



California Dental Hygienists' Association
The Voice of Dental Hygiene

California Dental Hygienists' Association

POLICY MANUAL

Amended HOD 2022

CALIFORNIA DENTAL HYGIENISTS' ASSOCIATION

POLICY MANUAL

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MISSION STATEMENT

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

1-92 (HOD 96-17)

GOALS

The goals of the California Dental Hygienists' Association shall be:

Mandate membership for all dental hygiene licensees. (HOD 2011)

Serve as the recognized authority for the profession of dental hygiene.

Achieve autonomy of dental hygiene education, licensure and practice.

Advocate direct access to the services of the registered dental hygienist in all roles and practice settings.

CODE OF ETHICS FOR DENTAL HYGIENISTS

1. Preamble

California Dental Hygienists' Association (CDHA) members agree to abide by the tenets embodied in the CDHA Code of Ethics. Dental hygienists, are a community of health care professionals devoted to the promotion and improvement of public health through the prevention of disease. Dental hygienists serve in multiple roles or settings, whether paid or volunteer, including direct care provider, alternative practice setting, care coordinator, educator, administrator, researcher, policy developer, or other forms of dental hygiene practice. They are essential health care providers and preventive oral health professionals who provide educational, clinical, and therapeutic services to the public. Their actions, behaviors, and attitudes are consistent with their commitment to public service. California Dental Hygienists' Association (CDHA) members agree to abide by the tenets embodied in the CDHA Code of Ethics.

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. Specific objectives of the CDHA Code of Ethics are:

- To increase our professional and ethical consciousness and sense of ethical responsibility.
- To lead in recognition of ethical issues and choices and to guide in making more informed ethical decisions.
- To establish a standard for professional judgment and conduct.

- To provide a statement of the ethical behavior the public can expect.

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

The CDHA Code of Ethics is meant to influence dental hygienists throughout their careers. It stimulates their continuing study of ethical issues and challenges them to explore their ethical responsibilities. The Code establishes concise standards of behavior to guide the public's expectations of the dental hygiene profession and supports dental hygiene practice, laws, and regulations Dental hygienists endorse and incorporate the CDHA Code of Ethics into their daily lives to build public trust and maintain high ethical standards for the benefit of all.

3. Beliefs

Dental hygienists recognize the importance of the following beliefs that guide their practice and provide context for their ethics:

- The services they provide contribute to the health and well-being of society.
- Their education and licensure qualify them 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 they function interdependently with other health care providers.
- All people should have access to

health care, including oral health care.

- Dental hygienists are individually responsible for their actions and the quality of care they provide.

4. Ethical Principles

As health care providers, dental hygienists assume publicly entrusted responsibilities founded on fundamental principles. These fundamental principles, universal concepts and general laws of conduct provide the foundation for their ethics.

Universality

The principle of universality expects that, if one individual judges an action to be right or wrong in a given situation, other people considering the same action in the same situation would make the same judgment.

Complementarity

The principle of complementarity recognizes the existence of an obligation to justice and basic human rights. In all relationships, it requires considering the values and perspectives of others before making decisions or taking actions affecting them.

Ethics

Ethics are the general standards of right and wrong that guide behavior within society. As generally accepted actions, they can be judged by determining the extent to which they promote good and minimize harm. Ethics compel dental hygienists to engage in health promotion/disease prevention activities.

Community

This principle expresses concern for the bond between individuals, the community, and society in general. The principle preserves natural resources and inspires dental hygienists to show

concern for the global environment.

Responsibility

Responsibility is central to ethics. There are guidelines for making ethical choices and accepting responsibility for knowing and applying them. Accepting the consequence of actions or the failure to act and willingness to make ethical choices and publicly affirm them is also included in this principle.

5. Core Values

Dental hygienists acknowledge these values for their choices and actions.

Individual autonomy and respect for human beings

People have the right to be treated with respect. They have the right to informed consent prior to treatment, and they have the right to full disclosure of all relevant information so that they can make informed choices about their care.

Confidentiality

Dental hygienists respect the confidentiality of client information and relationships as a demonstration of the value placed on individual autonomy. There is an obligation to justify any violation of a confidence.

Societal Trust

Dental hygienists value client trust and understand that public trust in the profession is based on their actions and behavior.

