

# POLICY MANUAL AND CODE OF ETHICS- 2023



## Table of Contents

PREAMBLE .....	3
MISSION .....	4
MAIN POLICIES .....	5
ETHICS.....	7
GOVERNMENT .....	8
LICENSURE & REGULATION.....	9
REGULATORY AGENCIES.....	9
LICENSURE & REGULATION.....	10
ACCESS .....	14
EDUCATION/CONTINUING EDUCATION.....	15
ADHA FRAMEWORK FOR THEORY DEVELOPMENT .....	23
RESEARCH .....	26
PREVENTION AND WELLNESS.....	27
PUBLIC HEALTH .....	29
PRIVACY POLICY.....	31
GLOSSARY .....	38
CODE OF ETHICS.....	49

## PREAMBLE

The ADHA Committee on Policy & Bylaws works to maintain a current and relevant policy manual by collaborating with all of the committees and other work groups. There is a main policy in each area with supporting policies following. In recent years, efforts were taken to eliminate duplication, thus supporting policies that could be listed under several headings were placed under the most appropriate heading. The ADHA policy manual is available to members and non-members alike at [http://www.adha.org/resources-docs/7614\\_Policy\\_Manual.pdf](http://www.adha.org/resources-docs/7614_Policy_Manual.pdf).

## HOW TO USE YOUR POLICY MANUAL

### KEY

Policy Statements are further identified by a key word (assigned by the Committee on Policy & Bylaws) and even further identified by a number:

- 1st # - Number assigned to the proposed resolution (PR) when it was adopted by the House of Delegates (HOD)
- 2nd # - Year the policy was most recently amended
- 1st # after / - Number assigned to the PR when it was originally adopted
- 2nd # after / - The year the policy was originally adopted
- 3 or more numbers indicate that policies were combined
- Main policies are in bold and the supporting policies are in regular type.

When a policy is amended it retains its original number but the new number is listed first. Each time it is amended, the new number is listed along with the original number and all interim numbers are dropped. That way, members can identify how long ADHA has had a policy on an issue and how recently the policy was amended.

For example, the following policy was originally PR-10 in the 1992 delegates' manual. A substitute resolution (S) was adopted by the 1992 House of Delegates. An amendment to that policy appeared as PR-6 in the 2010 delegates' manual and was adopted. If the policy had been amended in the interim, the interim numbers would have been dropped and only the number of the original policy and the most recent amendment would appear in the manual:

The American Dental Hygienists Association advocates that the scope of *dental hygiene* practice in all states includes utilization and administration of appropriate pain and anxiety control modalities

**Dental Hygiene Services**

**6-10/10S-92**

To research a policy, a member would begin by referring to a section like Access to Care. Access to Care policies appear in the Ethics, Practice, Public Health and Access sections. One would then refer to each of these sections and choose the statements which one chooses to quote or reference. The member knows how long ADHA has had policy on the issue, how long the current policy has been in effect, and what other policies support the issue.

## **POLICY MANUAL**

### **MISSION**

To improve the public's total health, the mission of the American Dental Hygienists' Association is to advance the art and science of dental hygiene by ensuring access to quality oral health care, increasing awareness of the cost-effective benefits of prevention, promoting the highest standards of dental hygiene education, licensure, practice and research, and representing and promoting the interests of dental hygienists.

### **CORE IDEOLOGY**

Unite, empower and support the dental hygiene profession.

### **VISION STATEMENT**

Dental hygienists are valued and integrated into the broader health care delivery system to improve the public's oral and overall health.

### **GOALS**

- 1. Support dental hygiene professionals throughout their careers**
- 2. Strengthen ADHA's infrastructure**
- 3. Advocate for the profession**

## MAIN POLICIES

### ETHICS

The American Dental Hygienists' Association maintains that *dental hygienists* are ethically and legally responsible and directly accountable for their professional conduct, decision-making, quality of services and actions.

**Dental Hygiene Services** 1-15/46-80

### GOVERNMENT

The American Dental Hygienists' Association supports *dental hygienists* as advocates for the profession of *dental hygiene* and related issues.

13-09

### LICENSURE & REGULATION

The American Dental Hygienists' Association supports licensure of dental hygienists, who have graduated from an *accredited dental hygiene program*.

**Regulatory Agencies** 26-00/2-82

The American Dental Hygienists' Association supports dental hygiene licensure portability.

**Licensure Portability** 9-21

### PRACTICE & TECHNOLOGY

The American Dental Hygienists' Association conceptualized and continues to support the concept of an *advanced dental hygiene practitioner* model.

**Advanced Dental Hygiene Practitioner** 3-15/4-04

The American Dental Hygienists' Association advocates that *dental hygiene* practice is an integral component of the health care delivery system and that the services provided by a *dental hygienist* may be performed in collaboration with other health care professionals within the overall context of the health needs of the patient.

**Dental Hygiene Services** 10-10/42-81

The American Dental Hygienists' Association advocates *evidence-based, patient/client-centered dental hygiene* practice.

**Dental Hygiene Services** 6-97

The American Dental Hygienists' Association supports the education and training of dental hygienists in the procedure of vaccine administration to advance the effort of protecting and preserving public health.

**Vaccine Administration** 18-21

## ACCESS

The American Dental Hygienists' Association advocates for the following:

- Equitable, comprehensive, *evidence-based*, interprofessional, preventive, restorative and therapeutic care for all individuals.
- Promotion of public and professional awareness of the need for care.
- Public funding and *third-party payment* or other remuneration methods for such services.

**Access**

**19-21/18-14/16-8**

## EDUCATION/CONTINUING EDUCATION

The American Dental Hygienists' Association supports *accreditation* standards that prepare entry level *dental hygienists* to assume all the professional roles of a *dental hygienist* in a variety of settings to address the oral and overall health care needs of the public.

**Accreditation**

**15-15/13-86**

The American Dental Hygienists' Association supports diversity and inclusion in dental hygiene educational programs.

**Diversity and Inclusion**

**6-21**

The American Dental Hygienists' Association advocates continuing education for all *dental hygienists* to expand scientific knowledge and enhance practice modalities.

**Professional Development**

**16-91/11-67**

## RESEARCH

The American Dental Hygienists' Association advocates the role of *dental hygienists* in research, including their contributions to interdisciplinary studies and practice.

**Professional Development**

**3-12/24-70**

## PREVENTION AND WELLNESS

The American Dental Hygienists' Association advocates evidence based oral health management strategies for the prevention of oral and systemic diseases.

**Prevention**

**2S-05/30-75**

## PUBLIC HEALTH

The American Dental Hygienists' Association affirms its support for *optimal oral health* for all people and is committed to collaborative partnerships and coalitions that utilize an oral health equity framework improve access to care.

**Access**

**20-21/7S-09/27-74**

## ETHICS

The American Dental Hygienists' Association maintains that *dental hygienists* are ethically and legally responsible and directly accountable for their professional conduct, decision-making, quality of services and actions. (Main policy)

**Dental Hygiene Services** 1-15/46-80

The American Dental Hygienists' Association supports the availability and accessibility of quality, cost-effective oral health care.

**Access** 29-87

The American Dental Hygienists' Association supports inclusion, diversity, equity and access; and recognizes the value it adds to our organization, our mission and the quality of our programs and services.

**Leadership Development Committee** 1-21/2-15/28-73

The American Dental Hygienists' Association advocates for accurate representation of *dental hygiene services*.

**Dental Hygiene Services** 10S-14/3-94

The American Dental Hygienists' Association supports legislation granting immunity to *dental hygienists* when responding to any disaster or emergency situation, so declared by an appropriate authority.

**Dental Hygiene Services** 10-03

That, The American Dental Hygienists' Association advocates communication and access to *documentation* for dental patients regarding the manufacturers and materials provided in their dental care.

**Dental Hygiene Services** 1-13  
NJ 3-13

The American Dental Hygienists' Association advocates that *dental hygienists*, as health care professionals, are responsible for taking appropriate action in suspected abuse and neglect cases.

**Scope of Practice** 26-00/25-82  
NJ 10-94

The American Dental Hygienists' Association advocates a work environment free of discrimination and harassment.

**Discrimination** 4-01

The American Dental Hygienists' Association advocates for advertising supported by *evidence-based* research and supports professional and consumer groups who promote those efforts.

**Advertising** 9S-14/30-74

## GOVERNMENT

The American Dental Hygienists' Association supports *dental hygienists* as advocates for the profession of *dental hygiene* and related issues.

**Main policy** 13-09

The American Dental Hygienists' Association advocates dental hygienists be included in local, state, and national crisis response policies.

**Terrorism & Catastrophe** 3-20

The American Dental Hygienists' Association supports the inclusion and utilization of *dental hygienists* in response to local, state, national, and global crises

**Terrorism & Catastrophe** 2-20/9-03

The American Dental Hygienists' Association advocates that in states requiring a clinical examination, licensed *dental hygienists* examine and evaluate candidates for *dental hygiene* licensure.

