

WASHINGTON DENTAL HYGIENISTS' ASSOCIATION

POLICIES

Purpose

The purpose of establishing policy is to provide the Association's entire membership with a base from which to function on the state level, component level, and in some cases, on the national level. This manual is intended to provide the membership with a single document reflecting the Association's position in areas of established policy.

This Manual does not replace any official action by the Association or the House of Delegates. The complete resolutions from which statements are taken are cited and noted, so members wishing to refer to them as they were adopted can do so. This Manual provides the same information although the content of resolutions has been drawn together when indicated to eliminate repetition or excessive detail without distorting the original intent.

Content

The body of the Manual is divided into three sections: **Policy Statements**, **Administrative Policies**, and **Special Criteria and Guidelines**. Each section is broken into categories. Within each category are the statements, followed by resolution number (when present), the year, and the meeting or source of passage of the resolution. Symbols have been used to identify the meeting where resolutions were passed. These include:

H House of Delegates

AS Annual Session

An example is: R5-1970-AS

Since the major policy areas closely interrelate, there is some repetition of material and cross referencing of sections. For example, policy on Dental Hygiene Practice is cross referenced with Continuing Education, State Boards and Licensing. These are identified by an asterisk before the statement.

The Association has not established policy in all areas of dental hygiene. As policy is established by the House, it will be added to this Manual, or replace existing policy.

I. POLICY STATEMENTS

A. PUBLIC HEALTH

The Association affirms its commitment to providing optimal oral health care for all people and encourages cooperation and activity with all agencies and individuals who share this commitment. (R3-2003-H)

The Association endorses statewide fluoridation of public water and preventive fluoride programs in compliance with the guidelines recommended by the ADA Council on Dental Therapeutics. (SR-1988-H)

The Association encourages and supports efforts by its members, other individuals and/or agencies which educate the public as to the caries production capability of refined sugars in beverages and food products through product labeling of ingredient percentages, through school health programs and/or public news media, including TV and radio. (R2-1975-H)

The Association supports and encourages positive action which calls to the attention of school administrators and local government officials the need to protect both the dental and general health of the public by eliminating from schools the sale of sweetened beverages and sugar-rich products. (R5-1975-H)

The Association endorses the concept of mandatory school oral health screenings for the purpose of surveillance and referral. (R2-1994-H)

The Association opposes the marketing of tobacco products and promotional look-alike products that encourage tobacco use by youth. (R50-1994-H)

B. EDUCATION

Be it resolved that the Association supports efforts of all Washington State accredited dental hygiene programs to award graduates a Bachelor's degree upon successful completion of the curriculum and related competencies. (R3-2013-H)

The Association supports all efforts to ensure that the education of dental personnel performing intraoral procedures be only within *Commission on Dental Accreditation* (CODA) accredited programs or institutions which will provide the knowledge and clinical skills necessary to perform any procedures permitted by Washington State law or regulations. (R5-2012-H)

The Association believes the number of Washington State Dental Hygiene Programs and the resulting number of graduates should not create a workforce that exceeds demand. State funding should be adequate to maintain superior dental hygiene professional resources for the public.

The Association supports the articulation of associate degree dental hygiene programs with accredited baccalaureate degree programs or with dental hygiene

baccalaureate degree completion programs at accredited four-year institutions. (R2-1989-H; R3-2009-H))

The Association strongly recommends the reestablishment of the four-year dental hygiene baccalaureate degree program at the University of Washington as an integral part of the only dental school in the State of Washington; and as a unique opportunity for co-professional dental education. (R21-1982-H; Amended R43-1994-H))

The Association affirms its support of ADHA policies regarding Master of Sciences and other advanced degree programs in dental hygiene and further supports the development of such programs in Washington State. (R13-1985-H)

The Association strongly supports the ADHA efforts to pursue accreditation authority over all dental hygiene educational programs including certificate, associate degree, bachelor degree, master's degree, and doctoral degree level programs. (R8b-1990-H) (Reaffirmed R9-1999-H)

The Association advocates that dental hygiene educational programs be administered or directed by an educationally qualified dental hygienist. (R51-1994-H)

The Association endorses the implementation of the Advanced Dental Hygiene Practitioner as developed by ADHA. (R5-2007-H)

The Association supports the establishment of the Advanced Dental Hygiene Practitioner (ADHP). The ADHP will provide diagnostic, preventive, restorative and therapeutic services to the public. (R6-2008-H)

The Association supports an advanced dental hygiene therapist model, which provides primary oral health care directly to patients to promote and restore oral health through oral assessment, diagnosis, treatment and referral services. The advanced dental hygiene therapist is a licensed dental hygienist who has graduated from an accredited dental hygiene program and holds a post-baccalaureate certificate/degree. (R4-2010-H)

