



Ohio
DENTAL HYGIENISTS'
ASSOCIATION

POLICY MANUAL

Revised November 2024

Mission Statement

The Mission of the Ohio Dental Hygienists' Association is to support Dental Hygienists through networking, inclusion and development; to advocate for advancements to secure the profession of dental

hygiene, and to promote public access to care.

Adopted by the 1998 House of Delegates/revised 2003/revised 2007/2022-2

Vision Statement

Empower Ohio Dental Hygienists as primary healthcare providers to be a leading resource for oral health promotion and therapy in all settings through professional collaboration, advocacy, and lifelong learning.

Adopted 2017-1/2022-3

Goals

To provide opportunities for personal and professional growth.
To advocate for quality oral health access and delivery.

2022-4/2007-2/ 2003-22

Objectives

- Promote full utilization of Dental Hygienists in all settings.
- Develop and maintain initiatives to support and mentor Dental Hygienists and students.
- Expand our legislative focus and involvement.
- Encourage and secure new and continuing membership.
- Provide networking opportunities.

2022-5

PRACTICE

Model for Dental Hygiene Practice in Ohio

The Ohio Dental Hygienists' Association advocates the following model for dental hygiene practice in Ohio.

1. The licensed dental hygienist practicing in Ohio must be a graduate of a dental hygiene program accredited by the Commission on Dental Accreditation and must be licensed by the Ohio State Dental Hygiene Board. **2017-13**
2. The licensed dental hygienist can perform all services within the scope of dental hygiene practice without a dentist present and without a dentist's prescription. Dental hygiene services will be based on a dental hygiene assessment and diagnosis. **2003-7**
3. The licensed dental hygienist can administer local anesthetic and nitrous oxide. **2003-6, 1975-12, 1975-10**
4. The licensed dental hygienist can prescribe fluorides and other preventive and therapeutic agents. **2018-5/2003-4**
5. The licensed dental hygienist may be reimbursed by third party payment, Medicaid and/or fee for services rendered. **2003-8, 2002-4, 1989-3, 1989-4, 1989-5, 1988-7**
6. The licensed dental hygienist, who provides services in settings other than the traditional dental office, will refer clients for regular dental examinations. **2003-7, 2002-4, 1989-3**

In today's healthcare environment, we respond to the following factors:

- The evolution of the profession of dental hygiene over many years, both nationally and in the state of Ohio
- The documented oral healthcare crisis and unmet dental needs in Ohio
- Projected reduction in manpower of Ohio dentists

This model comprehensively outlines the vision of ODHA.

As the focus and the direction of Dental Hygiene changes, so shall this model.

Adopted by the 2004 HOD /2021-1

ODHA supports dental hygienists performing therapeutic and cosmetic injections within the dental hygienist scope of practice. **2024-3**

ODHA advocates for the pursuit of professional autonomy and affirms the profession has the right and the responsibility to have full authority for its own professional standards of education, practice, legislation, licensure, and discipline. **2024-4**

ODHA supports the utilization of the licensed dental hygienist to perform dental triage. **2021-2**

ODHA supports the employment of an unlimited number of practicing dental hygienists, at any given time in any practice, under practice when the dentist is not physically present. **2021-4/1993-5**

ODHA advocates for cultural and linguistic competence for health professionals. **2021-10**

ODHA advocates for comprehensive, equitable, evidence-based, interprofessional, preventive, restorative and therapeutic care for all individuals. **2021-19 A**

ODHA advocates for promotion of public and professional awareness of the need for care. **2021-19 B**

ODHA advocates for public funding and third-party payment or other remuneration methods for such services. **2021-19 C**

ODHA supports inclusion, diversity, equity, and access: and recognizes the value it adds to our organization, our mission and quality of our programs and services. **2021-20**

ODHA supports interprofessional advocacy of public and social policies that promote health. **2018-3**

ODHA supports broadening the scope of practice for dental hygienists. **2018-4/2002-7/ 1996-2**

ODHA advocates for a comprehensive oral assessment and evaluation by a licensed dental hygienist or mid-level provider with referral for appropriate follow-up care, for students entering primary, middle, and secondary school. **2017-2/ 2006-4**

ODHA supports the utilization of technologies including, but not limited to, telehealth, by licensed professionals, as a means to reduce oral health disparities. **2017-3**

ODHA advocates for diagnostic codes, procedure codes, nomenclature and descriptions that are consistent with current scientific literature regarding evidence-based practices in dentistry and dental hygiene. **2017-4**

