



CDHNS, DLBNS, and NSDTA  
Joint Practice Standard  
Regarding Sexual Misconduct &  
Sexual Abuse  
**DRAFT**

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APPROVED BY CDHNS COUNCIL: XXXXX  
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## Joint Practice Standard Regarding Sexual Misconduct & Sexual Abuse

This Practice Standard Regarding Sexual Misconduct and Sexual Abuse (the “Standard”) is a joint document shared by the College of Dental Hygienists of Nova Scotia (CDHNS), the Denturist Licensing Board of Nova Scotia (DLBNS), and the Nova Scotia Dental Technicians Association (NSDTA) and is intended for the Registrants<sup>1</sup> of all three regulatory bodies.

The contents of this document were developed and enacted in accordance with Section 10 of the [Regulated Health Professions General Regulations](#) and meet the minimum requirements set out by the [Nova Scotia Regulated Health Professions Network](#) and the Department of Health and Wellness.

This Standard reflects the minimum professional and ethical behaviour, conduct, and practice expected of Registrants. All Registrants are required to be familiar with and comply with this Standard, regardless of their role or practice setting. Registrants are also accountable to any additional Standards of Practice and Code of Ethics, specific to their profession, as adopted by their respective regulatory bodies.

Pursuant to Section 6 of the [Regulated Health Professions Act \(RHPA\)](#), the objects of a regulatory body are to:

- (a) protect the public from harm;
- (b) serve and promote the public interest;
- (c) subject to the public interest, preserve the integrity of its profession; and
- (d) maintain public confidence in the ability of the regulatory body to regulate its profession.

The Joint Practice Standard Regarding Sexual Misconduct and Sexual Abuse:

- establishes the CDHNS, DLBNS, and NSDTA Standard regarding sexual misconduct and sexual abuse;
- defines the types of conduct that constitute sexual misconduct and sexual abuse;
- defines various relationships including client, former client, and vulnerable former client;
- provides guidance to Registrants to assist them in complying with the Standard, and
- is congruent with the standards regarding sexual misconduct and sexual abuse adopted by the Provincial Dental Board of Nova Scotia<sup>2</sup>.

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<sup>1</sup> For the purposes of this document, the term “Registrants” refers to individuals who are registered in Nova Scotia as dental hygienists, denturists, and registered dental technologists/technicians throughout, or were registered during the period of any alleged sexual misconduct.

<sup>2</sup> The Provincial Dental Board of Nova Scotia is the regulatory body for dentists and dental assistants until such time as they are migrated under the RHPA and become the Nova Scotia Regulator of Dentistry and Dental Assisting.

## 1.0 Definitions and Key Concepts

1.1 **Sexual misconduct** is any actual, threatened, or attempted sexualized behavior or remarks by a Registrant

- towards a client or vulnerable former client, or
- in the presence of a client or vulnerable former client,

including but not limited to, the following acts or omissions by the Registrant:

- 1.1.1 making sexually suggestive, flirtatious, or demeaning comments about a client's body, clothing, or sexual history, orientation or preferences;
- 1.1.2 discussing the Registrant's sexual history, sexual preferences, or sexual fantasies with a client;
- 1.1.3 any behaviour, communication, gestures, or expressions that could be reasonably interpreted by the client as sexual;
- 1.1.4 rubbing against a client for sexual gratification;
- 1.1.5 removing the client's clothing, gown, or draping without consent or emergent medical necessity;
- 1.1.6 failing to provide privacy while the client is undressing or dressing, except as may be necessary in emergency situations;
- 1.1.7 dressing or undressing in the presence of a client;
- 1.1.8 posing, photographing, or filming the body or any body part of a client for the purpose of sexual gratification;
- 1.1.9 showing a client sexually explicit materials;
- 1.1.10 requesting or making advances to date a client or have a sexual relationship with a client, whether in person, through written or electronic means;
- 1.1.11 hugging, touching or kissing a client in a sexual manner;
- 1.1.12 fondling or caressing a client;
- 1.1.13 terminating the professional-client relationship for the purpose of dating or pursuing a romantic or sexual relationship; or
- 1.1.14 sexual abuse.

1.2 No conduct constitutes sexual misconduct if the conduct is clinically appropriate to the professional services being provided by the Registrant.

1.3 **Sexual abuse** is a form of sexual misconduct. The following acts between a Registrant and a client constitute sexual abuse:

- 1.3.1 Sexual intercourse.
- 1.3.2 Genital to genital, genital to anal, oral to genital, or oral to anal contact.
- 1.3.3 Masturbation of a Registrant by a client or in the client's presence.
- 1.3.4 Masturbation of a client by a Registrant.