**Examinations** 11-92/21-83

The American Dental Hygienists' Association advocates for a comprehensive oral assessment and *evaluation* by a *dental hygienist* or a *mid-level oral health practitioner*, with referral for appropriate follow up care, for students entering into primary, middle, and secondary education.

**Examinations** 1-17/7-06

The American Dental Hygienists' Association supports the upgrading of the civil service classification for *dental hygienists*.

**Professional Development** 20A-81

The American Dental Hygienists' Association advocates self-regulation for the profession of *dental hygiene*. The American Dental Hygienists' Association advocates the appointment of the proportionate representation of *dental hygienists* who are graduates of *accredited dental hygiene programs* as full voting and policy-making members of agencies that regulate the practice of *dental hygiene* and administer *dental hygiene* examinations.

**Regulatory Agencies** 5-12/11-86/7-82  
NJ 6-93/1-03

The American Dental Hygienists' Association advocates that licensed *dental hygienists* who are graduates of *accredited dental hygiene programs* serve as advisors, consultants, and liaisons to state policy making agencies or as full voting members of state agencies that regulate the practice of *dental hygiene* and *dentistry*.

**Regulatory Agencies** 6-12/22-83

The American Dental Hygienists' Association advocates the inclusion of *dental hygienists* in the development of federal, state and local policies that support improved oral health and wellness.

**Oral Health Policy** 15-10



## LICENSURE & REGULATION

The American Dental Hygienists' Association supports licensure of *dental hygienists*, who have graduated from an *accredited dental hygiene program*. (Main policy)

**Regulatory Agencies**

**26-00/2-82**

The American Dental Hygienists' Association supports equitable representation of *dental hygiene* on both the ADA Commission on Dental Accreditation and the ADA Joint Commission on National Dental Examinations, including representatives of *dental hygiene* practice, education and state board members.

**Accreditation**

**40-80**

**Regulatory Agencies**

The New Jersey Dental Hygienists' Association supports the appointment of consumers, in a number equal to consumers seated on other health regulatory boards, as full voting and policy-making members of boards/committees that regulate the practice of dental hygiene.

**Regulatory Agencies**

**NJ 2-03**

The New Jersey Dental Hygienists' Association supports the addition of a registered Dental Assistant to the New Jersey Board of Dentistry as long as the number of registered Dental Assistants does not outnumber the number of Registered Dental Hygienists on the Board of Dentistry.

**Regulatory Agencies**

**NJ 1-04**

The American Dental Hygienists' Association advocates that expansion of permissible practices of a *dental hygienist* must be predicated on formal educational preparation.

**Competence**

**40-82**

The American Dental Hygienists' Association advocates and encourages regulatory agencies to accept an applicant for licensure by credentials if the following minimum criteria are met:

- Graduation from an *accredited dental hygiene program*.
- Successful completion of both an American Dental Hygienists' Association recognized Dental Hygiene national clinical board *dental hygiene* examination and regional and/or state board examination.
- Possession of a valid *dental hygiene* license in another state/jurisdiction.
- Absence of pending and/or final disciplinary action in any other state/jurisdiction in which the individual had been licensed.

**Credentialing**

**22-00/21S-93**

**NJ 6-11**

**Regulatory Agencies**

The American Dental Hygienists' Association supports recognition of a valid, reliable and cost-effective dental hygiene national board examination which tests the ability to apply knowledge of dental hygiene biological sciences and oral medicine.

Eligibility for this exam, administered by the Joint Commission on National Dental Examinations is limited to graduates and graduate-eligible students of *accredited dental hygiene programs*.

**24A&B-00/6-77/14-91/23-00/5-05/1-02/5-88**  
**NJ 5-05**

The American Dental Hygienists' Association advocates that regional and/or state testing agencies adopt policies that ensure the highest ethical standards to protect the safety and welfare of patients who participate in clinical *dental hygiene* examinations.

**Examination** **2-02**

## **LICENSURE & REGULATION**

The American Dental Hygienists' Association advocates current basic life support health care provider course completion and mandatory continuing education for all *dental hygienists* for maintaining and reinstating dental hygiene licensure.

**7A&B-95/19-82/15-91**

The American Dental Hygienists' Association supports research to identify and implement a valid, reliable alternative to the use of human subjects in clinical licensure examinations for candidates who are graduates of *accredited dental hygiene programs* and who are eligible to take the National Dental Hygiene Board Examination.

**1-08**

**The American Dental Hygienists' Association conceptualized and continues to support the concept of an *advanced dental hygiene practitioner* model. Advanced Dental Hygiene Practitioner (Main policy)**

**3-15/4-04**

The American Dental Hygienists' Association advocates for *dental hygienists*; owning and operating *dental hygiene* practices; entering into provider agreements; and receiving direct and *third-party payments* for services rendered.

**Dental Hygiene Services** **11-13/46-80**

The American Dental Hygienists' Association supports *dental hygienists* performing *dental triage*.

**Dental Hygiene Services** **6-05**

The American Dental Hygienists' Association advocates for patient-centered outcomes research that focuses on preventive and oral health interventions leading to improved health outcomes, quality care and increased patient satisfaction in all practice settings.

**Dental Hygiene Services** **7-16**

The American Dental Hygienists' Association advocates that *dental hygienists*, receive direct reimbursement for services rendered.

**Scope of Practice**

**8-15/1-88  
NJ 1-14**

The American Dental Hygienists' Association acknowledges and supports registered dental hygienists who are educated in Orofacial Myofunctional Therapy (OMT). The dental hygienist educated in OMT may provide orofacial myofunctional assessments and treatment independently in a variety of practice settings and for patients of all ages.

**Scope of Practice**

**10-21/11-20**

The American Dental Hygienists' Association supports specialty certification program opportunities for registered dental hygienists.

**Scope of Practice**

**12-20**

The American Dental Hygienists' Association supports comprehensive screening for oral cancer, oropharyngeal cancer, and any abnormality for all patients to achieve earliest referral for diagnosis.

**Scope of Practice**

**20-20**

The American Dental Hygienists' Association advocates that *dental hygiene* practice is an integral component of the health care delivery system and that the services provided by a *dental hygienist* may be performed in cooperation with other health care professionals within the overall context of the health needs of the patient.

**Dental Hygiene Services**

**10-10/42-81  
NJ 3-14**

The American Dental Hygienists' Association supports educating the public and other health professionals regarding health risks of intra and extra oral piercing and oral modification; as well as supporting licensure and regulation of body-piercing establishments.

**Dental Hygiene Services**

**4S-07**

The American Dental Hygienists' Association advocates *evidence-based*, patient/client-centered *dental hygiene* practice.

**Dental Hygiene Services**

**6-97**

The American Dental Hygienists' Association advocates that the *dental hygiene diagnosis* is a necessary and intrinsic element of dental hygiene education and scope of practice.

**Dental Hygiene Services**

**6-09**

The New Jersey Dental Hygienists' Association supports the delivery of tooth whitening agents by licensed dental professionals.

**Dental Hygiene Services**

**NJ 1-09**

The New Jersey Dental Hygienists' Association opposes coronal polishing by dental assistants and the Certified Preventive Dental Assistant (CPDA) certification examination.

**Dental Hygiene Services**

**NJ 4-11**

The New Jersey Dental Hygienists' Association recognizes that dental hygiene is the health profession which, in cooperation with other health professionals, provides services to promote optimal oral health for the public. The licensed dental hygienist performs and/or supervises the delivery of oral health care services as regulated under state dental and/or dental hygiene practice acts. Graduation from a program which has a minimum of two academic years of dental hygiene curriculum provided in a college or institute of higher education, the program of which is accredited by a national agency recognized by the United States Department of Education and/or an appropriate national voluntary agency, and a nationally recognized didactic examination are prerequisites for licensure and practice. Tate mandated clinical and didactic examinations may also be required for licensure and practice.

**Definition and Education**

**NJ 4-93**

The American Dental Hygienists' Association recommends *implementation* of oral health diagnostics as part of the federally mandated and standardized code sets in oral health care to improve diagnosis, prevention and treatment of oral health diseases and conditions.

**Diagnostic Codes**

**10-11**

**NJ 2-11**

The American Dental Hygienists' Association advocates for *dental hygiene* representation on committees and work groups that develop diagnosis and procedure codes.

**Diagnostic Codes**

**1-16**

The American Dental Hygienists' Association advocates for the expansion of *dental hygiene* diagnosis and procedure codes.

**Diagnostic Codes**

**2-16**

**NJ 2-16**

The American Dental Hygienists' Association advocates for diagnostic codes, procedure codes, nomenclature and descriptors that are consistent with scientific literature regarding *evidence-based* practices in dentistry and *dental hygiene*.

**Diagnostic Codes**

**6-17**

The American Dental Hygienists' Association advocates the Centers for Disease Control and Prevention's (CDC) guidelines for preventing the transmission of infectious diseases.