Nonmaleficence

Dental hygienists accept the fundamental obligation to provide services in a manner that protects all clients and minimizes harm to them and others involved in their treatment.

Beneficence

Dental hygienists have a primary role in promoting the well-being of individuals and the public by engaging in health promotion/disease prevention activities.

Justice and Fairness

Dental hygienists value justice and support the fair and equitable distribution of health care resources. They believe all people should have access to high-quality, affordable oral healthcare.

Veracity

Dental hygienists accept our obligation to tell the truth and expect that others will do the same. They value self-knowledge and seek truth and honesty in all relationships.

6. General Social Media Policy Guidance

Dental hygienists should always consider the content of their professional and personal social media posts. They should be mindful that certain content when shared could reflect poorly on themselves or those with whom they associate. For that reason, in addition to exercising sound, professional judgment when using social media, dental hygienists should also learn to use, enable, and check privacy settings on all of their social media accounts.

Dental hygienists should be aware that posting complaints, criticism, statements, photographs, video, or audio viewed as malicious, obscene, threatening or intimidating, or that disparages or constitutes harassment or bullying, violates the CDHA Code of Ethics.

7. Standards of Professional Responsibility

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

To Dental Hygienists as Individuals...

- Avoid self-deception, and continually strive for knowledge and personal growth.
- Establish and maintain a lifestyle that supports optimal health.
- Create a safe work environment.
- Assert their own interests in ways that are fair and equitable.
- Seek the advice and counsel of others when challenged with ethical dilemmas.
- Have realistic expectations of themselves and recognize their limitations.

To Dental Hygienists as Professionals...

- Enhance professional competencies through continuous learning in order to practice according to high standards of care.
- Support dental hygiene peer- review systems and quality- assurance measures.
- Develop collaborative professional relationships and exchange knowledge to enhance their own lifelong professional development.

To Family and Friends...

- Support the efforts of others to establish and maintain healthy lifestyles and respect the rights of friends and family.

To Clients...

- Provide oral health care utilizing high levels of professional knowledge, judgment, and skill.
- Maintain a work environment that minimizes the risk of harm.
- Serve all clients without discrimination and avoid action toward any individual or group that may be interpreted as discriminatory.
- Hold professional client relationships confidential.
- Communicate with clients in a respectful manner.
- Promote ethical behavior and high standards of care by all dental hygienists.
- Serve as an advocate for the welfare of clients.
- Provide clients with the information necessary to make informed decisions about their oral health and encourage their full participation in treatment decisions and goals.
- Refer clients to other healthcare providers when their needs are beyond our ability or scope of practice.
- Educate clients about high-quality oral health care.

To Colleagues...

- Conduct professional activities and programs, and develop relationships in ways that are honest, responsible, and appropriately open and candid.
- Encourage a work environment that promotes individual professional growth and development.
- Collaborate with others to create a work environment that minimizes risk to the personal health and safety of our colleagues.
- Manage conflicts constructively.
- Support the efforts of other dental hygienists to communicate the dental

hygiene philosophy and preventive oral care.

- Inform other health care professionals about the relationship between general and oral health.
- Promote human relationships that are mutually beneficial, including those with other health care professionals.

To Employees and Employers...

- Conduct professional activities and programs, and develop relationships in ways that are honest, responsible, open, and candid.
- Manage conflicts constructively.
- Support the right of their employees and employers to work in an environment that promotes wellness.
- Respect the employment rights of their employers and employees.

To the Dental Hygiene Profession...

- Participate in the development and advancement of the profession.
- Avoid conflicts of interest and declare them when they occur.
- Seek opportunities to increase public awareness and understanding of oral health practices.

Act in ways that bring credit to the profession while demonstrating appropriate respect colleagues in other professions.

- Contribute time, talent, and financial resources to support and promote the profession.
- Promote a positive image for the profession.
- Promote a framework for professional education that develops dental hygiene competencies to meet the oral and overall health needs of the public.

To the Community and Society...