1.3.5 Encouraging the client to masturbate in the Registrant's presence.

1.3.6 Sexualized touching of a client's genitals, anus, breasts, or buttocks.

**1.4 Sexual misconduct constitutes professional misconduct.**

1.5 **Client** means the individual who is the recipient or intended recipient of health care services from a Registrant, and where the context requires, includes a substitute decision-maker for the recipient or intended recipient of health care services, and includes a vulnerable former client.

For the purpose of this Standard, a client may no longer be considered a client if:

- the care provided was "episodic"<sup>3</sup>; or
- the care provided was "ongoing periodic care"<sup>4</sup> and the client formally transferred to another provider six months prior.

1.6 **Former client** means a person who has ceased to be a client when:

1.6.1 a Registrant has actively terminated<sup>5</sup> the professional-client relationship six months prior; or

1.6.2 if there has been no active termination of the professional-client relationship, twenty-four months have passed since the date of the last clinical interaction, and no future appointment has been booked.

1.7 **Vulnerable former client** means a client who is no longer a current client, but who requires particular protection from sexual misconduct for reasons of ongoing vulnerability. **A registrant must never engage in any sexualized behaviour (including all incidents of sexual misconduct) with a vulnerable former client.**

For some former clients, their degree of vulnerability is such they always will be considered a vulnerable former client. For other former clients, their degree of vulnerability will lessen with the passage of time following the termination of the professional-client relationship.

1.7.1 When determining whether a former client is a vulnerable former client, consideration should be given to:

1.7.1.1 the length and intensity of the former professional relationship;

1.7.1.2 the nature of the former client's medical and social history;

1.7.1.3 the extent to which the former client has confided personal or private information to the Registrant;

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<sup>3</sup> "Episodic" care refers to when the oral healthcare professional provides a single professional encounter with a client for a defined healthcare need (e.g., emergency visit, or single appointment for a shade match), where neither the professional nor the client have the expectation of continuing the care or the professional-client relationship.

<sup>4</sup> "Ongoing periodic care" refers to the situation in a typical oral healthcare setting wherein there are clients who return periodically for routine care (e.g., dental hygiene recall examinations or continuing care periodontal therapy appointments).

<sup>5</sup> This must be communicated to the client in writing, including a transparent and reasonable rationale, and be documented in the client record.

1.7.1.4 the vulnerability the former client had in the professional-client relationship;  
and

1.7.1.5 such other factors relevant to the particular circumstances.

1.7.2 Generally, the lengthier the former professional-client relationship and the greater the dependency, the more likely the person will be found to be a vulnerable former client by those adjudicating an allegation of sexual misconduct.

1.7.3 Where the application of the factors in Article 1.7.1 suggests a low degree of vulnerability of the former client, the former client may nonetheless be considered a vulnerable former client for a period of time beyond what is outlined in Article 1.6.

The nature of the power imbalance between a Registrant and a client creates a vulnerability for every client, and some period of time must elapse prior to the commencement of any sexual interaction in order to reduce the presence of the vulnerability.

The application of the factors in Article 1.7.1 will govern the determination of the appropriate period of time that must elapse prior to any conduct, behaviour or remarks of a sexual nature by a Registrant toward a former client amounting to anything other than sexual misconduct.

1.7.4 In considering whether to engage in any conduct, behaviour or remarks of a sexual nature with a former client, the Registrant must fully assess the vulnerability of the former client.

## **1.8 Exemption for Spouses and Intimate Partners**

1.8.1 If the client is a spouse or intimate partner of the Registrant prior to becoming a client, that person is not considered a client for purposes of these Standards.

1.8.2 In providing any professional care, the registrant must ensure that informed consent is obtained from their spouse or intimate partner in a manner consistent with any other client, ensuring the spouse or intimate partner is fully aware of the professional boundaries during treatment.

1.8.3 Registrants must document the treatment relationship with their spouse or intimate partner as thoroughly as they would with any other client, maintaining clear records to ensure transparency and professional conduct.

1.8.4 For the purposes of this Standard, the definition of “spouse” means two persons who:

- are married to each other or in a civil union, or
- have cohabitated in a conjugal relationship<sup>6</sup> with each other continuously for at least two years.

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<sup>6</sup> A “conjugal relationship” is defined by the [Government of Canada](#) as “one of some permanence, where individuals are financially, socially, emotionally and physically interdependent, where they share household and related responsibilities, and where they have made a serious commitment to one another. Conjugal does not mean “sexual relations” alone. It indicates that there is a significant degree of attachment and mutual commitment between two partners.”

- 1.8.5 For the purposes of this Standard, the definition of “intimate partner” is a person with whom one has been in a conjugal relationship for at least six months, regardless of whether or not they cohabit, or they have a natural or adopted child together.
- 1.8.6 The exemption for spouses and intimate partners does not provide blanket protection for a Registrant from findings of professional misconduct for abuse of a client if the spouse or intimate partner was subjected to abusive behaviour.