**Dental Hygiene Services**

**9-96**

**NJ 5-93/2-06**

The American Dental Hygienists' Association acknowledges that the scope of *dental hygiene* practice includes the *assessment* and *evaluation* of orofacial myofunctional dysfunction; and further advocates that *dental hygienists* complete advanced clinical and didactic continuing education prior to providing treatment.

**Dental Hygiene Services**

**9-92**

The American Dental Hygienists Association advocates that the scope of *dental hygiene* practice includes utilization and administration of appropriate pain and anxiety control modalities.

**Dental Hygiene Services**

**14-13/10S-92  
NJ 6-94**

The American Dental Hygienists' Association supports comprehensive risk-based *assessment* of the patient's needs prior to and throughout the delivery of oral health services.

**Dental Hygiene Services**

**11-10/21-82**

The American Dental Hygienists' Association supports the utilization of technologies, including, but not limited to, telehealth, as a means to reduce oral health disparities.

**Dental Hygiene Services/Technology**

**4-17/8-96**

The American Dental Hygienists' Association supports systems to ensure quality assurance.

**Quality Assurance**

**8-10/49-82**

The American Dental Hygienists' Association affirms that *dental hygienists* are competent to provide *dental hygiene* services without supervision.

**Dental Hygiene Services**

**13-14/46-80**

The American Dental Hygienists' Association advocates cultural and *linguistic competence* for health professionals.

**Competence**

**9-07**

The American Dental Hygienists' Association supports the Occupational Safety and Health Administration standards relating to workplace safety and training.

**Dental Hygiene Services**

**28-93/6S-92  
NJ 5-93/2-06**

The American Dental Hygienists' Association advocates that *dental hygienists* perform screenings for the prevention and interdisciplinary management of diseases and associated risk factors as a component of patient *assessment*.

**Dental Hygiene Services**

**12-10**

The American Dental Hygienists' Association advocates that *dental hygienists* promote *health literacy*.

**Dental Hygiene Services**

**7-13  
NJ 4-13**

## ACCESS

The American Dental Hygienists' Association advocates for the following:

- **Comprehensive, *evidence-based*, interprofessional, preventive, restorative and therapeutic care for all individuals.**
- **Promotion of public and professional awareness of the need for care.**
- **Public funding and *third-party payment* or other remuneration methods for such services. (Main policy)**

**Access**

**18-14/16-85**

The American Dental Hygienists' Association advocates loan forgiveness and/or repayment programs for *dental hygienists* who provide *dental hygiene* services to underserved populations.

**Access**

**19-14/5-03**

**NJ 2-14**

The American Dental Hygienists' Association supports oral health care workforce models that culminate in:

- Graduation from an accredited institution
- Professional licensure
- *Direct access* to patient care

**Access**

**4S-09**

The American Dental Hygienists' Association advocates that *dental hygiene* and/or dental practice acts be amended so that the services of *dental hygienists* can be fully utilized in all settings.

**Access/State Practice**

**5-13/28S-92**

**NJ 5-94/4-94**

The American Dental Hygienists' Association advocates that direct and third-party reimbursement payors and the laws that govern them shall have non-discriminatory policies toward any *dental hygiene* provider acting within the scope of that providers' license.

**Access/DH Scope**

**17-14/7-12**

**NJ 2-12**

The American Dental Hygienists' Association endorses increasing public access to *dental hygiene* care by removing regulatory restrictions on the numbers of *dental hygienists* within a practice setting.

**Access/DH Scope**

**16-14/8-12**

**NJ 5-94**

## EDUCATION/CONTINUING EDUCATION

The American Dental Hygienists' Association supports *accreditation* standards that prepare entry level *dental hygienists* to assume all the professional roles of a *dental hygienist* in a variety of settings to address the oral and overall health care needs of the public. (Main policy)

**Accreditation** 15-15/13-86

The American Dental Hygienists' Association is opposed to the recognition of preceptor training or any other mechanisms which undermine existing minimum educational requirements for the *dental hygiene* scope of practice.

**Accreditation** 10-93/24-69

The American Dental Hygienists' Association advocates for *accreditation* by the *dental hygiene* profession, of all certificate, associate, baccalaureate, masters and doctoral *dental hygiene* education programs.

**Accreditation** 9-12/1-90/2-19

The American Dental Hygienists' Association supports all aspects of formal *dental hygiene* education which includes certificate, associate, baccalaureate, masters and doctoral degree programs; however, the American Dental Hygienists' Association declares its intent to establish the baccalaureate degree as the minimum entry level for *dental hygiene* practice in the future and to further develop the theoretical base for *dental hygiene* practice.

**Accreditation** 14-86/3-19  
NJ 1-10

The American Dental Hygienists' Association supports recruitment of individuals who have received training in technical procedures associated with *dental hygiene* to enroll in an *accredited dental hygiene program*. In addition, the ADHA advocates that licensed and student dental hygienists be responsible for *dental hygiene* career recruitment.

**Career Recruitment** 6S-95/20-88/3-90

The American Dental Hygienists' Association supports that radiation-producing imaging devices be operated only by qualified individuals who have successfully completed approved courses that meet state and/or federal regulations for radiation safety.

**Competence** 9S-05/17-88

The American Dental Hygienists' Association advocates that licensed *dental hygienists* successfully complete clinical and didactic education before performance of additional functions permitted through a change of state law.

**Competence** 9A-78

That ADHA, advocates *continued competence*, lifelong learning and ongoing professional development for *dental hygienists*.

**Continued Competence**

**18-15  
NJ 7-94**

The American Dental Hygienists' Association supports being a *credentialing* authority for the *dental hygiene profession* beyond initial licensure.

**Credentialing**

**2-17/1-06**

The American Dental Hygienists' Association supports externships and internships within *accredited dental hygiene programs* in order for students to gain practical experience in public health and alternative practice settings.

**Curriculum**

**11-97**

**Certificate and/or Associate Degree Dental Hygiene Programs**

1. Programs offering certificates and/or associate degrees should provide an education consistent with the associate degree standards of higher education. The certificate and/or associate degree curriculum should be conducted at an educational level that meets the standards for *accredited dental hygiene*
2. *programs*.
3. The curricula should allow for integration of all liberal arts, biomedical sciences, oral health sciences and *dental hygiene* sciences content and shall provide a theoretical framework as well as mechanisms for achieving clinical competence when appropriate for all aspects of *dental hygiene* practice.
4. Certificate and/or associate degree programs are encouraged to develop academic partnerships or articulation agreements with four-year colleges and/or universities to allow the development of integrated baccalaureate degree *dental hygiene* curricula.

**Curriculum**

**12-93/17-74**

The American Dental Hygienists' Association supports dental hygiene curricula that leads to competency in the *dental hygiene process of care: assessment, dental hygiene diagnosis, planning, implementation, evaluation and documentation*.

**Curriculum**

**16-15/16-93  
NJ 2-01**

The American Dental Hygienists' Association advocates that all *accredited dental hygiene programs* prepare students for licensure in any United States or Canadian jurisdiction.

**Curriculum**

**21-92/24-84**



The American Dental Hygienists' Association supports the development and *implementation* of innovative educational *delivery systems* only when clinical, didactic and laboratory education is provided through an *accredited dental hygiene program*.

**Curriculum**

**6-20/11-00/14S-90**

**Baccalaureate Degree *Dental Hygiene* Programs**

1. Programs offering a baccalaureate degree should provide an education consistent with standards in higher education. The baccalaureate curriculum should be conducted at a level which allows for admission to university graduate programs. The curriculum should incorporate a substantive body of knowledge in the social, behavioral and biological sciences as prerequisites for entrance into advanced education.
2. Baccalaureate programs conferring the Bachelor of Science degree in *dental hygiene* should provide advanced knowledge and skills in *dental hygiene*. These curricula should prepare graduates for expanded roles in the provision of oral health services. These services shall be determined by projected oral health needs, potential for the *dental hygienist* to provide services to meet these needs and the ability of the *dental hygiene* program to provide instruction in these areas.
3. The curricula should allow for integration of all liberal arts, biomedical sciences, oral health sciences and *dental hygiene* science content and shall provide a theoretical framework for all aspects of *dental hygiene* practice.
4. Baccalaureate degree programs are encouraged to develop four-year integrated dental hygiene curricula.

**Curriculum**

**15-88/18-74  
NJ 5-94**

The American Dental Hygienists' Association advocates that the *advanced dental hygiene practitioner* will have completed an advanced graduate level curriculum. This allows for the acquisition of competencies that build upon the fundamental knowledge and skills achieved at the entry level preparing individuals for a level of *evidence-based* clinical decision-making, scope of practice and responsibility required of the advanced practitioner.

