

# CLINIC HANDBOOK 2026

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# Abbreviations for Clinic Handbook

- Ant – Anterior
- ASA – Anterior Superior Alveolar
- Bilat – Bilateral
- BOP – Bleeding upon probing
- D - Distal
- DHCP – Dental Hygiene Clinic Professionals
- Dw – down
- E.g. – for example
- F – Fail
- GP – Greater Palatine
- I - Incisal
- I.e. – in other words
- Intra – Intraoral
- L – Lingual
- LA – Lower anterior
- Mand; Man; Mn – Mandible
- Max; Mx - Maxilla
- MCCC – Montgomery County Community College
- M – Mesial
- MM – millimeters
- MSA – Middle Superior Alveolar
- NP – Not Passing
- NP (in local anesthesia) - Nasopalatine
- Opp – opposite
- P – Pass
- Post – Posterior
- PPE – Personal Protective Equipment
- PSA – Posterior Superior Alveolar
- TPDH – Theory and Practice of Dental Hygiene
- Tw – toward
- Unila - Unilateral

# **SECTION A**

## **INTRODUCTION**

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## INTRODUCTION

The Clinic Handbook is a resource guide containing a wealth of information about the Dental Hygiene Program. It is designed in a manner which allows new information to be continuously added and existing information to be reviewed, edited and updated on an annual basis.

The main objectives are to:

1. Establish general and specific clinical policies and procedures.
2. Serve as a resource guide for essential clinical and program information.
3. Provide standards and criteria of clinical performance for students.
4. Provide a guideline for faculty and students regarding clinic responsibilities.
5. Compile and organize any other information or data that pertains to the clinic organization and management.

## **Letter of Acknowledgement: Patient Recruitment Responsibility**

I, \_\_\_\_\_, understand that as a student enrolled in the Dental Hygiene Program at Montgomery County Community College, I am responsible for securing my own patients for clinical treatment. I acknowledge that the successful completion of the program requires fulfillment of all clinical competencies and requirements, which are dependent on my ability to provide care to patients with varying dental hygiene needs.

I have been informed that while the program may provide limited support or referrals, it is ultimately my responsibility to ensure I meet the required number and types of patient experiences necessary for competency evaluation and program progression. Failure to secure appropriate patients may negatively impact my ability to meet program requirements and may delay or prevent graduation.

I understand the importance of proactive patient recruitment and agree to seek appropriate individuals who meet the clinical criteria necessary for my development and evaluation as a competent dental hygiene professional.

By signing below, I acknowledge that I have read, understood, and accept this responsibility as part of my role as a student in the Dental Hygiene Program.

**Student Name (Print):** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Montgomery County Community College

### Dental Hygiene Program

#### Student Acknowledgement Form Participation as a Student Partner in DHG Courses

As a student enrolled in the Dental Hygiene Program at Montgomery County Community College, you are expected to participate fully in all required coursework and laboratory experiences. To ensure optimal hands-on learning and skill development, all students must be both *able* and *willing* to serve as a student partner during specific lab courses.

Please read and acknowledge the following expectations:

1. **DHG 100 – Pre-Clinical Dental Hygiene:**

You will be expected to sit as a student partner for your classmates during skill development exercises and evaluations. This includes but is not limited to assessments, instrumentation practice, and mock clinical sessions.

2. **Dental Materials Laboratory:**

You will participate in demonstrations and procedures involving dental materials, which may include being a recipient of material application (e.g., impressions, whitening trays, fluoride treatments, etc.).

3. **Local Anesthesia Laboratory:**

You will be required to both administer and receive local anesthesia under the supervision of licensed dental professionals. This is a critical component for developing competence and confidence in administering anesthesia.

Participation as a student partner is essential to the educational process, clinical competency, and accreditation standards. Exceptions may be considered on a case-by-case basis for documented medical contraindications, which must be submitted in writing prior to the start of these courses.

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**Student Acknowledgement**

I, \_\_\_\_\_, have read and understand the above expectations. I acknowledge that my full participation, including acting as a student partner, is a requirement of the Dental Hygiene Program. I agree to comply with these expectations unless a valid medical exemption is approved in advance.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Montgomery County Community College

### Dental Hygiene Program

## **ACKNOWLEDGEMENT OF UNDERSTANDING**

I hereby acknowledge receipt of a copy of the Dental Hygiene Program Clinic Handbook. I have read and understand its contents.

I agree to comply with all the policies and procedures in the Handbook as well as all the policies and procedures of Montgomery County Community College or any accrediting board, clinical program or third party program related to training or experience. I understand that my failure to comply with any such policies or procedures may result in my dismissal from the Program.

I further acknowledge that failure to meet the eligibility or licensing requirements of any applicable governmental board or program accrediting board or agency may result in my dismissal from the Program.

I further understand my continuing obligation to immediately notify the Program Director of any events or changes in my status which might affect my continued eligibility to participate in the Program.

Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_



## Montgomery County Community College

### Dental Hygiene Program

## **HEALTH CARE RELATED PROGRAM RISKS**

### **ACKNOWLEDGEMENT**

#### Statement Regarding Infectious Diseases

Students may be exposed to many types of communicable diseases in the clinic environment. These diseases are not limited to but may include: hepatitis (A, B, C or D), HIV-AIDS, TB, measles, mumps, rubella, rubeola, among others.

All students are advised to have appropriate immunizations before admission to the Dental Hygiene Program. Although all precautions are taken to minimize exposure and risk, there is always a slight possibility that precautions may fail or that a student may accidentally expose him-herself. All students entering the Dental Hygiene Program must be aware of this slight, but real, potential. Thus, all students are highly encouraged to maintain personal health insurance.

Although MCCC is an open access institution, vaccinations-titers may be required to participate in senior clinical rotations. These vaccinations are a part of our agreements with our clinical rotation site partners and are in place to reduce the risk of disease transmission to students, employees, and patients. We understand that there are medical reasons why some students cannot receive vaccinations but most of our clinical site partners do not allow these exemptions to supersede the clinical affiliation agreement.

#### Student Section

I have read the Health Care Related Program Risks and understand the potential risks that may exist to me as a student in the Dental Hygiene Program.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **MISSION OF THE DENTAL HYGIENE PROGRAM**

The mission of the Dental Hygiene Program is to develop ethical and competent dental hygiene practitioners capable of integrating the varied roles of the dental hygiene profession. The program will strive to provide high quality, affordable, and accessible educational opportunities to meet the educational needs of its students, while serving the community.

Reviewed 3-2005, 6-2006, 6-2024, 7-26

## **PHILOSOPHY OF THE DENTAL HYGIENE PROGRAM**

The Dental Hygiene Program was developed in 1972 to meet the expressed needs of the dental community and the public. The philosophy and mission of the College are key factors, which make Montgomery County Community College an ideal educational setting for an Associate of Applied Science Degree Curriculum in Dental Hygiene.

It is the philosophy of the Dental Hygiene Program that dental hygiene students be educated to their fullest potential; such education includes integrated curriculum courses in General Education, Basic Sciences, and Dental and Dental Hygiene Sciences. Clinical proficiency must be interrelated with the didactic course material to maximize the delivery of individualized care to diverse populations.

The Program is based on the philosophy that learning is a cooperative venture including concern for other human beings, mutual respect between faculty and students and a joint activity which is positive and productive. For this philosophy to endure, students and faculty must pledge a willingness to trust each other and participate actively in the learning process. It is our sincere desire to create an attitude on the part of the graduate to express a commitment to lifelong learning and continued professional development as well as service to the community.

Reviewed 3-2005, 6-2006, 5-2013, 6-2024

# PROGRAM GOALS AND COMPETENCIES

It is the purpose of the Dental Hygiene Program to graduate students prepared for entry into dental hygiene practice. Goals are desired outcomes of the Dental Hygiene Program and defined through completion of one or more Competencies. Competencies have been defined as a set of measurable standards or criteria that represent the minimal level of knowledge, attitudes and skills each student is expected to achieve by the time they graduate. As students progress through the curriculum, they are expected to individually work toward mastery of the Competencies as part of a competency based program.

Upon successful completion of the Dental Hygiene Program, MCCC graduates will be able to:

1. Adhere to ethical, legal, and regulatory requirements in all aspects of dental hygiene practice.
2. Demonstrate the knowledge and skills necessary to provide dental hygiene care that meets professional standards and ensures eligibility for licensing examinations.
3. Educate patients from diverse backgrounds about oral health, address their concerns, and empower them to adopt and maintain healthy oral hygiene practices.
4. Maintain a dedication to enhancing clinical skills, contributing to the community through service learning and volunteering, and pursuing ongoing professional development through continuing education.
5. Promote the role of the dental hygienist as an integral member of the patient's health and wellness team, fostering collaboration and holistic care.

Upon entrance into the Dental Hygiene Program, each student is viewed as a **Novice** in regard to level of skill development in dental hygiene. With increased knowledge base and experience, learners will progress to the **Beginner** level of skill development. In preparation for graduation, students must achieve the **Competent** level of skill development for entry level into the dental hygiene profession.

Approved 4-2012; Revised 5-2013; Reviewed 7-2024, 7-2026

## Levels of Development<sup>1</sup>

**Novice:** First stage of competency continuum characterized by rote learning, rule-driven performance, accumulation of isolated tasks and facts, significant dependence on faculty for defining the appropriate methods, circumstances, outcomes of performance, superficial identification with the profession.

**Beginner:** Second stage of competency continuum, characterized by greater speed of fluidity of performance and broader grasp of facts, beginnings of integration, natural sequencing and application, some demonstration of initiative although still largely teacher-dependent.

**Competent:** Third stage of competency curriculum characterized by appropriate speed and freedom from errors, clinical judgment, understanding and independence. Student has a repertoire of procedures that will serve most patients, the rudiments of self-sustaining professional values and is ready to begin unsupervised professional practice. Responsibility for assuring quality and for continued professional growth has been transferred to the student.

**Proficient:** Fourth stage of competency continuum characterized by marginally higher levels of performance and significantly greater ability to manage a more complex range of problems; there is an increase in internalized professional values and the beginnings of specialization or limits on range of practice. Normally this level is attained after several years of practice or advance training.

**Expert:** (mastery) Fifth and highest level on the competency continuum, characterized by internalization of professional standards, habitual or automated responses, enormous flexibility in responding to the environment. This level is achieved after many years of practice.

The competencies define the curriculum, are assessed by multidimensional methods and are continually managed through an extensive outcome assessment plan. This is a dynamic process, which entails on-going, systematic review and revision, as deemed necessary.

Reviewed 3-2005, 6-2007, 7-2024

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<sup>1</sup> Reference: Chambers, David W., Ed.M., M.B.A., Ph.D. and Glassman, Paul, M.A., D.D.S. *A Primer on Competency-Based Evaluation*, Journal of Dental Education, August, 1997

# DENTAL HYGIENE PROGRAM OF STUDY - CLASS OF 2027

## Associate Degree in Applied Science (A.A.S.)

ALL BIO courses must be taken and successfully completed prior to program enrollment (with a minimum grade of "B" or better in 1 course, with the 2nd & 3rd courses having minimum grades of "C" or better).

All DHG courses must be taken and successfully completed (with a minimum grade of 75% or better).

Each semester provides the building block for the following semester; therefore, each course in a given semester serves as a co-requisite for all other courses in that same semester. Concurrently, each semester serves as the prerequisite for continuing into the next semester block of courses.

Students must complete the Program within four years from the date of initial enrollment in the Program's clinical component.

### SEMESTER I of DHG PROGRAM

|         |                                         |           |
|---------|-----------------------------------------|-----------|
| DHG 100 | Theory and Practice of Dental Hygiene I | 4 Credits |
| DHG 111 | Dental Anatomy                          | 2 Credits |
| DHG 113 | Dental Embryology & Histology           | 2 Credits |
| DHG 155 | Dental Radiology                        | 3 Credits |

**SEMESTER TOTAL ----- 11 Credits**

### SEMESTER II of DHG PROGRAM

|         |                                          |           |
|---------|------------------------------------------|-----------|
| DHG 158 | Theory and Practice of Dental Hygiene II | 5 Credits |
| DHG 157 | Oral Pathology                           | 2 Credits |
| DHG 161 | Periodontics I                           | 2 Credits |

**SEMESTER TOTAL ----- 9 Credits**

### SUMMER SESSION I of DHG PROGRAM

|         |                        |           |
|---------|------------------------|-----------|
| DHG 224 | Materials in Dentistry | 2 Credits |
| DHG 226 | Dental Pain Control    | 2 Credits |

**SESSION TOTAL ----- 4 Credits**

### SUMMER 10 WEEK SESSION of DHG PROGRAM

|         |              |           |
|---------|--------------|-----------|
| DHG 225 | Pharmacology | 2 Credits |
|---------|--------------|-----------|

**SESSION TOTAL ----- 2 Credits**

### SEMESTER III of DHG PROGRAM

|         |                                           |           |
|---------|-------------------------------------------|-----------|
| DHG 228 | Theory and Practice of Dental Hygiene III | 5 Credits |
| DHG 261 | Periodontics II                           | 2 Credits |

**SEMESTER TOTAL ----- 7 Credits**

### SEMESTER IV of DHG PROGRAM

|         |                                          |           |
|---------|------------------------------------------|-----------|
| DHG 253 | Community Dentistry                      | 2 Credits |
| DHG 258 | Theory and Practice of Dental Hygiene IV | 5 Credits |

**SEMESTER TOTAL ----- 7 Credits**

### GENERAL EDUCATION REQUIREMENTS

|             |                                         |           |
|-------------|-----------------------------------------|-----------|
| ENG 101     | English Composition I                   | 3 Credits |
| ART 111/161 |                                         |           |
| Or THA 114  | Aesthetics Sensibility                  | 3 Credits |
| PSY 101     | Introduction to Psychology              | 3 Credits |
| CMS 110/120 | Speech Communication or Public Speaking | 3Credits  |
| SOC 101     | Introduction to Sociology               | 3Credits  |
| ESW 206     | Basic Nutrition                         | 3Credits  |
| TOTAL       | 15 Credits                              |           |

### **PROGRAM PREREQUISITES**

|                           |                         |           |
|---------------------------|-------------------------|-----------|
| BIO 131                   | Anatomy & Physiology I  | 4 Credits |
| BIO 140                   | Microbiology            | 4 Credits |
| BIO 132                   | Anatomy & Physiology II | 4 Credits |
| ESW 206                   | Basic Nutrition         | 3 Credits |
| TOTAL                     | 15 Credits              |           |
| <b>TOTAL = 70 CREDITS</b> |                         |           |

**Montgomery County Community College endorses the Code of Ethics set forth by the American Dental Hygiene Association:**

**ADHA CODE OF ETHICS (Reviewed 7-2025, 7-2026)**

**I. 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, behaviors, and attitudes are consistent with our commitment to public service. We endorse and incorporate the Code into our daily lives.

**II. 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 dental hygiene practice, laws and regulations. By holding ourselves accountable to meet the standards stated in the Code, we enhance the public's trust on which our professional privilege and status are founded.

**III. 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.

#### **iv. 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 health care and we function interdependently with other health care providers.
- All people should have access to health care, including oral health care.
- We are individually responsible for our actions and the quality of care we provide.
- We are obliged to be inclusive, diverse and to promote equity for access to our services and career opportunities.

#### **v. Fundamental Principles**

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

- Universality

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

- Complementarity

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

- Ethics

Ethics are the general standards of right and wrong that guide behavior within society. As generally accepted actions, they can be judged by determining the extent to which they promote good and minimize harm. Ethics compel 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.

## **vi. Core Values**

We acknowledge these values as general 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 confidence.

- Societal Trust

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

- Non-maleficence

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 health care resources. We believe all people should have access to high-quality, affordable oral healthcare.

- Veracity

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

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

- **To Colleagues**

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

- Support the efforts of other dental hygienists to communicate the dental hygiene philosophy and preventive oral care.
- Inform other health care professionals about the relationship between general and oral health.
- Promote human relationships that are mutually beneficial, including those with other health care professionals.

- **To Employers and Employees**

- Conduct professional activities and programs, and develop relationships in ways that are honest, responsible, 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 a health care provider, to the responsible authorities.
- Use peer review as a mechanism for identifying inappropriate, inadequate, or substandard care provided by dental hygienists.
- Comply with local, state, and federal statutes that promote public health and safety.
- Develop support systems and quality-assurance programs in the workplace to assist dental hygienists in providing the appropriate standard of care.
- Promote access to dental hygiene services for all, supporting justice and fairness in the distribution of healthcare resources.
- Act consistently with the ethics of the global scientific community of which 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 ensure the most favorable benefit-to-risk ratio to research subjects.
- Submit all proposals involving human subjects to an appropriate human subject review committee.
- Secure appropriate institutional committee approval for the conduct of research involving animals.
- Obtain informed consent from human subjects participating in research that is based on specification published in Title 21 Code of Federal Regulations Part 46.
- Respect the confidentiality and privacy of data.
- Seek opportunities to advance dental hygiene knowledge through research by providing financial, human, and technical resources whenever possible.
- Report research results in a timely manner.
- Report research findings completely and honestly, drawing only those conclusions that are supported by the data presented.
- Report the names of investigators fairly and accurately.
- Interpret the research and the research of others accurately and objectively, drawing conclusions that are supported by the data presented and seeking clarity when uncertain.
- Critically evaluate research methods and results before applying new theory and technology in practice.
- Be knowledgeable concerning currently accepted preventive and therapeutic methods, products, and technology and their application to our practice.

