State of California
Office of Administrative Law

In re: **Dental Hygiene Board of California**	**NOTICE OF APPROVAL OF REGULATORY ACTION**
Regulatory Action:	**Government Code Section 11349.3**
Title 16, California Code of Regulations	**OAL Matter Number: 2022-1216-04**
Amend sections: 1104.1	**OAL Matter Type: Regular (S)**

In this action, the Board proposes to clarify the collective reference of "RDHs" to include registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions within the regulation; repeal the Commission on Dental Accreditation's "Accreditation Standards for Dental Hygiene Education Programs;" and remove the extension process for completing the feasibility study for approving new RDH educational programs.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 4/1/2023.

Date: February 1, 2023

A Mohandas

Ashita Mohandas
Attorney

For: Kenneth J. Pogue
Director

Original: Anthony Lum, Executive Officer
Copy: Adina Pineschi-Petty

STATE OF CALIFORNIA—OFFICE OF ADMINISTRATIVE LAW

NOTICE PUBLICATION/REGULATIONS SUBMISSION

REGULAR

STD. 400 (REV. 10/2019)

For use by Secretary of State only

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

FEB 01 2023

1:55 PM

OAL FILE NUMBERS	NOTICE FILE NUMBER	REGULATORY ACTION NUMBER	EMERGENCY NUMBER
	Z- 2022-1010-01	2022-1216-04S	

For use by Office of Administrative Law (OAL) only

OFFICE OF ADMIN. LAW
2022 DEC 16 AM 10:56

NOTICE | REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY: Dental Hygiene Board of California

AGENCY FILE NUMBER (If any):

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
Process for Approval of a New RDH Edu Prog	16	1104.1	October 21, 2022

3. NOTICE TYPE	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
[x] Notice re Proposed Regulatory Action [ ] Other	Adina A. Pineschi-Petty	(916) 576-5002	(916) 263-2688

OAL USE ONLY	ACTION ON PROPOSED NOTICE	NOTICE REGISTER NUMBER	PUBLICATION DATE
	[ ] Approved as Submitted [ ] Approved as Modified [ ] Disapproved/ Withdrawn	2022, 42-Z	10/21/22

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S): Process for Approval of a New RDH Educational Program

1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S):

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) **(Including title 26, if toxics related)**

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)

ADOPT:

AMEND: 1104.1

TITLE(S): 16

REPEAL:

3. TYPE OF FILING

- [x] Regular Rulemaking (Gov. Code §11346)
- [ ] Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.
- [ ] Emergency Readopt (Gov. Code, §11346.1(h))
- [ ] Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
- [ ] Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)
- [ ] File & Print
- [ ] Print Only
- [ ] Emergency (Gov. Code, §11346.1(b))
- [ ] Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)
- [ ] Other (Specify) _____

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

- [x] Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))
- [ ] Effective on filing with Secretary of State
- [ ] §100 Changes Without Regulatory Effect
- [ ] Effective other (Specify) _____

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

- [x] Department of Finance (Form STD. 399) (SAM §6660)
- [ ] Fair Political Practices Commission
- [ ] State Fire Marshal
- [x] Other (Specify) Kimberly Kirchmeyer, DCA Director

7. CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional)
Adina A. Pineschi-Petty	(916) 576-5002	(916) 263-2688	adina.petty@dca.ca.gov

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

DATE: 12/9/2022

TYPED NAME AND TITLE OF SIGNATORY: Anthony Lum, DHBC Executive Officer

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

FEB 01 2023

Office of Administrative Law

TITLE 16. DENTAL HYGIENE BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

ORDER OF ADOPTION

Legend:	Added text is indicated with an underline. Deleted text is indicated by ~~strikeout~~.

Amend §1104.1 of Title 16 of the California Code of Regulations (CCR) to read as follows:

§ 1104.1. Process for Approval of a New RDH Educational Program.

(a) A college or an institution of higher education applying for approval of a new educational program for registered dental hygienists, registered dental hygienists in alternative practice, or registered dental hygienists in extended functions (collectively RDHs) shall comply with the requirements specified in the Dental Hygiene Board's document entitled, "Instructions for Institutions Seeking Approval of a New RDH Educational Program", (EDP-I-01 Rev ~~03/2022~~07/2022), ("Instructions"), which is hereby incorporated by reference, including:

(1) Notify the Dental Hygiene Board in writing of its intent to offer a new educational program that complies with Dental Hygiene Board requirements;

(2) Submit a feasibility study in accordance with the requirements specified in the "Instructions" for approval as referenced in Business and Professions Code (BPC) section 1941(b);

(3) The Dental Hygiene Board shall review the feasibility study and approve or deny approval of the study as specified in the "Instructions."~~:~~

(b) After approval of the feasibility study by the Dental Hygiene Board, and at least twelve (12) months prior to the proposed date for enrollment of students, the educational program shall submit ~~CODA's~~ the Commission on Dental Accreditation's (CODA), or an equivalent accrediting body's, as determined by the Dental Hygiene Board, required documents to the Dental Hygiene Board in accordance with the requirements specified in the "Instructions."~~:~~ This includes a Self-Study Report that delineates how the proposed program plans to comply with the CODA accreditation standards ~~contained in CODA's "Accreditation Standards for Dental Hygiene Education Programs" (As Last Revised: February 6, 2015) which is hereby incorporated by reference~~ as required by section 1104(b)(1).

(c) The required documents shall be reviewed by the Dental Hygiene Board and site visit shall be scheduled in accordance with the requirements specified in the "Instructions."~~:~~

(d) The Dental Hygiene Board may approve, provisionally approve, or deny approval of the educational program in accordance with the requirements specified in the "Instructions."

(e) The educational program shall notify the Dental Hygiene Board in writing of any substantive or major change in information contained in the required approval documents within 10 days of such change. A substantive or major change is one that affects the original submission, where without the submission of the new information the request for approval for a new educational program would be false, misleading, or incomplete.

Note: Authority cited: Sections 1905 and 1906, Business and Professions Code. Reference: Sections 1905, 1941 and 1944, Business and Professions Code.

State of California
DENTAL HYGIENE BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

Feasibility Study Instructions Form EDP-I-01 Rev ~~03/2022~~07/2022

INSTRUCTIONS FOR INSTITUTIONS SEEKING APPROVAL OF A NEW RDH EDUCATIONAL PROGRAM

(Business and Professions Code sections 1941 and 1944(a)(9); California Code of Regulations, title 16, section 1104.1)

The Dental Hygiene Board of California (DHBC or Board) is the agency authorized to approve all new educational programs for ~~Registered Dental Hygienists~~registered dental hygienists, registered dental hygienists in alternative practice, or registered dental hygienists in extended functions (collectively RDHs). Representatives of institutions proposing the development of a new RDH educational program are required by law to submit a feasibility study demonstrating a need for a new RDH educational program (Business and Professions Code (BPC) Section 1941).

BPC § 1941. Dental Hygiene Board approval of educational programs:

(a) The dental hygiene board shall grant or renew approval of only those educational programs for RDHs that continuously maintain a high quality standard of instruction and, where appropriate, meet the minimum standards set by the Commission on Dental Accreditation of the American Dental Association or an equivalent body, as determined by the dental hygiene board.

(b) A new educational program for RDHs shall submit a feasibility study demonstrating a need for a new educational program and shall apply for approval from the dental hygiene board before seeking any required approval for initial accreditation from the Commission on Dental Accreditation of the American Dental Association or an equivalent body, as determined by the dental hygiene board. The dental hygiene board may approve, provisionally approve, or deny approval of a new educational program for RDHs.

(c) For purposes of this section, a new or existing educational program for RDHs means a program provided by a college or institution of higher education that is accredited by a regional accrediting agency recognized by the United States Department of Education and that has as its primary purpose providing college level courses leading to an associate or higher degree, that is either affiliated with or conducted by a dental school approved by the dental board, or that is accredited to offer college level or college parallel programs by the Commission on Dental Accreditation of the American Dental Association or an equivalent body, as determined by the dental hygiene board.

(d) For purposes of this section, "RDHs" means registered dental hygienists, registered dental hygienists in alternative practice, or registered dental hygienists in extended functions.

FEE REQUIRED: A check in the amount of $2,100, pursuant to BPC Section 1944(a)(9), made payable to the "Dental Hygiene Board of California or DHBC", must be submitted with the feasibility study. *This fee is non-refundable.* Payment of the fee does not guarantee DHBC approval.

The process shall be completed within one year of receipt of the application for the feasibility study and payment of the required fee~~, unless an extension is granted by the DHBC executive officer, or his/her designee. An extension may be granted at the discretion of the executive officer or his/her designee for administrative purposes and/or requests for additional information. For example, an institution may undergo a natural disaster, or be unable to complete construction of a new facility due to extenuating circumstances out of its control~~. If the one-year period expires, the process ends, and a new fee shall be required for re-submission.

STEP 1 – Submit a Letter of Intent:

Submit a letter of intent to the DHBC at least one year in advance of the anticipated date of admission of students. The letter shall include:

- Name and address of the institution seeking approval
- Contact information for the person responsible for the feasibility study
- Type of degree granted
- Length of proposed program
- Anticipated enrollment
- Proposed start date

The letter shall be addressed to:

Executive Officer
Dental Hygiene Board of California
2005 Evergreen Street, Suite 1350
Sacramento, CA 95815

The DHBC shall acknowledge receipt of the letter of intent. Upon receipt of the letter of acknowledgment from the DHBC, the institution shall have up to six (6) months to submit **Step 2** - Feasibility Study.