**ADHP Curriculum**

**14-15/5-04**

### **Master's Degree Dental Hygiene Programs**

1. Master's degree programs in *dental hygiene* should be at an educational level equivalent to master's degree programs in other disciplines and allow further pursuit of advanced degrees.
2. Curricula should be designed to provide *dental hygienists* with advanced concepts in social, behavioral and biological sciences and *dental hygiene* practice and education. They should provide graduates with the skills necessary to contribute to the expansion of the *dental hygiene* body of knowledge through research.

### **Curriculum**

**16-88/19-74**

The American Dental Hygienists' Association supports the initiation of new *dental hygiene* educational programs if:

- the proposed program has conducted a comprehensive *evidence-based needs assessment* to support the development and sustainability of the program. It is further documented that an existing institution of higher education cannot meet these needs.
- there is documented ongoing manpower need that cannot be met by an existing institution of higher education.
- there is a documented ongoing manpower need that cannot be met by *dental hygienists*.
- there is a demonstrated qualified applicant pool.
- the program offers an integrated curriculum that culminates in baccalaureate degree in *dental hygiene*.
- the program has financial resources to initiate and maintain *dental hygiene* educational standards.
- the program is supported by the component and constituent *dental hygienist* associations.
- the program meets appropriate *accreditation* requirements prior to the acceptance of students.

### **Curriculum**

**4-11/21-88**

**NJ 3-03/3-11**

### **Economic Access**

The New Jersey Dental Hygienists' Association supports efforts to increase economic access to dental hygiene education.

### **Economic Access**

**NJ 1-06**

The American Dental Hygienists' Association advocates that *dental hygiene* educational programs be administered or directed only by educationally qualified actively licensed dental hygienists.

### **Faculty/Administrators**

**5-99/34C-73**

The American Dental Hygienists' Association encourages all *dental hygiene* faculty to be members of the American Dental Hygienists' Association.

### **Faculty/Administrators**

**13-88**

## **EDUCATION/CONTINUING EDUCATION**

The American Dental Hygienists' Association advocates continuing education for all *dental hygienists* to expand scientific knowledge and enhance practice modalities. (Main policy)  
**Professional Development** **16-91/11-67**

The American Dental Hygienists' Association endorses the principle that health professionals who are employed for classroom educational activities should have specialized educational professional preparation.  
**Faculty/Administrators** **28-77**

The American Dental Hygienists' Association supports *interprofessional education* in the *dental hygiene* curriculum.  
**Interprofessional education** **6-20/5-16**  
**NJ 3-16**

The American Dental Hygienists' Association advocates collaborative continuing education efforts and exchange of information to promote optimal total health with accredited institutions and other health disciplines that provide continuing education.  
**Professional Development** **11-79/ 8-05/10-78**

The American Dental Hygienists' Association supports and advocates for doctoral Degrees in dental hygiene.  
**Professional Development** **1-19**

## ADHA FRAMEWORK FOR THEORY DEVELOPMENT

The discipline of *dental hygiene* is the art and science of preventive oral health care including the management of behaviors to prevent oral disease and promote health. Preventive oral health care includes: a) the coordination and delivery of primary preventive oral health educational and clinical services, b) the provision of secondary preventive intervention to prevent further disease and to promote overall health, and c) the facilitation of the *client's* access to care and *implementation* of mutually agreed upon oral health care goals. These methods of preventing oral disease and promoting wellness are provided by the *dental hygienists* in collaboration with the health care team in a variety of settings to all populations-- those served, those underserved, and those outside the oral health care system.

Within the domain of *dental hygiene*, the main concepts studied are the **client**, the **environment** in which the *client* and *dental hygienist* find themselves, the promotion of **health/oral health**, and the **dental hygiene actions** which lead the *client* toward oral health care wellness.

17-93

### Definitions:

**Client** - The concept of **client** refers to the potential or actual recipients of *dental hygiene* care, and includes persons, families, groups and communities of all ages, genders, socio-cultural and economic states.

**Environment** - The concept of **environment** refers to factors other than *dental hygiene* actions which affect the *clients'* attainment of optimal oral health. These include economic psychological, cultural, physical, political, legal, educational, ethical and/or geographical factors. Some of these factors may be more related to the *client*, while others may be more related to the provider.

**Health/Oral Health** - The concept of **health/oral health** refers to the *client's* state of being that exists on a continuum from optimal wellness to illness and fluctuates overtime as a result of biological, psychological, spiritual and developmental factors. Oral health and overall health status are interrelated because each impacts the other. Preventive oral health care maintains or improves the *client's* health/oral health position on the continuum, and thus maintains or improves the *client's* quality of life.

**Definitions:**

**Dental Hygiene Actions - Dental hygiene actions** involve cognitive, affective, and psychomotor performances. They include *assessment, dental hygiene diagnosis, planning, implementation, evaluation,* and *documentation (dental hygiene process of care)* of preventive and therapeutic oral health care. They are provided in independent, interdependent, and collaborative relationships with the *client* and health care team members. **5-17/19-15**

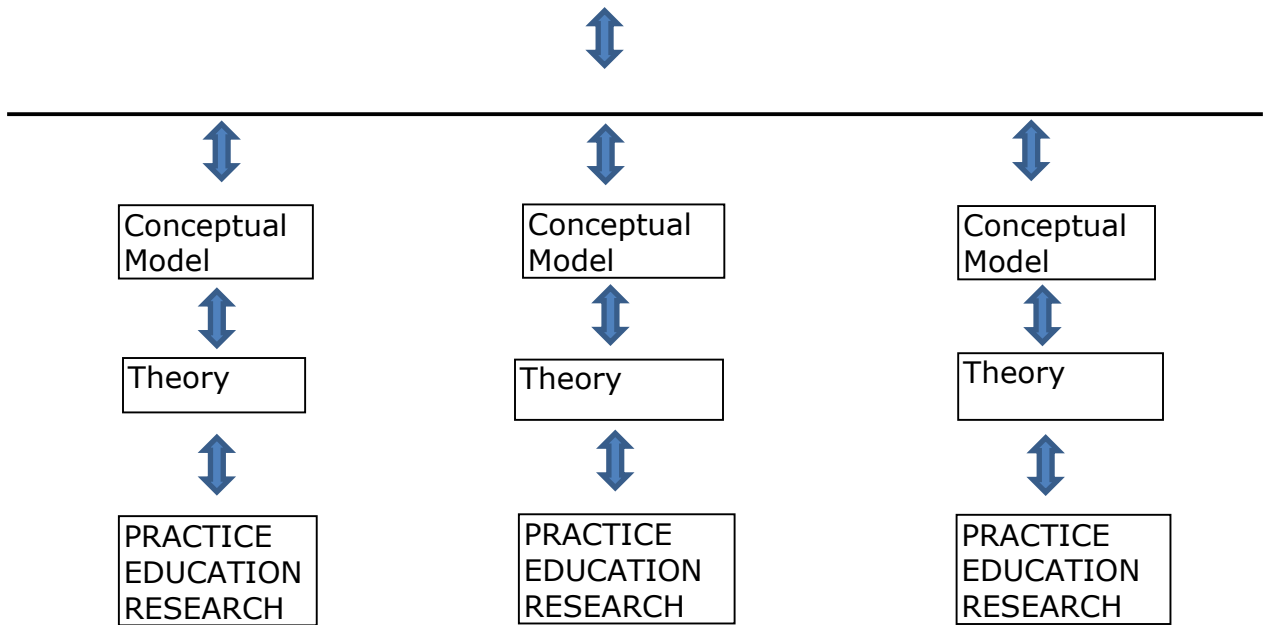
**Dental hygiene actions** also incorporate leadership, research, and behavioral principles in the management of the *client's* health/oral health status on the wellness/illness continuum. *Dental hygiene* actions are implemented in accordance with ethical principles and recognized standards of practice. *Dental hygiene* actions reflect and affirm *dental hygiene's* unique commitment to preventive oral health care.

ADHA FRAMEWORK FOR THEORY DEVELOPMENT

DENTAL HYGIENE THEORY DEVELOPMENT FRAMEWORK

**PARADIGM CONCEPTS**

**Client    Environment    Health/Oral Health                      Dental Hygiene Actions**



## **RESEARCH**

The American Dental Hygienists' Association advocates the role of *dental hygienists* in research, including their contributions to interdisciplinary studies and practice. (Main policy)

**Professional Development**

**3-12/24-70**

The American Dental Hygienists' Association supports basic science and applied research in the investigation of health promotion/disease prevention and theoretical frameworks which form the basis for education and practice. All research efforts should enhance the profession's ability to promote the health and well-being of the public.

**Wellness**

**3-95/18-93**

## PREVENTION AND WELLNESS

The American Dental Hygienists' Association advocates evidence based oral health management strategies for the prevention of oral and systemic diseases. (Main policy)

**Prevention**

**2S-05/30-75**

The American Dental Hygienists' Association advocates for a tobacco-free environment and supports laws which prohibit the marketing and distribution of nicotine delivery and promotional look-alike products that encourage tobacco use. Further, the American Dental Hygienists' Association supports the role of the *dental hygienist* in prevention and cessation of tobacco usage through education.