C. DENTAL HYGIENE PRACTICE

The Association believes that only formally educated persons should be taught the appropriate procedure involved in the delivery of dental care, and that such teaching should be accomplished through any educational program accredited by the ADA Commission on Dental Accreditation, using education guidelines developed by this Commission. (R5-1979-H) (Amended R9-2003-H)

The Association asserts that both the dental hygiene diagnosis and the dental hygiene treatment plan are necessary and integral elements of dental hygiene education and scope of practice and supports ADHA's "Standards for Clinical Dental Hygiene Practice." (R1-1982-MYM; Amended R16-1994H; Amended R5-2009-H; Amended R2-2017-H)

The Association endorses the concept of independent contracting in dental hygiene practice. (R9-1980-H)

The Association advocates direct payment, at a standard and customary fee, to dental hygienists for services they provide. (R4-2003-H)

The Association supports broadening of the scope of dental hygiene practice to meet the health care needs of the public in accordance with the state dental hygiene practice act. (R8-1980-H)

The Association encourages and supports efforts that provide dental hygienists practice opportunities in areas including, but not limited to, clinician, administrator/manager, health promoter/educator, consumer advocate, researcher and change agent. (R4-2002-H)

The Association reaffirms its legislative goals to: Establish regulatory, licensing and educational autonomy for the profession of dental hygiene; Increase access to dental hygiene services by expanding practice settings; Delete supervision requirements from the existing dental hygiene practice act; Expand the dental hygiene scope of practice to include all scientifically evidenced preventive and therapeutic protocols, treatments and procedures that support overall health through the promotion of optimal oral health. (R7-2002-H; R3-2017-H)

The Association advocates an employment environment free of discrimination and harassment and supports agencies, services and employers that provide such an environment. (R7-2003-H) The Association supports passage of the Equal Rights Amendment to the US constitution (R31-1980-H)

The Association endorses the concept of Peer Review which is defined as: evaluation and review by professional dental team members of the delivery of dental health services in order to maintain and/or insure the quality of optimum patient care provided by each member. (R17-1975-H)

The Association recognizes the dental hygienist as a primary health care provider of preventive services and endorses alternative methods of practice in a variety of settings which will deliver increased health care to a greater percentage of the population. (R8-1980-H)

The Association adopts the following as the definition of primary care: primary care is defined by the scope, character, and integration of services provided. This scope of primary care consists of preventive care, screening procedures, problem identification, symptomatic treatment, diagnosis and treatment, referral, follow-up, patient education, counseling for health problems, and for promoting the highest level of health possible to the patient. Characteristics: (1) is first contact care initiated by the patient; (2) takes place in a variety of practice settings; and (3) is provided by licensed practitioners. Integration: primary care practitioners serve as the entry and control point linking the patient to total health care systems by providing coordination with other specialized health or social services to ensure that the patient receives

comprehensive and continuous care at a single point in time as well as over a period of time. (R5-1981-H)

The Association identifies a primary care provider of dental or dental hygiene services as any person who, by virtue of dental or dental hygiene licensure, graduation from a program accredited by the Commission on Dental Accreditation, and a defined scope of practice, and provides one or more of those services defined under the scope of primary care. (R6-1981-H)

The Association endorses current CDC guidelines recommending appropriate immunizations for health care professionals, to prevent cross-infection between health care workers and patients.

The Association supports research that assesses the potential for human transmission of all communicable pathogens in order to formulate public safety policy with respect to testing and potential practice restrictions. The Association believes that dental hygienists are ethically and legally responsible to provide dental hygiene care to all patients regardless of their health status. (R17-1991-H; Amended R37-1994-H; Amended R6-2009-H)

The Association endorses adherence to federal, state and local regulations and guidelines that relate to the practice of dental hygiene. (R6-2002-H)

The Association endorses and encourages the development and adoption of a law relating to dental hygiene practice which does not serially list duties but allows a dental hygienist to perform any procedure legally allowed by scope of practice. (R-1970-AS; Amended R8-1982-H)

The Association advocates that by virtue of graduation from a dental hygiene program accredited by a national agency recognized by the United States Department of Education, licensure, and a defined scope of practice, the dental hygienist is responsible for the patient's oral health care as it relates to dental hygiene services without supervision. (R7-1981-H; Amended R25-1994-H)

The Association reaffirms its legislative goals to: Establish regulatory, licensing and educational autonomy for the profession of dental hygiene; Increase access to dental hygiene services by expanding practice settings; Delete supervision requirements from the existing dental hygiene practice act. (R7-2002-H)

The Association believes that dental hygiene employment opportunities should exist for all people regardless of race, age, sex, creed, or cultural heritage. (R8-1975-H)

The Association opposes any misrepresentation of dental hygiene services. (R48-1994-H)

The Association supports utilization of the Association Standards of Practice Resource Manual. (R9-1996-H)