## **History**

One hallmark of a true profession is its willingness to assume responsibility for the quality of care that its members provide. In 1985, the American Dental Hygienists' Association (ADHA<sup>®</sup>) took a major step toward fulfillment of that responsibility with the development of the Applied Standards of Clinical Dental Hygiene Practice. This document is the fourth version to build on those standards and promote dental hygiene practice based on current and relevant scientific evidence.

## **Introduction**

The ADHA Standards for Clinical Dental Hygiene Practice play a crucial role in maintaining consistency and quality within the profession. These standards serve as a framework guiding dental hygienists in delivering safe, ethical, and evidence-based care. They ensure that individuals receive comprehensive and effective treatment while promoting ongoing professional growth and accountability. Importantly, the standards are not a substitute for clinical judgment; rather, they complement the expertise of licensed professionals who are responsible for the care they provide.

Dental hygienists must be mindful of the legal obligations that come with their practice, as these standards must be applied in accordance with the laws of their specific jurisdictions. They are also expected to respect diverse values, health beliefs, and cultural practices, recognizing that each person brings unique perspectives to their care. By adhering to these guidelines, dental hygienists and the broader dental team ensure a shared understanding of professional expectations, which leads to better treatment planning, collaborative care and ultimately, improved patient outcomes.

This document, based on the 2016 revision of the ADHA Standards for Clinical Dental Hygiene Practice, further refines best practices in clinical settings, education, research, and public health, helping

to uphold the integrity of the dental hygiene profession.

## **Assessment Standards**

Assessment includes the identification of risk factors that may influence outcomes, alter the person's ability to withstand treatment, and-or increase the likelihood of a medical emergency. The frequency of a comprehensive health-oral health assessment is based on the individual's presentation, response to treatment, adherence to recommendations, and frequency of continuing care. Assessment is an ongoing process and includes both health history and clinical assessment data.

### **I. Health History**

A health history assessment includes multiple data points that are collected through a written document and an oral interview. The process helps build a rapport with the individual and verifies key elements of health status. Information is collected and discussed in a location that ensures privacy and complies with the Health Insurance Portability and Accountability Act (HIPAA).

Demographic information is any information that is required for healthcare purposes. It includes but is not limited to: address, date of birth, emergency contact information, email, phone numbers, and the names and contact information for the referring-previous dentist, all physicians of record, and preferred pharmacy.

A comprehensive health history assessment includes a review of systemic health status, mental health status, known allergies, over-the-counter and prescription medication use, date of last physical examination and blood tests, substance use, and vital signs.

## **II. Systemic Diseases-Conditions**

Medical history is the documentation of overall systemic health. This information can identify the need for physician consultation or any contraindications for treatment. This would include mental health, cognitive impairments, behavioral disorders, disabilities, and functional capacity.

Clinicians should assess the person's ability to withstand treatment (e.g. appointment length) as well as the need for modifications (e.g. modified positioning, need for antibiotic prophylaxis, need for stress reduction protocol, use of a quiet room, etc.). Laboratory tests such as A1c, INR, glucose levels, CBC, platelets, and absolute neutrophil count may need to be requested to guide treatment planning. Liver and kidney function should be assessed if administering medications and local anesthetics during the dental hygiene process of care.

Pharmacologic history includes the list of medications, including dose and frequency, which the individual is currently taking. This includes, but is not limited to, over-the-counter (OTC) drugs or products such as vitamins, herbal and dietary supplements, and pre--probiotics. The practitioner should confirm any history of or current adverse drug reactions, including allergy, systemic and oral side effects, abnormal responses to medications, and risk for drug interactions.

Vital signs, including height, weight, temperature, pulse, respiration, and blood pressure, provide a baseline of known conditions or help identify potential or undiagnosed health conditions.

Social history information such as relationship status, children, occupation, cultural practices, and other beliefs, might affect health or influence treatment acceptance. In addition, the following risk behaviors that impact health should be assessed, including tobacco, alcohol, and prescription drug misuse; recreational drug use and vaping; a history of substance use disorders; and sexual history.

### **III. Clinical Assessment**

Planning and providing optimal care require a thorough and systematic clinical assessment. Assessment begins by physically observing the person, noting pallor, gait, orientation to time and place, mood, use of assistive devices to support ambulation, ability to and preferences for communication, presence of sensory impairments (e.g., vision and hearing), general appearance, and hygiene. Additional components of this assessment include a comprehensive examination of the head and neck and oral cavity, skin integrity, swallowing ability, and assessment of the temporomandibular joints. Documentation should include normal and abnormal findings and need for further evaluation.

A current, complete, and diagnostic set of radiographs provides needed data for a comprehensive dental, periodontal, and pathology assessment, and formation of dental hygiene diagnoses. The type and frequency of radiographs needed are based on observations from the clinical examination and thorough risk assessment and evaluation. Radiographs should be assessed for quality, the need for retakes and additional imaging based on the ALARA principle.

A comprehensive periodontal examination is part of the clinical assessment and includes a full-mouth periodontal charting:

- 1 . Probing depths
- 2 . Bleeding points
- 3 . Suppuration
- 4 . Mucogingival relationships-defects
- 5 . Recession
- 6 . Attachment level-loss
- 7 . Bone height-bone loss
- 8 . Mobility and fremitus
- 9 . Furcation involvement
- 10 . Tooth loss
- 11 . Biofilm and calculus deposits
- 12 . Smoking, diabetes and A1c

Data gathered are used to assess gingival and periodontal health status, including health, gingivitis, staging and grading of periodontitis, and implant disease.

A comprehensive hard-tissue evaluation should be performed that includes the charting of existing

conditions and oral habits using intraoral photographs, radiographs and advanced technology to supplement data. These data include:

- 1 . Missing teeth
- 2 . Primary, mixed or permanent dentition
- 3 . Demineralization
- 4 . Caries and recurrent decay
- 5 . Defects and anomalies
- 6 . Sealants
- 7 . Existing restorations
- 8 . Implants
- 9 . Occlusion
- 10 . Fixed and removable prosthesis retained by natural teeth or implant abutments

Additional evaluation includes the identification of hard and soft tissue pathologies that may require the need for referral and further evaluation. Examples include:

- 1 . Periapical pathology
- 2 . Bony growths and lesions
- 3 . Abscesses
- 4 . Ulcerations and alterations in mucosal integrity
- 5 . Soft tissue swelling or tumor formation
- 6 . Presence of bacterial, viral, and-or fungal infection
- 7 . Salivary gland abnormalities-dysfunction
- 8 . Trauma
- 9 . Oral malodor
- 10 . Craniofacial abnormalities
- 11 . Neuralgias
- 12 . Oral manifestations of malnutrition

## **IV. Risk Assessment**

Risk assessment is a qualitative and quantitative evaluation based on health history and clinical assessment to identify any risk to general and oral health. Data provides the clinician with information to develop and design strategies for preventing or limiting disease, and promoting health. The level of risk should be identified and documented (extremely high, high, moderate, low). Examples of factors that should be evaluated include, but are not limited to, health behaviors, social determinants of health, and other risk factors that can influence oral health.

A comprehensive evaluation of the individual's health behaviors should be performed, including:

- 1 . Health-oral health literacy
- 2 . Physical activity-functional capacity
- 3 . Diet
- 4 . Sleep
- 5 . Sexual activity
- 6 . Social support
- 7 . Health screening examinations
- 8 . Alcohol, tobacco, vaping, and recreational drug use; history of substance use disorder
- 9 . Health care seeking behaviors
- 10 . Adherence to prescribed medical treatments
- 11 . Self-care practices
- 12 . Cultural practices and beliefs relevant to oral health 1
- 3 . Dental history
- 14 . Oral product use

A comprehensive evaluation of social determinants of health should be conducted, including:

- 1 . Socioeconomic status
- 2 . Housing
- 3 . Education
- 4 . Work-employment
- 5 . Culture
- 6 . Race-ethnicity inequalities
- 7 . Environmental factors-physical safety
- 8 . Access to nutritious foods-food insecurity
- 9 . Insufficient access to affordable health and dental care
- 10 . Limited community resources

11 . Childcare concerns

12 . Social support

13 . Financial concerns

14 . Stress

15 . Transportation

Other risk factors to be identified include:

1 . Fluoride exposure

2 . Demographics (age, gender, genetics, family history)

3 . Disability and special health care needs

4 . Sleep apnea

5 . Systemic diseases-conditions

6 . Bleeding

7 . Salivary function and xerostomia

8 . Behavioral health-mental health disorders

9 . Physical and emotional safety (domestic violence, physical, emotional, or sexual abuse, neglect, human trafficking)

10 . Oral habits

## **Dental Hygiene Diagnosis (DHDx) Standards**

The ADHA defines dental hygiene diagnosis as the identification of an individual's health behaviors, attitudes, and oral health care needs for which a dental hygienist is educationally qualified and licensed to provide. The ultimate goals of dental hygiene practice and care provided are to maintain health and prevent disease. By recognizing and addressing dental hygiene diagnoses, dental hygienists have the opportunity for early intervention and prevention.

Dental hygiene diagnosis-diagnoses (DHDx) involve critically evaluating the individual's assessment

information collected through written health history, oral interview, and clinical assessment.

Full assessment data includes factors pertaining to an individual's health-medical history, vital signs, physical characteristics, social history, pharmacologic history, comprehensive periodontal evaluation, hard-tissue evaluation, hard and soft tissue pathologies, risk assessments for health behaviors, social determinants of health signs and symptoms of disease, and other specific risk factors relevant for that person. For person-centered care that is specific for each individual, the person's needs, values, and preferences must be considered when formulating the DHDx.

The dental hygienist analyzes assessment data to determine hindrances to optimal oral and systemic health outcomes. The dental hygienist then determines each DHDx and correlates contributing factors pertaining to each diagnosis. Dental hygiene diagnostic statements are formulated. These DHDx will direct the dental hygiene care plan to ensure all needs are addressed. Elements in the care plan based on the DHDx include education, self-care practices, prevention strategies, treatment, evaluation, counseling, and referral needs.

Individuals need to be given the opportunity to understand their specific health problems-DHDx in order to make the best decisions for their health.

Categories for DHDx include:

- 1 . Systemic health factors
- 2 . Behavioral health factors
- 3 . Social determinants of health factors
- 4 . Periodontal disease classification
- 5 . Hard and soft tissue conditions
- 6 . Individual needs, values and preferences

The process of DHDx involves the following steps:

- 1 . Analyze and interpret all assessment data .

- 2 . Formulate the dental hygiene diagnoses .
- 3 . Determine the person's needs that can be improved through the delivery of dental hygiene care .
- 4 . Identify referrals needed within dentistry and other health care disciplines based on DHDx .
- 5 . Communicate the DHDx with the individual to engage the person in formulating their dental hygiene care plan .
- 6 . Document the DHDx and follow-up at future appointments to determine the status of these diagnoses.

A comprehensive DHDx includes multiple diagnoses for each person. 11-13 DHDx should be determined for individuals and community groups.

## Planning Standards

Planning is the process by which diagnosed person-centered needs are prioritized, goals and evaluative measures are established, intervention strategies are determined, and an appointment schedule is proposed. The purpose of the dental hygiene care plan is to develop a strategy of care that results in the resolution of an oral health problem amenable to dental hygiene care, the prevention of a problem, or the promotion of oral health and well-being. A formal, written dental hygiene care plan is based on sound clinical decision-making and reflects evidence-based best practices. Depending on the workforce model and state practice law, the written care plan may support direct payment for dental hygiene services.

In a traditional clinician-dentist practice model, the dental hygiene care plan is part of and supports the overall dental treatment plan. A similar coordination of care occurs in a collaborative agreement relationship between the dental hygienist and dentist in a teledentistry workforce model.

In a medical-dental integrated workforce model, the dental hygiene care plan may be a collaboration with an interdisciplinary care team. However, a dental hygienist providing direct care without dental supervision or collaboration will formulate a stand-alone dental hygiene care plan based upon the assessment and dental hygiene diagnosis, implement the plan, and refer the individual for needed dental care or primary healthcare services. When medical or dental needs are urgent, the dental hygienist will refer the individual prior to or in conjunction with dental hygiene services. In all workforce models, the dental hygienist will make care planning decisions in accordance with legal, professional and ethical principles. The dental hygienist will continue to collaborate with the dentist and interdisciplinary health care providers for optimal person-centered care.

The dental hygiene care plan is written following Dental Hygiene Diagnosis. The dental hygiene diagnosis serves as the foundation for formulating a person-centered dental hygiene care plan. In collaboration with the dentist and/or interdisciplinary care team, the dental hygienist considers each discipline's diagnoses and determines their urgency.

Dental hygiene diagnoses are prioritized by considering those that threaten the well-being of the individual, may be addressed simultaneously with other diagnoses, and are a priority or chief concern of the

individual. To assure that the person's comprehensive diagnosed needs are addressed, the dental hygiene care plan is sequentially developed and linked to the dental hygiene diagnoses. Linking the care plan to the dental hygiene diagnoses is crucial to its development. The dental hygiene care plan specifies the following:

- Goals and evaluative measures
- Dental hygiene interventions
- Appointment schedule

The dental hygiene care plan should identify a cohesive relationship between the dental hygiene diagnoses, goals and intervention strategies. The individual's psychosociocultural and physical needs as well as readiness for change must be supported by the care plan.

## **Goals and Evaluative Measures**

A care plan goal is the desired outcome to be achieved through specific dental hygiene intervention strategies to satisfy an identified need or problem. Care plan goals establish a framework that defines the expectation of the person, that is, their desired health outcome and self-responsibilities for goal attainment.

A well written care plan goal states the:

- person responsible for achieving the goal, that is, the individual or caregiver;
- desired action of the person and-or caregiver specifying how the goal will be measured;
- criterion for measurement, that is, the desired observable behavior or tangible outcome;
- time frame for when the individual is to achieve the goal.

In a guided discussion with the individual and-or caregiver, the dental hygienist will define one or more goals for each dental hygiene diagnosis. The dental hygienist will consider both clinical and behavioral or person-centered goals.

- Clinical goals address oral health status needs and are defined by the specific signs and symptoms or evidence of the identified oral health problem-need or risk of a condition-problem.

- Person-centered goals address cognitive, psychomotor and affective behaviors. They are defined by contributing factors of the identified oral health problem-need or risk of a condition or problem.

Including both clinical and person-centered goals emphasizes a clinician-person team approach to attaining desired oral health outcomes and communicates the importance of the individual's or caregiver's role in achieving and maintaining oral health.

## **Intervention Strategies**

Dental hygiene interventions are evidence-based strategies that, when applied, reduce, eliminate or prevent a diagnosed problem or need. Intervention strategies are selected to address the etiology or underlying contributors to a diagnosed condition or problem, such as identified barriers preventing the person from achieving positive oral health outcomes. Preventive, educational, therapeutic, and supportive counseling, and inter- and intra-disciplinary referrals within the scope of dental hygiene practice are considered.

The dental hygienist will select strategies that reflect evidence-based, clinically sound, equitable care to support the attainment of the care plan goals or desired care plan outcomes. Selecting intervention strategies tailored to address a person's unique needs increases the likelihood that care plan goals will be achieved.

## **III. Appointment Schedule**

An appointment schedule is planned for implementing the dental hygiene intervention strategies. The schedule will guide the clinician and the individual through the implementation of planned care.

The dental hygienist considers the:

- number of visits (preventive or wellness visit, complex multiple therapeutic visits, supportive periodontal maintenance visit);
- time needed for each visit (pain management, patient management, planned services, evaluation of goals or patient outcomes);

- interventions to be implemented at each visit;
- integration of educational interventions and sequencing small increments of oral self-care strategies into each visit.

The dental hygienist will determine the sequencing and length of each appointment in accordance with the complexity of planned individual needs.

## **IV. Care Plan Presentation and Consent**

Presentation of the dental hygiene diagnoses and dental hygiene care plan is best accomplished by establishing a collaborative, co-therapeutic relationship with the individual and-or caregiver. The dental hygienist will ask open-ended questions to encourage active dialogue for shared decision-making.

Presentation of the care plan should include the:

- nature of the condition
- proposed care plan, rationale, and number of appointments
- alternative evidence-based treatment options, when available
- risks involved, if any
- potential for failure
- prognosis if the problem goes untreated
- individual's questions are answered

The dental hygienist will obtain and document consent from the individual and-or guardian prior to the implementation of the planned services. The dental hygienist will assure that the individual has the information needed to make an informed decision, specifically informed consent and-or informed refusal.

## **Implementation Standards**

Implementation is the actual process of carrying out the dental hygiene care plan. The implementation phase involves actively incorporating evidence-based research and guidelines to ensure safe and effective care while engaging the individual as a co-therapist. As a primary oral health care provider, the dental hygienist delivers dental hygiene services based on the care plan, including any required modifications, while minimizing risk and optimizing oral and systemic health.