STEP 2 – Submit Feasibility Study:

Submit a feasibility study to the DHBC documenting the need for a new RDH educational program and the ability to develop, implement, and sustain an educational program for registered dental hygienists. The feasibility study shall include the following:

A. The feasibility study shall contain a "Table of Contents" with the following required sections addressed in detail:

1) **Rationale for Development of New Educational Program**
2) **Structure and Governance**
3) **Facilities and Resources**
4) **Cost-Revenue Projections with detailed 5-year budget**
5) **Students and Student Services**

B. Pages in the body of the feasibility study shall be numbered consecutively to facilitate the review.

C. Attachments and appendices shall be tabbed and numbered consecutively.

D. Required Sections:

1) Rationale for the Development of New Educational Program

Provide rationale for development of a new program, including statistical data and other relevant information that addresses:

a. Regional labor statistics regarding projected need for this type of licensee.
   - Provide summary comments and tables as necessary and cite original source of information from the California Employment Development Department – Labor Market Information or an equivalent State or County agency.

b. Potential local/regional industry employment statistics regarding current open positions and projected needs for additional licensees including any workforce shortage areas.
   - Copy of source data used
   - Summary of findings
   - Tabulated results

c. Description of the characteristics of the population in the community being served by the program including oral health needs.

d. Impact on RDH educational programs within a 100 mile radius of the proposed program by contacting all approved existing educational programs in regard to:
   - Locale, region, or state(s) from which students are drawn.
   - Whether there is a "waiting list" or more qualified applicants than admitted annually.
   - Length of time it takes licensed graduates to obtain gainful employment (at least 3 days per week) in dental hygiene.

e. Description of the length of the program, type of degree(s) granted, the intended start date, projected size of the first class, and enrollment projection for the first five years and method for determining the projected enrollment.

f. Plans for promoting and marketing the proposed program.

g. Projected timeline for planning and initiating program.

2) Structure and Governance

Description of the institution and the institution's experience providing dental hygiene or other health-related educational programs. The description must include:

a. Institutional accreditation status and history such as date of initial accreditation, denials, revocations, warnings for the institution and any programs offered by the institution.
b. History, organizational structure and programs (attach an organization chart).
c. Geographic area (community) served by the institution and a description of the community and its population.
d. Institution's strategic plan.
e. Type of RDH or other health-related programs including: number of students currently enrolled and graduates by program type; passage rate on any required certification or licensing examination for the past five years (as applicable); and status of the program with any state, regional, or federal agency.
f. If the institution does not have an RDH education program or other health-related programs, provide a statement related to the processes and resources it shall utilize to start and sustain an RDH education program.

3) Facilities and Resources

Describe physical location of proposed RDH program.

a. Describe space committed to the program and provide copies of floor plans to include faculty and staff offices, classrooms, laboratories, clinical facilities, and storage areas.
b. Provide status report on construction or renovation of physical facilities.
c. List educational resources, equipment, supplies purchased or to be purchased for the program.

4) Cost-Revenue Projections

Start-up Budget and Funding Sources

a. Local, state, and federal support
b. Projected student fees
c. Grant support
d. Support from other entities such as funding from corporate, private industry, professional associations, donations
e. Projected clinic revenue

Include a 5-year capital and operational line item budget that includes projected costs for proposed program which includes:

I. Capital Expenditures
   A. Facilities (for example):
      1. Clinic
      2. Laboratory
      3. Locker Room
      4. Reception Room
      5. Faculty & staff offices
      6. Other (specify)

   B. Equipment (for example):
      1. Dental Units
      2. Radiography (unit.)
      3. Laboratory
      4. Instructional equipment
      5. Other (specify)

II. Non-capital Expenditures
   A. Instructional materials, e.g., slides, films
   B. Clinic supplies
   C. Laboratory supplies
   D. Office supplies
   E. Program library collection
      1. Institutional
      2. Departmental
   F. Equipment maintenance and replacement
   G. Other (specify)

III. Faculty
   A. Salaries
   B. Benefits
   C. Professional Development
   D. Travel for Student Supervision
   E. Other (specify)

IV. Staff
   A. Secretarial Support
   B. Clinic Support Staff
   C. Other (specify)

V. Other Categories, if any (specify)

5) Students and Student Services

Admission and progression criteria:

a. Admission criteria:
   - Institutional policies
   - Educational program selection policies

b. Progression and graduation criteria:
   - Institutional criteria for progression and graduation
   - Educational program's criteria for progression and graduation, including grading policies

Student policies:

a. Provisions for student health and housing
b. Provisions for counseling and guidance
c. Financial aid policies, scholarship and grant opportunities
d. Appeals Provisions

The Educational Program shall submit two hard copies and one electronic copy in pdf format to:

Executive Officer
Dental Hygiene Board of California
2005 Evergreen Street, Suite 1350
Sacramento, CA 95815

STEP 3 – Review of Feasibility Study

It is the responsibility of the proposed RDH educational program to have staff or a consultant(s) who possess the requisite knowledge and expertise to complete a feasibility study that conforms to the requirements specified in these instructions. Upon submission of the feasibility study, the DHBC staff shall review the study and, if necessary, seek clarification of any areas in question.

- If the DHBC staff determines the feasibility study is complete and complies with requirements specified in these Instructions, the DHBC staff shall submit the feasibility study to the DHBC- Education Subcommittee (ES) for review and a recommendation shall be forwarded to the full Dental Hygiene Board (**Step 4**).
- If the feasibility study is incomplete, the educational program shall be notified in writing by the DHBC staff of any deficiencies and a deadline for submission of a revised feasibility study.
- If the DHBC staff determines the revised feasibility study is complete, it shall be forwarded to the ES.
- If staff deems the revised feasibility study incomplete, it shall be returned to the program with a written notice of the deficiencies, and shall not be forwarded to the ES.
- If the revised feasibility study is returned because it is incomplete and the prospective RDH educational program still wishes to seek approval, the educational program must restart at **Step 1**. The letter of intent must include a statement summarizing the DHBC reason(s) for not accepting the prior revised feasibility study and subsequent corrective action the educational program has taken.

STEP 4 – Education Subcommittee (ES) Recommendation on the Feasibility Study

When the feasibility study is complete, it shall be submitted to the ES for discussion and action at a regularly scheduled meeting. The meeting is open to the public, and there are opportunities for public comment. The DHBC staff shall notify the proposed RDH educational program of the ES meeting date at which the ES shall discuss and

may make a recommendation to take action on the feasibility study. A representative of the program shall be invited to the ES meeting to respond to any questions or concerns. The ES shall recommend to the Dental Hygiene Board the acceptance or non-acceptance of the feasibility study, or may defer action on the study to permit the institution time to provide additional information at a subsequent ES meeting. If the ES defers action, the proposed RDH educational program shall be notified in writing within ten (10) days of the deferred action, reason(s) for the deferral, and the date for submission of any additional information and/or documents. The ES considers the following criteria in determining its recommendation to the full Dental Hygiene Board:

- Evidence of a need for a new RDH educational program.
- Evidence of ability to initiate and maintain a RDH educational program in compliance with all applicable Dental Hygiene Board laws and regulations.
- Evidence of initial and sustainable budgetary provisions for the proposed RDH educational program.

STEP 5 – DHBC Action on the Feasibility Study

The ES recommendation on the feasibility study shall be submitted to the full Dental Hygiene Board for discussion and action at a regularly scheduled DHBC meeting. All DHBC meetings are open to the public with opportunities for public comment. The DHBC shall approve, or deny the study.

The following action shall be taken:

- Within ten (10) days after the Dental Hygiene Board's decision on the feasibility study, the DHBC staff shall notify the proposed RDH educational program in writing of its decision.
- If the feasibility study is denied, the notice shall include the basis for its decision.
- If the feasibility study is approved, the proposed RDH educational program may apply for initial accreditation from the Commission on Dental Accreditation of the American Dental Association (CODA), or an equivalent accrediting body, as determined by the Dental Hygiene Board.

STEP 6 – Self-Study Report and Site Visit

Upon the DHBC's approval of the feasibility study, the proposed RDH educational program shall prepare CODA's, or an equivalent accrediting body's, as determined by the Dental Hygiene Board, Self-Study Report for the proposed RDH program. At least twelve (12) months prior to the projected date of student enrollment, the proposed RDH educational program must submit to the DHBC a Self-Study Report that delineates how the proposed RDH educational program plans to comply with the accreditation standards ~~contained in CODA's "Accreditation Standards for Dental Hygiene Education Programs" (As Last Revised: February 6, 2015)~~pursuant to BPC section 1941(a).

DHBC staff shall review the Self-Study Report and verify that the Self-Study Report meets all applicable CODA standards and California laws and regulations ~~found in CODA's "Self-Study Guide for the Evaluation of a Dental Hygiene Education Program" (As Last Revised: January 1, 2016)~~. DHBC staff shall notify the program director of any deficiencies, issues, or concerns with the Self-Study Report. Once DHBC staff verifies the Self-Study Report is complete, an on-site visit shall be scheduled. DHBC staff shall visit selected clinical sites the proposed RDH educational program plans to use as part of the on-site visit and confirm the evidence presented in the program's Self-Study Report. DHBC staff shall complete a written report of the findings. This report shall be submitted to the ES for action and recommendation to the full Dental Hygiene Board.