The Association advocates that, in the interest of public safety, the practice of dental hygiene, as described in RCW 18.29.050 and those duties listed in WAC 246-817-550 and WAC 246-817-560 only be performed by licensed hygienists who have graduated from a program which meets current standards of the Association and ADHA. Dental Hygienists are the most qualified professionals, by virtue of their education and licensure, to perform dental hygiene services as described by law. The Association endorses the adherence to WAC 246-817-510, -530, -540. (R6-1997-H)

The Association endorses a collaborative practice model for licensed dental hygienists in the practice of dental hygiene, including but not limited to, offsite supervision, the legal ability to practice their full scope of practice in any setting and the direct reimbursement for their services commensurate with current standard and customary fees. (R2-2012-H)

The Association believes that, Washington State Dental Hygienists are qualified to practice with limited prescriptive authority. Upon patient assessment, Dental Hygienists should be allowed to recommend and/or write prescriptions that support:

- Tooth structure such as all forms of fluoride,
- Control of dentally-related pathogens through antimicrobial, antiviral, antifungal and antibiotic products,
- Pain management, through non-narcotic medications such as, but not limited to, local anesthesia and non-steroidal anti-inflammatory medications.

The Association asserts that Washington State licensed dental hygienists are qualified clinically and educationally to prescribe and/or administer oral/dental anesthetics. While the Association advocates for strict adherence to current Washington State law, the Association contends that the professional knowledge, skill and judgment mentioned within this policy are such that dental hygienists should be allowed to legally perform the above functions without supervision. (R4-2014-H)

D. STATE BOARDS AND LICENSING

The Association endorses continuing education for dental hygiene licensure renewal to promote and support lifelong learning. (R-1970-AS; R1-1972-MYM; R5-1976-H; R7-2009-H))

The Association shall pursue, through legislative or regulatory means, establishment of educational standards for dental hygienists seeking licensure in Washington State, and that the quality of education be that which is required of dental hygiene graduates from Washington State programs since 1971. (R14-1987-H)

The Association supports the addition of dental hygienists to the Board of Dental Examiners to give input and aid in the examination of dental candidates for the periodontal portion of the dental board examinations. (R2-1985-H)

The Association strongly supports licensure by examination at the state level as the basic regulatory mechanism for entry into the profession of dental hygiene. (R10-1980-H)

The Association supports licensure by credentials as a means to practice dental hygiene in the State of Washington. (R12-1991-H)

The Association supports temporary licensure for dental hygienists whose credentials and educational qualifications are substantively equivalent to current Washington State dental hygiene scope of practice. (SR13-1991-H)

E. STUDENT MEMBERS OF THE ASSOCIATION

The Association affirms its support of dental hygiene students and recognizes the important role they play in the future of the Association and in the dental hygiene profession overall. The Association endorses the student members of ADHA and encourages their participation in ADHA and Association activities and endeavors. (R14-1975-H; R15-1975-H; R9-2009-H; R8-2014-H)

F. POLITICAL ACTION

The Association endorses and approves the formation of a Washington State Dental Hygienists' Political Action Committee (WHY-PAC) and urges all dental hygienists and their families to join, support, and contribute to the aims and objectives of this organization. (R7-1979-H)

The Association endorses comparable worth, the concept of equal pay for equal work. (R10-1985-H; Amended R34-1994H)

G. ALLIED HEALTH PROFESSIONALS

The Association endorses the concept of registration and certification by national examination of all dental assistants. (R22-1982-H; Amended R2-2001-H)

The Association recognizes the Washington State licensed profession, Expanded Function Dental Auxiliary (EFDA.) The Association supports the training, education and promotion of career pathways of these clinicians at institutions associated with dental programs accredited through a nationally acknowledged dental accrediting body. (R11-2009-H)

II. ADMINISTRATION

A. CENTRAL OFFICE

Use of Association letterhead and the distribution of all articles bearing the official ADHA logo and branding for WDHA shall be limited to official correspondence and other business of the officers, trustees, committee chairs, and liaison personnel of this Association and the Association's Central Office. (R12-1979-H; R4-2017-H)

The Association Board of Trustees shall investigate and give final approval for the endorsement of any product or service using the Association's name. (R1-1984-H)

All written communication by the Association will use gender neutral inclusive language. (R3-1989-H)

B. COMMITTEES/APPOINTMENTS/PERSONNEL

When it is necessary for the Association to utilize professional services (i.e., legal consultation, annual review of Association finances, insurance advice, etc.), it is Association policy to seek resource personnel not associated with the Association. (R21-1977-H)

C. CONTINUING EDUCATION

The Association members pledge themselves to continuing education and the acquisition of the knowledge and skills required prior to the performance of any function allowed in the Washington State Dental Hygiene Practice Act. (R-1971-AS; R-1976-AS; revised R10-1994-)

The Association advocates that any dental hygienist who is a presenter or represents a company, product or service at an Association state or component function, shall be a member of ADHA and/or their respective dental hygiene organization. (R5 -2001-H; R5-2017-H)