- Recognize and uphold the laws and regulations governing the

- profession.
- Document and report inappropriate, inadequate, or substandard care and/or illegal activities by a health care provider, to the responsible authorities.
- Use peer review as a mechanism for identifying inappropriate, inadequate, or substandard care provided by dental hygienists.
- Comply with local, state, and federal statutes that promote public health and safety.
- Develop support systems and quality-assurance programs in the workplace to assist dental hygienists in providing the appropriate standard of care.
- Promote access to dental hygiene services for all, supporting justice and fairness in the distribution of healthcare resources.
- Act consistently with the ethics of the global scientific community of which the profession is a part.
- Create a healthful workplace ecosystem to support a healthy environment.
- Recognize and uphold the obligation to provide pro bono service.

To Scientific Investigation...

Dental hygienists accept responsibility for conducting research according to the fundamental principles underlying their ethical beliefs in compliance with universal codes, governmental standard, and professional guidelines for the care and management of experimental subjects. They acknowledge their ethical obligations to the scientific community:

- Conduct research that contributes knowledge that is valid and useful to clients and society.
- Use research methods that meet accepted scientific standards.

- Use research resources appropriately.
- Systematically review and justify research in progress to insure the most favorable benefit-to-risk ratio to research subjects.
- Submit all proposals involving human subjects to an appropriate human subject review committee.
- Secure appropriate institutional committee approval for the conduct of research involving animals.
- Obtain informed consent from human subjects participating in research that is based on specification published in Title 21 Code of Federal Regulations Part 46.
- Respect the confidentiality and privacy of data.
- Seek opportunities to advance dental hygiene knowledge through research by providing financial, human, and technical resources whenever possible.
- Report research results in a timely manner.
- Report research findings completely and honestly, drawing only those conclusions that are supported by the data presented.
- Report the names of investigators fairly and accurately.
- Interpret the research and the research of others accurately and objectively, drawing conclusions that are supported by the data presented and seeking clarity when uncertain.
- Critically evaluate research methods and results before applying new theory and technology in practice.
- Be knowledgeable concerning currently accepted preventive and therapeutic methods, products, and technology and their application to our practice.

SECTION I. LICENSURE

CDHA is opposed to temporary dental hygiene licensure status in California. (2A-91)

CDHA supports graduation from an accredited dental hygiene program as a requirement for dental hygiene licensure. (2B-91)

CDHA supports the requirement of proof of successful completion of an accredited course in periodontal soft tissue curettage, administration of local anesthesia, and administration of nitrous oxide analgesia from candidates for California dental hygiene licensure. (2E-91)

CDHA opposes any reduction of educational standards and/or requirements for initial licensure of dental hygienists. (5-91)

CDHA advocates continuing education as a requirement for dental hygiene licensure renewal and reinstatement. (4-92)

CDHA supports California licensure by credential for the registered dental hygienist. (HOD 2011)

CDHA opposes the licensing of dental students and foreign trained dentists as dental hygienists, unless they have met the following criteria:

- Graduation from a program which has a minimum of two academic years of dental hygiene curriculum provided by a college or institution 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.

- Successful completion of both American Dental Association recognized Dental Hygiene National Board examination and the California Dental Hygiene Licensure examination. (1-95)

CDHA advocates the employment and inclusion of the licensed dental hygienist including, but not limited to, school systems, public health agencies, and underserved areas where oral health preventive and therapeutic procedures benefit the public. (HOD 2012)

That CDHA form an AD HOC Committee for curriculum and implementation to explore, recommend, and re-establish (RDHEF) programs as well as to expand the scope of practice and education towards the development of the mid-level provider (ADHP) with accompanying proposed legislation. (HOD 2011)

CDHA works collaboratively with interested parties to sponsor legislation that would allow for an expansion in the scope of dental hygiene practice for an advanced dental hygiene practitioner. (HOD 2012)

CDHA supports the utilization of DHCC approved requirements for dental hygiene licensure in California. (HOD 2015)

SECTION II. PRACTICE

CDHA opposes any policy or financial procedures of third- party insurance payers that restrict or deny dental hygiene providers from providing necessary oral care to their patients. (2-22)

CDHA recognizes dental hygienists as Essential Healthcare Providers (HCP) (1-21)

CDHA advocates expansion of the scope of practice for the RDHAP to increase access to oral health care for the underserved. (3-21)

CDHA supports the evaluation of the patient's needs prior to the exposure of dental radiographs. (6-92)

CDHA recognizes the dental hygienist as the primary care provider of dental hygiene services. (8-92)