Person-centered care is essential throughout the implementation process. The dental hygienist should consider the individual's unique needs, preferences, and values when selecting and delivering interventions. Culturally sensitive care and culturally sensitive communication are vital to establish trust, build rapport, and ensure effective communication. Additionally, appropriate technology and diagnostics for monitoring, management, and treatment of diseases can enhance the implementation process, but they must be evidence-based and used ethically and responsibly, prioritizing individual privacy and confidentiality.

Depending on the number of interventions, the dental hygiene care plan may be implemented in one preventive- wellness visit or several therapeutic visits before a continuing or maintenance plan is established. Health promotion and

self-care education are integral aspects of the care plan that should be customized and implemented according to the individual's interest and ability.

### **Key steps involved in the implementation phase include:**

1. Review and confirm the dental hygiene care plan:
  - Ensure mutual understanding with the individual or caregiver
  - Address any questions or concerns

2. Modify the plan as necessary, ensure mutual understanding, obtain informed consent if necessary:

- Reassess the individual 's needs and adjust the plan accordingly
- Consider any changes in the person's health status or circumstances

3. Implement the plan:

- Prioritize evidence-based interventions on the individual's needs and urgency
- Deliver services in a timely and efficient manner
- Monitor the individual's comfort throughout the process

4. Provide post-treatment instructions:

- Educate the individual on evidence-based oral hygiene practices (e.g., toothbrushing for two minutes twice daily) and products (antiseptic mouthrinses, antimicrobial toothpaste, electric rechargeable toothbrushes), dietary recommendations (reduce intake of ultraprocessed foods, sugar-sweetened beverages, processed meats, and refined grains), and topical or systemic medication usage (prescription strength fluoride, topical fluorides, other re-mineralization agents, and dentin hypersensitivity agents) as needed
- Address any concerns or questions

5. Implement self-care interventions:

- Implement the appropriate self-care interventions. Tailor self-care recommendations to the individual's specific needs and abilities
- Educate and encourage participation in self-care activities by using evidence-based strategies to motivate

and empower the individual to take ownership of their oral health

- Adapt as necessary throughout future interventions

6. Confirm the plan for continuing care or maintenance:

- Schedule follow-up appointments as needed
- Develop a long-term care plan to maintain oral health including routine screenings for early detection

7. Coordinate with other healthcare providers as necessary. This may involve referrals to dental specialists, such as periodontists or oral surgeons, or collaboration with primary care physicians to address systemic health concerns

- Maintain patient privacy and confidentiality:
- Adhere to HIPAA regulations and professional ethics to protect information from unauthorized access

8. Follow-up as necessary:

- Monitor the individual's progress and address issues by making modifications
- Provide additional support, education, pain management, or referral as needed
- Emphasize the importance of continuing care for maintaining optimal oral health

## **Evaluation Standards**

Evaluation is the measurement of the extent to which the person has achieved the goals specified in the dental hygiene care plan, that is, fulfillment of the person's diagnosed needs, values and preferences that impact care. Integrating evaluation into person-centered care fulfills the dental hygienist's ethical and legal responsibility that planned and implemented dental hygiene care is moving

the person toward achieving positive care outcomes. Evaluation is a continuous process of ongoing monitoring and interpretation of the effectiveness of the dental hygiene care provided. The dental hygienist uses evidence to continue, discontinue, or modify the care plan.

The individual's reported outcomes (patient-reported outcome measures) are used to capture their perspective about their health status, symptoms and ability to function, including how well the treatment has worked from their viewpoint. Further, this information supports evaluation about how the individual's oral health status impacts their quality of life, a metric which can be overlooked by using only clinical measures. Reported outcome measures are used to guide shared decision-making for continued care, which leads to more informed treatment decisions.

**Elements of evaluation are integrated into each Standard to support person-centered care, as follows:**

- **Assess and Dental Hygiene Diagnosis.** The dental hygienist collects and analyzes assessment findings to establish individual needs. The identified needs guide the dental hygienist to formulate the dental hygiene diagnostic statements and provide the foundation for developing evaluation strategies.
- **Plan.** The dental hygienist, in collaboration with the individual, formulates care plan goals, that is, evaluation measures and methodology as defined by the dental hygiene diagnostic statements. The dental hygiene care plan suggests a timeline for goal achievement.
- **Implement.** Throughout the implementation of planned interventions, the dental hygienist continually monitors the person's progress toward goal achievement. The dental hygienist uses periodic reassessment to collect, interpret and conclude when care plan strategies are moving the individual toward attaining desired health outcomes or when modifications to the care plan are needed. The dental hygienist shares findings with the individual and documents progress made in the person's dental hygiene record.
- **Evaluate and Document.** At the completion of the dental hygiene care plan, the dental hygienist

measures the individual's response to treatment. An evaluative statement is documented that includes the attainment of care plan goals to determine the person's prognosis for continued health, recommendations for a supportive continued cycle of care, and referrals made for additional services, as needed. To evaluate the care plan goals, the dental hygienist selects measurable assessment criteria that reflect the intent of the goal being measured such as cognitive, psychomotor, affective or clinical. The dental hygienist uses critical thinking to analyze the findings and draw conclusions to the extent of goal attainment.

At subsequent cycles of care or continued care appointments, the dental hygienist applies reassessment strategies to measure long term success at achieving or maintaining the resolution of a need or problem addressed by the previous care plan. The dental hygienist will apply the new assessment findings against the previous care plan goals to determine the extent to which the goals continue to be met. When there is a recurrence of a condition or new condition, the dental hygienist will further investigate to determine the underlying contributor. The process of care then continues.

**Evaluation of individual care outcomes communicates critical and necessary feedback to the dental hygienist, individual, dentist and interdisciplinary care providers.**

- To the individual, awareness that self-responsibility for oral self-care and a commitment to a supportive continued care schedule is critical to achieving and maintaining oral health;
- To the dental hygienist, understanding the individual's satisfaction of the care provided, obtained through an oral or written questionnaire, influences shared decision-making and strengthens the individual's commitment to care;
- To the dental hygienist, self-evaluation is used throughout the process of providing care and identifying opportunities for quality improvement;
- To the dental hygienist, dentist, individual, and interdisciplinary team, collaboration helps to determine the need for additional diagnostic, treatment, referral, education, counseling (e.g., dietary and tobacco

cessation), and continuing care based on treatment outcomes and self-care behaviors.

## Documentation Standards

The goals of documentation are to maintain continuity of care, provide a means of communication among the individual's interdisciplinary care providers and minimize practitioners' risk of exposure to malpractice litigation. The individual's dental hygiene record represents an ethical and legal account of care provided. At the completion of each person's encounter, the provider will make an entry to the dental hygiene record detailing the events of the appointment.

Documentation should establish a link between assessment, dental hygiene diagnosis, care planning, implementation of planned strategies and evaluation. Entries must be detailed enough to show how the individual progressed through each phase of care. These actions establish a chronological account of care provided and evidence to support a person-centered process of care.

**Documentation is a complete and accurate recording of all collected data, diagnosed needs, individual involvement in care planning, consent for treatment, implementation of planned services and monitoring of progress, evaluation of treatment outcomes, prognosis, continued care recommendations, related communication and other interactions and information relevant to care provided.**<sup>5</sup> Entries into the dental hygiene record must:

- Be objective, concise, legible and accurate;
- Ensure that common terminology, abbreviations, acronyms are universal and may be easily understood by subsequent providers;
- Be written by the provider who performed the service, signed and dated (month-day-year);
- Include all information and interactions between the individual or caregiver and the practice (e.g., communications, emergencies, prescriptions, referrals) including failure to return for treatment or follow through with recommendations, with date and time (when relevant) of the interaction;

- Include informed consent with signature and date, and when indicated, informed refusal detailing steps taken to assure individual's or caregiver's understanding of their decision and risk of no treatment;
- Not be erased once saved. When there is an error in previously stored electronic information, the provider will mark the entry as mistaken, add correct information, and date and initial the entry.

Documenting entries to a person's electronic health record (EHR) makes needed care information available to the interprofessional healthcare providers for coordination and communication of services.<sup>6</sup>

Providers must:

- Comply with state regulations and statutes for recordkeeping and storage;
- Ensure compliance with the Federal Health Information Portability and Accountability Act (HIPAA) including electronic communication to protect confidentiality and security of documentation;
- Respect and protect the confidentiality of the person's information;
- Complete periodic monitoring of dental hygiene records to ensure that documentation adheres to legal and ethical standards of care.

## Conclusion

The Standards for Clinical Dental Hygiene Practice serve as a vital resource for dental hygienists committed to delivering person-centered, evidence-based care. They underscore the importance of continuous professional growth to ensure ongoing competence and adaptability in a dynamic healthcare landscape. These standards will continue to evolve in response to advancements in scientific research, changes in ADHA policies, updates to federal and state regulations, and shifts in disease trends. By adhering to these standards, dental hygienists can confidently provide safe, high-quality care, meeting the ever-changing needs of their patients and the profession.

### Keywords

**ALARA** – As Low as Reasonably Achievable referring to avoiding exposure to radiation that does not have a direct benefit to the individual, even if the dose is small.

**Evidence-Based Practice** – the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individuals. The practice of evidence-based dental hygiene requires the integration of individual clinical expertise and an individual's preferences with the best available external clinical evidence from systematic research.

**Health Insurance Portability and Accountability Act (HIPAA)** – a federal law that sets a national standard to protect medical records and other personal health information.

**Informed Consent** – a process of providing an individual with the information needed to make a decision about treatment.

**Informed Refusal** – documentation that an individual declines all or part of a proposed care plan.

**Person-Centered Care** – integrated health care services delivered in a setting and manner that is responsive to individuals and their goals, values and preferences, in a system that supports good

provider-individual communication and empowers individuals receiving care and providers to make effective care plans together.

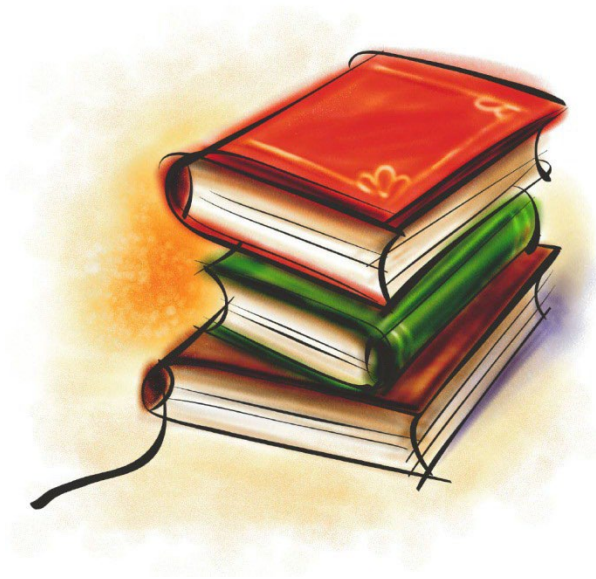
**Social Determinants of Health** – the non-medical factors that influence health outcomes including conditions in which individuals are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

**Supportive Continued Cycle of Care** – a system designed to organize and maintain an appropriate schedule of dental hygiene care for each individual based on their needs; also referred to as continuing care, continued-care intervals, or recare.

# **SECTION B**

## **POLICIES**

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## Policies

The policies contained in this section apply to the Dental Hygiene Program. They are compatible with College policy and, where different, are designed to assure institutional compliance necessary for Program accreditation.

These policies are subject to review and change. Each year faculty and students will be asked for suggestions and additions.

### **POLICY #1 - SCOPE OF DENTAL HYGIENE PRACTICE**

Published from: Commonwealth of Pennsylvania Code

Title 49. Professional & Vocational Standards  
Department of State

Chapter 33. State Board of Dentistry

#### **§ 33.205. Practice as a dental hygienist.**

- (a) *Scope of professional practice.* A dental hygienist may offer to perform or perform services that involve:
- (1) Placement of subgingival agents.
  - (2) Periodontal probing, scaling, root planning, polishing or another procedure required to remove calculus deposits, accretions, excess or flash restorative materials and stains from the exposed surfaces of the teeth and beneath the gingiva.
  - (3) Evaluation of the patient to collect data to identify dental hygiene care needs.
  - (4) The application of fluorides and other recognized topical agents for the prevention of oral diseases.
  - (5) Conditioning of teeth for and application of sealants.
  - (6) Taking of impressions of the teeth for athletic appliances.
  - (7) Administration of local anesthesia by regional injection in accordance with § 33.115 (relating to local anesthesia permit).
- (b) *Prohibition against independent practice.* A dental hygienist is prohibited from establishing or maintaining an office or other workplace for the provision of dental hygiene services separate or independent from the office or other workplace in which the supervision of a dentist is provided.

(c) *Practice sites.* A dental hygienist may engage in professional practice at the following sites under the supervision of a dentist as required in subsection (d):

- (1) In dental facilities.
- (2) In public or private institutions such as schools, hospitals, public health care agencies, nursing homes, mobile health units and homes for juveniles, the elderly and the handicapped.
- (3) In institutions under the jurisdiction of Federal, State or local health agencies.

(d) *Supervision.*

- (1) In subsection (c)(1) practice sites (dental facilities), a dental hygienist shall provide professional services as follows:
  - (i) A dental hygienist may provide the professional services identified in subsection (a)(1) under the direct supervision of a dentist, except that these services may be provided under general supervision if the dentist has reviewed the patient's dental records and medical history and has written a prescription or given an order for the placement of subgingival agents by the dental hygienist.
  - (ii) A dental hygienist may provide the professional services identified in subsection (a)(2) under the general supervision of a dentist when the patient is free of systemic disease or suffers from mild systemic disease, as determined by the dentist with input from the dental hygienist and upon review of the patient's medical history.
  - (iii) A dental hygienist may provide the professional services identified in subsection (a)(2) under the direct supervision of a dentist when the patient is suffering from systemic disease which is severe, incapacitating, or life threatening, as determined by the dentist with input from the dental hygienist and upon review of the patient's medical history.
  - (iv) A dental hygienist may provide the professional services identified in subsection (a)(3)—(6) under the general supervision of a dentist.
  - (v) A dental hygienist may provide the professional services identified in subsection (a)(7) only under the direct supervision of a dentist. For purposes of this subparagraph, direct supervision means supervision by a dentist who has examined the patient and authorized the procedure to be performed, is physically present in the dental facility and available during the performance of the procedure and takes full professional responsibility for the completed procedure.

- (2) In subsection (c)(2) and (3) practice sites (public and private institutions and institutions under the jurisdiction of Federal, State or local health agencies), a dental hygienist shall provide professional services as follows:
- (i) A dental hygienist may provide the professional services identified in subsection (a)(1) under the direct supervision of a dentist, except that these services may be provided under general supervision if a dentist has reviewed the patient's dental records and medical history and has written a prescription or given an order for the placement of subgingival agents by the dental hygienist.
  - (ii) A dental hygienist may provide the professional services identified in subsection (a)(2)—(6) under the general supervision of a dentist. For the purposes of this paragraph, general supervision is defined as supervision by a dentist who authorizes and takes full professional responsibility for the provision of the services. A single authorization may, when appropriate, apply to one or more classes or categories of students-patients.
  - (iii) A dental hygienist may provide the professional service identified in subsection (a)(7) only under the direct supervision of a dentist. For purposes of this subparagraph, direct supervision means supervision by a dentist who has examined the patient and authorized the procedure to be performed, is physically present and available during the performance of the procedure and takes full professional responsibility for the completed procedure.
- (3) For professional services not identified in subsection (a)(1)—(7) or § 33.302 (relating to requirements for personnel performing radiologic procedures), the dentist shall compare the listed services and the supervision required with the unlisted service and utilize the appropriate supervision. Supervision for noncomparable services will be determined by the Board on a modality basis.
- (4) Notwithstanding the supervision requirements in this subsection, a dental hygienist may provide oral health education and perform preliminary dental screenings in any setting without the supervision of a dentist.

### **Authority**

The provisions of this § 33.205 amended under section 3(d), (j.2) and (o) of The Dental Law (63 P. S. § 122(d), (j.2) and (o)).

### **Source**

The provisions of this § 33.205 adopted June 23, 1995, effective June 24, 1995, 25 Pa.B.

2492; amended December 11, 2009, effective December 12, 2009, 39 Pa.B. 6982; corrected

February 26, 2010, effective December 12, 2009, 40 Pa.B. 1082. Immediately preceding text appears at serial pages (346659) to (346662).

## Cross References

This section cited in 49 Pa. Code § 33.1 (relating to definitions); 49 Pa. Code § 33.110 (relating to volunteer license); and 49 Pa. Code § 33.205b (relating to practice as a public health dental hygiene practitioner).

### [RDH PA Code](#)

The *Pennsylvania Code* website reflects the *Pennsylvania Code* changes effective through 55 Pa.B. 3102 (April 26, 2025).

### [Public health link](#)

The *Pennsylvania Code* website reflects the *Pennsylvania Code* changes effective through 55 Pa.B. 3102 (April 26, 2025).