D. BOARD OF TRUSTEES

The Association's Mission Statement, Goals and Objectives shall be reassessed and/or revised annually. (R8-1988-H; Amended R18-1994-H, Amended R4-2012-H)

Contracts between the Association and any other party, deemed necessary by the Board of Trustees, shall be approved as to legality of subject matter by an attorney representing the interest of the Association. The Board of Trustees shall be in consultation with appropriate committees and shall seek their recommendations while negotiating contracts. (R66-1994-H)

The Association Board of Trustees members shall not serve as standing committee chair, with the exception of Immediate Past President who serves as Chair of the Administration Committee. The Association Board of Trustees members may serve as special committee or ad-hoc committee chair. (R10-1995-H)

The Association members shall not promote an outside product or service while representing the Association in an official capacity at an event or function. (R6-2001-H)

The Association requests representation from the Alliance of Dental Hygiene Practitioners and the Washington State dental hygiene educators to attend meetings of the Board of Trustees. Such liaisons shall be non-voting and non-funded representatives to the Board. (R7-2005-H)

E. FINANCIAL/BUDGETARY

Each Association standing committee shall have a line item in the budget. (R12-1976-H)

The Association members may use bank card payments for dues and continuing education expenses. (R3-1979-H)

Funded members shall be reimbursed for travel expense for up to five (5) Board of Trustees meetings. Rate of reimbursement shall be set by the Board of Trustees. Board members qualifying for reimbursement are: President, President-Elect, Immediate Past President, Vice President, Secretary, Treasurer, Speaker of the House, and one Trustee (or designate) from each component. Committee Chairs and Liaisons may be funded as deemed necessary by the Board. Administration Committee members shall be funded, at the same rate as Board of Trustees meetings, for a maximum of three (3) Administration Committee meetings scheduled at times which are independent of Board of Trustees meetings. Reimbursement requests must be made in writing to the Treasurer within 30 calendar days following the specified meeting. (R1-1984-H; Amended R6-1991-H; Amended R9-1995-H; Amended R3-1995-H; Amended R2-1999-H; Amended R4-2000-H; Amended R13-2009-H; R7-2017-H)

The net proceeds of the scholarship fund raising project at the annual Symposium shall be applied to the Lona Hulbush Jacobs Memorial Scholarship Fund. (R14-1979-H; Amended R26-1994-H)

The Association Delegates serving ADHA shall receive funding for transportation, room expenses, early registration, and per diem for the number of days necessary to participate comprehensively in ADHA Annual Session, forums, caucuses and in District XII meetings. Alternate delegates shall be funded at least 50% of the amount at which delegates are funded. Funding for Delegates and Alternate Delegates is contingent upon available funds in the Association budget, with priority funding of delegates when funding limits exist. (R7-1985-H; Amended R9-1992-H; Amended R60-1994-H; Amended R5-1995-H; Amended R16-2009-H))

The Association may contribute annually to the ADHA Institute for Oral Health for the furtherance of dental hygiene scholarship and research. (R4-1984-H; Amended R29-1994-H; R3-2015-H)

The Association adopts a permanent legislative dues assessment of \$50.00 in order to assure an ongoing, stable funding base. (R2-1987-H; Amended R8-1992-H; Amended R7-1997-H, Amended R4-2002-H)

The Board of Trustees shall evaluate the financial expenditures of this Association through consideration of the budget line item expenditures in order to ensure a balanced budget and determine the financial priorities and future direction of this Association. The House of Delegates should be familiar with the annual budget and provide feedback through their Trustees to the Board. (R11-1988-H; R2-2015-H)

An annual assessment determined by the Board of Trustees will be charged to student members of the Association. Notification of any increase in annual assessment will be provided to the dental hygiene program directors no later than June 1, preceding the academic year. (R4-1980-H; Amended R8-1991-H; Amended R2-1997-H; Amended R15-2009-H)

The Association President-Elect shall be funded to attend the ADHA Annual Session as funding allows. (R1-1989-H)

Standing committees of the Association have the power to reallocate and reassign budgeted money within the total budget of that committee. This may be done by a majority vote of the committee members in presence of a quorum and must be within the written goals and objectives in the strategic plan. (R64-1994-H)

Identified reserve funds be utilized only in the event of an emergency cash shortfall. The Treasurer, in consultation with the Executive Director, must present substantial justification to the Board of Trustees to request access to these funds. The utilization of these funds can only be granted by two-thirds (2/3) vote of the Board of Trustees. (R7-1995-H)

F. MEMBER SERVICES

The Association insurance benefits will be available only to licensed dental hygienists with memberships in national, state and component organizations. (R16-1978-H; Amended R14-1991-H)

The Association will communicate periodically with any company providing insurance benefits regarding changes in membership status of Washington State dental hygienists. (R17-1978-H; Amended R15-1991-H)

The Association believes that services to members or potential members should be provided without discrimination. (R8-1975-H; R9-1975-H; Amended R31-1994-H)