CDHA supports access to dental hygiene care in alternative practice settings by the registered dental hygienist without supervision. (9-92)

CDHA 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. CDHA supports hygienists treating orofacial myofunctional disorders without supervision, to patients of all ages, in collaboration with licensed healthcare professionals.(HOD 2014, 2-21))

CDHA recognizes the registered dental hygienists' responsibility and obligation to best practices and standard of care. (HOD 2012)

CDHA advocates that dental hygienists provide a general and oral risk assessment as part of the development of an evidence-based dental hygiene care plan for preventing or limiting disease and promoting health. (HOD 2012)

CDHA advocates the unsupervised practice of the licensed dental hygienist. (4-93)

CDHA advocates the dispensing and prescribing of medications by the Registered Dental Hygienist for preventive and therapeutic dental hygiene services. (8-94)

CDHA accepts the concept of Peer Review and supports its development and implementation. (56-85)

CDHA supports the billing for prophylaxis only on completion of what constitutes an oral prophylaxis as stipulated by the Dental Practice Act. (5A-89)

CDHA supports the revision of the definition of the CDT Code D4355. (HOD 2014)

CDHA supports the addition of code D1130 in the Preventive Section of the 2016 CDT procedure manual to read: *"Scaling performed in the presence of moderate to severe gingival inflammation with no clinical attachment loss."* (HOD 2014)

CDHA supports coronal polishing by a Registered Dental Assistant under the supervision of a dentist or Registered Dental Hygienist. (SB-89)

CDHA recognizes and advocates the Occupational Safety and Health Administration and California OSHA standards relating to work site safety and training for all health care professionals. (22-92)

CDHA acknowledges its right and obligation to pursue alternate practice setting options, including but not limited to ownership of a dental hygiene practice, to provide access to

preventive and therapeutic oral health care to the public. (3-93)

CDHA recognizes and advocates that dental hygiene practice is an integral component of the health care delivery system. A registered dental hygienist provides services in cooperation with other health care professionals and organizations. (HOD 2003)

CDHA advocates the continuing utilization of new techniques and/or devices by the Registered Dental Hygienist within current scope of practice after appropriate education. (71-93)

CDHA supports accredited educational requirements for entry into all allied health professions. (15-93)

CDHA supports legislation that provides greater access to health care and promotes the general health and welfare of the public. (3-94)

CDHA advocates that providers performing state-regulated dental hygiene procedures be evaluated in accordance with standardized competencies. (2-95)

CDHA supports California State Mandated Reporter Laws requiring education on and reporting of suspected cases of abuse and neglect. (HOD 2005)

CDHA opposes mandatory HIV testing. (4-95)

CDHA supports the concept of voluntary testing of certain communicable diseases for health care providers who perform invasive dental/medical procedures. (5-95)

CDHA supports the Center for Disease Control and Prevention Guidelines for infection/exposure control, for the safety and health of practitioners and patients. (5-95)

CDHA advocates caries management by risk assessment (CAMBRA) as an approach to caries risk assessment, preventive care, and minimally invasive treatment modalities. (HOD 2008)

CDHA advocates the establishment of the midlevel provider of preventive and triage specific oral health care. (HOD 2010)

CDHA work collaboratively with interested parties to sponsor legislation that would change the scope of the Registered Dental Hygienist in Extended Functions (RDHEF) license category to those of the ADHP. (HOD 2010)

CDHA supports the CDHA Code of Ethics and all laws pertaining to dental hygienists be-used as the guidelines for the standard of care for the profession of dental hygiene in the State of California. (HOD 2012)

CDHA advocates the employment and inclusion of the licensed dental hygienist including, but not limited to, school systems, public health agencies, and underserved areas where oral health preventive and therapeutic procedures benefit the public. (HOD 2012)

CDHA supports increased access to dental hygiene care by licensed dental hygienists without supervision in alternative practice settings. (HOD 2018)

Supports increased access to dental hygiene care by the licensed dental hygienist without supervision and

collaboration with non-dental healthcare professionals in healthcare settings including but not limited to medical facilities such as hospitals, clinics and medical offices. (HOD 2018)