## § 33.205b. Practice as a public health dental hygiene practitioner.

- (a) *Scope of professional practice.* A public health dental hygiene practitioner may perform the dental hygiene services set forth in § 33.205(a)(2)—(6) (relating to practice as a dental hygienist) in the practice settings identified in subsection (c) without the authorization, assignment or examination by a dentist. A public health dental hygiene practitioner may perform the dental hygiene services set forth in § 33.205(a)(1) and (7) in accordance with § 33.205(d).
- (b) *Requirement of referral.* A public health dental hygiene practitioner shall refer each patient to a licensed dentist on an annual basis. Documentation of the referral must be maintained in the patient's dental record. The failure of the patient to see a dentist as referred will not prevent the public health dental hygiene practitioner from continuing to provide dental hygiene services to the patient within the scope of professional practice set forth in subsection (a).
- (c) *Practice settings.* A public health dental hygiene practitioner may perform dental hygiene services without the supervision of a dentist in the following practice settings:
  - (1) Public and private educational institutions that provide elementary and secondary instruction to school aged children under the jurisdiction of the State Board of Education, and in accordance with all applicable provisions of the Public School Code of 1949 (24 P.S.

§ § 1-101—27-2702), the regulations relating to the certification of professional personnel in 22 Pa. Code Chapter 49 (relating to certification of professional personnel), and the regulations of the Department of Health in 28 Pa. Code § 23.35 (relating to dental hygienists).

(2) *Correctional facilities.* For purposes of this section, correctional facilities include Federal prisons and other institutions under the jurisdiction of the United States Department of Justice, Bureau of Prisons which are located within this Commonwealth; institutions, motivational boot camps and community corrections centers operated or contracted by the Department of Corrections; and jails, prisons, detention facilities or correctional institutions operated or contracted by local, county or regional prison authorities within this Commonwealth.

(3) Health care facilities, as defined in section 802.1 of the Health Care Facilities Act (35 P.S. § 448.802a), including a general, chronic disease or other type of hospital; a home health care agency; a home care agency; a hospice; a long-term care nursing facility; a cancer treatment center; an ambulatory surgical facility or a birth center.

(4) Any other facility licensed and regulated by the Department of Health or a successor agency.

(5) A “facility,” as defined in section 1001 of the Human Services Code (62 P.S. § 1001), including an adult day care center; child day care center; family child care home; boarding home for children; mental health establishment; personal care home; assisted living residence; nursing home, hospital or maternity home.

(6) Any other facility licensed and regulated by the Department of Human Services or a successor agency.

(7) Domiciliary care facilities, as defined in section 2202-A of The Administrative Code of 1929 (71 P.S. § 581-2).

(8) Older adult daily living centers, as defined in section 2 of the Older Adult Daily Living Centers Licensing Act (62 P.S. § 1511.2).

(9) Continuing-care provider facilities, as defined in section 3 of the Continuing-Care Provider Registration and Disclosure Act (40 P.S. § 3203).

(10) *Federally-qualified health centers*, as defined in section 1905(1)(2)(B) of the Social Security Act (42 U.S.C.A. § 1369(1)(2)(B)). For purposes of this section, the term includes Federally-qualified health center lookalikes that do not receive grant funds under section 330 of the Public Health Service Act (42 U.S.C.A. § 254b).

(11) Public or private institutions under the jurisdiction of a Federal, State or local agency.

- (12) Free and reduced-fee nonprofit health clinics.
- (13) An office or clinic of a physician who is licensed by the State Board of Medicine under the Medical Practice Act of 1985 (63 P.S. § § 422.1—422.53) or by the State Board of Osteopathic Medicine under the Osteopathic Medical Practice Act (63 P.S.

§ § 271.1—271.18), that is located in a dental health professional shortage area, as determined by the United States Department of Health and Human Services, Health Resources & Services Administration, and published on the Pennsylvania Department of Health’s web site at [www.health.pa.gov](http://www.health.pa.gov). For purposes of this paragraph, an office or clinic of a physician includes a “satellite location” as defined in § 18.122 (relating to definitions) or “satellite operations” as defined in § 25.142 (relating to definitions).

- (14) A “facility,” as defined in 28 Pa. Code § 701.1 (relating to general definitions) that is licensed by the Department of Drug and Alcohol Programs to provide drug and alcohol treatment services.

(d) *Recordkeeping.* A public health dental hygiene practitioner shall maintain a dental record which accurately, legibly and completely reflects the dental hygiene services provided to the patient. The dental record must be retained for at least 5 years from the date of the last treatment entry. The dental record must include, at a minimum, the following:

- (1) The name and address of the patient and, if the patient is a minor, the name of the patient’s parents or legal guardian.
- (2) The date dental hygiene services are provided.
- (3) A description of the treatment or services rendered at each visit.
- (4) The date and type of radiographs taken, if any, and documentation demonstrating the necessity or justification for taking radiographs, as well as the radiographs themselves.
- (5) Documentation of the annual referral to a dentist.

### **Authority**

The provisions of this § 33.205b issued under section 3(d), (j.2) and (o) of The Dental Law (63 P.S. § 122(d), (j.2) and (o)); and amended under sections 3(o) and 11.9(b)(10) of The Dental Law (63 P.S. § § 122(o) and 130j(b)(10)).

## **Source**

The provisions of this § 33.205b adopted December 11, 2009, effective December 12, 2009, 39

Pa.B. 6982; amended January 15, 2021, effective January 16, 2021, 51 Pa.B. 304. Immediately preceding text appears at serial pages (371899) to (371900) and (363515).

## **Cross References**

This section cited in 49 Pa. Code § 33.1 (relating to definitions); and 49 Pa. Code § 33.302 (relating to requirements for personnel performing radiologic procedures).

\*This document reflects the Pennsylvania Code changes effective through 54 Pa.B.3010 (May 25, 2024).

[PA code link.](#)

# **POLICY #2 - ADA COMMISSION ON DENTAL ACCREDITATION AND COMPLAINT PROCEDURE**

The program in dental hygiene is accredited by the Commission of Dental Accreditation *and has been granted the accreditation status of "approval without reporting requirements."* The Commission is a specialized accrediting body recognized by the United States Department of Education. The Commission on Dental Accreditation can be contacted at 1-800-232-6108 or at 211 East Chicago Avenue, Chicago, IL 60611.

## **Notice Of Opportunity To File Complaints With The Commission On Dental Accreditation**

The Commission on Dental Accreditation will review complaints that relate to a program's compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

A copy of the appropriate accreditation standards and-or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago IL 60611 or by calling 1-800-621-8099 extension 2719.

## **COMPLAINTS**

### **A. DEFINITION**

A complaint is defined by the Commission on Dental Accreditation as one alleging that a Commission-accredited educational program, a program which has an application for initial accreditation pending, or the Commission may not be in substantial compliance with Commission standards or required accreditation procedures.

### **B. PROGRAM REQUIREMENTS AND PROCEDURES**

**NOTICE OF OPPORTUNITY TO FILE COMPLAINTS:** In accord with the U.S. Department of Education's Criteria and Procedures for Recognition of Accrediting Agencies, the Commission requires accredited programs to notify students of an opportunity to file complaints with the Commission.

Each program accredited by the Commission on Dental Accreditation must develop and implement a procedure to inform students of the mailing address and telephone number of the Commission on Dental Accreditation. The notice, to be distributed at regular intervals, but at least annually, must include but is not necessarily limited to the following language:

The Commission on Dental Accreditation will review complaints that relate to a program's compliance with the accreditation standards. The Commission is interested

in the sustained quality and continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 401 North Michigan Avenue, Suite 3300, Chicago, IL 60611-4250 or by calling (800) 232-6108.

The accredited program must retain in its files information to document compliance with this policy so that it is available for review during the Commission's on-site reviews of the program.

**REQUIRED RECORD OF COMPLAINTS:** The program must maintain a record of student complaints received since the Commission's last comprehensive review of the program.

At the time of a program's regularly scheduled on-site evaluation, visiting committees evaluate the program's compliance with the Commission's policy on the Required Record of Complaints. The team reviews the areas identified in the program's record of complaints during the site visit and includes findings in the draft site visit report and note at the final conference.

Revised: 8/25; 2/13, 8/02, 1/9; Reaffirmed: 8/21; 8/15; 8/10, 7/09, 7/08, 7/07, 7/04, 7/01, 7/96;

CODA:01/94:64

### C. COMMISSION LOG OF COMPLAINTS

A log is maintained of all complaints received by the Commission. A central log related to each complaint is maintained in an electronic data base. Detailed notes of each complaint and its disposition are also maintained in individual program files.

Revised: 8/10, 7/06, 7/02, 7/00, 7/96; Reaffirmed: 8/21; 8/15; CODA: 01/95:5

## **POLICY AND PROCEDURE REGARDING INVESTIGATION OF COMPLAINTS AGAINST EDUCATIONAL PROGRAMS**

The following policy and procedures have been developed to handle the investigation of "formal" complaints and "anonymous" comments/complaints about an accredited program, or a program which has a current application for initial accreditation pending, which may not be in substantial compliance with Commission standards or established accreditation policies.

The Commission will consider formal, written, signed complaints using the procedure noted in the section entitled "Formal Complaints." Unsigned comments/complaints will be considered "anonymous comments/complaints" and addressed as set forth in the

section entitled “Anonymous Comments/Complaints.” Oral comments/complaints will not be considered.

## **Formal Complaints**

A “formal” complaint is defined as a complaint filed in written (or electronic) form and signed by the complainant. This complaint should outline the specific policy, procedure or standard in question and rationale for the complaint including specific documentation or examples.

Complainants who submit complaints verbally will receive direction to submit a formal complaint to the Commission in written, signed form following guidelines in the EOPP manual.

- 1. Investigative Procedures for Formal Complaints:** Students, faculty, constituent dental societies, state boards of dentistry, patients, and other interested parties may submit an appropriate, signed, formal complaint to the Commission on Dental Accreditation regarding any Commission accredited dental, allied dental or advanced dental education program, or a program that has an application for initial accreditation pending. An appropriate complaint is one that directly addresses a program’s compliance with the Commission’s standards, policies and procedures. The Commission is interested in the continued improvement and sustained quality of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

In accord with its responsibilities to determine compliance with accreditation standards, policies, and procedures, the Commission does not intervene in complaints as a mediator but maintains, at all times, an investigative role. This investigative approach to complaints does not require that the complainant be identified to the program.

The Commission, upon request, will take every reasonable precaution to prevent the identity of the complainant from being revealed to the program; however, the Commission cannot guarantee the confidentiality of the complainant.

The Commission strongly encourages attempts at informal or formal resolution through the program's or sponsoring institution's internal processes prior to initiating a formal complaint with the Commission. The following procedures have been established to manage complaints:

When an inquiry about filing a complaint is received by the Commission office, the inquirer is provided a copy of the Commission’s Evaluation and Operational Policies and Procedures

Manual which includes the policies and procedures for filing a complaint and the appropriate accreditation standards document.

The initial screening is usually completed within thirty (30) days and is intended to ascertain that the potential complaint relates to a required accreditation policy or procedure (i.e. one contained in the Commission's Evaluation and Operational Policies and Procedure Manual) or to one or more accreditation standard(s) or portion of a standard which have been or can be specifically identified by the complainant.

Written correspondence clearly outlines the options available to the individual. It is noted that the burden rests on the complainant to keep his/her identity confidential. If the complainant does not wish to reveal his/her identity to the accredited program, he/she must develop the complaint in such a manner as to prevent the identity from being evident. The complaint must be based on the accreditation standards or required accreditation procedures. Submission of documentation which supports the noncompliance is strongly encouraged.

When a complainant submits a written, signed statement describing the program's noncompliance with specifically identified policy(ies), procedure(s) or standard(s), along with the appropriate documentation, the following procedure is followed:

1. The materials submitted are entered in the Commission's database and the program's file and reviewed by Commission staff to determine linkage to Accreditation Standards or CODA policy(ies) and procedures. At this point, the complaint is the property of the Commission and may not be withdrawn by the complainant for the purposes of the Commission's review.
2. Legal counsel, the Chair of the appropriate Review Committee, and the applicable Review Committee members may be consulted to assist in determining whether there is sufficient information to proceed.
3. If the complaint provides sufficient evidence of potential noncompliance with the standards or required accreditation policy(ies) or procedures, the complainant is so advised and the complaint is investigated using the procedures in the following section, formal complaints.
4. If the complaint does not provide sufficient evidence of potential noncompliance with the standard(s) or required accreditation policy(ies), or procedure(s), the complainant is so advised. The complainant may elect:
  - a. to revise and submit sufficient information to pursue a formal complaint; or
  - b. not to pursue the complaint. In that event, the decision will be so noted and no further action will be taken.

Initial investigation of a complaint may reveal that the Commission is already aware of the program's noncompliance and is monitoring the program's progress to demonstrate compliance. In this case, the complainant is notified that the Commission is currently addressing the noncompliance issues noted in the complaint. The complainant is informed of the program's accreditation status and how to monitor the program's status through the Commission's website.

**2. Formal Complaints:** Formal complaints (as defined above) are investigated as follows:

1. The complainant is informed in writing of the anticipated review schedule.
2. The Commission informs the chief administrative officer (CAO) of the institution sponsoring the accredited program that the Commission has received information indicating that the program's compliance with specific required accreditation policy(ies), procedure(s) or designated standard(s) has been questioned.
3. Program officials are asked to report on the program's compliance with the required policy(ies), procedure(s) or standard(s) in question by a specific date, usually within thirty (30) days.
  - a. For standard(s)-related complaints, the Commission uses the questions contained in the appropriate sections of the self-study to provide guidance on the compliance issues to be addressed in the report and on any documentation required to demonstrate compliance. Additional guidance on how to best demonstrate compliance may also be provided to the program.
  - b. For policy(ies) or procedure(s)-related complaints, the Commission provides the program with the appropriate policy or procedural statement from the Commission's Evaluation and Operational Policies and Procedures Manual. Additional guidance on how to best demonstrate compliance will be provided to the program. The Chair of the appropriate Review Committee and/or legal counsel may assist in developing this guidance.
4. Receipt of the program's written compliance report, including documentation, is acknowledged.
5. The appropriate Review Committee and the Commission will investigate the issue(s) raised in the complaint and review the program's written compliance report at the next regularly scheduled meeting. In the event that waiting until the next meeting would preclude a timely review, the appropriate Review Committee(s) will review the compliance report in a virtual meeting. The action recommended by the Review Committee(s) will be forwarded to the Commission for mail ballot approval in this later case.
6. The Commission may act on the compliance question(s) raised by the complaint by:
  - a. determining that the program continues to comply with the policy(ies), procedure(s) or standard(s) in question and that no further action is required.
  - b. determining that the program may not continue to comply with the policy(ies), procedure(s) or standard(s) in question and going on to determine whether the corrective action the program would take to come into full compliance could be documented and reported to the Commission in writing or would require an on-site review.
    - i. If by written report: The Commission will describe the scope and nature of the problem and set a compliance deadline and submission date for the report and documentation of corrective action taken by the program.

- ii. If by on-site review: The Commission will describe the scope and nature of the problem and determine, based on the number and seriousness of the identified problem(s), whether the matter can be reviewed at the next regularly scheduled on-site review or whether a special on-site review will be conducted. If a special on-site review is required, the visit will be scheduled and conducted in accord with the Commission's usual procedures for such site visits.
- c. determining that a program does not comply with the policy(ies), procedure(s) or standards(s) in question and:
  - i. changing a fully-operational program's accreditation status to "approval with reporting requirements"
  - ii. going on to determine whether the corrective action the program would take to come into full compliance could be documented and reported to the Commission in writing or would require an on-site review.
    - If by written report: The Commission will describe the scope and nature of the problem and set a compliance deadline and submission date for the report and documentation of corrective action taken by the program.
    - If by on-site review: The Commission will describe the scope and nature of the problem and determine, based on the number and seriousness of the identified problem(s), whether the matter can be reviewed at the next regularly scheduled on-site review or whether a special on-site review will be conducted. If a special on-site review is required, the visit will be scheduled and conducted in accord with the Commission's usual procedures for such site visits.
- 7. Within two weeks of its action on the results of its investigation, the Commission will also:
  - a. notify the program of the results of the investigation.
  - b. notify the complainant of the results of the investigation.
  - c. record the action.
- 8. The compliance of programs applying for initial accreditation is assessed through a combination of written reports and on-site reviews.
  - a. When the Commission receives a complaint regarding a program which has an application for initial accreditation pending, the Commission will satisfy itself about all issues of compliance addressed in the complaint as part of its process of reviewing the applicant program for initial accreditation.
  - b. Complainants will be informed that the Commission does provide developing programs with a reasonable amount of time to come into full compliance with standards that are based on a certain amount of operational experience.

Revised: 8/25; 8/17; 1/98; Reaffirmed: 8/21; 8/15; 8/10, 7/09, 7/04; Adopted: 7/96

## **Anonymous Comments/Complaints**

An “anonymous comment/complaint” is defined as an unsigned comment/complaint submitted to the Commission. Any submitted information that identifies the complainant renders this submission a formal complaint and will be reviewed as such (e.g. inclusion of a complainant’s name within an email or submitted documentation).