STEP 7 – Education Subcommittee (ES) and Full Dental Hygiene Board Actions

The ES recommendation on the Self-Study Report and site visit shall be submitted for full Dental Hygiene Board discussion and action at a regularly scheduled Dental Hygiene Board meeting. The full Dental Hygiene Board may approve, provisionally approve or deny the new educational program. If provisionally approved, the full Dental Hygiene Board may defer action on the proposed RDH educational program's approval with an opportunity for the proposed RDH educational program to provide additional information.

The following action shall be taken:

- Within ten (10) days after the Dental Hygiene Board's decision on the proposed RDH educational program, the DHBC shall notify the proposed RDH educational program in writing of its decision.
- If the proposed RDH educational program is denied, the notice shall include the basis for its decision. The program may request an informal conference as specified in 1104.2.
- If the proposed RDH educational program is provisionally approved, the notice shall specify what additional information and documents are needed from the proposed RDH educational program and a due date requested for submission of the materials. The revisions shall be considered at a regularly scheduled ES and the full Dental Hygiene Board meeting after the due date for submission of materials. If the proposed RDH educational program is not granted approval, the DHBC shall notify the proposed RDH educational program in writing within ten (10) days; the notice shall include the basis for the Dental Hygiene Board's decision.
- A denied proposed RDH educational program shall restart with **Step 1** of the approval process. The Letter of Intent must include a statement summarizing the Dental Hygiene Board's reason(s) for not accepting the prior submissions and subsequent corrective action the proposed RDH educational program has taken.

A material misrepresentation of fact by a new RDH educational program in any information required to be submitted to the Dental Hygiene Board is grounds for denial of approval.

REPEAL

Commission on Dental Accreditation

Accreditation Standards for Dental Hygiene Education Programs

Accreditation Standards for Dental Hygiene Education Programs

Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, Illinois 60611
312/440-4653
www.ada.org/coda

Effective January 1, 2013

Accreditation Standards for Dental Hygiene Education Programs

Document Revision History

Date	*Item*	*Action*
July 26, 2007	*Accreditation Standards for Dental Hygiene Education Programs*	*Adopted*
July 26, 2007	*Standards to Ensure Program Integrity Examples of Evidence Modified: Standard 1-3*	*Approved and Implemented*
February 1, 2008	*Intent Statement Modified: Standard 3-3*	*Approved and Implemented*
February 1, 2008	*Revised Definition of Terms and Usage of Examples of Evidence*	*Adopted and Implemented*
January 1, 2009	*Accreditation Standards for Dental Hygiene Education Programs*	*Implemented*
July 30, 2009	*Revised Standard 2-17*	*Adopted*
January 1, 2010	*Revised Standard 2-17*	*Implemented*
February 3, 2012	*Revised Standards 2-16, 2-17, 2-19, 2-22, 2-25, 3-3, 3-7, 4-3, 4-5, 4-7*	*Adopted*
August 8, 2012	*Revised Standard, 3-7* *Intent Statement Modified, 3-8*	*Adopted and Implemented*
January 1, 2013	*Revised Standards 2-16, 2-17, 2-19, 2-22, 2-25, 3-3, 3-7, 4-3, 4-5, 4-7*	*Implemented*
August 9, 2013	*Revised Standards 2-20, 3-7*	*Adopted and Implemented*
August 1, 2014	*Renumbered Standards 2-9 through 2-12 to be subsection a, b, c and d of 2-8*	*Adopted and Implemented*
February 6, 2015	*Revised Standards 2-4, 3-6, 3-7,b*	*Adopted and Implemented*

Table Of Contents

Mission Statement of the Commission on Dental Accreditation

The Commission on Dental Accreditation serves the oral health care needs of the public through the development and administration of standards that foster continuous quality improvement of dental and dental related educational programs.

Commission on Dental Accreditation
Adopted August 2012

Accreditation Status Definitions

Programs Which Are Fully Operational

APPROVAL (<u>without</u> reporting requirements): An accreditation classification granted to an educational program indicating that the program achieves or exceeds the basic requirements for accreditation.

APPROVAL (<u>with</u> reporting requirements): An accreditation classification granted to an educational program indicating that specific deficiencies or weaknesses exist in one or more areas of the program. Evidence of compliance with the cited standards must be demonstrated within 18 months if the program is between one and two years in length or two years if the program is at least two years in length. If the deficiencies are not corrected within the specified time period, accreditation will be withdrawn, unless the Commission extends the period for achieving compliance for good cause.

Programs Which Are Not Fully Operational

<u>Initial Accreditation</u>: Initial Accreditation is the accreditation classification granted to any dental, advanced dental or allied dental education program which is in the planning and early stages of development or an intermediate stage of program implementation and not yet fully operational. This accreditation classification provides evidence to educational institutions, licensing bodies, government or other granting agencies that, at the time of initial evaluation(s), the developing education program has the potential for meeting the standards set forth in the requirements for an accredited educational program for the specific occupational area. The classification "initial accreditation" is granted based upon one or more site evaluation visit(s) and until the program is fully operational.

Preface

The Accreditation Standards for Dental Hygiene Education Programs represent a revision of Requirements and Guidelines for Accredited Dental Hygiene Education Programs. These standards have been developed for the following reasons: (1) to protect the public welfare, (2) to serve as a guide for dental hygiene program development, (3) to serve as a stimulus for the improvement of established programs, and (4) to provide criteria for the evaluation of new and established programs. To be accredited by the Commission on Dental Accreditation, a dental hygiene program must meet the standards set forth in this document. These standards are national in scope and represent the minimum requirements for accreditation. The importance of academic freedom is recognized by the Commission; therefore, the standards are stated in terms which allow institution flexibility in the development of an educational program. It is expected that institutions which voluntarily seek accreditation will recognize the ethical obligation of complying with the spirit as well as the letter of these standards.

The Commission on Dental Accreditation

From the early 1940's until 1975, the Council on Dental Education was the agency recognized as the national accrediting organization for dentistry and dental-related educational programs. On January 1, 1975, the Council on Dental Education's accreditation authority was transferred to the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs, an expanded agency established to provide representation of all groups affected by its accrediting activities. In 1979, the name of the Commission was changed to the Commission on Dental Accreditation.

The Commission is comprised of 30 members. It includes a representative of the American Dental Hygienists' Association (ADHA) and other disciplines accredited by the Commission as well as public representatives.

Specialized Accreditation

Specialized accrediting agencies exist to assess and verify educational quality in particular professions or occupations to ensure that individuals will be qualified to enter those disciplines. A specialized accrediting agency recognizes the course of instruction which comprises a unique set of skills and knowledge, develops the accreditation standards by which such educational programs are evaluated, conducts evaluation of programs, and publishes a list of accredited programs that meet the national accreditation standards. Accreditation standards are developed in consultation with those affected by the standards who represent the broad communities of interest. The Commission on Dental Accreditation is the specialized accrediting agency recognized by the United States Department of Education to accredit programs which provide basic preparation for licensure or certification in dentistry and the related disciplines.

Dental Hygiene Accreditation

The first dental hygiene accreditation standards were developed by three groups: the American Dental Hygienists' Association, the National Association of Dental Examiners and the American Dental Association's Council on Dental Education. The standards were submitted to and approved by the American Dental Association House of Delegates in 1947, five years prior to the launching of the dental hygiene accreditation program in 1952. The first list of accredited dental hygiene programs was published in 1953, with 21 programs. Since then the standards for accreditation have been revised five times -- in 1969, 1973, 1979, 1991, 1998 and 2005.

In an effort to provide the communities of interest with appropriate input into the latest revision of the standards, the Commission on Dental Accreditation utilized the following procedures: conducting surveys of communities of interest, holding open hearings and distributing widely a draft of the proposed revision of the standards for review and comment. Prior to approving the revised standards in July 2007, the Commission carefully considered comments received from all sources. The revised accreditation standards were implemented in January 2009.

Statement of General Policy

Maintaining and improving the quality of dental hygiene education is a primary aim of the Commission on Dental Accreditation. In meeting its responsibilities as a specialized accrediting agency recognized by the dental profession and by the United States Department of Education, the Commission on Dental Accreditation:

1. Evaluates dental hygiene education programs on the basis of the extent to which program goals, institutional objectives and approved accreditation standards are met;

2. Supports continuing evaluation of and improvements in dental hygiene education programs through institutional self-evaluation;

3. Encourages innovations in program design based on sound educational principles;

4. Provides consultation in initial and ongoing program development.

As a specialized accrediting agency, the Commission relies on an authorized institutional accrediting agency's evaluation of the institution's objectives, policies, administration, financial and educational resources and its total educational effort. The Commission's evaluation will be confined to those factors which are directly related to the quality of the dental hygiene program. In evaluating the curriculum in institutions that are accredited by a U.S. Department of Education-recognized regional or national accrediting agency, the Commission will concentrate on those courses which have been developed specifically for the dental hygiene program and core courses developed for related disciplines. When an institution has been granted status or "candidate for accreditation" status by a regional or national accrediting agency, the Commission will accept that status as evidence that the general education and biomedical science courses included in the dental hygiene curriculum meet accepted standards, provided such courses are of appropriate level and content for the discipline.