SECTION III. EDUCATION

CDHA affirms inclusion of cultural and linguistic competence information within dental hygiene education and continuing education programs. (HOD 2010) (See Glossary of Terms for definitions. (HOD 2011)

CDHA advocates the team concept in the teaching of dentistry (dental hygiene, dental assisting, and laboratory technology) the dental school as the ultimate aim in dental education. (9-94)

CDHA opposes any reduction of educational standards and/or requirements for initial licensure of dental hygienists. (5-91)

CDHA supports flexible scheduling for completion of a dental hygiene course of study which has a minimum of two academic years of dental hygiene curriculum provided in a college or accredited by a national agency recognized by the Council on Post-Secondary Accreditation and/or the United States Department of Education, to encourage matriculation of students with non-traditional needs. (6-91)

CDHA advocates that certificate and/or associate degree programs develop academic partnerships with four-year colleges and/or universities to allow the development of integrated baccalaureate degree and post-graduate degree dental hygiene curricula. (7-95)

CDHA supports flexible scheduling for

completion of a dental hygiene course of study which has a minimum of two 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 ideally offers an integrated curriculum that culminates in a baccalaureate degree in dental hygiene.
- The program has financial resources to initiate and maintain dental hygiene education standards.
- The program is advocated by the component and constituent dental hygienists' associations.
- The program meets appropriate accreditation requirements prior to the acceptance of students. (6-95)

CDHA supports and promotes the attainment of a Bachelor's Degree and graduate degrees as a goal for the dental hygiene profession. (HOD 2007) CDHA supports the initiation of new dental hygiene education programs if:

- There is a 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 ideally offers an integrated curriculum that culminates in a baccalaureate degree in dental hygiene.

- The program has financial resource to initiate and maintain dental hygiene education standards.
- The program is advocated by the component and constituent dental hygienists' associations.
- The program meets appropriate accreditation requirements prior to the acceptance of students. (6-95)

CDHA supports recruitment and retention activities within educational institutions that are designed to promote graduation of culturally diverse dental hygiene students. (21-92)

SECTION IV. PROFESSIONAL DEVELOPMENT

CDHA supports the concept that the RDH State Board of Licensing Examination reflects current dental hygiene practice as defined by the Dental Practice Act. (27-85)

CDHA strongly favors the application of the ladder concept to dental education. (29-85)

CDHA advocates identification and definition of dental hygiene as:

- The science and practice of the recognition, treatment and prevention of oral disease.
- The profession of the dental hygienist.
- A process of care: The dental hygiene process of care includes assessment, diagnosis, planning, implementation, and evaluation of preventive oral health care. (8- 95)

CDHA opposes any program or legislation that permits preceptor (on- the-job) training or any other mechanisms which undermine the existing minimum education requirements for the dental hygiene scope of practice and/or the health and welfare of the public. (9-95)

CDHA advocates that Registered Dental Hygienists pursue the opportunity with additional targeted training to participate in emergency preparedness and disaster response. (HOD 2009)

SECTION V. PUBLIC HEALTH

CDHA advocates legislation providing for statewide water fluoridation. (12-94)

CDHA supports the elimination of candy, carbonated soda and sugar-based drink sales throughout the California school system in order to promote total health; and furthermore, advocates restraint of contractual arrangements that encourage unhealthy consumption patterns of students. (HOD 2003)

CDHA supports the employment of dental hygienists in the school system and public health agencies of California. (10-85)

CDHA actively supports legislation for school dental disease prevention programs. (11-85)

CDHA supports the establishment of dental health care programs in public and private settings. (12-85)

CDHA supports enforcement of current legislation supporting child passenger safety devices that prevent oro-facial injuries. (1B-91)

CDHA supports the utilization of licensed dental hygienists to provide preventive and therapeutic oral health care in under-served areas. (20-92)

CDHA advocates the utilization of the Registered Dental Hygienist for dental screening in schools. (5-93)

CDHA advocates that all children be required to have annual school screening examination with the availability of follow up referral and treatment. (6-93)

CDHA supports nutritional guidelines and programs that promote total health, and further, advocates media advertising and public education promoting healthy eating habits and wellness. (10-95)

CDHA advocates that all health insurance programs include benefits for preventive and therapeutic oral health care and endorses health insurance which guarantees financial support for primary preventive and therapeutic oral health services. (11-95)