All anonymous complaints will be reviewed by Commission staff to determine linkage to Accreditation Standards or CODA policy and procedures. If linkage to Accreditation Standards or CODA policy is identified, legal counsel, the Chair of the appropriate Review Committee, and the applicable Review Committee members may be consulted to assist in determining whether there is sufficient evidence of potential noncompliance with the standard(s) or required accreditation policy(ies), or procedure(s) to proceed with an investigation. The initial screening is usually completed within thirty (30) days. If further investigation is warranted, the anonymous complaint will be handled as a formal complaint (See Formal Complaints); however, due to the anonymous nature of the submission, the Commission will not correspond with the complainant.

Anonymous comments/complaints determined to be unrelated to an Accreditation Standard or CODA policies and procedures will not be considered. Anonymous comments/complaints that do not provide sufficient evidence of probable cause of noncompliance with the standard(s) or required accreditation policy(ies), or procedure(s) to proceed, will not be considered.

Revised: 8/25; 8/22; 2/22; 2/21; Reaffirmed: 8/21; Adopted: 8/17

The next scheduled ADA accreditation site visit is planned for 2028.

Revised 5-14, 7-24

## **POLICY #3 – NON-DISCRIMINATION**

Montgomery County Community College (MCCC or The College) strives to create a community of trust and openness. MCCC is committed to the premise that all individuals have a right to learn and work in an environment that is safe, productive, respectful, and free from discrimination or retaliation. The College takes seriously all allegations of discrimination or retaliation and will take appropriate action in response to any credible allegations.

MCCC in its educational programs, activities, employment and human resources policies and practices, will not discriminate against any individual because of race, color, religion, religious creed, sex, pregnancy, ancestry, national origin, age, affectional or sexual orientation, genetic information, gender identity, gender presentation, veteran's status, marital status, disability or any other characteristic protected by law.

Additionally, the College complies with the Genetic Information Non-Discrimination Act (GINA), which prohibits the use of genetic information related to hiring, or any terms, conditions or privileges of employment, and to the intentional and unlawful acquisition of genetic information for any applicant, employee or family member.

Reasonable accommodation will be provided to qualified persons with disabilities, to accommodate religious practices, and for a worker's known limitation related to pregnancy, childbirth, or related medical conditions provided that the accommodation does not pose an undue hardship.

### **Retaliation is Prohibited**

MCCC and any member of the MCCC community are prohibited from taking or attempting to take materially adverse action by intimidating, threatening, coercing, harassing, or discriminating against any individual for the purpose of interfering with any right or privilege secured by law or policy, or because the individual has made a report or complaint, testified, assisted, or participated or refused to participate in any manner in an investigation, proceeding, or hearing under this policy. Filing a complaint under another MCCC policy could be considered retaliatory if those allegations could be subject to this policy, when the policy allegations are made for the purpose of interfering with or circumventing any right or privilege provided afforded within this policy that is not provided by other MCCC operating procedures. Therefore, MCCC carefully vets all complaints to ensure this does not happen, and to ensure that complaints are routed to the appropriate process.

MCCC will take appropriate and available steps to protect individuals who fear that they may be subjected to retaliation.

### **Contact Information**

Complaints or notice of alleged policy violations, or inquiries about or concerns regarding this policy and procedures, may be made internally via: Discrimination/Harassment Report or by contacting 504@mc3.edu or 215-619-7383.

This information will be routed to the Director of Equity, Diversity and Belonging.

Approved 6-04

Revised 6-07, 6-10, 6-12, 5-15, 7-24; 7-26

# **POLICY #4 - BLOODBORNE PATHOGENS PROCEDURE STATEMENT**

The Montgomery County Community College Dental Hygiene Program is committed to addressing issues related to bloodborne pathogens, such as Human Immunodeficiency (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV) in order to protect patients, students, faculty and staff, as well as protect the rights of individuals who may have a bloodborne infectious disease. Students are required to treat all patients assigned and as a result, the potential exists for transmission of bloodborne and other infectious diseases during patient care services. The purpose of this bloodborne pathogens statement is to minimize the risk of transmission of bloodborne pathogens, as well as minimize the risk to other environmental hazards. Policies will be reviewed annually, and changes recommended as appropriate.

The Montgomery County Community College Dental Hygiene Clinic is a safe place to provide and receive dental care. Current and generally accepted epidemiological information supports the conclusion that there is no significant risk of contracting bloodborne diseases through the provision of dental treatment when appropriate infection control procedures are followed. A key element of infection control is the concept of *standard precautions*, introduced by the Centers for Disease Control and Prevention (CDC) as a means to reduce the risk of bloodborne pathogen transmission (e.g., the Human Immunodeficiency Virus [HIV], Hepatitis B Virus [HBV] and others) in healthcare settings. The primary principle behind standard precautions centers on the premise that medical history and examination cannot reliably identify all patients infected with bloodborne pathogens. All patients, therefore, must be regarded as potentially infectious. As such, applying standard precautions requires that infection control procedures (e.g., HBV vaccination, routine handwashing, use of protective barriers and care in the use and disposal of needles and other sharp instruments) are used for every patient.

## **Bloodborne Pathogen & Infection Control Training**

The Montgomery County Community College Dental Hygiene Program complies with all local, state and federal infection control policies including the application of Standard Precautions as stipulated by current CDC Guidelines. Written policies and instruction on infection control protocol to minimize the risk of disease transmission is provided in courses throughout the curriculum. Compliance with safety practices is evaluated throughout the students' clinical experience to ensure a safe educational and work environment. Infection control procedures are outlined in the Dental Hygiene Program Clinic Handbook and are reviewed annually.

## **Exposure to Bloodborne Pathogens**

Faculty, staff, students, and patients who are exposed to a bloodborne pathogen in the course of their clinical care are referred to the Health Sciences Division's Bloodborne Exposure Procedure located in the Dental Hygiene Program Clinic Handbook.

## **Admission-Employment**

The Montgomery County Community College Dental Hygiene Program will not discriminate against faculty, staff, students, applicants for admission, or patients based solely on health status. Applicants who test positive for infectious disease, or who are carriers of an infectious disease should seek counsel from their physician and the Program Director prior to application.

## **Immunizations**

The risk for exposure to Hepatitis B is higher for Dental Health Care Providers (DHCP) than the general population; therefore, it is recommended that students start the vaccination process for Hepatitis B as soon as they receive acceptance into the Program. A comprehensive medical history, physical examination, negative Tuberculin (Mantoux), QuantiFERON Gold, skin test (negative chest x-ray if positive), and additional immunizations as stated in the Montgomery County Community College Catalog must also be completed.

## **HIV Testing**

Testing of DHCP and students for HIV is not required by the Dental Hygiene Program. However, health care workers and students who perform exposure-prone procedures on patients are encouraged to be tested voluntarily in order to know their HIV status.

## **Obligation to Report**

A student will be allowed to continue his-her education as long as their medical condition permits patient care and other individual's health is not jeopardized or at risk. In the event that an individual poses a risk to others, the Director of the Dental Hygiene Program will assist the individual in obtaining counseling and advisement regarding their health and education.

## **Confidentiality**

All information regarding the health status of an individual is confidential and protected by the Family Education Rights and Privacy Act of 1994 and the 1996 Health Insurance Portability and Accountability Act.

## **Standard Precautions**

Standard precautions involve the use of protective barriers such as gloves, gowns, masks, and protective eyewear, which can reduce the risk of exposure of the DHCP's skin or mucous membranes to potentially infectious materials. Personal protective equipment for faculty and students is removed before leaving the Clinic and disposed of or cleaned properly by the institution. In addition, it is recommended that all faculty and students take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices. In the event of injury, the Health Sciences Division's Bloodborne Exposure Procedure is located in the Montgomery County Community

## **Enforcement of Practice Limitations or Modifications**

Any student or DHCP who engages in unsafe and-or careless clinical practices which create risks to the health of patients, employees, or students shall be subject to disciplinary action. When such actions are brought to the attention of the Director, Dental Hygiene Program, the students or DHCP may be suspended immediately from all patient care activities pending a full investigation of the matter.

## **Environmental Hazards**

Environmental hazards of dental hygiene practice include: disorders associated with repetitive activities, exposure to high decibel sounds, exposure to hazardous chemicals or substances, accidental injury, exposure to radiation, and allergic reactions to latex or other chemical agents.

## **Dental Hygiene Services**

Patients infected with bloodborne pathogens can be safely treated in the Dental Hygiene Clinic, but may need to provide documentation from physician that they are well enough to treat. Current epidemiological evidence indicates that there is no significant risk of contracting bloodborne diseases through the provision of dental treatment when Standard Precautions are routinely followed. Therefore, all patients regardless of HIV, HBV, or HCV status will be provided dental hygiene services in the Montgomery County Community College Dental Hygiene Clinic. Standard precautions for *all* patients will be followed.

## **Communication of Bloodborne Pathogen Policy to Dental Hygiene Clinic Patients**

The Montgomery County Community College Dental Hygiene Program's Bloodborne Procedure is available upon request. Patients are asked to read and sign the Informed Consent form prior to receipt of any dental services in the Montgomery County Community College Dental Hygiene Clinic.

## **Confidentiality**

All information regarding the health status of an individual is confidential and is considered protected health information used only for treatment. A privacy notice explaining the use of health information is reviewed with the patients at the initial appointment. The Montgomery County Community College Dental Hygiene Program is HIPAA compliant.

Approved 2006

Revised 6-2025

## **POLICY #5 - ESSENTIAL FUNCTIONS FOR DENTAL HYGIENE STUDENTS**

The Dental Hygiene curriculum requires students to have adequate communication, motor, sensory, cognitive, behavioral, and ethical abilities in order to ensure the health and safety of clients-peers and to successfully complete the program of study. The Essential Functions reflect the required abilities that are compatible with effective performance as an entry-level dental hygienist.

| <b>Abilities-Attributes</b> | <b>Standard</b>                                                                                                                                                                                                                                | <b>Some Examples of Necessary Activities-Attributes (not all inclusive)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Motor Skills-Sensory        | <p>Gross and fine motor abilities sufficient to provide safe and effective care and documentation.</p> <p>Tactile ability sufficient for client assessment and treatment.</p> <p>Visual ability sufficient for observation and assessment.</p> | <ul style="list-style-type: none"><li>• Reaches, manipulates, and operates equipment &amp; instruments competently.</li><li>• Performs all treatment to OSHA and OSAP standards.</li><li>• Performs palpation.</li><li>• Detects intraoral deposits and removes with hand and-or power instrumentation.</li><li>• Detects dental caries clinically, radiographically and-or through technology.</li><li>• Observes client responses.</li><li>• Discriminates color changes and shades of gray, i.e., probe.</li><li>• Develops hand-eye coordination and skills with dominant and non-dominant hands.</li></ul> |

|                      |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Communication        | Communication abilities in English sufficient for appropriate interaction with others in verbal and written form.                                 | <ul style="list-style-type: none"> <li>• Reads, understands, spells, writes, and speaks English proficiently.</li> <li>• Establishes rapport with clients and colleagues.</li> <li>• Explains treatment procedures and recommendations in a manner that other healthcare providers, as well as clients, understand.</li> <li>• Implements dental health education, diet, &amp; tobacco dependence counseling.</li> <li>• Documents client responses, clinical findings, and services rendered with correct spelling, punctuation, and grammar.</li> <li>• Validates responses-messages with others.</li> <li>• Demonstrates basic computer and documentation skills (i.e., logging on, typing, Microsoft Office programs, Canvas, emailing, Dentrix Enterprise, Dexis, etc.).</li> </ul> |
| Behavioral-Emotional | The ability to perceive events realistically, to think clearly and rationally, and to function appropriately in routine and stressful situations. | <ul style="list-style-type: none"> <li>• Identifies change in client health status.</li> <li>• Handles multiple priorities in stressful situations.</li> <li>• Adapts quickly to change; flexible.</li> <li>• Uses good judgement.</li> <li>• Empathizes with clients.</li> <li>• Demonstrates initiative to find clients for clinic and-or for course requirements.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                          |

|                             |                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                             |                                                                                                                                                                    | <ul style="list-style-type: none"> <li>• Demonstrates flexibility, positivity, and responsiveness.</li> <li>• Manages class time appropriately and follows clinical time guidelines independently.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Cognitive-Critical Thinking | <p>Critical thinking-problem solving ability sufficient for sound clinical judgement.</p> <p>Comprehend, analyze, apply, synthesize, and evaluate information.</p> | <ul style="list-style-type: none"> <li>• Identifies cause-effect relationships in clinical situations.</li> <li>• Develops care plans.</li> <li>• Evaluates treatment outcomes.</li> <li>• Seeks consultation in a timely manner.</li> <li>• Computes basic mathematical problems.</li> <li>• Comprehends data in tables, graphs, charts, and analog-digital displays (i.e., analog clock, sphygmomanometer, etc.).</li> <li>• Uses critical thinking skills in both the classroom and in the lab-clinical setting.</li> <li>• Achieves clinical competency through independent organization of clinical requirements.</li> </ul> |
| Professional Conduct        | The ability to practice dental hygiene ethically and to abide by the professional standards of practice.                                                           | <ul style="list-style-type: none"> <li>• Accepts personal responsibility for actions – accountable.</li> <li>• Is courteous; appropriately open and candid.</li> <li>• Is honest; presents own work (i.e., does not plagiarize, does not photograph or video record “test materials”, does not cheat, etc.).</li> <li>• Does not erase or modify data from any record or file or remove</li> </ul>                                                                                                                                                                                                                                |

|  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  |  | <p>any record from where it is maintained.</p> <ul style="list-style-type: none"> <li>• Does not share confidential information with any individual(s) who does not need to know.</li> <li>• Manages conflict constructively.</li> <li>• Functions interdependently with other healthcare providers..</li> <li>• Meets deadlines; attends class-lab-clinic on time and-or preferably early</li> <li>• Is tolerant; has respect for all human beings.</li> <li>• Accepts criticism maturely.</li> <li>• Maintains decorum in front of clients-peers.</li> <li>• Complies with the clinical dress code; demonstrates good personal hygiene.</li> <li>• Complies with classroom rules and program policies.</li> <li>• Interacts with faculty in a non-confrontational manner.</li> <li>• Understands and accepts role as both operator-clinician and a client for a peer while in clinic-lab (i.e., giving and receiving of local anesthetic injections AND learning clinical skills and providing and receiving instrumentation with student partners).</li> <li>• Volunteers time toward curriculum-related and-or professional</li> </ul> |
|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|  |  |                                                                                                                                                                                                                                                                                           |
|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  |  | <p>association activities.</p> <ul style="list-style-type: none"><li>• Obtains necessary vaccinations, including influenza, or submits the appropriate declination forms.</li><li>• Does not practice under the influence of alcohol, controlled or dangerous drugs-substances.</li></ul> |
|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

\*Adopted from Northampton Community College Dental Hygiene Program

## Essential Functions of the Dental Hygiene Program continued...

Students must be able to fulfill these essential functions of the job without endangering patients or other healthcare workers. Students with disabilities may be eligible for accommodations. Prior to the start of the Program, students may contact the Director of Services for Disabilities at 215-641-6575 for more information. [This is the disabilities contact information.](#) Students must be able to sit as a student partner.

If student does not meet the essential functions in a pre-clinical, clinical or lab course the faculty member will issue an “F” grade for the course. The student will be referred to the program director and depending on the essential function deficiency, the student may be dismissed from the Dental Hygiene program. The student has the right to appeal the “F” grade or dismissal from the program by following the procedural steps listed in the Student Academic Code of Ethics.

By signing the **Acknowledgement of Understanding**, I verify that I understand and agree to the Essential Functions required by the Dental Hygiene Program

Revised 7-25, 7-26

## POLICY #6 - STUDENTS WITH DISABILITIES

Montgomery County Community College complies with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act. The Dental Hygiene Program believes that students with disabilities may be eligible for accommodations in this Program based on the Essential Functions for the A.A.S. Degree in Dental Hygiene that students are expected to meet in order to be eligible for the clinical component of the curriculum. The student should contact the Director of Services for Students with Disabilities in the Disability Services Center, or at (215) 641-6575 to request supported accommodations. Upon receiving a letter from the Disability Services Center, the student is encouraged and responsible for informing the Dental Hygiene Program faculty of any recommended accommodations as early as possible in the semester and program. Information is also available on the College’s website, <https://www.mc3.edu-choosing-montco-academic-support-disability-services>

## POLICY #7 - CPR

Students must be certified by the American Heart Association (CPR for the Health Care Professional-BLS Course). Verification of current CPR certification is required and is kept on file in the Dental Hygiene Program. This certification must be maintained until the completion of the dental hygiene curriculum and board examinations. Failure to comply with this regulation will prevent a student from participating in pre-clinical and clinical assignments. Students are responsible for monitoring and maintaining CPR certification. Unannounced audits will be conducted by the Program. Faculty certification is required by state licensure requirements.

Revised 7-24

## POLICY #8 - LIABILITY INSURANCE

Annual verification of current professional liability insurance coverage (\$1,000,000-\$3,000,000 Limits of Liability) is to be presented by the beginning of the Fall semester and kept on file with the Dental Hygiene Program. This proof must be in the form of a copy of the cover page listing the terms of the coverage. Failure to comply with this regulation will prevent the student from beginning pre-clinical and clinical assignments.

