

**ACCREDITATION STANDARDS FOR DENTAL HYGIENE
 EDUCATION PROGRAMS
 (July 2022 Standards)
 Frequency of Citings Based on Required Areas of Compliance**

Total Number of Programs Evaluated: 94
 July 1, 2022 through October 31, 2023

STANDARD 1- INSTITUTIONAL EFFECTIVENESS – 14 Required Areas of Compliance

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	Required Areas of Compliance	
	1-1	The program must demonstrate its effectiveness using a formal and ongoing planning and assessment process that is systematically documented by:	
1		a.	developing a plan addressing teaching, patient care, research and service;
2		b.	an ongoing plan consistent with the goals of the sponsoring institution and the goals of the dental hygiene program;
6		c.	implementing the plan to measure program outcomes in an ongoing and systematic process;
8		d.	assessing and analyzing the outcomes, including measures of student achievement;
9		e.	use of the outcomes assessment results for annual program improvement and reevaluation of program goals.
1	1-2	The program must have a stated commitment to a humanistic culture and learning environment that is regularly evaluated.	
3	1-3	The institution must have a strategic plan which identifies stable financial resources sufficient to support the program's stated mission, goals and objectives. A financial statement document must be submitted providing revenue and expense data for the dental hygiene program.	
	1-4	The sponsoring institution must ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.	
	1-5	The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest within the sponsoring institution.	

	1-6	Programs must be sponsored by institutions of higher education that are accredited by an institutional accrediting agency (i.e., a regional or appropriate* national accrediting agency) recognized by the United States Department of Education for offering college-level programs.
	1-7	All arrangements with co-sponsoring or affiliated institutions must be formalized by means of written agreements which clearly define the roles and responsibilities of each institution involved.
2	1-8	There must be an active liaison mechanism between the program and the dental and allied dental professions in the community. The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest with the educational institution.

STANDARD 2- EDUCATIONAL PROGRAMS – 60 Required Areas of Compliance

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	Required Areas of Compliance
2	2-1	The curriculum must include at least two academic years of full-time instruction or its equivalent at the postsecondary college-level. The scope and depth of the curriculum must reflect the objectives and philosophy of higher education. The college catalog must list the degree awarded and course titles and descriptions.
		In a two year college setting, the graduates of the program must be awarded an associate degree. In a four year college or university, graduates of the program must be awarded an associate or comparable degree, post-degree certificate, or baccalaureate degree.
2	2-2	A process must be established to assure students meet the academic, professional and/or clinical criteria as published and distributed. Academic standards and institutional due process policies must be followed for remediation or dismissal. A college document must include institutional due process policies and procedures.
2	2-3	Admission of students must be based on specific written criteria, procedures and policies. Previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability must be utilized as criteria in selecting students who have the potential for successfully completing the program. Applicants must be

		informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability and the scope of practice of and employment opportunities for dental hygienists.	
1	2-4	Admission of students with advanced standing must be based on the same standards of achievement required by students regularly enrolled in the program. Students with advanced standing must receive an appropriate curriculum that results in the same standards of competence required by students regularly enrolled in the program.	
1	2-5	The number of students enrolled in the program must be proportionate to the resources available.	
	2-6	The dental hygiene program must:	
		1.	define and list the overall graduation competencies that describe the levels of knowledge, skills and values expected of graduates.
4		2.	employ student evaluation methods that measure all defined graduation competencies.
1		3.	document and communicate these competencies and evaluation methods to the enrolled students.
	2-7	Course syllabi for dental hygiene courses must be available at the initiation of each course and include:	
		1.	written course descriptions
		2.	content and topic outlines
2		3.	specific instructional objectives
2		4.	learning experiences
1		5.	evaluation methods
3	2-8	The curriculum must include content in the following four areas: general education, biomedical sciences, dental sciences and dental hygiene science. This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies.	
2	2-8a	General education content must include oral and written communications psychology and sociology:	
1	2-8b	Biomedical science content must include content in anatomy, physiology, chemistry, biochemistry, microbiology, immunology, general and maxillofacial pathology and/or pathophysiology, nutrition and pharmacology.	
2	2-8c	Dental sciences content must include tooth morphology, head, neck and oral anatomy, oral embryology and histology, oral pathology, radiography, periodontology, pain management, and dental materials.	
	2-8d	Dental hygiene science content must include oral health education	