The importance of institutional academic freedom is recognized by the Commission, and the Accreditation Standards allow institutions considerable flexibility in structuring their educational programs. The Commission encourages the achievement of excellence through curricular innovation and development of institutional individuality. Dependent upon its objectives, resources, and state practice act provisions, the institution may elect to extend the scope of the curriculum to include content and instruction in additional areas.

Programs and their sponsoring institutions are encouraged to provide for the educational mobility of students through articulation arrangements and career laddering (e.g., between dental assisting education programs and dental hygiene education programs).

Institutions and programs are also strongly encouraged to develop mechanisms to award advanced standing for students who have completed coursework at other educational programs accredited by the Commission on Dental Accreditation or by use of appropriate qualifying or proficiency examinations.

This entire document constitutes the Accreditation Standards for Dental Hygiene Education Programs. Each standard is numbered (e.g., 1-1, 1-2) and in bold print. Where appropriate, standards are accompanied by statements of intent that explain the rationale, meaning and significance of the standard. Expanded guidance in the form of examples to assist programs in better understanding and interpreting the "must" statements within the standards follow. This format is intended to clarify the meaning and application of standards for both those responsible for educational programs and those who evaluate these programs for the Commission.

Definitions of Terms Used in Dental Hygiene Accreditation Standards

The terms used in this document indicate the relative weight that the Commission attaches to each statement. Definitions of these terms are provided.

Standard: Offers a rule or basis of comparison established in measuring or judging capacity, quantity, quality, content and value; criterion used as a model or pattern.

Must: Indicates an imperative need, duty or requirement; an essential or indispensable item; mandatory.

Should: Indicates a method to achieve the Standards.

Intent: Intent statements are presented to provide clarification to the dental hygiene education programs in the application of and in connection with compliance with the Accreditation Standards for Dental Hygiene Education Programs. The statements of intent set forth some of the reasons and purposes for the particular Standards. As such, these statements are not exclusive or exhaustive. Other purposes may apply.

Examples of evidence to demonstrate compliance include: Desirable condition, practice or documentation indicating the freedom or liberty to follow a suggested alternative.

Competent: The levels of knowledge, skills and values required by new graduates to begin the practice of dental hygiene.

Competencies: Written statements describing the levels of knowledge, skills and values expected of graduates.

Instruction: Describes any teaching, lesson, rule or precept; details of procedure; directives.

Basic Clinical Education: The patient care experiences required for all students in order to attain clinical competence and complete the dental hygiene program. This education is provided in the program's clinical facilities (on campus or extended campus facilities) as defined in the Accreditation Standards and is supervised and evaluated by program faculty according to predetermined criteria.

Laboratory or Preclinical Instruction: Indicates instruction in which students receive supervised experience performing functions using study models, manikins or other simulation methods; student performance is evaluated by faculty according to predetermined criteria.

Enriching Clinical Experiences: Clinical experiences that exceed the basic clinical education requirements of the program and that are provided to enhance the basic clinical education. Enriching experiences may be provided on campus and/or in extramural clinical facilities and may be supervised by non-program personnel according to predetermined learning objectives and evaluation criteria.

Distance Education: As defined by the United States Department of Education, distance education is "an educational process that is characterized by the separation, in time or place, between instructor and student. The term includes courses offered principally through the use of (1) television, audio or computer transmission; (2) audio or computer conferencing; (3) video cassettes or disks; or (4) correspondence."

Patients with special needs: Those patients whose medical, physical, psychological, or social situations make it necessary to modify normal dental routines in order to provide dental treatment for that individual. These individuals include, but are not limited to, people with developmental disabilities, complex medical problems, and significant physical limitations.

Standard of Care: Level of clinical performance expected for the safe, effective and ethical practice of dental hygiene.

Dental Hygiene Diagnosis: Identification of an existing or potential oral health problem that a dental hygienist is qualified and licensed to treat.

The Commission's accreditation standards have been stated, purposefully, in terms which allow flexibility, innovation and experimentation. Regardless of the method(s) used to provide instruction, the Commission expects that each accredited program will comply with the spirit as well as the letter of the accreditation standards.

STANDARD 1 - INSTITUTIONAL EFFECTIVENESS

Planning and Assessment

1-1 The program must demonstrate its effectiveness using a formal and ongoing planning and assessment process that is systematically documented by:

a) developing a plan addressing teaching, patient care, research and service which are consistent with the goals of the sponsoring institution and appropriate to dental hygiene education.
b) implementing the plan;
c) assessing the outcomes, including measures of student achievement;
d) using the results for program improvement.

Intent:
Assessment, planning, implementation and evaluation of the educational quality of a dental hygiene education program (inclusive of distance education modalities/programs), that is broad-based, systematic, continuous and designed to promote achievement of program goals will maximize the academic success of the enrolled students in an accountable and cost effective manner. The Commission on Dental Accreditation expects each program to define its own goals for preparing individuals in the discipline and that one of the program goals is to comprehensively prepare competent individuals in the discipline.

Examples of evidence to demonstrate compliance may include:
- program completion rates
- employment rates
- success of graduates on state licensing examinations
- success of graduates on national boards
- surveys of alumni, students, employers, and clinical sites
- other benchmarks or measures of learning used to demonstrate effectiveness
- examples of program effectiveness in meeting its goals
- examples of how the program has been improved as a result of assessment
- ongoing documentation of change implementation
- mission, goals and strategic plan document
- assessment plan and timeline

Financial Support

1-2 The institution must have a strategic plan which identifies stable financial resources sufficient to support the program's stated mission, goals and objectives. A financial statement document must be submitted providing revenue and expense data for the dental hygiene program.

Intent:
The institution should have the financial resources required to develop and sustain the program on a continuing basis. The program should employ sufficient faculty, purchase and maintain equipment, procure supplies, reference material and teaching aids as reflected in annual budget appropriations. Financial allocations should ensure that the program will be in a competitive position to recruit and retain qualified faculty. Annual appropriations should provide for innovations and changes, including technological advances, necessary to reflect current concepts of education in the discipline. The Commission will assess the adequacy of financial support on the basis of current appropriations and the stability of sources of funding for the program.

Examples of evidence to demonstrate compliance may include:
- program's mission, goals, objectives and strategic plan
- institutional strategic plan
- revenue and expense statements for the program for the past three years
- revenue and expense projections for the program for the next three years

1-3 The sponsoring institution must ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.

1-4 The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest within the sponsoring institution.

Examples of evidence to demonstrate compliance may include:
- Written agreement(s)
- Contract(s)/Agreement(s) between the institution/program and sponsor(s) related to facilities, funding, faculty financial support

Institutional Accreditation

1-5 Programs must be sponsored by institutions of higher education that are accredited by an institutional accrediting agency (i.e., a regional or appropriate* national accrediting agency) recognized by the United States Department of Education for offering college-level programs.

* Agencies whose mission includes the accreditation of institutions offering allied health education programs.

Intent:
Dental schools, four-year colleges and universities, community colleges, technical institutes, vocational schools, and private schools, which offer appropriate fiscal, facility, faculty and curriculum resources are considered appropriate settings for the program. The institution should offer appropriate fiscal, facility, faculty and curriculum resources to sponsor the dental hygiene educational program.

Examples of evidence to demonstrate compliance may include:

- Accreditation (or candidate status) from a recognized institutional (regional or national) accrediting agency, for example:
  Commission on Higher Education, Middle States Association of Colleges and Schools; Commission on Institutions of Higher Education, New England Association of Schools and Colleges; Commission on Technical and Career Institutions, New England Association of Schools and Colleges; Commission on Institutions of Higher Education, North Central Association of Colleges and Schools; Commission on Colleges, Northwest Association of Schools and Colleges; Commission on Colleges, Southern Association of Colleges and Schools; Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges; Accrediting Commission for Senior Colleges and Universities, Western Association of Schools and Colleges; Accrediting Bureau of Health Education Schools; Accrediting Commission of Career Schools and Colleges of Technology; Accrediting Commission of the Distance Education and Training Council; The Council on Occupational Education; Accrediting Council for Independent Colleges and Schools

1-6 All arrangements with co-sponsoring or affiliated institutions must be formalized by means of written agreements which clearly define the roles and responsibilities of each institution involved.

Examples of evidence to demonstrate compliance may include:

- affiliation agreement(s)

Community Resources

1-7 There must be an active liaison mechanism between the program and the dental and allied dental professions in the community. The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest with the educational institution.

Intent:
The purpose of an active liaison mechanism is to provide a mutual exchange of information for improving the program, recruiting qualified students and meeting employment needs of the community. The responsibilities of the advisory body should be defined in writing and the program director, faculty, and appropriate institution personnel should participate in the meetings as non-voting members to receive advice and assistance.

Examples of evidence to demonstrate compliance may include:

- policies and procedures regarding the liaison mechanism outlining responsibilities, appointments, terms and meetings
- membership list with equitable representation if the group represents more than one discipline
- criteria for the selection of advisory committee members
- an ongoing record of committee or group minutes, deliberations and activities

STANDARD 2 - EDUCATIONAL PROGRAM

Instruction

2-1 The curriculum must include at least two academic years of full-time instruction or its equivalent at the postsecondary college-level. The scope and depth of the curriculum must reflect the objectives and philosophy of higher education. The college catalog must list the degree awarded and course titles and descriptions.