CDHA opposes the marketing of tobacco products and promotional look-alike products that encourage tobacco use. (13-95) (HOD 2016)

CDHA advocates the involvement of dental hygienists in the prevention and cessation of tobacco use, tobacco devices, vaping and other potentially harmful products. (5-21)

CDHA supports the utilization of emerging technologies that maximize patient health and safety. (19-96)

CDHA advocates that all individuals involved in sports activities be educated of potential injuries and encouraged to wear appropriate mouth/teeth protection devices. (8/97)

The California Dental Hygienists' Association supports water fluoridation as a safe and effective method for reducing the incidence of dental caries. In addition, the California Dental Hygienists' Association supports education of the public and other health professionals concerning the benefits of systemic and topical fluoride. (HOD 2004)

CDHA supports the involvement of dental hygienists in providing education to parents and care givers of young children, prenatal through age 5, on the prevention of Early Childhood Caries. (HOD 2005)

CDHA advocates the appointment of a licensed dental hygienist as dental director for the State of California. (HOD 2008)

CDHA advocates the expansion of package labeling to include the adverse effects on hard tooth structure from candies with pH levels of 5.5 and less. (HOD 2009)

The California Dental Hygienists' Association advocates the use of xylitol for its preventive and therapeutic benefits against oral disease. (HOD 2010)

CDHA 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. (HOD 2015)

SECTION VI. RESEARCH

CDHA advocates research to quantifiably assess the potential for transmission of HIV during the delivery of professional oral health services. (19-92)

CDHA supports research to substantiate the cost effectiveness of preventive dental hygiene services. (15-95)

CDHA 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. Dental hygiene research must be conducted ethically and in compliance with federal and state regulations. (16-95)

CDHA supports research to substantiate the safety and effectiveness of utilizing the dental hygienist as a primary preventive oral health provider. (17-95) (HOD 2012)

SECTION VII. STATE BOARD

CDHA supports the establishment by the State of California of a separate Board of Dental Hygiene Examiners. (51-85)

CDHA supports legislation that allows self-regulation for dental hygienists. (52-85)

CDHA advocates that dental hygienists be appointed to serve as full voting and policy making members of the California Board of Dental Examiners. (12-95)

SECTION VIII. GENERAL POLICIES

CDHA and its components do not endorse to the general public any specific products or services inclusive of those provided by exhibitors sponsoring association activities or events.

A current copy of CDHA Bylaws shall be on file with the *Central Office of CDHA*. CDHA is committed to the development of leadership skills among its members. (HOD 2007)

The California Dental Hygienists' Association is the voice for the profession of dental hygiene in California. (HOD 2007)

CDHA should develop guidelines for the ethical use of CDHA social media. (HOD 2013)

GLOSSARY OF TERMS

Best Practices – A benchmark that has consistently shown superior results to those achieved by other means and promotes best outcomes through evidence supported by research. (HOD 2012)

Cultural Competence – A set of integrated attitudes, knowledge and skills that enable a healthcare professional or organization to care effectively for patients from diverse cultures, groups and communities. *Ref: University of Medicine and Dentistry of New Jersey, 2010* (HOD 2011)

Dental Home – A relationship between a person and specific team of interdisciplinary health professionals, led by a dentist or dental hygienist. 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. (HOD 2015)

Dental Hygiene Care Plan – An organized presentation or list of interventions to promote the health or prevent disease of the patient's/client's oral condition; plan is developed by the dental hygienist based on assessment data and consists of services that the dental hygienist is educated and licensed to provide. (HOD 2012)

Evidence-based Care – Provision of patient care based on the integration of best research evidence with clinical expertise and judgment, patient's preferences and values, and clinical/patient circumstances. (HOD 2012)

Full Mouth Debridement – The purpose of full mouth debridement is to enable a comprehensive evaluation and diagnosis. It involves the preliminary removal of supragingival and subgingival plaque, calculus, and debris specifically to be followed by appropriate definitive procedures(s). (HOD 2014)

Health Literacy – The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. *Ref: Healthy People, 2010* (HOD 2011)

Linguistic Competence – The capacity of a healthcare professional or organization to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate and individuals with disabilities. *Ref: Camphina-Bacote et al., 2005* (HOD 2011)