## POLICY #9 - EXAMINATIONS AND COURSE GRADING POLICIES

The Dental Hygiene faculty are committed to the academic success of students enrolled in the Dental Hygiene Program. On-going, regular evaluations and grading are used to enable students to assess their progress in meeting course objectives. The Dental Hygiene Program complies with College policies regarding the administration of examinations and tests. Make-up examinations or tests in all dental hygiene courses are at the discretion of the instructor. Refer to faculty syllabi for specific course guidelines.

In accordance with Dental Hygiene Program policy, an average of **75% on all exams is required for successful completion** of each course. If the course contains a clinical component, the student must also complete all competencies and requirements of that clinic term to successfully complete the course. **Note:** see Clinical Grading below.

**\*Please note, although the College-wide Comprehensive Grading Policy states a passing grade of a 'C' is a final score of 70-76%, to progress in the program successfully, the student must achieve a minimum average grade of 75% in the exams AND a minimum overall grade of 75% in the course.**

### MCCC Comprehensive Grading Policy:

|    |        |
|----|--------|
| A  | 93-100 |
| A- | 90-92  |
| B+ | 87-89  |
| B  | 83-86  |
| B- | 80-82  |
| C+ | 77-79  |
| C  | 70-76  |
| D  | 60-69  |
| F  | 0-59   |

XF 0.00

## Clinical Grading

### 1) Grade of “Pass”

In order to complete the clinical component of a dental hygiene course successfully, the student must earn a grade of “Pass” in the course’s clinical component. The student’s clinical progress is measured by various evaluation methodologies used throughout the semester including clinical technique competencies and requirements. Each student’s clinical grade is based on meeting minimal competency levels, demonstration of positive progression related to clinical skill development, application and integration of supporting process and didactic information while demonstrating clinical competency and completion of predetermined requirements and processes in a given semester. Specifically, each of the following evaluation components is considered:

- Daily clinical evaluations
- Supporting technique competency evaluations at designated level
- Adherence to policies and procedures including but not limited to safe clinical practice
- Completion of requirements at designated level
- Radiology experiences and performance
- Documentation of records
- Portfolio development
- Professional development
- Service Learning

A grade of “Pass” is achieved when the student demonstrates satisfactory progress in each of the aforementioned areas and competency levels and requirements are met.

At midterm (or more frequently if needed), the Resource Specialist will meet with the student to review progress and identify strengths and areas for growth. The student’s clinical performance is summarized and documented in Starfish and goals are established for the remainder of the semester. At the end of the semester, a second advising meeting is conducted with the student (if necessary) to discuss the student’s progress over the course of the semester.

### 2) Grade of “No Pass”

If the student fails to achieve consistent satisfactory progress, competency level and-or requirements for the semester or demonstrates unsafe behavior, the Dental Hygiene Program Student Status Committee will assign a “No Pass” (NP) grade. If a NP is assigned, the student may not progress to the next clinical course and-or graduate and will be dismissed from the

Program. A “NP” results in an “F” for the overall course grade.

Revised 6-06, 5-08, 5-12, 5-15, 7-18,7-24

# **POLICY #10 - CRITERIA FOR SUCCESSFUL PROGRAM COMPLETION & LICENSURE**

## **Criteria for Successful Program Completion & Licensure**

To successfully complete the Dental Hygiene Program and qualify for licensure, students must meet the following requirements:

### **1. Academic Performance**

- Complete all DHG courses in the prescribed curriculum sequence.
- Achieve a final grade of **75% or higher** in each course.

### **2. General Education Requirements**

- Fulfill all general education requirements as outlined by the College.

### **3. National Board Dental Hygiene Examination (NBDHE)**

- To be eligible to sit for the NBDHE, the **Program Director must certify** that the student is on track to graduate from MCCC.
- **Students with an excessive number of clinical or academic errors, or those falling below the required semester average, may experience a delay in certification for eligibility to sit for licensure examinations.**

### **4. CDCA-WREB-CITA Clinical Board Examination - ADEX**

- To be eligible to sit for the Simulated Patient Treatment Clinical Examination (SPTCE), the **Program Director must verify** that the student will graduate from the program within **45 days** of the scheduled exam.
- Students must also complete and pass the **Computer Simulated Clinical Examination (OSCE)** component.
- **Both parts** of the CDCA-WREB-CITA exam must be successfully passed.

### **5. Licensure Eligibility**

- To apply for licensure as a Registered Dental Hygienist in the **Commonwealth of Pennsylvania**, students must:
  - Graduate from the Dental Hygiene Program, and

- Successfully pass **both the NBDHE and the CDCA-WREB-CITA (ADEX)** examinations.

### **Program Completion Timeline**

All students must complete the Dental Hygiene Program **within four academic years** of their initial official enrollment in the clinical program.

### **Re-Admission Policy**

Re-admission is based on **space availability** and the student's ability to meet **minimum specified requirements**.

### **Additional Policies**

Refer to **Policy #18** for detailed information regarding **grade changes and academic challenges**.

**Revised** 6-09, 5-12, 5-13. 8-24, 7-25, 7-26

## **PROGRESSION IN THE DENTAL HYGIENE PROGRAM**

Candidates for the A.A.S. Degree in Dental Hygiene may progress within the Program and be recommended to the PA State Board of Dentistry for licensure and eligibility to take the Dental Hygiene National Board and ADEX examination if the following requirements have been met:

1. Minimum grade of 75% in all dental hygiene (DHG) courses. In the prerequisite related sciences (BIO 131, 132, 140) students must earned at least a "B" or better in one course with the second and third courses having a minimum of "C" or better. All courses must be completed within two attempts.
2. Complete courses in prescribed sequence as identified under Sequence of Courses.

All students must complete the Dental Hygiene Program within four academic years of the date of first official enrollment in the clinical Program. Eligibility for re-admission to the Program is based upon space availability as well as meeting minimal specified requirements.

See Policy #18 for information on Grade Changes and Challenges.

Revised 6-09, 5-12, 5-13. 8-24

## **POLICY #11 - TESTING POLICY**

The purpose of tests and exams within the Dental Hygiene Program is to assess students' mastery of course content. Students are informed verbally and in writing via the course syllabus about the number of tests and exams that are included at the beginning of each course.

In the event that a student cannot be present for an announced test or exam, it is the responsibility of the student to contact the instructor administering the test or exam prior to beginning of the exam-test. If this is not done, the student will receive a grade of zero for that exam-test.\*

Policies regarding the provision of make-up exams-tests are at the discretion of the course faculty and included in the course syllabus. Students are required to contact faculty within 24 hours after missing an exam-test to schedule the make-up test-exam if applicable. If a make-up exam-test is given by the course faculty, it must be taken within one week of the original test-exam date.\*

An average of seventy-five percent (75%) in all tested material must be achieved to pass each required DHG course. If a 75% is not obtained the student will be dismissed from the Dental Hygiene Program.

\*Extenuating circumstances will be handled individually.

Approved 5-12, Revised 5-13, 7-18, 7-25, 7-26



## Montgomery County Community College

### Dental Hygiene Program

### **Test Taking Statement of Intent\***

According to Montgomery County Community College's *Student Academic Code of Ethics* policy, "In the pursuit of knowledge and higher education, members of the academic community, specifically students enrolled in credit and non-credit programs, at Montgomery County Community College must maintain a constant commitment to academic ethics. The College cultivates an environment that fosters critical thinking and learning, and in order to safeguard the integrity of the institution, students are expected to follow the policies of the College. Students who practice academic honesty demonstrate respect for the educational process and support the accomplishments of fellow students, while upholding the College's reputation. Therefore, it is expected that students will participate in a culture of academic honesty.

"The Academic Code of Ethics and other College policies, such as the Student Code of Conduct and Acceptable Use of Technology Policy, create an integrated ethics policy for the College. With respect to these policies, some programs may have additional expectations students are required to meet. Students who do not adhere to all codes are subject to the consequences outlined in each respective policy. By enrolling at the College, students agree to abide by this Student Academic Code of Ethics and to understand, value, and demonstrate academic honesty. Assignments include, but are not limited to, hardcopy or electronic papers, homework, exams, laboratory exercises, projects, clinical experiences, performances, exhibits, and presentations.

"Academic honesty includes, but is not limited to, the following: Presenting verifiably accurate information and respecting documentation, avoiding plagiarism, and avoiding cheating."

As a student in the Dental Hygiene Program at MCCC, I agree that I am solely responsible for my work and for making sure that my work represents my own honest efforts to meet the goals of the course. I am responsible for learning and following the policies and expectations of the College and for understanding the consequences of actions that violate the policy. I am responsible for showing that the work I present is mine exclusively.

I further understand that violations of the *Student Academic Code of Ethics* policy include any actions that attempt to gain academic credit for work that does not represent my own efforts and knowledge (i.e., providing or receiving help on a test in a manner not authorized by the instructor [consulting with another person] or making a copy of the test).

The penalty that will be imposed for any breach of the *Student Academic Code of Ethics* policy may include one or more of the following: Requiring the completion of academic ethics training, repeating the assignment with a grade penalty, receiving a failing grade for the assignment, receiving a lower course grade, receiving a failing grade for the course, suspension from clinical settings, receiving an academic integrity flag within the College's retention software system, receiving an XF grade for the

course, a notation of academic misconduct on the student's transcript, or other appropriate consequences.

In addition, according to the American Dental Hygienists' Association (ADHA) Code of Ethics, the following portions of the Code would be violated as a student entering the dental hygiene profession if the College's *Student Academic Code of Ethics* policy is breached: to avoid self-deception, and continually strive for knowledge and personal growth, to assert our own interests in ways that are fair and equitable, to have realistic expectations of ourselves and recognize our limitations, to conduct professional activities and programs, and develop relationships in ways that are honest, responsible, and appropriately open and candid, to encourage a work environment that promotes individual professional growth and development, and to promote a positive image for our profession. (*Adapted from the ADHA's Bylaws and Code of Ethics*)



Montgomery County  
Community College

Dental Hygiene Program

**Test Taking Statement of Intent\***

**DURING TEST TAKING I WILL...**

1. Be on time.
2. Sit where faculty directs.
3. Write my name on all my tests-exams.
4. Keep my eyes on my own test and scanner sheet, not allowing my eyes to wander.
5. Place my personal belongings (i.e., notes, book bag, purse, cell phone-turned off, smart watches, etc.) in designated area.
6. Take off any hat and place it with my personal belongings.
7. Please keep both shoes on at all times.
8. Finish any drinks-food and throw away any trash prior to test taking.
9. Bring a minimum of two pencils and a good eraser.
10. Mark all final answers carefully and completely on the scanner sheet.
11. Erase clearly, avoiding excessive smudging of the scanner sheet.
12. Provide and use my own calculator (if allowable). NOTE: cell phones and smart watches will NOT be permitted to be used; sharing of calculators may be allowable at faculty discretion, only by having the calculator at the front of the room with faculty.
13. Avoid talking once test distribution begins.
14. Contact the course faculty when I will be missing a test.
15. Turn in my test paper and leave the room silently if I finish testing early, avoiding reentering the room once outside the test area.
16. Refrain from consulting my notes in the test taking area and will only do so outside the room.

17. Refrain from sitting in the immediate hallway outside the testing room and avoid talking in that immediate hallway during the testing time.
18. Complete the entire test to the best of my ability, being sure to answer all questions (including those requiring a written response) until “END OF TEST.”
19. **Complete the test within the time allowable, including reading questions, selecting responses and recording answers on the test and-or scanner sheet.**
20. Keep track of my own time using a clock in the room or a watch; faculty will verify the “end time” for the test by using the clock in the room.
21. Turn in my test before or immediately when faculty says, “Pencils down.”
22. Refrain from discussing test questions with another section.

#### **DURING TEST RETURN I WILL...**

23. Accept my answers as marked on the scanner sheet as the answers that will be graded, not challenging a graded scanner sheet upon return of a test. NOTE: No changes will be made to the scanner sheet results once returned to students; faculty will announce if grades have been adjusted if an item had been keyed incorrectly.
24. NEVER add an answer to a question that was left unanswered-blank during test administration to improve my grade.
25. NOT have a cell phone and-or writing utensil out (i.e., pencil, pen, highlighter, etc.) when reviewing tests.
26. NOT copy any test questions-answers upon reviewing tests.
27. Independently speak to faculty with questions upon reviewing tests or make an appointment during office hours if in-depth discussion or help is desired.
28. Make an appointment with faculty if I receive a grade of less than 75% on any test.

I agree to abide by the College’s *Student Academic Code of Ethics* policy, related ADHA’s Code of Ethics and the Dental Hygiene Program’s Test Taking Statement of Intent to the best of my ability while a student in the Dental Hygiene Program.

Date

Student’s Signature

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\*Adapted from Northampton Community  
College Approved: 5-2012. Revised 5-14,  
7-18, 7-25

## **POLICY #12 - STUDENT ACADEMIC CODE OF ETHICS**

Academic honesty is expected of all students in the Dental Hygiene Program. The Dental Hygiene faculty support the College's [\*Student Academic Code of Ethics\*](#), which states, "In the pursuit of knowledge and higher education, members of the academic community, specifically students enrolled in credit and non-credit programs, at Montgomery County Community College must maintain a constant commitment to academic ethics. The College cultivates an environment that fosters critical thinking and learning, and in order to safeguard the integrity of the institution, students are expected to follow the policies of the College. Students who practice academic honesty demonstrate respect for the educational process and support the accomplishments of fellow students, while upholding the College's reputation. Therefore, it is expected that students will participate in a culture of academic honesty.

The Academic Code of Ethics and other College policies, such as the Student Code of Conduct and Acceptable Use of Technology Policy, create an integrated ethics policy for the College. With respect to these policies, some programs may have additional expectations students are required to meet. Students who do not adhere to all codes are subject to the consequences outlined in each respective policy.

Any activity which suggests dishonesty including, but are not limited to: Intentionally Presenting Inaccurate Information or Forging Documents, Plagiarism, Cheating (Exams and Assignments i.e. hard copy or electronic papers, homework, laboratory exercises, projects, oral presentations; Aiding Other Students in Cheating) violates the *Student Academic Code of Ethics* and is subject to sanctions, including a grade of zero for the assignment and-or potential dismissal from the Dental Hygiene Program.

Students are responsible to access and read the College's *Student Academic Code of Ethics* in the Montgomery County Community College Catalog, Student Handbook Calendar, College website and course syllabi.

As outlined in the College's [\*Student Academic Code of Ethics\*](#),

"Students may follow the College's appeal process if they dispute an instructor's accusation of academic dishonesty. The Academic Progress Committee will then hear the appeal."

Revised 6-07, 5-08, 6-09, 5-11, 5-12,7-24

## POLICY #13 - REMEDIATION POLICY

The Dental Hygiene faculty is committed to the academic success of each student in the Dental Hygiene Program. Students' grades are monitored throughout the program through daily feedback on clinical evaluations and technique evaluations, timely notification regarding performance on course exams-tests and projects, and mid-term and final advising meetings as well as additional meetings as appropriate. Students who are not passing a didactic course with a grade of 75% or better and-or are not demonstrating an adequate level of skill in a preclinical or clinical course are recommended for remediation. The remedial instruction is a one-one-one meeting with a course faculty and-or Supplemental Instruction Instructor to improve the knowledge, competency and-or skills of a student.

### Course Remediation

If a student is not meeting the minimum passing grade (75%) in a didactic course, the student is responsible for making an appointment to meet with the course director to review their performance. The role of the faculty is to guide in accessing information, answering questions and advising students in problem-solving strategies. Students are responsible for follow-up on all recommendations and informing the course director who will continue to monitor the student's progress.

### Clinical Remediation

The Dental Hygiene Program offers Supplemental Instruction for additional support and remediation. The student may be referred to Supplemental Instruction (SI) or may self-refer. If referred by faculty, the student must attend.

Supplemental Instruction provides individualized remediation through focused instruction, guided practice, and feedback specific to the student's identified deficiencies. The session is designed to help the student understand the expected level of competency and develop the skills necessary to successfully perform the procedure on a typodont, clinic partner, and/or patient, as appropriate.

Clinical faculty will document the specific areas of weakness or deficiency on the SI Referral Form in Starfish.

Students are required to register for an SI session within **48 hours** of the referral and must arrive prepared. Preparation includes, but is not limited to, bringing the required instruments, arranging for a clinic partner (if applicable), and having access to the appropriate textbook and course materials.

Upon completion of the SI session, the Supplemental Instructor will complete an SI Confirmation Note in Starfish documenting the remediation provided, the student's progress, and any additional recommendations. A copy of the note will be sent to the designated Clinic Coordinator, who will monitor the students' progress.

