

The College of Dental Surgeons of Saskatchewan Standard For Radiographic Imaging and Cone Beam Computed Tomography Imaging

1. All forms of radiographic imaging have the following principles applied to them:
 - a) Members 'connected' to and operating in a College of Dental Surgeons of Saskatchewan (CDSS) licensed facility must ensure that radiation exposure to staff, patients, and the public in general is kept as low as reasonably achievable (ALARA).
 - b) All members must follow the guidelines in The Radiation Health and Safety Act.
 - c) All dental radiographic units must be registered with, and meet the requirements of, the Radiation Safety Unit, Ministry of Labour Relations and Safety, Government of Saskatchewan.
 - d) All radiographic units must have an appropriate quality assurance program implemented.
 - e) Lead garments should be used to protect patients from radiation whenever it is possible and does not interfere with the diagnostic image. It is recommended that a lead apron with a thyroid collar be used for intraoral films.
 - f) The dentist/specialist who prescribes any radiograph is responsible for interpreting everything in the image in a timely manner. If the prescribing dentist/specialist is unable to interpret the image appropriately, it must be referred to a licensed professional who is able to.
 - g) The frequency and technique for any radiographic exposure is left to the discretion of the dental professional in agreement with the patient. The goal of any radiographic exposure is to provide a sufficient amount of diagnostic information while exposing the patient to the least radiation that is reasonable. Any radiographic exposure must be selected based on what is best for that particular patient given specific considerations such as age, size, and previous imaging that has been completed.
 - h) Any radiographic imaging must follow the appropriate taking of a medical history and case history as well as a clinical examination.

- i) All dental personnel who expose a dental radiograph must have the appropriate training and license to do so. They must also have received proper training on the selected radiographic equipment.

Cone Beam Computed Tomography

- 2. As CBCT is a method of radiographic imaging for dental diagnosis, it falls under the same guidelines as all other forms of imaging listed in [1.] (above). In addition to the points outline in [1.] the following guidelines must be followed for all Cone Beam Computed Tomography imaging regardless of the field of view or voxel size:
 - a) Any member of the CDSS who plans to operate a CBCT unit in his or her clinic(s), must have a valid Radiation Safety Unit Facility Permit for the CBCT unit (effective January 1, 2018).
 - b) CBCT imaging is not to be used for routine “screening purposes” and there must be a clinical indication for the acquisition of a CBCT image.
 - c) The member(s) listed on the Radiation Safety Unit Facility Permit must have training in safe operation of the CBCT. This can be obtained on-site or at an off-site location. This training must be documented.
 - d) All member(s) who want to prescribe any CBCT imaging must have attended a CE course of at least two (2) credit units that focuses on radiation hygiene as it relates to CBCT imaging. These credits must be earned by December 31, 2018.
 - e) All dental personnel who will be exposing a CBCT image must have documented training on appropriate operation of the CBCT unit. This can be provided by the vendor or another professional who has been trained in safe operation of the appropriate CBCT unit.
 - f) All CBCT images that measure larger in size than 8cm x 8cm (in any dimension) must be interpreted by a professional who meets one of the following criteria:
 - i) Completion of a post-graduate program in Oral and Maxillofacial Radiology or Medical Radiology and a current license in his or her designated specialty in any Canadian or American jurisdiction.

ii) Completion of a post-graduate program in Oral and Maxillofacial Surgery or Orthodontics and a current license in his or her specialty in any Canadian or American jurisdiction.

** If there is a repeat image (of the same size or smaller) within one year of a previous image that has been interpreted, then (f) is not required but a report (see (g) below) must still be completed.

g) All CBCT images must have a proper report in the patient's chart that includes the following information:

- (i) Patient Identification
- (ii) Name of the prescribing member
- (iii) Name of the interpreting dentist/specialist
- (iv) Date of acquisition
- (v) Field of View of the image
- (vi) Findings from the CBCT Interpretation and any relevant diagnoses
- (vii) Any recommendations for follow-up imaging or further diagnostic testing.