ODHA encourages health professionals to advocate for legislation, policies, programs and research to foster reduced consumption of artificially and sugar sweetened beverages (SSBs) to provide education on reducing consumption of artificially and SSBs to all children and their caregivers; and to identify children at risk for obesity or who are obese and provide a referral to a primary care health professional, registered dietician, or nutritionist. **2017-5**

ODHA supports the dental hygienists' use of lasers specifically for therapy. **2017-6**

ODHA advocates an oral assessment and establishment of a dental home for all children soon after the eruption of the first primary tooth or by twelve months of age. **2014-10**

ODHA advocates the promotion of Health Literacy. **2013-5**

ODHA advocates for a dental hygienist to utilize a dental assistant to function as his or her second pair of hands. **2012-11**

ODHA advocates the dental hygiene diagnosis is a necessary and intrinsic element of dental hygiene education and scope of practice. **2011-3**

ODHA advocates the development of the Dental Therapist (DT). **2018-8 /2008-1**

ODHA advocates teeth whitening/bleaching services to be performed only in a dental setting and only by a licensed dental professional. **2008-2**

ODHA accepts the ADHA 2008 "Standards For Clinical Dental Hygiene Practice". **2008-3/ 1987-11**

ODHA supports a smoke-free environment in all public locations in the state of Ohio. **2005-1**

ODHA supports a state income tax deduction for licensed dental hygienists who volunteer dental hygiene services. **2003-5**

ODHA supports and encourages the employment of licensed dental hygienists in specialty dental practices, including orthodontic and pediatric. **2003-20**

ODHA supports the full utilization of dental hygienists to positively impact access to care and education of underserved populations. **2002-3**

ODHA opposes mandatory HIV testing of all health care workers. **2003-19/1991-8**

ODHA supports the ADHA Dental Health Initiative. **1984-1**

ODHA supports a dental hygienist, with appropriate training, to place bonded brackets and orthodontic buttons to the tooth surface under the direct supervision of the dentist. **2018-6 /1982-22**

ODHA supports ADHA's efforts in establishing dental hygiene as a profession. **1981-43**

PUBLIC HEALTH

ODHA recommends limiting the daily intake of free sugars and supports the recommendations of the FDI World Dental Federation Position on Free Sugars. **2024-1**

ODHA advocates for the education, training, and utilization of dental hygienists in the procedure of vaccine administration to advance the effort of protecting and preserving public health. **2023-1 / 2021-6**

ODHA recognizes and supports the Department of Health and Human Services Healthy People 2030 as a valuable resource for developing prevention programs and policies. **2021-7 / 2011-4**

ODHA advocates for an oral assessment of patients entering and residing in long term care facilities by a licensed dental professional. **2021-8/1986-5**

ODHA advocates for inclusion of oral health as a component of individual and community health assessments. **2021-9**

ODHA advocates for the adoption of statewide oral health education standards for grades K-12. **2021-17**

ODHA advocates for water fluoridation as a safe, effective, and evidence-based method for reducing the incidence of dental caries throughout the human lifespan, including monitoring and adjusting the levels of fluoride to be within the government recommended limits. **2015-4/ 2011-1**

ODHA advocates for healthy nutritional choices for all individuals. **2014-6**

ODHA supports collaborative efforts with corporations, businesses, associations, and individuals that enhance the dental hygiene profession and assist the public in obtaining optimal health. **2002-2**

ODHA supports ADHA's mission and goals. **2003-14/1984-2**

ODHA reiterates that eating sugar-rich foods frequently may harm the dental health of individual; and further that ODHA support efforts by health organizations to encourage the removal of sugar-rich foods and substitution of sugar-free foods in vending machines in educational institutions. **1976-10**

RESEARCH

ODHA advocates for research of transmissible diseases as it pertains to the delivery of professional oral health services. **2021-11/1991-7**

ODHA advocates for patient-centered outcomes research in all practice settings that focus on preventive and oral health interventions which lead to improved health outcomes, quality care and increased patient satisfaction. **2016-8**

ODHA supports evidence-based research of access to care issues including but not limited to statewide data collection, cost savings of prevention versus treatment, and the return on investment in utilizing dental hygienists to improve access to dental care. **2014-1**

CONTINUING EDUCATION

ODHA supports broadening the range of approved continuing education courses for Oral Health Literacy. **2021-12/2007**