**Dental Hygiene Services**

**11-14**

**NJ 9-94/4-05**

The American Dental Hygienists' Association advocates collaboration with organizations to identify, promote and utilize available substance abuse and addiction resources and programs.

**Addiction**

**6-07/9-87**

The American Dental Hygienists' Association supports nutritional guidelines and programs that promote total health and encourages media advertising and public education that promote healthy eating habits and wellness.

**Nutrition**

**13-94/29-74**

The American Dental Hygienists' Association supports consumer awareness by requiring labeling of all products that have potential adverse effects on oral health. **Product Labeling**

**13S-10/57-82**

The American Dental Hygienists' Association advocates arrangements between school districts and vendors to promote the consumption of healthy foods and beverages.

**Nutrition**

**1-12/14-01**

The American Dental Hygienists' Association supports community water fluoridation as a safe and effective method for reducing the incidence of dental caries throughout the human lifespan.

**Prevention**

**5-15/58-82**

The American Dental Hygienists' Association supports education regarding the preventive and therapeutic benefits, safety and cost effectiveness of community water fluoridation.

**Prevention**

**6-15**

The American Dental Hygienists' Association supports education regarding the benefits of all preventive and therapeutic fluorides.

**Prevention**

**7-15**



The American Dental Hygienists' Association advocates an oral *assessment* and establishment of a *dental home* for all children soon after the eruption of the first primary tooth or by twelve months of age.

**Prevention**

**NJ 1-12**

**4S-12**

The New Jersey Dental Hygienists' Association supports the use of systemic and topical fluoride, sealants and other preventive modalities to reduce the incidence of dental caries.

**Prevention**

**NJ 8-94**

## **PUBLIC HEALTH**

The American Dental Hygienists' Association affirms its support for *optimal oral health* for all people and is committed to collaborative partnerships and coalitions that improve access to oral health services. (Main policy) **Access** **7S-09/27-74**

**NJ 3-94**

The American Dental Hygienists' Association supports programs that inform stakeholders of the scope of *dental hygiene* practice and its contribution to health in collaboration with health care delivery providers.

**Access**

**16-10/38-82**

**Wellness**

The New Jersey Dental Hygienists' Association recommends that Dental Hygienists be utilized as the Oral Health Liaison on the staff of all Long-Term Care Facilities.

**Public Health Access**

**NJ 1-02**

The American Dental Hygienists' Association supports the dental hygienists' role in community outreach, care coordination, and the addressing of social determinants of health.

**Public Health Access**

**2-21**

The American Dental Hygienists' Association advocates the development of *evidence-based* comprehensive community oral health programs.

**Public Health Programs**

**17-10/5-98**

The New Jersey Dental Hygienists' Association supports the appointment of a state Health Director who is a qualified registered dental hygienist to oversee and coordinate dental services and promotional efforts.

**Public Health Programs**

**NJ 2-04**

The New Jersey Dental Hygienists' Association advocates continuing review of the design and administration of the oral health components of any health program. This review should be based on the effectiveness in meeting the health care needs of the public, access to care, and utilization of licensed oral health care professionals.

**Public Health Programs**

**NJ 1-05**

The American Dental Hygienists' Association advocates delivery of *evidence-based dental hygiene* services by licensed *dental hygienists* in all settings.

**Public Health**

**18S-10/9-99**

The American Dental Hygienists' Association advocates the inclusion of *dental hygienists* in all aspects of forensic odontology.

**Public Health Programs**

**9-15/4-05**

**NJ 2-05**

The American Dental Hygienists' Association advocates for inclusion of oral health as an integral component of a coordinated school health program.

**Public Health Programs**

**13-97/9-63**

The American Dental Hygienists' Association supports use of *dental hygienists* in community-based programs to improve health.

**Public Health Programs**

**10S-95/19-83**

The American Dental Hygienists' Association endorses the expansion of programs that appropriate funding for comprehensive, *evidence-based* oral health care.

**Public Health Programs**

**19-10/32-54-72**

The American Dental Hygienists' Association advocates the use of process and outcome measures in the *evaluation* of oral health programs. This review should include the following:

- 1) utilization of *dental hygienists*
- 2) trends in oral health care delivery
- 3) appropriate standards and administration
- 4) outcomes of care
- 5) cost effectiveness
- 6) *access measures*

**Public Health Programs**

**15-93/7-**

The American Dental Hygienists' Association supports comprehensive oral health programs and services that reach *at-risk populations*.

**Public Health Programs**

**8-09/25-92**

The American Dental Hygienists' Association encourages health professionals to advocate for legislation, policies, programs, and research to foster reduced consumption of artificially and sugar sweetened beverages (SSBs); to provide education on reducing consumption of artificially and SSBs to all children and their caregivers; and to identify children at risk for obesity or who are obese and provide a referral to a primary care health professional, nutritionist or registered dietitian. **Sugar**

**Sweetened Beverages**

**3-17**

## PRIVACY POLICY

### 1. INTRODUCTION

This privacy notice provides you with details of how we collect and process your personal data through your use of our site **njdha.org**. By providing us with your data, you warrant to us that you are over 18 years of age.

**New Jersey Dental Hygienists' Association (NJDHA)** is the data controller and we are responsible for your personal data (referred to as "we", "us" or "our" in this privacy notice).

#### Contact Details:

Full name of legal entity: **New Jersey Dental Hygienists' Association**

Email address: **admin@njdha.org**

Postal address: 2 Danbury Ct Marlton, NJ 08053

Details of our Representative: **Present President Dorothy Ferreira president@njdha.org**

It is very important that the information we hold about you is accurate and up to date. Please let us know if at any time your personal information changes by emailing us at [admin@admin@njdha.org](mailto:admin@admin@njdha.org)

**2. WHAT DATA DO WE COLLECT ABOUT YOU, FOR WHAT PURPOSE AND ON WHAT GROUND WE PROCESS IT** Personal data means any information capable of identifying an individual. It does not include anonymized data.

We may process the following categories of personal data about you:

- **Communication Data** that includes any communication that you send to us whether that be through the contact form on our website, through email, text, social media messaging, social media posting or any other communication that you send us. We process this data for the purposes of communicating with you, for record keeping and for the establishment, pursuance or defense of legal claims. Our lawful ground for this processing is our legitimate interests which in this case are to reply to communications sent to us, to keep records and to establish, pursue or defend legal claims.
- **Customer Data** that includes data relating to any purchases of goods and/or services such as your name, title, billing address, delivery address, email address, phone number, contact details, purchase details and your card details. We process this data to supply the goods and/or services you have purchased and to keep records of such transactions. Our lawful ground for this processing is the performance of a contract between you and us and/or taking steps at your request to enter into such a contract.

- **User Data** that includes data about how you use our website and any online services together with any data that you post for publication on our website or through other online services. We process this data to operate our website and ensure relevant content is provided to you, to ensure the security of our website, to maintain back- ups of our website and/or databases and to enable publication and administration of our website, other online services and business. Our lawful ground for this processing is our legitimate interests which in this case are to enable us to properly administer our website and our business.
- **Technical Data** that includes data about your use of our website and online services such as your IP address, your login data, details about your browser, length of visit to pages on our website, page views and navigation paths, details about the number of times you use our website, time zone settings and other technology on the devices you use to access our website. The source of this data is from our analytics tracking system. We process this data to analyze your use of our website and other online services, to administer and protect our business and website, to deliver relevant website content and advertisements to you and to understand the effectiveness of our advertising. Our lawful ground for this processing is our legitimate interests which in this case are to enable us to properly administer our website and our business and to grow our business and to decide our marketing strategy.
- **Marketing Data** that includes data about your preferences in receiving marketing from us and our third parties and your communication preferences. We process this data to enable you to partake in our promotions such as competitions, prize draws and free giveaways, to deliver relevant website content and advertisements to you and measure or understand the effectiveness of this advertising. Our lawful ground for this processing is our legitimate interests which in this case are to study how customers use our products/services, to develop them, to grow our business and to decide our marketing strategy.
- We may use Customer Data, User Data, Technical Data and Marketing Data to deliver relevant website content and advertisements to you (including Facebook adverts or other display advertisements) and to measure or understand the effectiveness of the advertising we serve you. Our lawful ground for this processing is legitimate interests which is to grow our business. We may also use such data to send other marketing communications to you. Our lawful ground for this processing is either consent or legitimate interests (namely to grow our business).

### **Sensitive Data**

We do not collect any Sensitive Data about you. Sensitive data refers to data that includes details about your race or ethnicity, religious or philosophical beliefs, sex life, sexual orientation, political opinions, trade union membership, information about your health and genetic and biometric data. We do not collect any information about criminal convictions and offences.

Where we are required to collect personal data by law, or under the terms of the contract between us and you do not provide us with that data when requested, we may not be able to perform the contract (for example, to deliver goods or services to you). If you don't provide us with the requested data, we may have to cancel a product or service you have ordered but if we do, we will notify you at the time.