In a two-year college setting, the graduates of the program must be awarded an associate degree. In a four-year college or university, the graduates of the program must be awarded an associate degree, certificate, or a baccalaureate degree.

Intent:
The time necessary for psychomotor skill development and the number of required content areas require two academic years of study and is considered the minimum preparation for a dental hygienist. However, the curriculum may be structured to allow individual students to meet performance standards specified for graduation in less than two academic years as well as to provide opportunity for students who require more time to extend the length of their instructional program.

Maximum opportunity should be provided for students to continue their formal education with a minimum loss of time and duplication of learning experiences. Institutions are strongly encouraged to develop articulation agreements between associate degree programs and baccalaureate programs that provide for maximum transfer of course work. General education, social science and biomedical science courses included in associate degree dental hygiene curricula should parallel those offered in four-year colleges and universities. In baccalaureate degree curricula, attention is given to requirements for admission to graduate programs in establishing the balance between professional and nonprofessional credit allocations.

Examples of evidence to demonstrate compliance may include:
- copies of articulation agreements
- curriculum documents
- course evaluation forms and summaries
- records of competency examinations
- college catalog

2-2 **A process must be established to assure students meet the academic, professional and/or clinical criteria as published and distributed. Academic standards and institutional due process policies must be followed for remediation or dismissal. A college document must include institutional due process policies and procedures.**

Intent:
If a student does not meet evaluation criteria, provision should be made for remediation or dismissal. On the basis of designated criteria, both students and faculty can periodically assess progress in relation to the stated goals and objectives of the program.

Examples of evidence to demonstrate compliance may include:
- written remediation policy and procedures
- records of attrition/retention rates related to academic performance
- institutional due process policies and procedures

Admissions

2-3 **Admission of students must be based on specific written criteria, procedures and policies. Previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability must be utilized as criteria in selecting students who have the potential for successfully completing the program. Applicants must be informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability and the scope of practice of and employment opportunities for dental hygienists.**

Intent:
The dental hygiene education curriculum is a postsecondary scientifically-oriented program which is rigorous and intensive. Because enrollment is limited by facility capacity, special program admissions criteria and procedures are necessary to ensure that students are selected who have the potential for successfully completing the program. The program administrator and faculty, in cooperation with appropriate institutional personnel, should establish admissions procedures which are non-discriminatory and ensure the quality of the program.

Examples of evidence to demonstrate compliance may include:
- admissions management policies and procedures
- copies of catalogs, program brochures or other written materials
- established ranking procedures or criteria for selection
- minutes from admissions committee
- periodic analysis supporting the validity of established admission criteria and procedures
- results from institutional research used in interpreting admissions data and criteria and/or correlating data with student performance

- graduation rates
- analysis of attrition
- employment rates

2-4 Admission of students with advanced standing must be based on the same standards of achievement required by students regularly enrolled in the program. Students with advanced standing must receive an appropriate curriculum that results in the same standards of competence required by students regularly enrolled in the program.

Intent:
Advanced standing refers to applicants that may be considered for admission to a training program whose curriculum has been modified after taking into account the applicant's past experience. Examples include transfer from a similar program at another institution, completion of training at a non-CODA accredited program, or documented practice experience in the given discipline. Acceptance of advanced standing students/residents will not result in an increase of the program's approved number of enrollees. Applicants for advanced standing are expected to fulfill all of the admission requirements mandated for students/residents in the conventional program and be held to the same academic standards. Advanced standing students/residents, to be certified for completion, are expected to demonstrate the same standards of competence as those in the conventional program.

Examples of evidence to demonstrate compliance may include:
- policies and procedures on advanced standing
- results of appropriate qualifying examinations
- course equivalency or other measures to demonstrate equal scope and level of knowledge

2-5 The number of students enrolled in the program must be proportionate to the resources available.

Intent:
In determining the number of dental hygiene students enrolled in a program (inclusive of distance sites), careful consideration should be given to ensure that the number of students does not exceed the program's resources, including patient supply, financial support, scheduling options, facilities, equipment, technology and faculty.

Examples of evidence to demonstrate compliance may include:
- sufficient number of clinical and laboratory stations based on enrollment
- clinical schedules demonstrating equitable and sufficient clinical unit assignments
- clinical schedules demonstrating equitable and sufficient radiology unit assignments
- faculty full-time equivalent (FTE) positions relative to enrollment
- budget resources and strategic plan
- equipment maintenance and replacement plan

- patient pool availability analysis
- course schedules for all terms

Curriculum

2-6 The dental hygiene program must define and list the competencies needed for graduation. The dental hygiene program must employ student evaluation methods that measure all defined program competencies. These competencies and evaluation methods must be written and communicated to the enrolled students.

Intent:
The educational competencies for the dental hygiene education program should include the preparation of graduates who possess the knowledge, skills and values to begin the practice of dental hygiene. The evaluation methods used in the dental hygiene program should include process and end-product assessments of student performance, as well as a variety of objective testing measures. These mechanisms will provide student performance data related to measuring defined program competencies throughout the program for the students, faculty and college administration.

Examples of evidence to demonstrate compliance may include:
- competencies documentation demonstrating relationship between evaluation methods and program competencies
- process and product evaluation forms

2-7 Written course descriptions, content outlines, including topics to be presented, specific instructional objectives, learning experiences, and evaluation procedures must be provided to students at the initiation of each dental hygiene course.

Intent:
The program should identify the dental hygiene fundamental knowledge and competencies that will be included in the curriculum based on the program goals, resources, current dental hygiene practice responsibilities and other influencing factors. Individual course documentation needs to be periodically reviewed and revised to accurately reflect instruction being provided as well as new concepts and techniques taught in the program.

2-8 The curriculum must include content in the following four areas: general education, biomedical sciences, dental sciences and dental hygiene science. This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies. A curriculum document must be submitted for each course included in the dental hygiene program for all four content areas.

Intent:
Foundational knowledge should be established early in the dental hygiene program and of appropriate scope and depth to prepare the student to achieve competence in all components of dental hygiene practice. Content identified in each subject may not necessarily constitute a separate course, but the subject areas are included within the curriculum.

Curriculum content and learning experiences should provide the foundation for continued formal education and professional growth with a minimal loss of time and duplication of learning experiences. General education, social science, and biomedical science courses included in the curriculum should be equivalent to those offered in four-year colleges and universities.

2-8a General education content must include oral and written communications, psychology, and sociology.

Intent:
These subjects provide prerequisite background for components of the curriculum, which prepare the students to communicate effectively, assume responsibility for individual oral health counseling, and participate in community health programs.

2-8b Biomedical science content must include content in anatomy, physiology, chemistry, biochemistry, microbiology, immunology, general pathology and/or pathophysiology, nutrition and pharmacology.

Intent:
These subjects provide background for dental and dental hygiene sciences. The subjects are to be of the scope and depth comparable to college transferable liberal arts course work. The program should ensure that biomedical science instruction serves as a foundation for student analysis and synthesis of the interrelationships of the body systems when making decisions regarding oral health services within the context of total body health.

Biomedical science instruction in dental hygiene education ensures an understanding of basic biological principles consisting of a core of information on the fundamental structures, functions and interrelationships of the body systems. The biomedical knowledge base emphasizes the orofacial complex as an important anatomical area existing in a complex biological interrelationship with the entire body.

Dental hygienists need to understand abnormal conditions to recognize the parameters of comprehensive dental hygiene care. The program should ensure that graduates have the level of understanding that assures that the health status of the patient will not be compromised by the dental hygiene interventions.

2-8c Dental sciences content must include tooth morphology, head, neck and oral anatomy, oral embryology and histology, oral pathology, radiography, periodontology, pain management, and dental materials.

Intent:
These subjects provide the student with knowledge of oral health and disease as a basis for assuming responsibility for assessing, planning and implementing preventive and therapeutic services. Teaching methodologies should be utilized to assure that the student can assume responsibility for the assimilation of knowledge requiring judgment, decision making skills and critical analysis.

2-8d Dental hygiene science content must include oral health education and preventive counseling, health promotion, patient management, clinical dental hygiene, provision of services for and management of patients with special needs, community dental/oral health, medical and dental emergencies, legal and ethical aspects of dental hygiene practice, infection and hazard control management, and the provision of oral health care services to patients with bloodborne infectious diseases.

Intent:
Dental hygiene sciences provide the knowledge base for dental hygiene and prepares the student to assess, plan, implement and evaluate dental hygiene services as an integral member of the health team. Content in provision of oral health care services to patients with bloodborne infectious diseases prepares the student to assess patients' needs and plan, implement and evaluate appropriate treatment.

2-9 The basic clinical education aspect of the curriculum must include a formal course sequence in scientific principles of dental hygiene practice, which extends throughout the curriculum and is coordinated and integrated with clinical experience in providing dental hygiene services.

Intent:
Learning experiences and practice time in clinical procedures is necessary to assure sufficient opportunity to develop competence in all clinical procedures included in the curriculum. Didactic material on clinical dental hygiene should be presented throughout the curriculum.

2-10 The number of hours of clinical practice scheduled must ensure that students attain clinical competence and develop appropriate judgment. Clinical practice must be distributed throughout the curriculum.

Intent:
Sufficient practice time and learning experiences should be provided during preclinical and clinical courses to ensure that students attain clinical competence. The number of hours devoted to clinical practice time should increase as the students progress toward the attainment of clinical competence.