ODHA advocates that all OSDB licensees submit proof of continuing education and CPR requirements with their license renewal. **2015-3/1999-2**

ODHA advocates for continuing education as a requirement for license reinstatement and license renewal for all OSDB licensees and registrants. **2015-6/1985-2**

ODHA supports that not more than fifty percent of the mandated number of biennial continuing education requirements be supervised self-instruction as defined by OSDB rules section 4715-8-01 section B definition self-instruction. **2010-2 /1999-1**

ODHA supports ethics as an approved continuing education subject for license renewal. **2006-1**

ODHA supports the topic of law and jurisprudence relating to the Ohio Dental Practice Act as an approved continuing education subject for all members of the dental team. **2006-2**

ODHA supports increasing the number to a minimum of 24 Continuing Education Units required of a licensed dental hygienist for biennial license renewal. **2006-3**

ODHA endorses the Ohio Academy of Dental Hygiene Studies . **2021-13/ 1983-12**

ETHICS

Refer to ADHA Policy

EDUCATION

ODHA supports diversity and inclusion in dental hygiene educational programs. **2021-16/1989/17**

ODHA supports and advocates for doctoral degrees in dental hygiene. **2019-1**

ODHA advocates for the integration of interprofessional education into the dental hygiene curriculum and life-long learning. **2016-6**

ODHA supports the attainment of a baccalaureate degree for all dental hygienists. **2012-1**

ODHA supports the use of current technology by licensed dental hygienists appropriately educated in the treatment modalities. **1991-9**

LICENSURE

ODHA advocates for licensed dental hygienists to utilize the *Dentist and Dental Hygienist Compact*. **2023-3**

ODHA supports a manikin-based option for non-patient clinical examinations that requires a psychomotor demonstration of skills in the absence of patients for candidates who are graduates of Commission of Dental Accreditation (CODA) accredited dental hygiene programs and who are eligible to take the National Board Dental Hygiene Examination. **2020-1**

ODHA supports the future elimination of the single encounter clinical examination for candidates who are graduates of Commission of Dental Accreditation (CODA) accredited dental hygiene programs and who are eligible to take the National Dental Hygiene Examination. **2020-2**

ODHA advocates for current registration and continuing education of the Expanded Functions Dental Auxiliary in the state of Ohio. **2017-7/2003-9/2002-8**

ODHA supports licensure by credentials for dental hygienists utilizing the minimum criteria set forth by ADHA. **2017-9/1989-2**

ODHA advocates that practicing licensed dental hygienist examine and evaluate candidates for dental hygiene licenses. **2017-11**

ODHA advocates for open lines of communication between the Ohio State Dental Board and the ODHA. **2017-12**

ODHA advocates that all faculty members who are dental hygienists be current members of the American Dental Hygienists' Association. **2012-8**

GLOSSARY

Accreditation: A formal, voluntary non-governmental process that establishes a minimum set of national standards that promote and assure quality in educational institutions and programs and serves as a mechanism to protect the public. **2018-7**

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

1. Award a minimum of an associate level degree, the credits of which are transferable to a 4-year institution and applicable toward a baccalaureate degree.
2. Retain control of curricular and clinical components.
3. Include at least two academic years of full-time instruction or its equivalent in academic credits earned at the post-secondary college level.
4. Encompass both liberal arts and dental hygiene science course work sufficient to prepare the practitioner to assume licensure in any jurisdiction. **2018-7**

Advanced Dental Hygiene Practitioner: A dental hygienist who has completed an advanced, graduate level curriculum that allows for the acquisition of competencies that:

- 1) build upon the fundamental knowledge and skills achieved at the entry level and
- 2) prepares individuals for a level of evidence-based clinical decision-making and scope of practice and responsibility required of the advanced practitioner. **2018-7**

Advanced Practice Dental Hygiene:

1. Provision of clinical and diagnostic services in addition to those services permitted to an entry level dental hygienist, including services that require advanced clinical decision making, judgment and problem solving.
2. Completion of a clinical and academic educational program beyond the first professional degree required for entry level licensure which qualifies the dental hygienist to provide advanced practice services and includes preparation to practice in direct access settings and collaborative relationships.
3. Documentation of proficiency such as professional certification. **2018-7**

Assessment: The collection and analysis of systematic and oral health data in order to identify client* needs. **2018-7**

At-Risk Population: A community or group of people whose social or physical determinants, environmental factors, or personal behaviors increase their probability of developing disease. **2018-7**