Placement services should be provided as a benefit of membership in the Association on the component or constituent level. (R18-1982-H)

The Association maintains electronic Bylaws and Policy documents via the Association website (R-8-2017-H)

G. NEWSLETTER

Publication will accept advertising that is consistent with the interests and standards of the dental hygiene profession. (R-1977-H)

The Association Publications will include a disclaimer regarding the safety, accuracy and efficacy of products, services and opinions advertised. (R6-2003-H)

The Association Newsletter will be provided to all dental hygienists in Washington State at least once a year in printed or electronic format. (R6-2014-H)

H. ROSTER

The Association shall enter into a contractual agreement with all advertisers in the Association publications. (R14-1981-H; Amended R36-1994-H)

III. SPECIAL CRITERIA AND GUIDELINES

A. BIXLER'S CRITERIA

The Association adopts Bixler's Criteria as the essential components of a recognized profession and charges its House of Delegates to adopt policy, identify goals and establish budgetary priorities to establish dental hygiene as a true profession in Washington State. (R28-1981-H)

BIXLER'S CRITERIA

1. A profession utilizes in its practice a well defined and well-organized body of specialized knowledge which is on the intellectual level of higher learning.
2. A profession constantly enlarges the body of knowledge it uses and improves techniques of education and services by the use of the scientific method.
3. A profession entrusts the education of its practitioners to institutions of higher education.
4. A profession applies its body of knowledge in practice services which are vital to human and social welfare.
5. A profession functions autonomously in the formulation of professional policy and in the control of professional activity thereby.

6. A profession attracts individuals of intellectual and personal qualities who exalt service above personal gain and who recognize their chosen occupation as life work.
7. A profession strives to compensate its practitioners by providing freedom of action, opportunity for continuous professional growth, and economic security.

(Bixler, Genevieve K. and Roy J., *"The Professional Status of Nursing"*, American Journal of Nursing, 59: 1142-1147, August, 1959.)

B. CODE OF ETHICS FOR DENTAL HYGIENISTS

The Code of Ethics of the Association shall govern the professional conduct of all members. Component Code of Ethics shall not be in conflict with the Code of Ethics of the Association. Each member of the Association has the ethical obligation to subscribe to the following principles:

1. Preamble

As dental hygienists, we are a community of professionals devoted to the prevention of disease and the promotion and improvement of the public's health. We are preventive oral health professionals who provide educational, clinical, and therapeutic services to the public. We strive to live meaningful, productive, satisfying lives that simultaneously serve us, our profession, our society, and the world. Our actions, behavior and attitudes are consistent with our commitment to public service. We endorse and incorporate the Code into our daily lives.

2. Purpose

The purpose of a professional code of ethics is to achieve high levels of ethical consciousness, decision making, and practice by the members of the profession. Specific objectives of the Dental Hygiene Code of Ethics are:

- to increase our professional and ethical consciousness and sense of ethical responsibility
- to lead us to recognize ethical issues and choices and to guide us in making more informed ethical decisions
- to establish a standard for professional judgment and conduct
- to provide a statement of the ethical behavior the public can expect from us.

The Dental Hygiene Code of Ethics is meant to influence us throughout our careers. It stimulates our continuing study of ethical issues and challenges us to explore our ethical responsibilities. The Code establishes concise standards of behavior to guide the public's expectations of our profession and supports existing dental hygiene practice, laws, and regulations. By holding ourselves accountable to meeting the standards stated in the Code, we enhance the public's trust on which our professional privilege and status are founded.

3. Key Concepts

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

4. Basic Beliefs

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

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

5. Fundamental Principles

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

Universality

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

Complementarity

The principle of complementarity assumes the existence of an obligation to justice and basic human rights. It requires us to act toward others in the same way they would act toward us if roles were reversed. In all relationships, it means considering the values and perspective of others before making decisions or taking actions affecting them.

Ethics

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

Community

This principle expresses our concern for the bond between individuals, the community, and society in general. It leads us to preserve natural resources and inspires us to show concern for the global environment.

Responsibility

Responsibility is central to our ethics. We recognize that there are guidelines for making ethical choices and accept responsibility for knowing and applying them. We accept the consequences of our actions or the failure to act and are willing to make ethical choices and publicly affirm them.

6. Core Values

We acknowledge these values as general guides for our choices and actions.

Individual Autonomy and Respect for Human Beings

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

Confidentiality

We respect the confidentiality of client information and relationships as a demonstration of the value we place on individual autonomy. We acknowledge our obligation to justify any violation of a confidence.

Societal Trust

We value client trust and understand that public trust in our profession is based on our actions and behavior.

Non malfeasance

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

Beneficence

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

Justice and Fairness

We value justice and support the fair and equitable distribution of healthcare resources. We believe all people should have access to high-quality, affordable healthcare.