		and preventive counseling, health promotion, patient management, clinical dental hygiene, provision of services for and management of patients with special needs, community dental/oral health, medical and dental emergencies, legal and ethical aspects of dental hygiene practice, infection and hazard control management, and the provision of oral health care services to patients with bloodborne infectious diseases.	
	2-9	The basic clinical education aspect of the curriculum must include a formal course sequence in scientific principles of dental hygiene practice, which extends throughout the curriculum and is coordinated and integrated with clinical experience in providing dental hygiene services.	
2	2-10	Clinical experiences must be distributed throughout the curriculum. The number of hours of preclinical practice and direct patient care must ensure that students attain clinical competence and develop appropriate judgment.	
5	2-11	The dental hygiene program must have established mechanisms to ensure a sufficient number of patient experiences that afford all students the opportunity to achieve stated competencies.	
	2-12	Graduates must be competent in providing dental hygiene care for all patient populations including:	
7		1.	Child
7		2.	Adolescent
4		3.	Adult
6		4.	Geriatric
6		5.	Special needs
	2-13	Graduates must be competent in providing the dental hygiene process of care which includes:	
1		a.	comprehensive collection of patient data to identify the physical and oral health status;
1		b.	analysis of assessment findings and use of critical thinking in order to address the patient's dental hygiene treatment needs;
1		c.	establishment of a dental hygiene care plan that reflects the realistic goals and treatment strategies to facilitate optimal oral health;
2		d.	provision of comprehensive patient-centered treatment and evidence-based care in a manner minimizing risk and optimizing oral health;
2		e.	measurement of the extent to which goals identified in the dental hygiene care plan are achieved;
1		f.	complete and accurate recording of all documentation

			relevant to patient care.
6	2-14	Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal diseases including patients who exhibit moderate to severe periodontal disease.	
5	2-15	Graduates must be competent in interprofessional communication, collaboration and interaction with other members of the health care team to support comprehensive patient care.	
	2-16	Graduates must demonstrate competence in:	
		a.	assessing the oral health needs of community-based programs
		b.	planning an oral health program to include health promotion and disease prevention activities
1		c.	implementing the planned program, and,
2		d.	evaluating the effectiveness of the implemented program.
1	2-17	Graduates must be competent in providing appropriate life support measures for medical emergencies that may be encountered in dental hygiene practice.	
1	2-18	Where graduates of a CODA accredited dental hygiene program are authorized to perform additional functions defined by the program's state-specific dental board or regulatory agency, required for initial dental hygiene licensure, and the program has chosen to include those functions in the program curriculum, the program must include content at the level, depth, and scope required by the state. Students must be informed of the duties for which they are educated within the program.	
	2-19	Graduates must be competent in the application of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care and practice management.	
	2-20	Graduates must be competent in applying legal and regulatory concepts to the provision and/or support of oral health care services.	
1	2-21	Graduates must be competent in the application of self-assessment skills to prepare them for life-long learning.	
	2-22	Graduates must be competent in the evaluation of current scientific literature.	
	2-23	Graduates must be competent in problem solving strategies related to comprehensive patient care and management of patients.	

	2-24	The dental hygiene program must have a formal, written curriculum management plan, which includes:	
9		a.	an annual formal curriculum review and evaluation process with input from faculty, students, administration and other appropriate sources;
12		b.	evaluation of the effectiveness of all courses as they support the program's goals and competencies;
7		c.	a defined mechanism for coordinating instruction among dental hygiene program faculty.

STANDARD 3- FACULTY AND STAFF – 24 Required Areas of Compliance

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	Required Areas of Compliance
	3-1	The program must be a recognized entity within the institution's administrative structure which supports the attainment of program goals.
12	3-2	The dental hygiene program administrator must have a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program.
1	3-3	The program administrator must be a dental hygienist or a dentist who is a graduate of a program accredited by the Commission on Dental Accreditation and possesses a masters or higher degree, who has background in education and the professional experience necessary to understand and fulfill the program goals. A dentist who was appointed as program administrator prior to July 1, 2022 is exempt from the graduation requirement.

	3-4	The program administrator must have the authority and responsibility necessary to fulfill program goals including:	
		a.	curriculum development, evaluation and revision;
		b.	faculty recruitment, assignments, supervision and evaluation;
2		c.	input into faculty evaluation;
		d.	initiation of program or department in-service and faculty development;
		e.	assessing, planning and operating program facilities;
4		f.	input into budget preparation and fiscal administration;
2		g.	coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.
1	3-5	The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public.	
1		1.	In preclinical and clinical sessions, the ratio must not exceed one (1) faculty to five (5) students.
2		2.	In radiography laboratory sessions, the ratio must not exceed one (1) faculty to five (5) students.
1		3.	In other dental sciences laboratory sessions, the ratio must not exceed one (1) faculty to 10 students.
	3-6	Full-time and part-time faculty of a dental hygiene program must possess a baccalaureate or higher degree. All part-time clinical and dental science laboratory faculty appointed prior to July 1, 2022 are exempt from the degree requirement.	
		All dental hygiene program faculty members must have:	
7		a.	current knowledge of the specific subjects they are teaching.
9		b.	documented background in current educational methodology concepts consistent with teaching assignments.
1		c.	faculty who are dental hygienists or dentists must be graduates of programs accredited by the Commission on Dental Accreditation. A dentist who was appointed as a faculty prior to July 1, 2022 is exempt from the graduation requirement.
6		d.	evidence of faculty calibration for clinical evaluation.
	3-7	Opportunities must be provided for the program administrator and full-time faculty to continue their professional development.	
1	3-8	A defined faculty evaluation process must exist that ensures objective measurement of the performance of each faculty member.	

	3-9	Opportunities for promotion, tenure, and development must be the same for dental hygiene faculty as for other institutional faculty.
6	3-10	Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.
3	3-11	Student assignments to clerical and dental assisting responsibilities during clinic sessions must be minimal and must not be used to compensate for limitations of the clinical capacity or to replace clerical or clinical staff.