Client: The concept of client refers to the potential or actual recipients of dental hygiene care, and includes persons, families, groups and communities of all ages, genders, socio-cultural and economic states. *In the Dental Hygiene Process, client may refer to individuals, families, groups or communities as defined in the ADHA Framework for Theory Development. **2018-7**

Collaborative Practice: An agreement that authorizes the dental hygienist to establish a cooperative working relationship with other health care providers in the provision of patient care. **2018-7**

Continued Competence: Is the ongoing application of knowledge, judgment, attitudes, and abilities in a manner consistent with evidence-based standards of the profession. **2015-2**

Credentialing: The process by which an authorized and qualified entity evaluates competence and grants the formal recognition to or records the recognition status of individuals that meet predetermined and standardized criteria. **2018-7**

Cultural Competence: Awareness of cultural difference among all populations, respect of those differences and application of that knowledge to professional practice. **2018-7**

Delivery Systems: Means by which health care services are provided by dental hygienists to improve or maintain the oral health care and overall health status of the public. **2018-7**

Dental Home: A relationship between a person and a specific team of health professionals, led by a licensed dental provider. The dental home is an ongoing partnership that coordinates comprehensive, accessible and culturally sensitive care through delivery of oral health services as part of integrated health care. **2014-9**

Dental Hygiene:

- The science and practice of recognition, prevention and treatment of oral diseases and conditions as an integral component of total health. This includes assessment, diagnosis, planning, implementation, evaluation and documentation.
- The profession of dental hygienists. **2018-7**

Dental Hygiene Diagnosis: The identification of an individual's health behaviors, attitudes, and oral health care needs for which a dental hygienist is educationally qualified and licensed to provide. The dental hygiene diagnosis requires evidence-based critical analysis and interpretation of assessments in order to reach conclusions about the patient's dental hygiene treatment needs. The dental hygiene diagnosis provides the basis for the dental hygiene care plan. **2018-7**

Dental Hygiene Process of Care:

- Assessment
- Diagnosis
- Plan
- Implementation
- Evaluation
- Documentation

(Individual definitions in glossary)

2018-7

Dental Hygienist: A primary care oral health professional who has graduated from an accredited dental hygiene program in an institution of higher education, licensed in dental hygiene to provide education, assessment, research, administrative, diagnostic, preventive and therapeutic services that support overall health through the promotion of optimal oral health. **2018-7**

Dental Public Health: The American Dental Hygienists' Association defines dental public health as the science and art of preventing and controlling oral diseases and promoting oral health through organized community efforts. Dental public health is concerned with the oral health education of the public, applied dental research, administration of oral health care programs, and prevention and control of oral disease on a community basis. **2018-7**

Dental Public Health Setting: Any setting where population-based, community focused oral health interventions can be used and evaluated as a means to prevent or control disease. **2018-7**

Dental Therapist: A licensed dental hygienist who has graduated from an accredited dental hygiene program and who provides primary oral healthcare directly to patients to promote and restore oral health through assessment, diagnosis, treatment, evaluation, and referral services. The Dental Therapist has met the educational requirements to provide services within an expanded scope of care and practices under the regulations set forth by the appropriate licensing agency. **2018-7**

Dental Triage: The screening of clients to determine priority of treatment needs. **2018-7**

Direct Access: The ability of a dental hygienist to initiate treatment based on their assessment of a patient's needs without the specific authorization of a dentist, treat the patient without the presence of a dentist, and maintain a provider-patient relationship. **2015-1**

Direct Payment: The dental hygienist is the direct recipient of payment for services rendered. **2018-7**

Diversity: The characteristics and backgrounds that make people unique. **2021-14/ 2018-7**

Documentation: The complete and accurate recording of all collected data, treatment planned and provided, recommendations, referrals, prescriptions, patient/client comments and related communication, treatment outcomes and patient satisfaction, and other information relevant to patient care and treatment. **2018-7**

Evaluation: The measurement of the extent to which the client has achieved the goals specified in the dental hygiene care plan. The dental hygienist uses evidence-based decisions to continue, discontinue, or modify the care plan based on the ongoing reassessments and subsequent diagnoses. **2018-7**

Evidence-Based: Concepts or strategies derived from or informed by the best available scientific literature and a focused review of the most current research on the topic of interest. **2016-9**

Evidence-Based Practice: The conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual clients. The practice of evidence-based dental hygiene requires the integration of individual clinical expertise and client preferences with the best available external clinical evidence from systematic research. **2018-7**