Veracity

We accept our obligation to tell the truth and assume that others will do the same. We value self-knowledge and seek truth and honesty in all relationships.

7. Standards of Professional Responsibility

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

To Ourselves as Individuals...

- Avoid self-deception, and continually strive for knowledge and personal growth.
- Establish and maintain a lifestyle that supports optimal health.
- Create a safe work environment.

- Assert our own interests in ways that are fair and equitable.
- Seek the advice and counsel of others when challenged with ethical dilemmas.
- Have realistic expectations of ourselves and recognize our limitations.

To Ourselves as Professionals...

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

To Family and Friends...

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

To Clients...

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

To Colleagues...

- Conduct professional activities and programs, and develop relationships in ways that are honest, responsible, and appropriately open and candid.
- Encourage a work environment that promotes individual professional growth and development.
- Collaborate with others to create a work environment that minimizes risk to the personal health and safety of our colleagues.
- Manage conflicts constructively.
- Support the efforts of other dental hygienists to communicate the dental hygiene philosophy of preventive oral care.
- Inform other healthcare professionals about the relationship between general and oral health.
- Promote human relationships that are mutually beneficial, including those with other healthcare professionals.

To Employees and Employers...

- Conduct professional activities and programs, and develop relationships in ways that are honest, open and candid.

- Manage conflicts constructively.
- Support the right of our employees and employers to work in an environment that promotes wellness.
- Respect the employment rights of our employers and employees.

To the Dental Hygiene Profession...

- Participate in the development and advancement of our profession.
- Avoid conflicts of interest and declare them when they occur.
- Seek opportunities to increase public awareness and understanding of oral health practices.
- Act in ways that bring credit to our profession while demonstrating appropriate respect for colleagues in other professions.
- Contribute time, talent, and financial resources to support and promote our profession.
- Promote a positive image for our profession.
- Promote a framework for professional education that develops dental hygiene competencies to meet the oral and overall health needs of the public.

To the Community and Society...

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

To Scientific Investigation...

We accept responsibility for conducting research according to the fundamental principles underlying our ethical beliefs in compliance with universal codes, governmental standards, and professional guidelines for the care and management of experimental "subjects". We acknowledge our ethical obligations to the scientific community.

- Conduct research that contributes knowledge that is valid and useful to our clients and society.
- Use research methods that meet accepted scientific standards.
- Use research resources appropriately.
- Systematically review and justify research in progress to insure the most favorable benefit-to-risk ratio to research subjects.

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

(R16-1975-H; Amended PBY5-1995-H)

C. PEER REVIEW

1. Peer Review Philosophy Statement

The dental hygienist, as a primary health care provider, has a responsibility to maintain competence in all areas of patient and community services provided, from both a clinical and knowledge standpoint. This responsibility pertains not only to personal evaluative processes, but also co-professional evaluative responsibilities on an ongoing basis. Each hygienist must have a personal commitment toward continued intellectual and clinical growth. Since each individual hygienist's performance and attitude reflects on the profession as a whole, no member can be autonomous of the self and co-professional review processes.

Peer Review, both individually and co-professionally, applies to all areas of dental hygiene practice including private practice, community/public health service, or educational environments. The process of Peer Review must be adaptable to meet changing practice scopes and procedures. It must be a continuing process which becomes modified as progress and advancements in knowledge and treatment philosophies are realized. Peer Review implementation is imperative for maintaining and upgrading the professional status of each member. Initially, Peer Review should encompass an evaluative-verification process by self and co-professionals based on established professional standards. Sequentially, punitive legal considerations should be a necessary component with continued purposeful neglect on the part of any given member over a determined period of time.

2. Peer Review Purposes

The purpose of Peer Review should be quality assurance, assisting individuals in maintaining, upgrading or improving practice procedures. Individual performance levels must be based on accepted professional peer standards for the following reasons: protect dental hygienists from unfounded, unjust accusations; identify areas where practice procedures indicate a need for upgrading knowledge or skills; protect the public from obsolete, detrimental practice procedures; provide commendation or constructive comments or feedback to members relevant to performance competence levels.

3. Peer Review Environments

Peer Review can and should be taken to utilize self and co-professional evaluation and feedback. The scope of Peer Review should include the following:

- a) Personal assessment on a continued basis
- b) Co-professional and inter-office communication
- c) Study club and seminar groups
- d) Formal education performance levels
- e) State Board examinations
- f) Re licensure examinations
- g) Continuing education courses with evaluative processes and mechanisms
- h) Association activities and participation
- i) Disciplinary boards

4. Peer Review Evaluation Areas

All legally permissible areas of practice should be evaluated for professional competence. These can be divided into several categories:

1. Patient examination, data gathering procedures:
 - Medical history
 - Radiographs
 - Disease transmission
 - Extra-oral/Intra-oral examination
 - Probing, charting, caries detection
 - Impressions
 - Dietary histories
2. Patient Treatment Procedures:
 - Emergency
 - Local anesthesia, nitrous oxide administration
 - Calculus removal, root planing, margination
 - Instrumentation procedures
 - Polishing and plaque and stain removal, restorations
 - Fluoride and sealants
 - Restorative
 - Orthodontic procedures
 - Nutritional counseling
 - Soft tissue curettage

3. Community Service/Public Health Service Procedures

D. DEFINITIONS

Dental hygiene shall be defined as a licensed profession which specializes in the maintenance of oral health and the education of the public in the prevention of oral disease. (R6-1984-H)

Dental hygienist:

- A licensed professional health/oral health care provider who has graduated from an accredited dental hygiene program.
- A professional health care educator who promotes total health with emphasis on optimal oral health.
- A professional who assesses, plans, implements and evaluates preventive oral health care.
- A professional who provides oral health care in a variety of settings to all populations.
- A professional educator of dental hygiene.
- A researcher in the science and practice of dental hygiene. (R6-1983-H; Amended R40-1994-H)

Dental hygiene practice shall be defined as the performance of those procedures which may be assigned within the limits of the dental practice act and which are consistent with the dental hygienist's education and ability. These may include clinical, educational and community service. (R1-1975-H)

Dental hygiene diagnosis shall be defined as a determination of a patient's oral conditions amenable to dental hygiene procedures and recognition of oral or systemic conditions requiring referral for further consultation, diagnosis and treatment. (R5-1984-H)

Independent dental hygiene contractor is defined as a licensed dental hygienist who has a written or verbal agreement with another individual, group or organization to provide designated services. (R8-1984-H)

Independent dental hygiene practitioner is defined as a licensed dental hygienist who provides dental hygiene services to the public through direct agreements with each client or patient. (R7-1984-H)

Health Home: A health home is a relationship between a person/patient and an organized team of health professionals that includes dental /oral care. A health home is ultimately determined by patient/family choice as they assess their need, desire and ability to access the services of a provider. Diversity in dental care settings allows for greater responsiveness to the complex health and socioeconomic demands that often inhibit patient access to care. The dental care component of the health home is coordinated by a licensed dental provider and participates in an ongoing partnership with patients and other healthcare professionals to provide comprehensive delivery of oral health services as part of integrated health care. (R14-2009-H)

Collaborative Practice shall be defined as an agreement that authorizes the dental hygienist to establish a cooperative working relationship with other health care providers in the provision of patient care. Such collaborative practice includes an ongoing interaction of professionals or disciplines, organized into a common effort to solve or explore common issues with the best possible participation of the patient in a horizontal communication structure. (R3-2012-H)

E. SCHOLARSHIPS AND AWARDS

1. Lona Hulbush Jacobs Scholarship

Criteria:

1. Applicant shall be a first-year dental hygiene student.
2. Applicant shall have a college level cumulative GPA of not less than 3.0.
3. Applicant shall demonstrate a need for financial aid.

2. Martha Fales Award

The Association establishes an annual award of recognition of dental hygiene excellence to be known as **The Martha Fales Award** to recognize an outstanding dental hygienist for their contributions in furthering dental hygiene in Washington State. The Member Services Committee may select a recipient from qualified nominees and present this award and a commemorative plaque at the Association House of Delegates. (R13-1987-H; Amended R10-1996-H; Amended PR4-2004-H; Amended PR 7-2014-H)

Applications must be received at Central Office at least 60 days prior to the House of Delegates. (Added PR7-2014-H)

Criteria: (R13-1989-H; Amended R10-1996-H)

To Qualify, the Nominee Must Have:

- Minimum of 5 years professional membership in the Association
- Minimum of 10 years as a registered dental hygienist
- Contributions in furthering dental hygiene in Washington State (i.e., clinical, education, leadership, legislation, public health, research, etc.)

To Submit a Nomination:

- Verification of length of Association membership
- Verification of length of dental hygiene licensure
- Curriculum vitae
- Two letters of recommendation to support nomination from individuals having direct knowledge of nominee's accomplishments
- Answer the following questions in length:
 - a) Describe and be specific about your accomplishments or projects in which you have been or are currently involved
 - b) Describe how these efforts have or will contribute to the advancement of the profession of dental hygiene in Washington State

General Facts: (Revised PR5-2004-H)

- A candidate must be nominated by a colleague
- Applications must be received at Central Office at least 60 days prior to the Association House of Delegates.