We will only use your personal data for a purpose it was collected for or a reasonably compatible purpose if necessary. For more information on this please email us at [admin@njdha.org](mailto:admin@njdha.org) In case we need to use your details for an unrelated new purpose we will let you know and explain the legal grounds for processing.

We may process your personal data without your knowledge or consent where this is required or permitted by law.

We carry out automated decision making or any type of automated profiling, relating to our goods and/or services that are offered to you on our website. We process automation to inform our customers of important dates such as membership expiration dates. As well as to update our database. Our lawful ground for this processing is either consent or legitimate interests (namely to grow our business).

### **3. HOW WE COLLECT YOUR PERSONAL DATA**

We may collect data about you by you providing the data directly to us (for example by filling in forms on our site or by sending us emails). We may automatically collect certain data from you as you use our website by using cookies and similar technologies. Please see our cookie policy for more details.

We may receive data from third parties such as analytics providers such as Google, advertising networks such as Facebook, such as search information providers such as Google, providers of technical, payment and delivery services, such as data brokers or aggregators.

We may also receive data from publicly available sources.

### **4. MARKETING COMMUNICATIONS**

Our lawful ground of processing your personal data to send you marketing communications is either your consent or our legitimate interests (namely to grow our business).

Under the Privacy and Electronic Communications Regulations, we may send you marketing communications from us if (i) you made a purchase or asked for information from us about our goods or services or (ii) you agreed to receive marketing communications and, in each case, you have not opted out of receiving such communications since. Under these regulations, if you are a limited company, we may send you marketing emails without your consent. However, you can still opt out of receiving marketing emails from us at any time.

Before we share your personal data with any third party for their own marketing purposes, we will get your express consent.

You can ask us or third parties to stop sending you marketing messages at any time by following the opt-out links on any marketing message sent to you or by emailing us at [admin@njdha.org](mailto:admin@njdha.org) at any time.

If you opt out of receiving marketing communications this opt-out does not apply to personal data provided because of other transactions, such as purchases, warranty registrations etc.

## **5. DISCLOSURES OF YOUR PERSONAL DATA**

We may have to share your personal data with the parties set out below:

- Other companies in our group who provide services to us.
- Service providers who provide IT and system administration services.
- Professional advisers including lawyers, bankers, auditors, and insurers.
- Government bodies that require us to report processing activities.
- Companies who sponsor and/or partner with us on our events.
- Third parties to whom we sell, transfer, or merge parts of our business or our assets.

We require all third parties to whom we transfer your data to respect the security of your personal data and to treat it in accordance with the law. We only allow such third parties to process your personal data for specified purposes and in accordance with our instructions.

## **6. INTERNATIONAL TRANSFERS**

We share your personal data within our group of companies.

We are subject to the provisions of the General Data Protection Regulations that protect your personal data. Where we transfer your data to third parties, we will ensure that certain safeguards are in place to ensure a similar degree of security for your personal data. As such:

- We may transfer your personal data to countries that provide an adequate level of protection for personal data.
- If we use European Union -based providers that are part of the US Privacy Shield, we may transfer data to them, as they have equivalent safeguards in place; or



- Where we use certain service providers who are established outside of the USA, we may use specific contracts or codes of conduct or certification mechanisms approved by the United States Commission which give personal data the same protection it has in Europe.

If none of the above safeguards is available, we may request your explicit consent to the specific transfer. You will have the right to withdraw this consent at any time.

## **7. DATA SECURITY**

We have put in place security measures to prevent your personal data from being accidentally lost, used, altered, disclosed, or accessed without authorization. We also allow access to your personal data only to those employees and partners who have a business need to know such data. They will only process your personal data on our instructions, and they must keep it confidential.

We have procedures in place to deal with any suspected personal data breach and will notify you and any applicable regulator of a breach if we are legally required to.

## **8. DATA RETENTION**

We will only retain your personal data for as long as necessary to fulfil the purposes we collected it for, including for the purposes of satisfying any legal, accounting, or reporting requirements.

When deciding what the correct time is to keep the data for we look at its amount, nature and sensitivity, potential risk of harm from unauthorized use or disclosure, the processing purposes, if these can be achieved by other means and legal requirements.

For tax purposes the law requires us to keep basic information about our customers (including Contact, Identity, Financial and Transaction Data) for six years after they stop being customers.

In some circumstances we may anonymize your personal data for research or statistical purposes in which case we may use this information indefinitely without further notice to you.

## **9. YOUR LEGAL RIGHTS**

Under data protection laws you have rights in relation to your personal data that include the right to request access, correction, erasure, restriction, transfer, to object to processing, to portability of data and where the lawful ground of processing is consent to withdraw consent.

You can see more about these rights at: <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/> If you wish to exercise any of the rights set out above, please email us at [admin@njdha.org](mailto:admin@njdha.org)

You will not have to pay a fee to access your personal data or to exercise any of the other rights. However, we may charge a reasonable fee if your request is clearly unfounded, repetitive, or excessive or refuse to comply with your request in these circumstances.

We may need to request specific information from you to help us confirm your identity and ensure your right to access your personal data or to exercise any of your other rights. This is a security measure to ensure that personal data is not disclosed to any person who has no right to receive it. We may also contact you to ask you for further information in relation to your request to speed up our response.

We try to respond to all legitimate requests within one month. Occasionally it may take us longer than a month if your request is particularly complex or you have made several requests. In this case, we will notify you.

If you are not happy with any aspect of how we collect and use your data, you have the right to complain to the Information Commissioner's Office (ICO), the UK supervisory authority for data protection issues ([www.ico.org.uk](http://www.ico.org.uk)). We should be grateful if you would contact us first if you do have a complaint so that we can try to resolve it for you.

## **10. THIRD-PARTY LINKS**

This website may include links to third-party websites, plug-ins and applications. Clicking on those links or enabling those connections may allow third parties to collect or share data about you. We do not control these third-party websites and are not responsible for their privacy statements. When you leave our website, we encourage you to read the privacy notice of every website you visit.

## **11. COOKIES**

You can set your browser to refuse all or some browser cookies, or to alert you when websites set or access cookies. If you disable or refuse cookies, please note that some parts of this website may become inaccessible or not function properly. For more information about the cookies we use, please see [cookie policy](#).

### **COOKIE POLICY**

#### **What's a cookie?**

- A "cookie" is a piece of information that is stored on your computer's hard drive and which records how you move your way around a website so that, when you revisit that website, it can present tailored options based on the information stored about your last visit. Cookies can also be used to analyze traffic and for advertising and marketing purposes.

**•Cookies are used by nearly all websites and do not harm your system.**

If you want to check or change what types of cookies you accept, this can usually be altered within your browser settings. You can block cookies at any time by activating the setting on your browser that allows you to refuse the setting of all or some cookies. By not blocking cookies and continuing to browse you are authorizing the use of cookies. If you use your browser settings to block all cookies (including essential cookies) you may not be able to access all or parts of our site.

**How do we use cookies?**

•We use cookies to track your use of our website. This enables us to understand how you use the site and track any patterns with regards to how you are using our website. This helps us to develop and improve our website as well as products and / or services in response to what you might need or want.

**•Cookies are either:**

- Session cookies: these are only stored on your computer during your web session and are automatically deleted when you close your browser – they usually store an anonymous session ID allowing you to browse a website without having to log in to each page but they do not collect any personal data from your computer; or
- Persistent cookies: a persistent cookie is stored as a file on your computer and it remains there when you close your web browser. The cookie can be read by the website that created it when you visit that website again.

**•Cookies can also be categorized as follows:**

- Strictly necessary cookies: These cookies are essential to enable you to use the website effectively, such as when buying a product and / or service, and therefore cannot be turned off. Without these cookies, the services available to you on our website cannot be provided. These cookies do not gather information about you that could be used for marketing or remembering where you have been on the internet.
- Performance cookies: These cookies enable us to monitor and improve the performance of our website. For example, they allow us to count visits, identify traffic sources and see which parts of the site are most popular.
- Functionality cookies: These cookies allow our website to remember choices you make and provide enhanced features. For instance, we may be able to provide you with news or updates relevant to the services you use.

## GLOSSARY

### **Accreditation:**

A formal, voluntary non-governmental process that establishes a minimum set of national standards that promote and assure quality in educational institutions and programs and serves as a mechanism to protect the public.

### **Accreditation**

**7-00**

### **Accredited Dental Hygiene Program:**

A *dental hygiene* program that achieves or exceeds the established minimum standards set by a United States Department of Education (USDOE)-recognized regional accrediting agency and/or the Commission on Dental Accreditation. The curriculum shall be at the appropriate level to enable matriculation into a baccalaureate, masters or doctoral degree program. This entry-level *dental hygiene* program shall:

1. Award a minimum of an associate level degree, the credits of which are transferable to a 4-year institution and applicable toward a baccalaureate degree.
2. Retain control of curricular and clinical components.
3. Include at least two academic years of full time instruction or its equivalent in academic credits earned at the post-secondary college level.
4. Encompass both liberal arts and *dental hygiene* science course work sufficient to prepare the practitioner to assume licensure in any jurisdiction.