The preclinical course should have at least six hours of clinical practice per week. As the first-year students begin providing dental hygiene services for patients, each student should be scheduled for at least eight to twelve hours of clinical practice time per week. In the final prelicensure year of the curriculum, each second-year student should be scheduled for at least twelve to sixteen hours of practice with patients per week in the dental hygiene clinic.

Examples of evidence to demonstrate compliance may include:

- program clinical experiences
- patient tracking data for enrolled and past students
- policies regarding selection of patients and assignment of procedures
- monitoring or tracking system protocols
- clinical evaluation system policy and procedures demonstrating student competencies
- clinic schedules for each term

2-11 The dental hygiene program must have established mechanisms to ensure a sufficient number of patient experiences that afford all students the opportunity to achieve stated competencies.

Intent:
A system should be developed and implemented to categorize patients according to difficulty level and oral health/disease status. This system should be used to monitor students' patient care experiences. Patient assignments should include maintenance appointments to monitor and evaluate the outcome of dental hygiene care. A system should be in place to monitor student patient care experiences at all program sites.

Examples of evidence to demonstrate compliance may include:

- program clinical and radiographic experiences
- patient tracking data for enrolled and past students
- policies regarding selection of patients and assignment of procedures
- monitoring or tracking system protocols
- clinical evaluation system policy and procedures demonstrating student competencies

Patient Care Competencies

2-12 Graduates must be competent in providing dental hygiene care for the child, adolescent, adult and geriatric patient.

Graduates must be competent in assessing the treatment needs of patients with special needs.

Intent:
An appropriate patient pool should be available to provide a wide scope of patient experiences that include patients whose medical, physical, psychological, or social

situations may make it necessary to modify procedures in order to provide dental hygiene treatment for that individual. Student experiences should be evaluated for competency and monitored to ensure equal opportunities for each enrolled student.

Clinical instruction and experiences with special needs patients should include instruction in proper communication techniques and assessing the treatment needs compatible with these patients.

Examples of evidence to demonstrate compliance may include:

- program clinical and radiographic experiences, direct and non-direct patient contact assignments, and off-site enrichments experiences
- patient tracking data for enrolled and past students
- policies regarding selection of patients and assignment of procedures
- student clinical evaluation mechanism demonstrating student competence in clinical skills, communication and practice management.

2-13 Graduates must be competent in providing the dental hygiene process of care which includes:

a) comprehensive collection of patient data to identify the physical and oral health status;
b) analysis of assessment findings and use of critical thinking in order to address the patient's dental hygiene treatment needs;
c) establishment of a dental hygiene care plan that reflects the realistic goals and treatment strategies to facilitate optimal oral health;
d) provision of patient-centered treatment and evidence-based care in a manner minimizing risk and optimizing oral health;
e) measurement of the extent to which goals identified in the dental hygiene care plan are achieved;
f) complete and accurate recording of all documentation relevant to patient care.

Intent:
The dental hygienist functions as a member of the dental team and plays a significant role in the delivery of comprehensive patient health care. The dental hygiene process of care is an integral component of total patient care and preventive strategies. The dental hygiene process of care is recognized as part of the overall treatment plan developed by the dentist for complete dental care.

Examples of evidence to demonstrate compliance may include:

- Program clinical and radiographic experiences
- Patient tracking data for enrolled and past students
- Policies regarding selection of patients and assignment of procedures
- Monitoring or tracking system protocols
- Clinical evaluation system policy and procedures demonstrating student competencies
- Assessment instruments
- Evidence-based treatment strategies

- Appropriate documentation
- Use of risk assessment systems and/or forms to develop a dental hygiene care plan

2-14 Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal disease including patients who exhibit moderate to severe periodontal disease.

Intent:
The total number and type of patients for whom each student provides dental hygiene care should be sufficient to ensure competency in all components of dental hygiene practice. A patient pool should be available to provide patient experiences in all classifications of periodontal patients, including both maintenance and those newly diagnosed. These experiences should be monitored to ensure equal opportunity for each enrolled student.

Examples of evidence to demonstrate compliance may include:
- program clinical and radiographic experiences
- patient tracking data for enrolled and past students
- policies regarding selection of patients and assignment of procedures
- monitoring or tracking system protocols
- clinical evaluation mechanism demonstrating student competence

2-15 Graduates must be competent in interpersonal and communication skills to effectively interact with diverse population groups and other members of the health care team.

Intent:
Dental hygienists should be able to effectively communicate with individuals, groups and other health care providers. The ability to communicate verbally and in written form is basic to the safe and effective provision of oral health services for diverse populations. Dental Hygienists should recognize the cultural influences impacting the delivery of health services to individuals and communities (i.e. health status, health services and health beliefs).

Examples of evidence to demonstrate compliance may include:
- student projects demonstrating the ability to communicate effectively with a variety of individuals, groups and health care providers.
- examples of individual and community-based oral health projects implemented by students during the previous academic year
- evaluation mechanisms designed to monitor knowledge and performance

2-16 Graduates must demonstrate competence in:
a) assessing the oral health needs of community-based programs

b) **planning an oral health program to include health promotion and disease prevention activities**
c) **implementing the planned program, and,**
d) **evaluating the effectiveness of the implemented program.**

Intent:
Population based activities will allow students to apply community dental health principles to prevent disease and promote health.

Examples of evidence to demonstrate compliance may include:
- student projects demonstrating assessing, planning, implementing and evaluating community-based oral health programs
- examples of community-based oral health programs implemented by students during the previous academic year
- evaluation mechanisms designed to monitor knowledge and performance

2-17 **Graduates must be competent in providing appropriate life support measures for medical emergencies that may be encountered in dental hygiene practice.**

Intent:
Dental hygienists should be able to provide appropriate basic life support as providers of direct patient care.

Examples of evidence to demonstrate compliance may include:
- evaluation methods/grading criteria such as classroom or clinic examination, station examination, performance on emergency simulations, basic life support certification/recognition

Ethics and Professionalism

2-18 **Graduates must be competent in the application of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care and practice management.**

Intent:
Dental hygienists should understand and practice ethical behavior consistent with the professional code of ethics throughout their educational experiences.

Examples of evidence to demonstrate compliance may include:
- documents which articulate expected behavior of students such as policy manuals, college catalog, etc.
- evaluation of student experiences which promotes ethics, ethical reasoning and professionalism
- evaluation strategies to monitor knowledge and performance of ethical behavior

2-19 Graduates must be competent in applying legal and regulatory concepts to the provision and/or support of oral health care services.

Intent:
Dental hygienists should understand the laws which govern the practice of the dental profession. Graduates should know how to access licensure requirements, rules and regulations, and state practice acts for guidance in judgment and action.

Examples of evidence to demonstrate compliance may include:
- evaluation mechanisms designed to monitor knowledge and performance concerning legal and regulatory concepts
- outcomes assessment mechanisms

Critical Thinking

2-20 Graduates must be competent in the application of self-assessment skills to prepare them for life-long learning.

Intent:
Dental hygienists should possess self-assessment skills as a foundation for maintaining competency and quality assurance.

Examples of evidence to demonstrate compliance may include:
- written course documentation of content in self-assessment skills
- evaluation mechanisms designed to monitor knowledge and performance
- outcomes assessment mechanisms

2-21 Graduates must be competent in the evaluation of current scientific literature.

Intent:
Dental hygienists should be able to evaluate scientific literature as a basis for life-long learning, evidenced-based practice and as a foundation for adapting to changes in healthcare.

Examples of evidence to demonstrate compliance may include:
- written course documentation of content in the evaluation of current and classic scientific literature
- evaluation mechanisms designed to monitor knowledge and performance
- outcomes assessment mechanisms

2-22 Graduates must be competent in problem solving strategies related to comprehensive patient care and management of patients.

Intent:
Critical thinking and decision making skills are necessary to provide effective and efficient dental hygiene services. Throughout the curriculum, the educational program should use teaching and learning methods that support the development of critical thinking and problem solving skills.

Examples of evidence to demonstrate compliance may include:
- evaluation mechanisms designed to monitor knowledge and performance;
- outcomes assessment mechanisms demonstrating application of critical thinking skills;
- activities or projects that demonstrate student experiences with analysis of problems related to comprehensive patient care;
- demonstration of the use of active learning methods that promote critical appraisal of scientific evidence in combination with clinical application and patient factors.

Curriculum Management

2-23 The dental hygiene program must have a formal, written curriculum management plan, which includes:

a) an ongoing curriculum review and evaluation process with input from faculty, students, administration and other appropriate sources;
b) evaluation of the effectiveness of all courses as they support the program's goals and competencies;
c) a defined mechanism for coordinating instruction among dental hygiene program faculty.

Intent:
To assure the incorporation of emerging information and achievement of appropriate sequencing, the elimination of unwarranted repetition, and the attainment of student competence, a formal curriculum review process should be conducted on an ongoing and regular basis. Periodic workshops and in-service sessions should be held for the dissemination of curriculum information and modifications.

Examples of evidence to demonstrate compliance may include:
- competencies documentation demonstrating relationship of course content to defined competencies of the program
- documentation of ongoing curriculum review and evaluation
- minutes of meetings documenting curriculum review and evaluation
- student evaluation of instruction
- curriculum management plan

STANDARD 3 - ADMINISTRATION, FACULTY AND STAFF

3-1 The program must be a recognized entity within the institution's administrative structure which supports the attainment of program goals.