Optimal Oral Health – The absence of active disease in the oral cavity and related tissues. This includes the interrelationship of the mouth and body which enhances and contributes to an individual's total wellness. (HOD 99)

Risk Assessment – Qualitative and quantitative evaluation gathered from the assessment process to identify the risk factors to general and oral health. The data provides the clinician with the information to develop and design strategies for preventing or limiting disease and promoting health. (HOD 2012)

Risk Factors – Attributes, aspects of behavior, or environmental exposures that increase the probability of the occurrence of disease. (HOD 2012)

Standard of Care – Level of clinical performance at which a conscientious provider in a specified community would be expected to perform in the safe, effective and ethical practice of dental hygiene. (HOD 2012)

HISTORICAL

CDHA opposes the licensing of dental students and foreign trained dentists as dental hygienists, unless they have completed a course in dental hygiene accredited by the Commission on Accreditation of Dental Auxiliary Educational Programs and passed the required California examination for licensure. (46-85) (Rescinded 1-95)

CDHA advocates the use of a single standard of proficiency for each state regulated intra-oral procedure, regardless of the category of the person performing the procedure. (15-85) (Rescinded 2-95)

CDHA supports the reporting of child abuse cases to the proper authorities. (1C-91) (Rescinded 3-95)

CDHA supports the use of optimal personal and patient protective procedures in accordance with nationally accepted guidelines in every clinical dental setting. (12-92) (Rescinded 5-95)

CDHA supports the following policy: 1) That decisions to develop new dental hygiene education programs should be based on state plans following studies which show a strong justification of need. 2) The concept of the inter-district acceptance into dental hygiene programs where no dental hygiene programs exist in the applicable district. 3) The "accreditation eligible" status be obtained before a new dental hygiene program can be opened to students. (23-85) (Rescinded 6-95)

CDHA recognizes the need for new, cooperative, and innovative arrangements between junior colleges and universities for the acceptance of credits in education of dental hygienists, leading to the ability to earn advanced degrees. (28-85) (Rescinded 7-95)

CDHA supports the concept of post graduate education for dental hygienists. (5-86) (Rescinded 1/95)

Dental hygiene should be identified and taught, not as a vocation, but as a Profession of Dental Hygiene. (33-85) (Rescinded 8-95)

CDHA opposes any program or legislation that permits on-the-job training, didactic or clinical, apart from the jurisdiction of an accredited educational facility, for all licensed health care providers, as a means of continuing our efforts to uphold high education standards and to safeguard the health and welfare of the public. (49-85) (Rescinded 9-95)

CDHA supports the regulation of sugary food advertisements on children's television programs. (14-85) (Rescinded 10-95)

CDHA supports the concept of a state or federally defined standard package of essential health care services available to all citizens and residents of the U.S., provided and financed through an integration of public and private plans and services. (18-92) (Rescinded 11-95)

CDHA supports the appointment of qualified dental hygienists to the California State Board of Dental Examiners to serve as full voting and policy making members of the Board. (50-85) (Rescinded 12-95)

CDHA supports the reporting of suspected physical, emotional or sexual abuse and neglect of any individual to the proper authorities. (3-95) (Replaced 06-05)

CDHA supports California licensure by credentials as stated in Section 1758 of the Business and Professions Code of the Dental Practice Act. (HOD 2003) (Replaced HOD 2011)

CDHA recognizes the registered dental hygienists' responsibility and obligation to detect and record the presence of oral disease and to inform the appropriate care providers and the patient of these findings. (10-92) (Replaced HOD 2012)

CDHA supports the utilization of the WREB Dental Hygiene board examinations as an optional clinical examination to meet the clinical portion requirement for dental hygiene licensure in California. (HOD 2011) (Replaced HOD 2015)

Section II Practice: CDHA supports increased access to dental hygiene care by licensed dental hygienists without supervision in alternative practice settings. (HOD 2018)

Section II: Practice: Supports increased access to dental hygiene care by the licensed dental hygienist without supervision and collaboration with non-dental healthcare professionals in healthcare settings including but not limited to medical facilities such as hospitals, clinics and medical offices. (HOD 2018)

Section II: Public Health: CDHA advocates the involvement of dental hygienists in tobacco use prevention and cessation. (14-95) (Replaced 5-21)