If a student is not demonstrating an acceptable level of competency in a preclinical or clinical course, the following remediation process will be implemented:

- Initial Unsuccessful Attempt: The student must meet with the assigned clinical faculty member to review their performance and all related documentation before completing a second attempt. If referred to SI by faculty, the student must attend. The second attempt of competency must be performed on a different patient by a different faculty member. Competency cannot be re-tested in SI.
- Second Unsuccessful Attempt: Following a second unsuccessful attempt, the student will be **required** to attend Supplemental Instruction (SI). Clinical faculty will document the specific areas of weakness or deficiency on the SI Referral Form and provide it to the Supplemental Instructor.

- Students are required to register for an SI session within **48 hours** of the referral and must arrive prepared. Preparation includes, but is not limited to, bringing the required instruments, arranging for a clinic partner (if applicable), and having access to the appropriate textbook and course materials.
  - Supplemental Instruction provides individualized remediation through focused instruction, guided practice, and feedback specific to the student's identified deficiencies. The session is designed to help the student understand the expected level of competency and develop the skills necessary to successfully perform the procedure on a typodont, clinic partner, and/or patient, as appropriate.
  - Upon completion of the SI session, the Supplemental Instructor will complete an SI Confirmation Note in Starfish documenting the remediation provided, the student's progress, and any additional recommendations. A copy of the note will be sent to the designated Clinic Coordinator, who will monitor the students' progress.
  - The student **may not** initiate a third attempt until the required SI session has been completed and documented.
- Third Unsuccessful Attempt:
    - Student is referred to Student Status Committee for review of the student's performance to determine if the student will be placed on Clinical Probation or receive a No-Pass (NP) for the course, resulting in dismissal from the Dental Hygiene Program.

Note: A student may be referred to SI for unsuccessful technique competencies and-or failure to comply with program policies and procedures.

Approved 5-12; Revised 5-13, 5-15, 7-18, 7-26

## **POLICY #14 - PROCEDURE FOR DISMISSAL FROM THE DENTAL HYGIENE PROGRAM**

### Academic Policy

When a student fails to meet the academic prerequisites for continuing in the Dental Hygiene Program, the procedure below will be followed.

1. At the mid-term grading period, the Director and faculty will review grades and any student having a “D” or “F” grade or unsatisfactory pre-clinical or clinical progress in dental hygiene courses will be given written notice of his or her status within the Program. The Dental Hygiene Program Director will issue necessary letters.
2. If a grade of “D”, “F” or “NP” is received as a final grade in any DHG or BIO course, the student will be dismissed from the Program.
3. Students wishing to appeal a final grade are referred to the [College \(grade appeal\) policy](#).

See Policy #18 for information on Grade Changes and Challenges.

Revised 5-12, 5-15, 7-18,7-24

## **POLICY #15 - EXITING THE DENTAL HYGIENE PROGRAM**

All dental hygiene students who leave the Program prior to completion are required to have an exit interview. The exit interview is with the Director, Dental Hygiene Program. The purpose of this meeting is to inform the student of procedures for academic withdrawal and the process for re-entry, if applicable. The student will also be referred to the appropriate clinical coordinator to return equipment. Students who are planning to return to the Program are encouraged to work on areas needing improvement during the interruption of their course of study. This is intended to help the student stay current in their field and reinforce their skills.

Revised 5-13, 7-24



# **POLICY #16 - PROCEDURE FOR DENTAL HYGIENE PROGRAM RE-ENTRY**



## **Dental Hygiene**

### **Student Re-Entry Policy**

#### **Purpose**

The purpose of this policy is to outline the criteria, process, and conditions under which a student may apply for re-entry into the program following withdrawal, dismissal, or interruption of enrollment. This policy is not semester-specific and applies uniformly across academic years.

#### **Scope**

This policy applies to all students seeking re-entry into the program after a lapse in enrollment for any reason, including but not limited to academic, clinical, personal, or administrative circumstances.

#### **Eligibility for Re-Entry**

Re-entry is not guaranteed and is subject to program capacity, accreditation requirements, and faculty approval. To be considered for re-entry, a student must:

- Be in good standing with the institution (financial, administrative, and conduct-related matters resolved) and be able to complete the Dental Hygiene Program within four academic years of the date of initial enrollment in the Program.
- Have no outstanding disciplinary sanctions that preclude re-enrollment.

- Meet current program admission and progression standards in effect at the time of re-entry.
- Demonstrate the ability to successfully complete remaining program requirements.

### **Application Process**

Students seeking re-entry must submit a formal written request to the Program Director or designated committee. The request must include:

- A statement explaining the reason for withdrawal or dismissal.
- Documentation, if applicable, supporting extenuating circumstances.
- A plan for academic and-or clinical success upon re-entry.
- Any additional materials requested by the program.

Applications must be submitted by the deadline established by the program. Late or incomplete applications may not be considered.

### **Review and Decision**

Re-entry requests are reviewed by the appropriate committee (e.g., Student Status Committee). The review may include evaluation of:

- Prior academic and clinical performance.
- Progress toward required competencies and patient experiences.
- Professionalism, attendance, and time management history.
- Availability of clinical placements and instructional resources.

The committee may approve, deny, or approve re-entry with conditions. Decisions are final and will be communicated to the student in writing.

## **Conditions of Re-Entry**

If re-entry is approved, it may be contingent upon one or more of the following conditions:

### **Clinical Skill Assessment and Testing**

- Successful completion of clinical skill testing to evaluate competency in dental hygiene procedures, which may include but are not limited to periodontal assessment, instrumentation, patient management, radiographic techniques, and infection control.
- Clinical testing may be conducted by one or more calibrated faculty members and may occur prior to or during the re-entry term.
- Students who do not demonstrate entry-level competency in required clinical skills may be required to complete remediation and retesting prior to participation in patient care.

### **Didactic Course Requirements**

- Repetition and successful completion of any didactic courses that were not passed during the student's initial enrollment.
- Completion of challenge exams, competency assessments, or other evaluations, as determined by the program, to verify content mastery for previously completed coursework.
- All repeated or remediated coursework must meet the current grading standards in effect at the time of re-entry.

### **Additional Re-Entry Conditions**

- Completion of remediation, refresher coursework, or skill labs as assigned.

- Demonstration of competency in didactic and-or clinical skills prior to resuming full clinical responsibilities at the level most recently completed successfully.
- Adherence to a structured academic and-or clinical success plan.
- Limitations on course load, clinic assignments, or patient care activities.
- Compliance with all current program policies, procedures, and evaluation methods.

Failure to meet re-entry conditions may result in dismissal from the program.

### **Placement and Progression**

Re-entering students may be placed in a different cohort or sequence than originally enrolled, based on curricular changes and clinical availability. Students are responsible for completing all current degree requirements, including updated competencies, patient types, and clinical experiences.

### **One-Time Re-Entry Limitation**

Students are permitted only one re-entry attempt. Subsequent requests will not be considered.

### **Policy Review and Modification**

The program reserves the right to modify this policy to remain compliant with institutional, accreditation, and licensure requirements. Students seeking re-entry are subject to the policies in effect at the time of approval.

### **Acknowledgment**

By accepting re-entry, the student acknowledges understanding of and agreement to all terms and conditions outlined in this policy and all current program policies.

See Policy #18 for information on Grade Changes and Challenges.

Revised 5-12, 5-13, 7-24, 12-25

## **POLICY #17 - DENTAL HYGIENE PROGRAM WITHDRAWAL AND AUDIT POLICY**

The Dental Hygiene Program supports the College's Comprehensive Grading Policy and associated procedures which include, but are not limited to, Course Withdrawal, Incomplete Grades and Audit. Please visit <https://www.mc3.edu/about-mccc-policies-and-procedures-comprehensive-grading-student-assessment> for more detailed information.

Revised 7-24

## **POLICY #18 - GRADE CHANGES AND CHALLENGES**

The College provides an appeal process for any student who believes that a recorded final grade does not accurately reflect his-her performance in a course or that they feel that they have been inappropriately charged with violating College rules and regulations as follows:

1. Students wishing to appeal a final grade are referred to the College's "Grade Appeal" for policy information. <https://www.mc3.edu/about-mccc-policies-and-procedures-grade-appeal>
2. Students who wish to appeal a charge of Academic Dishonesty are referred to the College's *Student Academic Code of Ethics* policy found at <https://www.mc3.edu/about-mccc-policies-and-procedures-student-academic-code-of-ethics>

Revised 7-24

# **POLICY #19 - ATTENDANCE**

## Clinical and Extramural Rotations

It is expected that students attend and are punctual for all assigned orientation, pre-clinical, clinical and extramural rotations. Attendance and participation are integral components in the fulfillment of clinical requirements and patient experiences and the promotion of excellence in clinical practice. Students are expected to be on the clinic floor, assisting or observing peers or faculty. In case of absence, the student must call the Dental Hygiene Clinic and the Clinic Coordinator with a minimum of 24 hours' notice. The student is also responsible for contacting his-her patient to reschedule the appointment. There are no make-up sessions for absences and the student may not rearrange their clinic schedule to accommodate the absence. Excessive absences may result in an inability to progress through the clinical sequence and may result in dismissal from the Program.

Absences (or "open" sessions) are calculated for any-all clinical rotations. More than five (5) clinical absences (or "open" sessions) in DHG 220 and DHG 258 or three (3) clinical absences in DHG 158 will result in a 5-point deduction of the student's final Tal Eval grade. Clinical absences exceeding 5 or 3 (respectively) will result in an additional point per session deduction. Clinical rotations missed (ex. - Management, Infection Control, Radiology, and Assistant) will count for 2 "open" sessions. Students have the option to leave the clinic floor during an open session.

If a student has an open session, they may leave the clinic. If a patient is dismissed for any **medical** reason, the student may choose to go home—this will be recorded as an open session—or they may stay and work on activities such as instrument sharpening, typodont practice, assisting, or Radiology (if an open room is available). If the student stays, it will not be recorded as an open session.

Patients are scheduled for routine recare based on a clinical schedule appropriate for their oral health needs, typically every 3, 4, or 6 months. **Patients may not be seen or treated before their scheduled recare date.** Appointments made earlier than the designated recare interval will either: Be rescheduled to an appropriate date, OR count as an open session.

Extended Absence: Absence from class or clinic for an extended period will be taken under advisement by the faculty and Program Director as to whether the student can meet the course requirements or needs to withdraw from the Dental Hygiene Program. The student is responsible for all material, handouts and knowledge during his-her absence. All Program policies and procedures will be in effect during any extended absence. Depending on the nature of the absence, students may be requested to provide a note from their physician documenting that they are able to return to the Dental Hygiene Program without limitations.

## Classes

Absences from didactic classes are at the discretion of the course instructor. Refer to syllabi for

the specific course policy.

See Policy #18 for information on Grade Changes and Challenges.

Revised 6-07, 6-09, 6-10, 6-12, 5-13, 5-15, 5-17, 7-18, 7-24, 7-25

## **POLICY #20 –WARNING-PROBATION POLICY**

### Warning and Probation

Unsatisfactory progress consists of, but is not limited to, any of the following:

- Clinical performance below or inconsistent with minimum competency levels and-or requirements for the course.
- Failure to remediate as prescribed by clinical faculty.
- Behavior that is unprofessional or detrimental to the patient.

A student whose clinical performance is unsatisfactory will be given either a clinical warning or placed on clinical probation. A clinical “No Pass” results when a student does not satisfactorily meet the terms of the Clinical Probation.

### Clinical Warning

A student is given a Clinical Warning for, but not limited to, the following:

- Failure to follow through with faculty recommendations for improvement
- Inconsistency in meeting clinical course objectives
- Less than satisfactory performance in the clinical or laboratory setting
- Not meeting deadlines with clinical paperwork

The student is provided with written documentation by the respective Clinical Coordinator, identifying the issue(s) or objectives which are unsatisfactory, the time limit of the Clinical Warning, as well as how and by whom the student will be evaluated during the term of the Clinical Warning. Should the student have any additional unsatisfactory clinical

performances during the course-semester, the student will be placed on Clinical Probation.

### Clinical Probation

A student is placed on Clinical Probation for, but is not limited to, the following:

- Absences as indicated in the Attendance Policy.
- Failure to remediate performance according to the terms of the Clinical Warning
- Ongoing inconsistencies in meeting clinical course objectives.
- Unsafe clinical practice behavior.
- Unethical clinical practice.

The decision to place a student on probation will be made by the Student Status Committee following a review of the student's clinical documentation. The student will be notified in writing by the Program Director or Resource Specialist of his-her probationary status, including the reason(s) for Clinical Probation, length of probation, as well as how and by whom the student's progress will be monitored during the probationary period. Should the student have any additional unsatisfactory clinical performances during the course-semester, the student will receive a "No Pass" and be dismissed from the Program.

Revised 6-06, 6-12, 5-15, 7-18

# **POLICY #21 - PROFESSIONALISM AND SAFE CLINICAL PRACTICE**

Students are expected to provide clinical, preclinical and laboratory services in a manner that is professional and promotes the well-being of all individuals. If, in the judgment of a clinical faculty member, the student demonstrates behavior that is or has the potential to be detrimental to the welfare of the patients, fellow students, employees or himself/herself, the faculty member may terminate the student's clinical activity immediately. Examples of unprofessional conduct and unsafe clinical practice include but are not limited to the following:

- Inability to integrate didactic information into the clinical setting
- Unprofessional discussion during clinical session (social conversation unrelated to clinical situations)
- Being argumentative with faculty, classmates or patient during clinical session
- Use of foul, inappropriate language/swearing during clinical session
- Dishonest/forged presentation of clinical documents
- Repeated dress code violations
- Repeated lateness/absence
- Treatment of patients without the faculty signature on the medical history
- Treatment of medically compromised patients without a medical clearance
- Treatment of patients without written consent
- Providing a service with a demonstrated lack of knowledge or skill
- Repeated mismanagement of oral tissues
- Failure to address recommendations in from supplemental instruction.
- Unapproved removal of a scheduled patient from the clinic appointment book
- Unwillingness to treat a patient
- Failure to escort patient in or out of clinic
- Failure to properly maintain the appointment book
- Failure to complete total patient care
- Unethical decision making
- Treating a patient while under the influence\*
  - Federal law compliance: Any school receiving federal funding must comply with the Drug-Free Schools and Campuses Act. This requires them to have and distribute a policy that prevents the unlawful possession, use, or distribution of illicit drugs and alcohol.
  - Zero tolerance for impaired practice: The [American Student Dental Association \(ASDA\) Code of Ethics](#) strictly states that "students must never perform dental procedures while in an impaired condition, regardless of the source of the impairment". This core principle prioritizes patient safety above all else.

The Student Status Committee will review the incident(s) of unprofessional/unsafe behavior. Depending on the severity of the incident(s) and the number of times that the incident has occurred in the past, the Student Status Committee may decide to recommend supplemental instruction, clinic warning, probationary clinical status or give a NP (non-pass) for the course resulting in dismissal from the Program.

Revised 6/07, 5/11, 5/12, 5/13, 7/18, 7/24, 9/25, 8/26

## **POLICY #22 - STUDENT RECORDS POLICY**

The Dental Hygiene Program supports the College's *Family Educational Rights and Privacy Act* (FERPA) which is designed to protect the privacy of education records, to establish the right of students to inspect and review their educational records and to provide guidelines for the correction of inaccurate and misleading data through informal and formal hearings. Students are responsible for accessing and reading the [College's FERPA Policy on the College website](#).

## **POLICY #23 - STUDENT CODE OF CONDUCT**

The Dental Hygiene Program supports the College's Student Code of Conduct Policy. The purpose of the Student Code of Conduct is to guide students to understand their responsibilities in regard to appropriate behavior and respect for others in the college community. The policy addresses the behavioral expectations of students on College premises, at clinical sites, and-or while attending College-sponsored activities on or off campus. It also provides the standards for ensuring the College provides due process to students through the judicial process. A student in violation of the Student Code of Conduct Policy will be reported to the Judicial Officer to initiate the Code of Conduct proceedings. [The policy and procedure is found on the College website](#).