Intent:
The position of the program in the institution's administrative structure should permit direct communication between the program administrator and institutional administrators who are responsible for decisions that directly affect the program. The administration of the program should include formal provisions for program planning, staffing, management, coordination and evaluation.

Examples of evidence to demonstrate compliance may include:
- institutional organizational flow chart
- short and long-range strategic planning documents
- examples of program and institution interaction to meet program goals
- dental hygiene representation on key college or university committees

Program Administrator

3-2 The dental hygiene program administrator must have a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program.

Intent:
To allow sufficient time to fulfill administrative responsibilities, teaching contact hours should be limited and should not take precedent over administrative responsibilities.

Examples of evidence to demonstrate compliance may include:
- program administrator position description and/or contract
- faculty schedules including contact hours and supplemental responsibilities
- policies of the institution which define teaching load for full-time faculty and administrators
- copies of union regulations and/or collective bargaining agreements

3-3 The program administrator must be a dental hygienist who is a graduate of a program accredited by the Commission on Dental Accreditation and possesses a masters or higher degree or is currently enrolled in a masters or higher degree program or a dentist who has background in education and the professional experience necessary to understand and fulfill the program goals.

Intent:
The program administrator's background should include administrative experience, instructional experience, and professional experience in clinical practice either as a dental hygienist or working with a dental hygienist. The term of interim/acting program administrator should not exceed a two year period.

Examples of evidence to demonstrate compliance may include:
- curriculum vitae of program administrator

3-4 **The program administrator must have the authority and responsibility necessary to fulfill program goals including:**

a) curriculum development, evaluation and revision;
b) faculty recruitment, assignments and supervision;
c) input into faculty evaluation;
d) initiation of program or department in-service and faculty development;
e) assessing, planning and operating program facilities;
f) input into budget preparation and fiscal administration;
g) coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.

Examples of evidence to demonstrate compliance may include:
- program administrator position description

Faculty

3-5 **The number and distribution of faculty and staff must be sufficient to meet the dental hygiene program's stated purpose, goals and objectives.**

Intent:
Student contact loads should allow the faculty sufficient time for class preparation, student evaluation and counseling, development of subject content and appropriate evaluation criteria and methods, program development and review, and professional development.

Examples of evidence to demonstrate compliance may include:
- faculty schedules including student contact loads and supplemental responsibilities

3-6 **The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public. The faculty to student ratios for preclinical, clinical and radiographic clinical and laboratory sessions must not be less than one to six. Faculty to student ratios for laboratory sessions in dental materials courses must not be less than one to twelve to ensure the development of clinical competence and maximum protection of the patient, faculty and students.**

Intent:
The adequacy of numbers of faculty should be determined by faculty to student ratios during laboratory, radiography and clinical practice sessions rather than by the number of full-time equivalent positions for the program. The faculty to student ratios in clinical and radiographic practice should allow for individualized instruction and evaluation of the process as well as the end results. Faculty are responsible for both ensuring that the clinical and radiographic services delivered by students meet current standards for dental hygiene care and for the instruction and evaluation of students during their performance of those services.

Examples of evidence to demonstrate compliance may include:
- faculty teaching commitments
- class schedules
- listing of ratios for clinical, radiographic and laboratory courses

3-7 **The full time faculty of a dental hygiene program must possess a baccalaureate or higher degree.**

Part-time faculty providing didactic instruction must have earned at least a baccalaureate degree or be currently enrolled in a baccalaureate degree program.

All dental hygiene program faculty members must have:
a) **current knowledge of the specific subjects they are teaching.**
b) **documented background in current educational methodology concepts consistent with teaching assignments.**
c) **Faculty who are dental hygienists must be graduates of dental hygiene programs accredited by the Commission on Dental Accreditation.**

Intent:
Faculty should have current background in education theory and practice, concepts relative to the specific subjects they are teaching, clinical practice experience and, if applicable, distance education techniques and delivery. Dentists and dental hygienists who supervise students' clinical procedures should have qualifications which comply with the state dental or dental hygiene practice act. Individuals who teach and supervise dental hygiene students in clinical enrichment experiences should have qualifications comparable to faculty who teach in the dental hygiene clinic and are familiar with the program's objectives, content, instructional methods and evaluation procedures.

Examples of evidence to demonstrate compliance may include:
- faculty curriculum vitae with recent professional development activities listed
- evidence of participation in workshops, in-service training, self-study courses, on-line and credited courses
- attendance at regional and national meetings that address education
- mentored experiences for new faculty

- scholarly productivity
- maintenance of existing and development of new and/or emerging clinical skills

3-8 Opportunities must be provided for the program administrator and full-time faculty to continue their professional development.

Intent:
To assure competency in the discipline and educational theory, opportunities to attend professional development activities should be provided regularly for the program administrator and full-time faculty. Workshops should be offered to new faculty to provide an orientation to program policies, goals, objectives and student evaluation. This can be demonstrated through activities such as professional association involvement, research, publishing and clinical/practice experience.

Examples of evidence to demonstrate compliance may include:
- curriculum vitas with recent professional development activities listed
- examples of the program's or college's faculty development offerings
- records of formal in-service programs
- demonstration of funded support for professional development

3-9 A defined faculty evaluation process must exist that ensures objective measurement of the performance of each faculty member.

Intent:
An objective evaluation system including student, administration and peer evaluation can identify strengths and weaknesses for each faculty member (to include those at distance sites) including the program administrator. The results of evaluations should be communicated to faculty members on a regular basis to ensure continued improvement.

Examples of evidence to demonstrate compliance may include:
- sample evaluation mechanisms addressing teaching, patient care, research, scholarship and service
- faculty evaluation policy, procedures and mechanisms

3-10 Opportunities for promotion, tenure, and development must be the same for dental hygiene faculty as for other institutional faculty.

Intent:
The dental hygiene program faculty should be granted privileges and responsibilities as afforded all other institutional faculty.

Examples of evidence to demonstrate compliance may include:
- institution's promotion/tenure policy
- faculty senate handbook

- institutional policies and procedures governing faculty

Support Staff

3-11 Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.

Intent:
Maintenance and custodial staff should be sufficient to meet the unique needs of the academic and clinical program facilities. Faculty should have access to instructional specialists, such as those in the areas of curriculum, testing, counseling, computer usage, instructional resources and educational psychology. Secretarial and clerical staff should be assigned to assist the administrator and faculty in preparing course materials, correspondence, maintaining student records, and providing supportive services for student recruitment and admissions activities. Support staff should be assigned to assist with the operation of the clinic facility including the management of appointments, records, billing, insurance, inventory, hazardous waste, and infection control.

Examples of evidence to demonstrate compliance may include:
- description of current program support/personnel staffing
- program staffing schedules
- staff job descriptions
- examples of how support staff are used to support students

3-12 Student assignments to clerical and dental assisting responsibilities during clinic sessions must be minimal and must not be used to compensate for limitations of the clinical capacity or to replace clerical or clinical staff.

Intent:
Secretarial and clerical staff should be assigned to assist the administrator and faculty in preparing course materials, correspondence, maintaining student records, and providing supportive services for student recruitment and admissions activities. Support staff should be assigned to assist with the operation of the clinic facility including the management of appointments, records, billing, insurance, inventory, hazardous waste, and infection control.

Examples of evidence to demonstrate compliance may include:
- description of current program support/personnel staffing
- program staffing schedules
- staff job descriptions
- examples of how support staff are used to support students

STANDARD 4 - EDUCATIONAL SUPPORT SERVICES

Facilities

4-1 The program must provide sufficient and appropriately maintained facilities to support the academic and clinical purposes of the program that conform to applicable regulations.

Clinical Facilities

The dental hygiene facilities must include the following:

a) sufficient clinical facility with clinical stations for students including conveniently located hand washing sinks and view boxes and/or computer monitors; a working space for the patient's record adjacent to units; functional, modern equipment; an area that accommodates a full range of operator movement and opportunity for proper instructor supervision;
b) a number of clinical stations based on the number of students admitted to a class (If the number of stations is less than the number of students in the class, one clinical station is available for every student scheduled for each clinical session.);
c) a capacity of the clinic that accommodates individual student practice on a regularly scheduled basis throughout all phases of preclinical technique and clinical instruction;
d) a sterilizing area that includes sufficient space for preparing, sterilizing and storing instruments;
e) sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol;
f) facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols;
g) space and furnishings for patient reception and waiting provided adjacent to the clinic;
h) patient records kept in an area assuring safety and confidentiality.

Intent:
The facilities should permit the attainment of program goals and objectives. To ensure health and safety for patients, students, faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule. This Standard applies to all sites where students receive clinical instruction.

Radiography Facilities

4-2 Radiography facilities must be sufficient for student practice and the development of clinical competence.

The radiography facilities must contain the following:

a) an appropriate number of radiography exposure rooms which include: modern dental radiography units; teaching manikin(s); and conveniently located hand-washing sinks;
b) modern processing and/or scanning equipment;
c) an area for mounting and viewing radiographs;
d) documentation of compliance with applicable local, state and federal regulations.

Regardless of the number of machines provided, it must be demonstrated that time is available for all students to obtain required experience with faculty supervision and that acceptable faculty teaching loads are maintained.

Intent:
The radiography facilities should allow the attainment of program goals and objectives. Radiography facilities and equipment should effectively accommodate the clinic and/or laboratory schedules, the number of students, faculty and staff, and comply with applicable regulations to ensure effective instruction in a safe environment. This Standard applies to all sites where students receive clinical instruction.