Fact Sheet: A document that summarizes key points of information for distribution. **2018-7**

Free Sugars: Monosaccharides and disaccharides added to foods and drinks by the manufacturer, cook or consumer, and sugars naturally present in honey, syrups, fruit juices and fruit juice concentrates. **2024-2**

Health Equity: The opportunity to attain the highest level of health for all people. **2016-7**

Health disparity: Differences in incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups. **2021-18**

Health Literacy: The capacity for an individual to obtain, process and communicate his or her understanding of basic health information and services needed to make appropriate health decisions. **2012-2**

Implementation: The act of carrying out the dental hygiene plan of care. **2018-7**

Inclusion: The act of ensuring all people feel welcome, safe, and empowered to contribute, influence, and participate. **2021-15**

Independent Practitioner: A dental hygienist who provides dental hygiene services to the public through direct agreement with each client. **2018-7**

Interdisciplinary Care: Two or more healthcare providers working within their respective disciplines who collaborate with the patient and/or caregiver to develop and implement a care plan. **2018-7**

Interprofessional Education: When students and/or professionals from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes. **2018-7**

Linguistic Competence: The ability to communicate effectively and respond appropriately to the health literacy needs of all populations. **2018-7**

Mid-level Oral Health Practitioner: A licensed dental hygienist who has graduated from an accredited dental hygiene program and who provides primary oral health care directly to patients to promote and restore oral health through assessment, diagnosis, treatment, evaluation and referral services. The Mid-level Oral Health Practitioner has met the educational requirements to provide services within an expanded scope of care, and practices under regulations set forth by the appropriate licensing agency. **2012-5**

Needs Assessment: A systematic process used to establish priorities for future action using the dental hygiene process of care. **2018-7**

Optimal Oral Health: A standard of health of the oral and related tissues which enables an individual to eat, speak, and socialize without active disease, discomfort or embarrassment, and which contributes to general well-being and overall total health. **2018-7**

Oral Prophylaxis: The supra-and subgingival removal of biofilm, calculus, accretions, and extrinsic stain from tooth and prosthetic structures to prevent disease and preserve health. **2019-2**

Planning: The establishment of realistic goals and the selection of dental hygiene interventions that can move the client closer to optimal oral health. **2018-7**

Position Paper: A written document that summarizes the organization's viewpoint on a specific topic which includes supporting research. The purpose is to communicate to members and external audiences. **2018-7**

Practice when the dentist is not physically present: When qualifications are met in accordance with the revised code, a dental hygienist may provide dental hygiene services to a patient when the supervising dentist is not physically present at the location where the services are provided. (General Supervision) **2021-3/2018-7/2010-5/1985-9**

Primary Dental Hygiene Care Provider: The dental hygienist is a primary care oral health professional who administers a range of services which are defined by the scope, characteristics and integration of care.

- Scope of Primary Care: Consists of the assessment, diagnosis, planning, implementation, evaluation and documentation of procedures for promoting the highest level of health possible to the patient.
- Characteristics of Primary Care: First contact for care is initiated by the patient or other person who assumes responsibility for the patient and takes place in a variety of practice settings.
- Integration of Primary Care: Providers serve as the entry and control point linking the patient to total health care systems by providing coordination with other specialized health or social services to ensure that the patient receives comprehensive and continuous care at a single point in time, as well as over a period of time.

The American Dental Hygienists' Association identifies a primary care provider of services as any person who by virtue of dental hygiene licensure, graduation from an accredited dental hygiene program, and a defined scope of practice, provides one or more of these services defined under the scope of primary care. **2018-7**

Professional Autonomy: A profession's authority and responsibility for its own standards of education, regulation, practice, licensure and discipline. **2018-7**

Roles of the Dental Hygienist: Activities of the dental hygienist include but are not limited to, those of clinician, educator, advocate, administrator/manager, and researcher, with public health being an integral component of all these roles. **2018-7**

Self-Regulation: Regulation of dental hygiene practice by dental hygienists who define the scope of practice set educational requirements and licensure standards and regulate and discipline dental hygienists. **2018-7**

Social Media: Digital based platforms where users create and interact in social networking. **2023-2 / 2018-7**

Third Party Payment: Payment by someone other than the beneficiary for services rendered. **2018-7**

White paper: An authoritative report or guide that provides information about emerging knowledge and issues on a specific topic. **2018-7**