### **Accredited Dental Hygiene Program**

**8-00**

### **Advanced Dental Hygiene Practitioner:**

A dental hygienist who has completed an advanced, graduate level curriculum that allows for the acquisition of competencies that 1) build upon the fundamental knowledge and skills achieved at the entry level and 2) prepares individuals for a level of *evidence-based* clinical decision-making and scope of practice and responsibility required of the advanced practitioner.

### **Advanced Dental Hygiene Practice**

**4-15/1-04**

### **Advanced Practice Dental Hygiene:**

1. Provision of clinical and diagnostic services in addition to those services permitted to an entry level *dental hygienist*, including services that require advanced clinical decision making, judgment and problem solving.
2. Completion of a clinical and academic educational program beyond the first professional degree required for entry level licensure which qualifies the *dental hygienist* to provide advanced practice services and includes preparation to practice in *direct access* settings and collaborative relationships.
3. *Documentation* of proficiency such as professional certification.

### **Advanced Practice Dental Hygiene**

**9-13**

**Assessment:**

The collection and analysis of systematic and oral health data in order to identify *client*\* needs.

**Dental Hygiene Process of Care**

**SCDHP/18-96**

**Autonomy:**

See **Professional Autonomy** (page 40)

**At-Risk Population:**

A community or group of people whose social or physical determinants, environmental factors, or personal behaviors increase their probability of developing disease.

**At-Risk Population**

**2-11**

**Care Coordination:**

Patient-centered activity designed to connect the patient, caregivers, care team Providers and specialists to share information and create strategies to mt the needs Of the patient.

**Care Coordination**

**3-21**

**Client:**

The concept of *client* refers to the potential or actual recipients of *dental hygiene* care, and includes persons, families, groups and communities of all ages, genders, socio-cultural and economic states.

\*In the *Dental Hygiene Process*, *client* may refer to individuals, families, groups or communities as defined in the *ADHA Framework for Theory Development*.

**Scope of Practice**

**SCDHP/18-96**

**Collaborative Practice:**

An agreement that authorizes the *dental hygienist* to establish a cooperative working relationship with other health care providers in the provision of patient care.

**Collaborative Practice**

**9-11**

**Community Outreach:**

Efforts to connect populations to resources, information, treatment and referrals.

**Community Outreach**

**4-21**

**Continued Competence:** is the ongoing application of knowledge, judgment, attitudes, and abilities in a manner consistent with *evidence-based* standards of the profession.

**Continued Competence**

**17-15**

**Credentialing:**

The process by which an authorized and qualified entity evaluates competence and grants the formal recognition to, or records the recognition status of individuals that meet predetermined

and standardized criteria.

**Credentialing**

**3-07**

**Cultural Competence:**

Awareness of cultural difference among all populations, respect of those differences and application of that knowledge to professional practice.

**Cultural Competence**

**7-07**

**Dental Home:**

A relationship between a person and a specific team of health professionals, led by a licensed dental provider. The *dental home* is an ongoing partnership that coordinates comprehensive, accessible and culturally sensitive care through delivery of oral health services as part of integrated health care.

**Dental Home****3-09****Dental Hygiene:**

The science and practice of recognition, prevention and treatment of oral diseases and conditions as an integral component of total health. This includes *assessment*, diagnosis, *planning, implementation, evaluation* and *documentation*.

The profession of *dental hygienists*.

**Dental Hygiene****3-14/14-83****Dental Hygiene Diagnosis:**

The identification of an individual's health behaviors, attitudes, and oral health care needs for which a *dental hygienist* is educationally qualified and licensed to provide. The *dental hygiene* diagnosis requires evidence-based critical analysis and interpretation of *assessments* in order to reach conclusions about the patient's *dental hygiene* treatment needs. The *dental hygiene* diagnosis provides the basis for the *dental hygiene* care plan.

(ADHA Standards for Clinical Dental Hygiene Practice-SCDHP)

**Dental Hygiene Diagnosis****1-14/SCDHP/18-96****Dental Hygiene Process of Care:**

1. *Assessment*
2. *Diagnosis*
3. *Plan*
4. *Implementation*
5. *Evaluation*
6. *Documentation*
7. (Individual definitions in glossary)

**Dental Hygiene Process of Care****4-10/SCDHP/18-96**

**Dental Hygienist:**

A primary care oral health professional who has graduated from an *accredited dental hygiene program* in an institution of higher education, licensed in *dental hygiene* to provide education, *assessment*, research, administrative, diagnostic, preventive and therapeutic services that support overall health through the promotion of *optimal oral health*.

**Dental Hygienist****4-14/19-84****Dental Public Health**

The American Dental Hygienists' Association defines *dental public health* as the science and art of preventing and controlling oral diseases and promoting oral health through organized community efforts. *Dental public health* is concerned with the oral health education of the public, applied dental research, administration of oral health care programs, and prevention and control of oral disease on a community basis.

**Prevention****32-93**

**Dental Public Health Setting:** Any setting where population-based, community- focused oral health interventions can be used and evaluated as a means to prevent or control disease.

**Public Health Setting****1-11****Direct Payment:**

The *dental hygienist* is the direct recipient of payment for services rendered.

**Direct Payment****7-11****Dental Triage:**

The screening of *clients* to determine priority of treatment needs.

**Dental Triage****7-05**

**Direct Access:** the ability of a *dental hygienist* to initiate treatment based on their *assessment* of a patient's needs without the specific authorization of a dentist, treat the patient without the presence of a dentist, and maintain a provider-patient relationship.

**Direct Access****13-15****Diversity:**

The characteristics and backgrounds that make people unique.

**Diversity****7-21/12-11**

The New Jersey Dental Hygienists' Association is an inclusive organization. We value the differences within our membership and we recognize that diversity adds value to our organization, our mission and the quality of our programs and services.

**Diversity****NJ 1-11**



**Documentation:**

The complete and accurate recording of all collected data, treatment planned and provided, recommendations, referrals, prescriptions, patient/*client* comments and related communication, treatment outcomes and patient satisfaction, and other information relevant to patient care and treatment.

**Documentation** **3-16**

**Evaluation:**

The measurement of the extent to which the *client* has achieved the goals specified in the *dental hygiene* care plan. The *dental hygienist* uses *evidence-based* decisions to continue, discontinue, or modify the care plan based on the ongoing reassessments and subsequent diagnoses.

**Evaluation** **5-14/SCDHP/18-96**

**Evidence-Based**

The American Dental Hygienists' Association advocates for patient-centered outcomes research that focuses on preventive and oral health interventions leading to improved health outcomes, quality care and increased patient satisfaction in all practice settings.

**Evidence-Based** **8-16**  
**NJ 4-16**

**Evidence-Based Practice:**

The conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual *clients*. The practice of *evidence-based* dental hygiene requires the integration of individual clinical expertise and *client* preferences with the best available external clinical evidence from systematic research.

**Evidence-Based Practice** **1-07**

**Fact Sheet:**

A document that summarizes key points of information for distribution.

**Fact Sheet** **2-09**

**Healthcare Delivery System:**

Any organization of people, institutions, and or resources that deliver healthcare services to meet the health needs of all populations.

**Delivery Systems** **14S-21/10S-91**

**Health Equity:**

Attainment of the highest level of health for all people and the elimination of health disparities.

**Health Equity** **6-16**

**Health Literacy:**

The capacity for an individual to obtain, process and communicate his or her understanding of basic health information and services needed to make appropriate health decisions.



**Implementation:**

The act of carrying out the *dental hygiene* plan of care.

**Dental Hygiene Process of Care**

**SCDHP/18-96**

**Inclusion:**

The act of ensuring all people feel welcome, safe, and empowered to contribute, influence, and participate.

**8-21**

**Independent Practitioner:**

A *dental hygienist* who provides *dental hygiene* services to the public through direct agreement with each *client*.

**Dental Hygiene Practice**

**12-13/23-86**

**Interdisciplinary Care:**

Two or more healthcare providers working within their respective disciplines who collaborate with the patient and/or caregiver to develop and implement a care plan.

**Interdisciplinary Care 3-10**

**Interprofessional Education:**

When students and/or professionals from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.

**Interprofessional Education 4-16**

**Linguistic Competence:**

The ability to communicate effectively and respond appropriately to the *health literacy* needs of all populations.

**Linguistic Competence**

**8-07**

**Membership:**

The New Jersey Dental Hygienists' Association is the professional organization best suited to meet the needs of the dental hygiene profession.

**NJ 3-93**

**Mid-level Oral Health Practitioner:**

A licensed *dental hygienist* who has graduated from an *accredited dental hygiene program* and who provides primary oral health care directly to patients to promote and restore oral health through *assessment*, diagnosis, treatment, *evaluation* and referral services. The *Mid-Level Oral Health Practitioner* has met the educational requirements to provide services within an expanded scope of care, and practices under regulations set forth by the appropriate licensing agency.