Laboratory Facilities

4-3 A multipurpose laboratory facility must be provided for effective instruction and allow for required laboratory activities. If the laboratory capacity requires that two or more sections be scheduled, time for all students to obtain required laboratory experience must be provided.

Laboratory facilities must contain the following:

a) placement and location of equipment that is conducive to efficient and safe utilization;
b) student stations that are designed and equipped for students to work while seated including sufficient ventilation and lighting, necessary utilities, storage space, and an adjustable chair;
c) documentation of compliance with applicable local, state and federal regulations.

Intent:
The laboratory facilities should include student stations with equipment and space for individual student performance of laboratory procedures with instructor supervision. This Standard applies to all sites where students receive clinical instruction.

Extended Campus Facilities

4-4 The educational institution must provide physical facilities and equipment which are sufficient to permit achievement of program objectives. If the institution finds it necessary to contract for use of an existing facility for basic clinical education and/or distance education, then the following conditions must be met in addition to all existing Standards:

a) a formal contract between the educational institution and the facility;
b) a two-year notice for termination of the contract stipulated to ensure that instruction will not be interrupted;
c) a contingency plan developed by the institution should the contract be terminated;
d) a location and time available for use of the facility compatible with the instructional needs of the dental hygiene program;
e) the dental hygiene program administrator retains authority and responsibility for instruction and scheduling of student assignments;
f) clinical instruction is provided and evaluated by dental hygiene program faculty;
g) all dental hygiene students receive comparable instruction in the facility;
h) the policies and procedures of the facility are compatible with the goals of the educational program.

Examples of evidence to demonstrate compliance may include:
- contract with extended campus facility
- formal written contingency plan
- course and faculty schedules for clinical programs
- affiliation agreements and policies/objectives for all off-campus sites

Classroom Space

4-5 Classroom space which is designed and equipped for effective instruction must be provided for and readily accessible to the program.

Intent:
The classroom facilities should include an appropriate number of student stations with equipment and space for individual student performance in a safe environment.

Office Space

4-6 Office space which allows for privacy must be provided for the program administrator and faculty. Student and program records must be stored to ensure confidentiality and safety.

Intent:
Office space for full- and part-time faculty should be allocated to allow for class preparation, student counseling and supportive academic activities.

Learning Resources

4-7 Instructional aids and equipment must be provided for student learning. Institutional library holdings must include or provide access to a diversified collection of current dental, dental hygiene and multidisciplinary literature and references necessary to support teaching, student learning needs, service, research and development. There must be a mechanism for program faculty to periodically review, acquire and select current titles and instructional aids.

Intent:
The acquisition of knowledge, skill and values for dental hygiene students requires the use of current instructional methods and materials to support learning needs and development. All students, including those receiving education at distance sites, will be assured access to learning resources.

Examples of evidence to demonstrate compliance may include:

- a list of references on education, medicine, dentistry, dental hygiene and the biomedical sciences
- policies and procedures related to learning resource access
- timely electronic access to a wide variety of professional scientific literature
- skeletal and anatomic models and replicas, sequential samples of laboratory procedures, slides, films, video, and other media which depict current techniques
- a wide range of printed materials and instructional aids and equipment available for utilization by students and faculty
- current and back issues of major scientific and professional journals related to dentistry and dental hygiene

Student Services

4-8 There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints that parallel those established by the sponsoring institution.

Intent:
All policies and procedures should protect the students as consumers and provide avenues for appeal and due process. Policies should ensure that student records accurately reflect work accomplished and are maintained in a secure manner.

Examples of evidence to demonstrate compliance may include:

- student rights policies and procedures
- student handbook or campus catalog
- ethical standards and policies to protect students as consumers
- student records

STANDARD 5 - HEALTH AND SAFETY PROVISIONS

Infectious Disease/Radiation Management

5-1 The program must document its compliance with institutional policy and applicable regulations of local, state and federal agencies including, but not limited to, radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases. Policies must be provided to all students, faculty, and appropriate support staff, and continuously monitored for compliance. Policies on bloodborne and infectious diseases must be made available to applicants for admission and patients.

Intent:
The dental hygiene program should establish and enforce a mechanism to ensure sufficient preclinical/clinical/laboratory asepsis, infection and biohazard control and disposal of hazardous waste.

Policies and procedures on the use of ionizing radiation should include criteria for patient selection, frequency of exposing and retaking radiographs on patients, consistent with current, accepted dental practice. All radiographic exposure should be integrated with clinical patient care procedures.

Policies and procedures should be in place to provide for a safe environment for students, patients, faculty and staff. The confidentiality of information pertaining to the health status of each individual should be strictly maintained.

This Standard applies to all program sites where laboratory and clinical education is provided.

Examples of evidence to demonstrate compliance may include:
- protocols on preclinical/clinical/laboratory asepsis and infection control
- protocols on biohazard control and disposal of hazardous waste
- program policy manuals
- compliance records with applicable state and/or federal regulations
- policies and procedures on the use of ionizing radiation
- policies and procedures regarding individuals with bloodborne infectious diseases
- established post-exposure guidelines as defined by the Centers for Disease Control and Prevention

5-2 Students, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella, tuberculosis, varicella and hepatitis B prior to contact with patients and/or infectious objects or materials in an effort to minimize the risk to patients and dental personnel.

Intent:
All individuals who provide patient care or have contact with patients should follow all standards of risk management thus ensuring a safe and healthy environment.

Examples of evidence to demonstrate compliance may include:
- policies and procedures regarding infectious disease immunizations
- immunization compliance records
- declinations forms

Emergency Management

5-3 **The program must establish, enforce, and instruct students in preclinical/ clinical/laboratory protocols and mechanisms to ensure the management of emergencies. These protocols must be provided to all students, faculty and appropriate staff. Faculty, staff and students must be prepared to assist with the management of emergencies.**

Examples of evidence to demonstrate compliance may include:
- accessible and functional emergency equipment, including oxygen
- instructional materials
- written protocol and procedures
- emergency kit(s)
- installed and functional safety devices and equipment
- first aid kit accessible for use in managing clinic and/or laboratory accidents

STANDARD 6 - PATIENT CARE SERVICES

6-1 The program must have policies and mechanisms in place that inform patients, verbally and in writing, about their comprehensive treatment needs. Patients accepted for dental hygiene care must be advised of the scope of dental hygiene care available at the dental hygiene facilities.

Intent:
All dental hygiene patients should receive appropriate care that assures their right as a patient is protected. Patients should be advised of their treatment needs and the scope of care available at the training facility and appropriately referred for procedures that cannot be provided by the program. This Standard applies to all program sites where clinical education is provided.

Examples of evidence to demonstrate compliance may include:
- documentation of an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of care provided
- quality assurance policy and procedures
- patient bill of rights

6-2 The program must have a formal written patient care quality assurance plan that includes:

a) standards of care that are patient-centered, focused on comprehensive care, and written in a format that facilitates assessment with measurable criteria;
b) an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided;
c) mechanisms to determine the cause of treatment deficiencies;
d) patient review policies, procedure, outcomes and corrective measures.

Intent:
The program should have a system in place for continuous review of established standards of patient care. This Standard applies to all program sites where clinical education is provided.

Examples of evidence to demonstrate compliance may include:
- documentation of an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of care provided
- quality assurance policy and procedures
- patient bill of rights
- documentation of policies on scope of care provided, recalls and referrals

- description of the quality assurance process for the patient care program
- samples of outcomes assessment measures that assess patients' perceptions of quality of care, i.e., patient satisfaction surveys and results
- results of patient records review

6-3 The use of quantitative criteria for student advancement and graduation must not compromise the delivery of comprehensive dental hygiene patient care.

Intent:
The need for students to satisfactorily complete specific clinical requirements prior to advancement and graduation should not adversely affect the health and care of patients.

Examples of evidence to demonstrate compliance may include:
- patient bill of rights
- documentation that patients are informed of their rights
- continuing care (recall) referral policies and procedures

6-4 The program must develop and distribute a written statement of patients' rights to all patients, appropriate students, faculty, and staff.

Intent:
The primacy of care for the patient should be well established in the management of the program and clinical facility assuring that the rights of the patient are protected. A written statement of patient rights should include:

a) considerate, respectful and confidential treatment;
b) continuity and completion of treatment;
c) access to complete and current information about his/her condition;
d) advance knowledge of the cost of treatment;
e) informed consent;
f) explanation of recommended treatment, treatment alternatives, the option to refuse treatment, the risk of no treatment, and expected outcomes of various treatments;
g) treatment that meets the standard of care in the profession.

6-5 All students, faculty and support staff involved with the direct provision of patient care must be continuously recognized/certified in basic life support procedures, including healthcare provider cardiopulmonary resuscitation with an Automated External Defibrillator (AED).

Intent:
The need for students to be able to provide basic life support procedures is essential in the delivery of health care.

Examples of evidence to demonstrate compliance may include:

- continuous recognition records of students, faculty and support staff involved in the direct provision of patient care
- exemption documentation for anyone who is medically or physically unable to perform such services

6-6 The program's policies must ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.

Intent:

The program should have a system in place to ensure patient confidentiality. The use of student employees as secretarial staff does not preclude the essential need for patient confidentiality.