Updated 7-24, 9-26

## **POLICY #24 - DRESS CODE**

It is the belief of the Dental Hygiene faculty that a dress code for clinical assignments is important to clearly identify Montgomery County Community College Dental Hygiene students. The dress code also promotes student and client safety. Students who do not meet the Uniform Regulations will be asked to leave the clinical area and take an absence for the day if correction or remediation in uniform cannot be made immediately.

| Appropriate Clinical Attire |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Uniform                     | <p>The DH uniforms consists of a wine-colored top, pants and surgical cap. A clean scrub gown must be worn whenever the student is in the clinical area.</p> <p>Uniform pants must be of appropriate length that the hem does not touch the floor.</p> <p>A white or black turtle neck top or white or black non-logo T-shirt is permitted under the uniform top, tucked into uniform pants.</p> <p>Black socks or unpatterned stockings are required and must be at least calf length. Ankle socks are NOT permitted.</p> <p>A clinical jacket is the only garment to be worn with the “clinic uniform” during the Clinic Management rotation.</p> |

|                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                               | The uniform is only to be worn on clinic days and for designated clinical assignments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Shoes                                                                                                                                                                                                                                                                                                                                         | <p><b>Black</b> (no color trim) full coverage, leather, closed heel clinic shoes or leather sport shoes are acceptable. Shoes should be clean, polished and buffed. Only clean, black shoelaces may be worn.</p> <p>Shoes worn in clinic <b>MUST</b> be reserved for clinic only and must not be used outside the clinical area.</p>                                                                                                                                                                                                                                                                                                                                                                          |
| Hair                                                                                                                                                                                                                                                                                                                                          | <p>Hair should be professional, neat, clean and off the collar. Long hair must be up pulled back with ends neat and not falling in the face. Short hair should be neat and not falling in the face. As the student leans forward, hair should not fall forward.</p> <p>Hair may be composed of natural and-or synthetic materials and a natural color (not necessarily the student's natural color).</p> <p>Hair adornments-coverings must match the color of the student's hair; nothing ornate or containing beading. Headbands-coverings must be washable.</p> <p>A scrub cap must be worn during patient care.</p> <p>Men should be clean shaven and-or beards and mustaches neatly kept and trimmed.</p> |
| Nails                                                                                                                                                                                                                                                                                                                                         | Nails should be short and equal in length to the back of the fingertips. They should be manicured, clean, smooth and without polish. Acrylic nails and tips are NOT permitted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Jewelry                                                                                                                                                                                                                                                                                                                                       | Necklaces, bracelets, rings and watches are NOT permitted. You may wear <u>one</u> small, round, smooth stud <i>without</i> prongs in ears and-or nose.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Personal Hygiene                                                                                                                                                                                                                                                                                                                              | Personal hygiene is of the utmost importance when working with clients. The following should be considered: Make-up should not be excessive. Use perfume lightly; heavy use of perfume may be considered offensive by patients. Poor oral hygiene, mouth odors, body odor is not permitted. Please be mindful of tobacco odor.                                                                                                                                                                                                                                                                                                                                                                                |
| <p><b>NOTE: Chewing gum, cell phones and pagers are not permitted in the Dental Hygiene Clinic.</b></p> <p><b>In the event of personal issues, permission may be given by the appropriate Clinic Coordinator for a student to leave their cellular telephone with the DH Clinic Manager for notification of important incoming calls.</b></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

Revised 5-07, 5-08, 6-09, 6-10, 5-12, 5-13, 5-14, 5-17, 7-18, 7-24

## **POLICY #25 - PERSONAL ITEMS-FOOD IN CLINIC CLASSROOM**

No food, drink or gum chewing is permitted in the clinic, resource rooms or laboratory areas. A water bottle may be kept in the “hydration area.” Clinic kit should be stored in designated area at unit. Locker room may be used for coats, shoes and personal items.

## **POLICY #26 - APPOINTMENTS**

**Students are responsible for recruiting and scheduling patients for each clinical session in order to meet their clinical requirements.** Patients scheduled by the clinic may NOT be removed by the student from the appointment book. To be considered a patient appointment, the patient must be seen by a second year student for at least 1 ½ hours by the student. First year students must see patients in their chair for 2 hours for it to be considered a patient appointment. Second year students are permitted to double book. First year students can only double book with approval of Clinic Coordinator. Appointment times are determined, stated and should be followed unless an exception is granted by the Clinical Coordinator in advance of the clinic session. Various resources and mechanisms are provided to students to facilitate appropriate contact for potential patients. Cancellations, disappointments, and leaving early will have a negative effect on clinical progress and may ultimately result in incomplete and-or NP grade halting the progression in the Program. If a student has an open appointment (no patient name or a “hold”) in the schedule, the DH clinical manager and-or clinical instructor is permitted to schedule a patient in that appointment time.

If a patient is a 6 month recare, they cannot be seen earlier. Patients must adhere to their recall status.

**Students must arrive 30 minutes prior to clinic start time**, which is either 8:00am, 11:30am, or 1:00 pm. Patients are to be seated at 8:00am, 11:30am, or 1:00pm.

## **POLICY #27 - CLINIC FEES**

All fees are established in conjunction with College policy. **Clinic fees must be collected prior to or at the initial time of the visit as specified by the posted schedule.** Credit or checks may be used as payment. A receipt will be issued at patient request. **Failure to receive full payment for all services by the end of the semester will prohibit the student from receiving credit for that patient.**

| Clinic Fees                      |         |
|----------------------------------|---------|
| Adult                            | \$20.00 |
| Child-adolescent                 | \$20.00 |
| Senior Citizen (age 55 and over) | \$15.00 |

|                                                                              |                  |
|------------------------------------------------------------------------------|------------------|
| Montgomery County Community College students or employee with current ID     | \$10.00          |
| Pit and Fissure sealant by outside prescription (cash only for this service) | \$5.00 per tooth |
| Alginate impressions and study models by outside prescription                | \$10.00          |
| Radiographs by outside prescription                                          | \$15.00          |

Revised 6-05, 5-07, 5-12, 5-13, 5-14, 5-15, 7-16, 5-17, 7-18, 7-24

# **POLICY #28 – STUDENTS IN SELECTIVE ADMISSIONS PROGRAMS WITH AN XF ON THEIR TRANSCRIPT**

## **I. Policy**

The Health Sciences Division is committed to providing meaningful learning experiences for students in their pursuit of knowledge. The Health Sciences Division adheres to a steadfast commitment to academic ethics in an environment that fosters critical thinking and learning. It is expected that students will adhere to the [College's Student Code of Ethics Policy](#).

Therefore, students with an XF on their transcript must follow the procedures outlined below to resolve the XF, in addition to also meeting all other eligibility requirements, to be considered for selective admissions in to Health Sciences Division programs.

## **II. Procedures**

1. An XF grade on a student transcript denotes academic misconduct.
2. Students may not enroll in one of the Health Sciences selective admissions programs if they have an XF on their transcript.
3. Should a student have earned an XF in any course at the college or as a transfer credit, the X must be successfully removed from the transcript in order to be considered for admission.
4. A student may appeal to have the grade changed from an XF to an F
5. One year after an XF grade has been entered on the student's transcript, a student may appeal to have the grade changed to an F if they have not committed any subsequent violations of the Code of Ethics.
6. The students should fill out the XF-to-F Grade Appeal Form. Note: Requests for XF-to-F Grade Appeal prior to fall 2019 will be reviewed on a case-by-case basis by the Academic Progress Committee.
7. Students using that form will have to:
  - i. Demonstrate completion of Curriculum Committee-approved academic ethics training.
  - ii. Submit a personal essay on the importance of academic honesty.
  - iii. Complete any learning modules related to ethics training as assigned
  - iv. Provide a note from a faculty member, coordinator, or dean testifying to the student's commitment to academic honesty and

conduct.

Originated April 2021

## **POLICY #29 – Re-Admittance to the Dental Hygiene Program**

Students who are absent from the Montgomery County Community College Dental Hygiene Program for two semesters (including fall, spring, or summer) or longer and subsequently return to continue the curriculum are required to enroll in DHG 199: Independent Study prior to the semester of reentry.

The purpose of DHG 199 is to ensure that returning students demonstrate competency in the knowledge, clinical skills, and program policies necessary for safe and effective patient care before resuming regular clinical and didactic coursework.

The content and requirements of DHG 199 will be individualized based on the student's point of reentry into the curriculum and may include, but are not limited to:

- Review and demonstration of instrumentation techniques
- Clinical procedures and patient treatment protocols
- Infection prevention and control procedures
- Radiographic procedures, when applicable
- Medical emergency protocols
- Program policies and clinical documentation requirements
- Electronic health record documentation
- Current evidence-based clinical practices
- Calibration on clinical grading criteria and faculty expectations
- Any additional content deemed necessary by program faculty to promote student success and patient safety

Because the curriculum and clinical expectations vary by semester, the scope, duration, and assignments required for DHG 199 will be determined by the Program Director and course faculty. Students must satisfactorily complete all assigned components of DHG 199 and earn a grade of C or higher before or concurrent with participation in patient care activities, as determined by the program.

Failure to successfully complete the requirements of DHG 199 may result in the student being ineligible to participate in clinical activities or continue progression in the Dental Hygiene Program.

Please note that DHG 199 will generally be taught as a 1 credit course and the cost and fees for this independent study will be incurred by the student. DHG 199 would be taught the semester prior to the student's planned return to the program. The faculty member will develop a schedule for the course and share it with the students prior to the start of the independent study.

Students may not be permitted to return to the program following an absence of two semesters or longer without completing DHG 199.

# MISCELLANEOUS:

## Wellness Services at MCCC

The Wellness Services at Montco offer a variety of mental health and non-academic resources, including online mental health counseling, resource coaching, food resources, parenting resources, and programs for special populations. If you need support for your mental health or non-academic needs, such as food, housing, or transportation, you can email [wellness@mc3.edu](mailto:wellness@mc3.edu) to get connected to tailored resources to meet your individual needs. Wellness Centers are located in College Hall (Blue Bell) and North Hall (Pottstown).

### **Resources include:**

- Mental and medical health support through [TimelyCare](#).
  - Registration using single sign-on at this [link](#).
- [Public Benefits Screening-Application for Montgomery County residents](#)
- Parent Pathways for students with dependent children. Email [wellness@mc3.edu](mailto:wellness@mc3.edu) stating you're a parenting student for more information
- [Keystone Education Yields Success \(KEYS\)](#): For students on SNAP or TANF and in high-demand degrees.
- [ACT 101 Scholars](#): For students who meet state-mandated income status and have an academic need.
- [POWER](#): For students with a mental health or substance use disorder.
- Resource Coaching: [wellness@mc3.edu](mailto:wellness@mc3.edu)
- Title IX Coordinator: [titleixcoordinator@mc3.edu](mailto:titleixcoordinator@mc3.edu) or [mmorehead-e@mc3.edu](mailto:mmorehead-e@mc3.edu)

# **THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT of 1974**

## **(FERPA)**

The Family Educational Rights and Privacy Act of 1974 (FERPA) protects the privacy of student's education record. The law governs release of these records and access to these records.

Students often request recommendations from faculty during the job-hunting process or to support applications to State Boards of Dentistry. If a student would like a faculty member to send a letter of recommendation or give a verbal reference that will include specific educational information, i.e., GPA or grades, the student must complete the College's Student Release of Information Form.

Faculty may share personal observations, i.e., attitude, ability to relate to clients, clinical ability, teamwork, etc., and directory information with a potential employer without the student's signature. Directory information includes: student name, enrollment status, expected date of graduation, degree sought, address, phone number and e-mail address, major field of study, dates of attendance, awards received, classification (1st year-2nd year), date of birth and participation in officially recognized activities. Faculty must have a completed Student Release of Information Form before releasing ANY academic information to a parent.

# **PREGNANCY AND VOLUNTARY DECLARATION POLICY**

## **Purpose**

The Dental Hygiene Program is committed to providing students with equal access to its academic and clinical programs while maintaining appropriate radiation-safety practices. Pregnancy does not, by itself, prevent a student from participating in the Dental Hygiene Program, including its clinical components.

Students who are pregnant or experiencing pregnancy-related conditions may be entitled to protections and reasonable modifications under Title IX and other applicable laws and College policies. Questions regarding pregnancy-related academic modifications, medically necessary leave, or other educational access needs should be directed to the College's Title IX Coordinator.

This Policy separately describes the voluntary process through which a pregnant student, who may be occupationally exposed to ionizing radiation, may declare a pregnancy for purposes of applying enhanced radiation-protection measures.

## **Voluntary Declaration of Pregnancy**

Declaration of pregnancy for radiation-safety purposes is voluntary. A student is not required to declare a pregnancy to the Dental Hygiene Program.

A student who chooses to declare a pregnancy for radiation-safety purposes must do so in writing and provide the estimated due date. A student may withdraw the declaration at any time by providing written notice.

Choosing not to make, or choosing to withdraw, a radiation-safety declaration does not affect the student's rights under Title IX or other applicable College policies.

## **Radiation Protection Following a Declaration**

Following a voluntary written declaration of pregnancy, the College will apply applicable radiation-safety requirements and exposure limits for the embryo/fetus. Consistent with applicable radiation-protection standards, the College will seek to ensure that occupational radiation exposure to the embryo/fetus does not exceed **0.5 rem (5 mSv)** during the entire pregnancy and will seek to maintain exposure as low as reasonably achievable.

The student will:

- Receive information regarding prenatal radiation exposure and radiation-safety practices applicable to the Dental Hygiene Program;
- Be provided appropriate personnel monitoring or radiation monitoring, which may include an additional dosimeter worn at waist level and under a protective apron when required;
- Receive information regarding applicable exposure limits and appropriate work-practice controls; and
- Have an opportunity to discuss radiation-safety questions with the individual responsible for the College's radiation-safety program.

The College may modify radiation monitoring or clinical radiation-safety practices when appropriate to maintain exposure within applicable limits. Any modification will be based on the student's actual educational activities, radiation exposure, applicable safety standards, and individual circumstances rather than pregnancy alone.

### **Continued Participation in the Program**

A pregnant student may continue participating in the academic and clinical components of the Dental Hygiene Program.

Pregnancy alone will not be a basis for excluding a student from a course, clinical experience, laboratory, or other educational activity. When a modification to an academic or clinical activity is requested or becomes necessary because of pregnancy or a pregnancy-related condition, the College will address the student's individual circumstances consistent with Title IX, applicable radiation-safety requirements, and other College policies.

Depending upon the student's individual circumstances, available supportive measures may include modifications to clinical scheduling or activities, temporary changes in exposure-related activities, medically necessary absences or leave, or other appropriate adjustments that allow the student to maintain access to the Program while satisfying essential academic and clinical requirements.

Nothing in this Policy eliminates or reduces the academic, clinical, competency, licensure, or accreditation requirements applicable to all Dental Hygiene students. When a modification affects the timing of a required clinical experience or competency, the Program will work with the student to identify an appropriate opportunity to complete the requirement.

### **Medical Documentation**

The College will not require medical clearance solely because a student is pregnant.

When documentation concerning a student's ability to participate in a particular academic or clinical activity is necessary, the College will apply the same standards it applies to students with other temporary medical conditions requiring medical attention, consistent with Title IX and College policy.

### **Pregnancy-Related Leave and Return to the Program**

A student may request pregnancy-related leave when medically necessary. Pregnancy-related leave and return from leave will be administered in accordance with Title IX and applicable College policies.

A student returning from protected pregnancy-related leave will not be required to restart the Program, forfeit previously completed coursework or competencies, or lose academic status solely because the student took pregnancy-related leave.

Clinical sequencing, competency, accreditation, or patient-care requirements may affect the timing of the student's completion of remaining requirements. When that occurs, the Program will work with the student to develop an individualized plan for completing outstanding requirements consistent with the Program's essential academic and clinical standards.

# **VOLUNTARY DECLARATION OF PREGNANCY FOR RADIATION-SAFETY PURPOSES**

This form is used to make a voluntary written declaration of pregnancy for purposes of the radiation-protection requirements applicable to a "declared pregnant woman" under Pennsylvania radiation-control regulations. Completing this form is voluntary. It is not required to obtain pregnancy-related protections or support under Title IX or other College policies.

**Submission of this form is voluntary.**

I am voluntarily notifying the Dental Hygiene Program that I am pregnant for purposes of applying the radiation-protection measures applicable to a declared pregnancy.

**Estimated Due Date (Month and Year):** \_\_\_\_\_

I understand that:

- My decision to declare my pregnancy for radiation-safety purposes is voluntary.
- I may withdraw this declaration at any time by providing written notice.
- Following this declaration, the College will apply applicable radiation-safety measures and occupational exposure limits for the embryo/fetus.
- The occupational radiation dose to the embryo/fetus should not exceed **0.5 rem (5 mSv)** during the entire pregnancy, subject to any applicable provisions governing exposure received before the declaration.
- I will receive information concerning prenatal radiation exposure and radiation-safety practices applicable to my participation in the Dental Hygiene Program.
- I may be provided reasonable personnel monitoring and/or other appropriate radiation monitoring.
- Declaring a pregnancy does not, by itself, require me to discontinue or modify my participation in the Dental Hygiene Program.
- If modifications to my academic or clinical participation are appropriate, those modifications will be considered based on my individual circumstances, applicable radiation-safety requirements, Title IX, and College policy.
- This radiation-safety declaration is separate from any request I may make for pregnancy-related reasonable modifications, leave, or other support through the College's Title IX Coordinator.

## Student Election

Please select one:

☐ I am voluntarily declaring my pregnancy for radiation-safety purposes and wish to continue participating in the Dental Hygiene Program without modification to my academic or clinical activities at this time.

☐ I am voluntarily declaring my pregnancy for radiation-safety purposes and would like to discuss whether radiation-safety modifications to my clinical activities are appropriate.

☐ In addition to making this radiation-safety declaration, I would like information about pregnancy-related reasonable modification, leave, or other supportive measures available through the College.

**Student Name:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Received By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Withdrawal of Declaration

I previously submitted a voluntary declaration of pregnancy for radiation-safety purposes. I am withdrawing that declaration effective as of the date below.

I understand that withdrawal of my radiation-safety declaration does not waive or otherwise affect any rights I may have under Title IX or other applicable College policies.

**Student Name:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Received By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

If questions, please contact [titleixcoordinator@mc3.edu](mailto:titleixcoordinator@mc3.edu) or [mmorehead-c@mc3.edu](mailto:mmorehead-c@mc3.edu)