NLCDH and deemed substantially equivalent to the “approved” courses must submit detailed course information (course outlines, schedules, course syllabus and course manuals).

Employer verification of currency of local anaesthesia administration.

Section 5 Authorization

I authorize _____ to provide any additional information

(Name of Educational Institution)

As requested by the Newfoundland and Labrador College of Dental Hygienists in order to process my application for recognition of my Local Anaesthesia Credentials.

I _____ certify, that to the best of my knowledge, the information provided on this form is true.

(applicant's signature)

(date)

General Information

The Registrar will seek verification of the information provided on this form.

The Registrar reserves the right to request additional documentation of course content if deemed necessary. Such request could cause delay in determining your eligibility to administer local anaesthesia.

Once verification and necessary additional documentation has been received and reviewed, you will be notified of a determination regarding your eligibility to administer local anaesthesia.

You **must not** administer local anaesthetic in Newfoundland and Labrador until you have been notified of recognition of your local anaesthesia credential by the Newfoundland and Labrador College of Dental Hygienists.