## 2.0 Professional Standards

- 2.1 A Registrant must not engage in sexual misconduct.
- 2.2 A Registrant must not engage in any conduct, behaviour or remarks of a sexual nature with a client or former client, unless all of the following apply:
  - 2.2.1 the professional-client relationship has ended as set out in Section 1.6;
  - 2.2.2 the Registrant has made a full assessment of the vulnerability of the former client; and
  - 2.2.3 the former client is not a vulnerable former client as set out in Section 1.7.
- 2.3 Sexual misconduct between a Registrant and any person over whom they have supervisory, evaluative or other authority (such as students, supervisees, employees, or research participants) may also be considered professional misconduct.
- 2.4 Sexualized conduct by a Registrant toward a colleague<sup>7</sup> or any other individual who has never been a client, or in a context that is entirely unconnected to the Registrant’s practice or their status as an oral healthcare professional, may constitute “conduct unbecoming the profession<sup>8</sup>” if the sexualized conduct is not consensual or tends to bring discredit upon their profession.

## 3.0 Mandatory Duty to Report

- 3.1 A Registrant must report to the Registrar if the Registrant has reasonable grounds to believe that another Registrant has engaged in sexual misconduct.
- 3.2 A Registrant must report to the regulatory body of another health profession if the Registrant has reasonable grounds to believe that a member of that profession has engaged in sexual misconduct.
- 3.3 A Registrant must report to an employer if the Registrant has reasonable grounds to believe that a regulated or unregulated employee has engaged in sexual misconduct.

## 4.0 Cooperation with Regulatory Bodies

- 4.1 A Registrant must cooperate with any regulatory body or committee of a regulatory body with respect to any regulatory process related to this standard.

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<sup>7</sup> A “colleague” is any individual that works in the Registrant’s workplace. This can include, but is not limited to, other Registrants, other healthcare professionals, students, and support staff.

<sup>8</sup> “Conduct unbecoming the profession” means conduct in a Registrant’s personal or private capacity that tends to bring discredit upon Registrants or the regulated health profession, as set out in the [Regulated Health Professions Act](#).

## 5.0 Consent

- 5.1 Consent is not a defence in response to an allegation or finding of sexual misconduct involving a client or vulnerable former client. A client or vulnerable former client cannot consent to any sexual interaction with a Registrant.

## 6.0 Guidelines

- 6.1 To ensure compliance with the standards set out above, Registrants should have regard to the following guidelines. A breach of a guideline may constitute a breach of this Standard.
- 6.2 Registrants should:
- 6.2.1 refrain from placing dental instruments on a client's bib or body when not clinically necessary;
  - 6.2.2 explain the scope of an examination, the steps involved, and the reasons for examinations/procedures to clients (e.g., an extraoral examination of the head and neck region as part of a dental examination);
  - 6.2.3 provide an adequate gown or drape as required (e.g., in a hospital or operating room setting) and refrain from assisting with removing or replacing the client's clothing, unless the client is having difficulty and consents to such assistance;
  - 6.2.4 show sensitivity and respect for the client's privacy and comfort at all times, including providing privacy to a client when undressing and dressing;
  - 6.2.5 consider the client's cultural or religious background and recognize that different cultural needs arise in a diverse client population;
  - 6.2.6 not ask or make comments about sexual performance;
  - 6.2.7 in situations where it is clinically appropriate to ask questions of a sexual nature (e.g., when updating a client's medical history regarding medications or infectious diseases), explain why the questions are being asked;
  - 6.2.8 encourage clients to ask questions and to speak up immediately if they feel uncomfortable or are in distress;
  - 6.2.9 refrain from responding sexually or providing encouragement to any form of sexual advance made by a client or a person close to them;
  - 6.2.10 respect the boundaries that separate the client and Registrant relationship. For example, refrain from using the client as a confidante or for personal support; and
  - 6.2.11 document any sexualized behaviour by the client in the client record.



## 7.0 Acknowledgement

The CDHNS, DLBNS, and NSDTA would like to thank the [Nova Scotia Regulated Health Professions Network](#) for providing the minimum requirements, as approved by the [Department of Health and Wellness](#), that informed the development of this Standard. Thanks also to the [Provincial Dental Board of Nova Scotia](#) for their collaboration in the preparation of this document, and to the [Nova Scotia College of Dietitians and Nutritionists](#) for sharing their draft Standard. We would like to acknowledge the previous work done by the [College of Physicians and Surgeons of Nova Scotia](#), whose existing document, [Sexual Misconduct by Physicians](#), was very helpful in the writing of this Standard.

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