**Dental Hygiene Practice**

**2-10**

**Needs Assessment:**

A systematic process used to establish priorities for future action using the *dental hygiene process of care*.

**Needs Assessment**

**2-14/3-11**

**Optimal Oral Health:**

A standard of health of the oral and related tissues which enables an individual to eat, speak, and socialize without active disease, discomfort or embarrassment, and which contributes to general well-being and overall total health.

**Optimal Oral Health**

**1-99**

**Oral Biofilm:**

Oral Biofilm consists of a mixed community of supra (aerobic organism) and the deeper layers of subgingival (anaerobic organism) a more resistant layer is a more complex, highly organized, three-dimensional communal arrangement of virulent microorganisms that adhere to a surface where moisture and nutrients are available.

**13-21**

**Oral Health Equity Framework:**

Providing resources and assistance to achieve successful health outcomes for all Populations.

**21-21**

**Oral Prophylaxis:**

The supra-and subgingival removal of biofilm, calculus, and extrinsic stains from tooth and prosthetic structures, to preserve health and prevent disease.

**5-19**

**Orofacial Myofunctional Therapy (OMT)**

Treatment of the orofacial musculature to improve muscle balance and tonicity, enable functional breathing, and establish correct functional activities of the tongue, lips and mandible so that normal growth and development of the face and dentition may take place in a stable, homeostatic environment for patients of all ages.

**Planning:**

The establishment of realistic goals and the selection of *dental hygiene* interventions that can move the *client* closer to *optimal oral health*.

**Dental Hygiene Process of Care**

**SCDHP/18-96**

**Position Paper:**

A written document that summarizes the organization's viewpoint on a specific topic which includes supporting research. The purpose is to communicate to members and external audiences.

**Position Paper**

**2S-99**

**Primary Dental Hygiene Care Provider:**

The *dental hygienist* is a primary care oral health professional who administers a range of services which are defined by the scope, characteristics and integration of care.

**Scope of Primary Care:**

Consists of the *assessment, diagnosis, planning, implementation, evaluation and documentation* of procedures for promoting the highest level of health possible to the patient.

**Characteristics of Primary Care:**

First contact for care is initiated by the patient or other person who assumes responsibility for the patient and takes place in a variety of practice settings.

**Integration of Primary Care:**

Providers serve as the entry and control point linking the patient to total health care systems by providing coordination with other specialized health or social services to ensure that the patient receives comprehensive and continuous care at a single point in time, as well as over a period of time.

The American Dental Hygienists' Association identifies a primary care provider of services as any person who by virtue of *dental hygiene* licensure, graduation from an *accredited dental hygiene program*, and a defined scope of practice, provides one or more of these services defined under the scope of primary care.

**Primary Dental Hygiene Care Provider****6-14/27-80****Professional Autonomy:**

*Professional Autonomy*: a profession's authority and responsibility for its own standards of education, regulation, practice, licensure and discipline.

**Professional Autonomy****7S-10**

**Roles of the Dental Hygienist:**

Professional roles of the dental hygienist include but are not limited to, clinical, educational, administrative, research, entrepreneurial, public health, and corporate positions, with advocacy being an integral component of all.

**Roles of the Dental Hygienist****19-20/12-05****Self-Regulation:**

Regulation of *dental hygiene practice* by *dental hygienists* who define the scope of practice, set educational requirements and licensure standards, and regulate and discipline *dental hygienists*.

**Self-Regulation****13-13/9-00****Social Determinants of Health:**

Conditions in the Environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

**Social Determinants of Health****5-21****Social Media:**

Interactive web based platforms where users in virtual communities create and share user generated communications.

**Social Media****4-13****Third Party Payment:**

Payment by someone other than the beneficiary for services rendered.

**Third Party Payment****8S-11****Wellness:**

A state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.

**Wellness****21-20****White paper:**

An authoritative report or guide that provides information about emerging knowledge and issues on a specific topic.

**White Paper****1-09**

## CODE OF ETHICS

### CODE OF ETHICS GLOSSARY OF TERMS

**Accountability** - obliged to account for one's acts, responsible

**Advocate** - a person who pleads another's cause, to speak or write in support

**Autonomy** - independent, self-governing

**Beliefs** - conviction or acceptance that certain things are true or real **Beneficence** - the

fact or quality of being kind, doing good, charity **Colleague (s)** - a fellow worker or

associate in the same profession **Community** - participation in common, society in

general

**Competency (ies)** - qualifications, ability, fitness, specific legal capabilities

**Complementarity** - that which completes or brings to perfection, an interrelationship

**Confidential** - entrusted with private or secret matters

**Conscience** - a knowledge or sense of right and wrong, with a compulsion to do right

**Consent** - to give permission, approval or assent, to agree in opinion

**Deception** - anything that deceives by design or illusion

**Ecosystem** - a system made of a community and its interrelated environment

**Ethic (s)** - the system or code of morals of a particular person, group, profession, etc.

**Fairness** - unprejudiced, just and honest, free from discrimination

**Interdependent** - mutual dependence, depending on one another

**Intrinsic** - essential, inherent, belonging to the real nature of a thing, not dependent on external circumstances

**Judgment** - the ability to come to opinions about things, power of comparing and deciding, understanding

**Justice** - the use of authority and power to uphold what is right, just or lawful, fairness, impartiality

**Law (s)** - all the rules of conduct established and enforced by authority, legislation

**Maleficence** - the act of being harmful or hurtful

**Non-maleficence** - not doing harm

**Optimal** - most favorable or desirable, the best

**Peer Review** - review performed by a person of the same rank or ability

**Principle (s)** - a fundamental truth, law, doctrine or motivating force, a rule of conduct

**Quality Assurance** - a program for the systematic monitoring and *evaluation* of the various aspects of a project, service, or facility to ensure that standards of quality are being met

**Regulations** - a rule or order issued by an executive authority or regulatory agency of a government dealing with the details or procedure and having the force of law

**Resource** - where one turns for aid, ready for use or that can be drawn upon

**Respect** - to show consideration, honor or esteem, consideration or courteous regard

**Responsibility** - condition of being responsible, answerable, accountable

**Statute (s)** - laws enacted by a legislative body

**Systematically** - characterized by the use of a method or orderly *planning*, methodical

**Technology** - the science or study of the applied sciences

**Theory** - a systematic statement of principles, a formulation of apparent relationships

**Trust** - firm belief or confidence in the honesty, integrity, reliability, justice, etc. of another person or thing

**Universality** - quality, state or instance of application, occurrence, comprehensiveness

**Value (s)** - social goals or standards held or accepted by an individual, class, society, etc.

**Veracity** - habitual truthfulness, accuracy of statements



## CODE OF ETHICS EXECUTIVE SUMMARY

### 1. Preamble

As *dental hygienists*, we are a community of professionals devoted to the prevention of disease and the promotion and improvement of the public's health. We are preventive oral health professionals who provide education, clinical, and therapeutic services to the public.

### 2. Purpose

The purpose of a professional code of ethics is to achieve high levels of ethical consciousness, decision-making, and practice by the members of the profession.

### 3. Key Concepts

Our beliefs, principles, values and ethics are concepts reflected in the Code. They are the essential elements of our comprehensive and definitive code of ethics, and are interrelated and mutually dependent.

### 4. Basic Beliefs

We recognize the importance of the following beliefs that guide our practice and provide context for our ethics:

- The services we provide contribute to the health and wellbeing of society.
- Our education and licensure qualify us to serve the public by preventing and treating oral disease and helping individuals achieve and maintain optimal health.
- Individuals have intrinsic worth, are responsible for their own health, and are entitled to make choices regarding their health.
- Dental hygiene care is an essential component of overall health care and we function interdependently with other health care providers.
- All people should have access to health care, including oral health care.
- We are individually responsible for our actions and the quality of care we provide.

### Fundamental Principles

These fundamental principles, universal concepts and general laws of conduct provide the foundation for our ethics:

- Universality
- Complementarity
- Ethics
- Community
- Responsibility

## **Core Values**

We acknowledge these values as general for our choices and actions:

- Individual *autonomy* and respect for human beings
- Confidentiality
- Societal Trust
- Non-maleficence
- Beneficence
- Justice and Fairness
- Veracity

## **Standards of Professional Responsibility**

We are obligated to practice our profession in a manner that supports our purpose, beliefs, and values in accordance with the fundamental principles that support our ethics. We acknowledge the following responsibilities to:

- Ourselves as Individuals
- Ourselves as Professionals
- Family and Friends
- *Clients*
- Colleagues
- Employees and Employers
- The Dental Hygiene Profession
- The Community and Society
- Scientific Investigation

For the full text of the ADHA Code of Ethics, refer to the current [Bylaws and Code of Ethics manual](#)