3. Faculty Membership Award

The Association may annually recognize accredited Washington State dental hygiene programs that have 100% membership in ADHA/WDHA by dental hygienist faculty, by presentation of an engraved plaque at House of Delegates and publication of an article in component, state and national dental hygiene publications. (R12-2002-H; R4-2011-H)

4. Future Leader Awards

The Association may award **Future Leader Awards** each year to:

1. A student who is not in their final year of dental hygiene school

- a. This award will provide a scholarship that includes registration, airfare, hotel, and a ticket to the President's Dinner/Reception for attendance at the ADHA Annual Session House of Delegates. (R9-2017-H)
- b. To qualify, the nominee must:
 - i. Not be in the graduating year of dental hygiene school
 - ii. Be a student in good standing (a written letter from the Director of the program will be required)
 - iii. Complete the award application provided by Central Office
 - iv. The student must show commitment to his/her professional organization and express the desire to be active following graduation.
- c. This award is in recognition of student leadership and potential for future Association leadership, and will be presented to the recipient at the Symposium for Oral Healthcare Professionals.

2. A student who is in their final year of dental hygiene school

- a. This award will be available as budget allows to qualifying students.
- b. To qualify, the nominee must
 - i. Be in the final year of dental hygiene school
 - ii. Complete the award application provided by Central office
 - iii. The student must show commitment to their professional organization and express the desire to be active after graduation.
- c. This award will include \$250 toward ADHA Professional Membership dues paid by the Association for the first year following graduation. An additional \$250 will be awarded if the recipient serves as a state officer, committee chair, or in local component leadership in their second year following graduation for a full year.
- d. This award is in recognition of student leadership and potential for future Association leadership, and will be presented to each recipient

at the Symposium for Oral Healthcare Professionals.

- 3. Forfeiture of Monetary Portion of Award:** In the event that the recipient cannot participate in the activities of the Association because they no longer live or practice in Washington State, the monetary portion of the award will be void and future payment of Professional Membership dues by the Association will be discontinued. (R4-2011-H) (Section amended R5-2015-H)

5. Lifelong Learning Grants:

The Association may award **Lifelong Learning Grants** each year to: (PR7-2014-H)

- One Association member who is enrolled in a Washington State bachelor degree program in dental hygiene or a related field, and
- One Association member who is enrolled in a graduate degree program in dental hygiene or a related field

The grant may be presented to each recipient at the House of Delegates. Grant criteria based on demonstration of financial need will be established by the Member Services Committee. (R6-2005-H) (PR7-2014-H)

Applications must be received at Central Office at least 60 days prior to the House of Delegates. (Added PR7-2014-H)

6. Partner in Oral Health Award

The Association may annually present a "Partner in Oral Health" Award to a non-dental hygienist who recognizes and promotes the valuable role licensed dental hygienists play in the health of all citizens. (R14-2002-H) (PR7-2014-H)

Applications must be received at the Central Office at least 60 days prior to the House of Delegates. (Added PR7-2014-H)

7. Educator of the Year Award

The Association may honor outstanding achievement in dental hygiene education by awarding an **Educator of the Year Award**. (PR7-2014-H)

This award is established to recognize, honor and reward a dental hygiene faculty member who contributes to and is dedicated to providing high quality education to dental hygiene students. The recipient shall characterize excellence in teaching, mentoring and/or devotion to student achievement.

Criteria:

- Professional member of ADHA/WDHA
- A faculty member of an accredited dental hygiene program in Washington State
- Must be nominated by student members of ADHA/WDHA

Application Process:

Letters of nomination shall be submitted by student members of ADHA/WDHA that highlight the faculty nominee's contributions to dental hygiene education and provide a description as to why the nominee should be selected to receive the award. Selection shall be the responsibility of the Member Services and Education Committees. Letters of nomination must be received no later than 30 days prior to the NW Dental Hygiene Educator's Conference. Electronic submissions will be accepted at Central Office.

Award:

The recipient will receive a plaque and a \$500 monetary award in his/her name to be used for dental hygiene education or equipment for the dental hygiene program in which they teach.

Only one award may be given per year to a nominated faculty member. This award may be presented annually at the Association-sponsored reception at the NW Dental Hygiene Educator's Conference. (R5-2008-H) (PR7-20104-H)

8. Norma J Wells Community and Global Partnership Building Award

The Association establishes an award to recognize dental hygienists for their contribution to community and global partnership and relationship building. The Member Services Committee may select a recipient from qualified nominees and present this award at the Association House of Delegates. (PR7-2014-H)

To qualify, the nominee must have:

- Minimum of 5 years of Association or other ADHA state/component association membership
- Minimum of 5 years as a licensed and registered dental hygienist
- Contributions in initiating, contributing or participating in local, national or international partnership building and/or growing or maintaining relationships in the interest of the profession of dental hygiene

Requirements to submit a nomination:

- verification of membership
- verification of registration/licensure
- curriculum vitae
- two letters of recommendation or support from individuals having direct knowledge of nominee's accomplishments including:
 - a) Describe specific projects, events, programs
 - b) Include names of collaborating individuals, groups or organizations/affiliations whose relationships have been formed or strengthened because of the efforts of the nominee.
 - c) Describe how this relationship had supported the mission of the Association.

Applications must be received at the Central Office at least 60 days prior to the House of Delegates. (Added PR7-2014-H)

