

## **Collaborative Practice Authorization for Dental Hygienists and Dental Assistants in Community Settings**

In accordance with Minnesota Statutes, Chapter 150A.10, 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 listed in Minnesota Rules, part 3100.8700, subpart 1, without the patient first being examined by a licensed dentist.

In accordance with Minnesota Statutes, Chapter 150A.10, Subd. 2a, a dental assistant licensed under this chapter may be employed or retained by a health care facility, program, or nonprofit organization to perform dental assistant services listed in paragraph (2)(b) without the patient first being examined by a licensed dentist. The dental assistant will enter into a collaborative agreement with a licensed dentist, which must be part of a collaborative agreement established between the licensed dentist and dental hygienist that authorizes the services provided by the dental assistant.

The services to be provided by the dental hygienist or dental assistant in community settings must conform with current statutes, however a collaborating dentist may note limitations of the scope of practice in the agreement below. Note: the following is a template only. It includes **required** components of a collaborative agreement, in addition to “best practices” for a well-described agreement.

### **COLLABORATIVE AGREEMENT**

**Collaborative Agreement Dentist Name: (Print)** \_\_\_\_\_

Minnesota Dentist License Number: \_\_\_\_\_

Primary Dental Practice Address:

\_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Collaborative Agreement Dental Hygienist Name: (Print)** \_\_\_\_\_

Minnesota Dental Hygienist License Number: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Collaborative Agreement Dental Assistant Name: (Print)** \_\_\_\_\_

Minnesota Dental Assistant License Number: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Collaborative Practice Settings Served Through this Collaborative Agreement:**

(attach a separate sheet to identify additional settings, if applicable)

Organization/Community Setting Name: i.e. school name/location, health facility name/location, etc.

\_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Population being served in this setting, e.g. describe ages, community group type, non-profit, etc.

\_\_\_\_\_

**1. Describe Age and Procedure-Specific Standard Collaborative Practice Protocols:**

Medically compromised patients: **Example:** Medical histories are reviewed by the dental hygienist and dental assistant at each appointment. Patients with complex medical histories will be discussed with the collaborating dentist to determine if the patient may proceed with the appointment and/or to identify necessary treatment modifications.

**2. Procedure to Obtain Consent:** Describe how forms are distributed, to whom, how documented, types of consent (e.g., passive consent for screening/assessment; active consent for clinical treatment).

**3. Risk-based Care:**

Periodontal risk protocol: (describe here):

Caries risk protocol:

**Example:** Caries risk assessment will be performed using an “evidence-based approach to preventing and managing cavities at the earliest stages.” e.g. **CAMBRA**

<https://dentistry.ucsf.edu/research/cambra> or **American Academy of Pediatrics (AAP) Smiles for Life Oral Health Risk Assessment Tool** <https://www.smilesforlifeoralhealth.org/topic/aap-risk-assessment-tool/>

Dental screenings/assessments will be performed by the dental hygienist in community settings.

Based on the findings, individuals will be placed in one of three categories: low risk, moderate risk or high risk. The services provided will align with the assigned risk category.

**Reference: American Academy of Pediatrics (AAP) Smiles for Life Oral Health Risk Assessment Tool** <https://www.smilesforlifeoralhealth.org/topic/aap-risk-assessment-tool/> The recommended interval for subsequent preventive services and examination by a dentist will be based upon risk-assessment findings.

4. **Dental Sealant Protocols:**

**Example:** Identify standard procedures to determine need, materials being used, and the protocols followed to determine referral. Describe a plan for follow up care to assure efficacy of the sealant placement. The dental assistant may place sealants following determination of need by the dental hygienist and based upon authorization criteria of the collaborative agreement dentist.

**SEAL Minnesota: Minnesota Department of Health Oral Health Program**  
<https://www.health.state.mn.us/people/oralhealth/programs/sealmn.html>

**SEAL America: The Prevention Intervention** <https://www.mchoralhealth.org/seal/>

**Report of the Sealant Work Group: Recommendations & Products**  
<https://s3.amazonaws.com/cdhp/sealants/SWG+Report.pdf>

5. **Other Protocols to Include (if applicable):**

Fluoride varnish

Silver diamine fluoride

Glass ionomer temporary restorations

Teledentistry

Radiographs:

**Example:** Frequency and type/number of radiographs exposed are based on factors such as age, health status, appointment history, oral disease and dental caries risk and ALARA principal- “as low as reasonably achievable”. Describe whether radiographs are digital or film and where the images will be stored.

6. **Dental Records:**

**Example:** Describe whether patient dental records are paper or electronic (or both), where the records will be stored and the electronic dental record system being used by the program, if paperless. Documentation must include medical and dental history review, special considerations,

treatment provided, outcomes, patient response to treatment and referrals or actions taken.

**7. Emergency Response:**

Describe familiarity with the community setting's emergency response plan and equipment available. Include the most recent date of completed medical emergency training by the dental hygienist and dental assistant.

- 8. Protocol for Referrals:** If the screening results indicate need for urgent or follow up care, the dental hygienist and/or designated program staff will describe the findings to the patient, parents/legal guardians, family members and designated community setting/organization staff. **Example:** A copy of the referral letter is sent home to the parents/legal guardian if the patient is a minor. The dental hygienist and/or designated program staff will assist with referrals to partnering dental facilities. Urgent care needs will be expedited. All correspondence with patients, parents/legal guardians/family members will be documented in the patient's dental record.

**9. Quality Assurance Plan:**

**Example:** Patient care review will be performed by the collaborating dentist on a quarterly basis to monitor referrals and treatment completion.

**10. Infection Prevention and Control in Community Settings:**

Describe procedures that will be followed to comply with CDC Guidelines for Infection Control in Dental Healthcare Settings and to meet the OSHA Bloodborne Pathogen Standard. Describe the process used in transportation and sterilization of dental instruments/supplies.

**11. Submitting Initial Registration and Collaborative Agreement Updates** to the Minnesota Board of Dentistry:

Per Minnesota Statutes 150A.10, <https://www.revisor.mn.gov/statutes/cite/150A.10> the collaborative agreement must be: 1) signed and maintained by the dentist, dental hygienist and dental assistant, and the facility, program, or organization; 2) reviewed annually by the collaborating dentist, dental hygienist and dental assistant, and 3) made available to the Minnesota Board of Dentistry upon request. <https://mn.gov/boards/dentistry/current-licensee/collaborative-agreements/>

Revised agreement template, November 2023  
Clare Larkin, RDH MSEd

Revised agreement template reviewed, November 2023  
Bridgett Anderson, Executive Director, Minnesota Board of Dentistry