STANDARD 4- EDUCATIONAL SUPPORT SERVICES – 33 Required Areas of Compliance

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	Required Areas of Compliance	
	4-1	The program must provide adequate and appropriately maintained facilities to support the academic and clinical purposes of the program that are in conformance with applicable regulations.	
		The dental hygiene facilities must contain the following:	
2		a.	sufficient clinical facility with clinical stations for students including conveniently located hand washing sinks and view boxes and/or computer monitors; a working space for the patient's record adjacent to units; functional, modern equipment; an area that accommodates a full range of operator movement and opportunity for proper instructor supervision;
2		b.	a number of clinical stations based on the number of students admitted to a class (If the number of stations is less than the number of students in the class, one clinical station is available for every student scheduled for each clinical session.);
1		c.	a capacity of the clinic that accommodates individual student practice on a regularly scheduled basis throughout all phases of preclinical technique and clinical instruction;
1		d.	a sterilizing area that includes sufficient space for preparing, sterilizing and storing instruments;
1		e.	sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol;

2		f.	facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols;
1		g.	space and furnishings for patient reception and waiting provided adjacent to the clinic;
1		h.	patient records kept in an area assuring safety and confidentiality.
1	4-2	Radiography facilities must be sufficient for student practice and the development of clinical competence.	
		The radiography facilities must contain the following:	
3		a.	an appropriate number of radiography exposure rooms which include: modern dental radiography units; teaching manikin(s); and conveniently located hand-washing sinks;
1		b.	modern processing and/or scanning equipment;
1		c.	an area for mounting and viewing radiographs;
2		d.	documentation of compliance with applicable local, state and federal regulations.
		Regardless of the number of machines provided, it must be demonstrated that time is available for all students to obtain required experience with faculty supervision and that acceptable faculty teaching loads are maintained.	
1	4-3	A multipurpose laboratory facility must be provided for effective instruction and allow for required laboratory activities.	
1		If the laboratory capacity requires that two or more sections be scheduled, time for all students to obtain required laboratory experience must be provided.	
		Laboratory facilities must conform to applicable local, state and federal regulations and contain the following:	
3		a.	placement and location of equipment that is conducive to efficient and safe utilization with ventilation and lighting appropriate to the procedures;
2		b.	student work areas that are designed and equipped for students to work with necessary utilities and storage space;
3		c.	documentation of compliance with applicable local, state and federal regulations.
	4-4	When the institution uses an additional facility for clinical education that includes program requirements then the following conditions must be met in addition to all existing Standards:	

		a.	a formal contract between the educational institution and the facility;
		b.	a contingency plan developed by the institution should the contract be terminated;
		c.	a location and time available for use of the facility compatible with the instructional needs of the dental hygiene program;
		d.	the dental hygiene program administrator retains authority and responsibility for instruction and scheduling of student assignments;
2		e.	clinical instruction is provided and evaluated by calibrated dental hygiene program faculty;
1		f.	all dental hygiene students receive comparable instruction in the facility;
1		g.	the policies and procedures of the facility are compatible with the goals of the educational program.
	4-5		Classroom space which is designed and equipped for effective instruction must be provided for and readily accessible to the program.
	4-6		Office space which allows for privacy must be provided for the program administrator and all faculty to enable the fulfillment of faculty assignments and ensure privacy for confidential matters.
			Student and program records must be stored to ensure confidentiality and safety.
	4-7		Instructional aids and equipment must be provided for student learning.
			Institutional library holdings must include or provide access to a diversified collection of current dental, dental hygiene and multidisciplinary literature and references necessary to support teaching, student learning needs, service, research and development.

STANDARD 5- HEALTH AND SAFETY PROVISIONS – 12 Required Areas of Compliance

		There must be a mechanism for program faculty to periodically review, acquire and select current titles and instructional aids.
	4-8	There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints that parallel those established by the sponsoring institution.

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	Required Areas of Compliance
2	5-1	The program must document its compliance with institutional policy and applicable regulations of local, state, and federal agencies regarding infectious diseases and radiation management.
		A. Policies must include, but not be limited to:
		1. Radiation hygiene and protection,
1		2. Use of ionizing radiation,
		3. Hazardous materials, and
1		4. Bloodborne and infectious diseases.
3		B. Policies must be provided to all students, faculty, and appropriate support staff, and continuously monitored for compliance.
1		C. Policies on bloodborne and infectious diseases must be made available to applicants for admission and patients.
	5-2	Students, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella, tuberculosis and hepatitis B prior to contact with patients and/or infectious objects or materials in an effort to minimize the risk to patients and dental personnel.

	5-3	The program must establish, enforce, and instruct students in preclinical/ clinical/laboratory protocols and mechanisms to ensure the management of common medical emergencies in the dental setting. These program protocols must be provided to all students, faculty and appropriate staff.
		Faculty, staff and students must be prepared to assist with the management of emergencies. All students, clinical faculty and clinical support staff must be continuously recognized/certified in basic life support procedures, including healthcare provider cardiopulmonary resuscitation with an Automated External Defibrillator (AED).

STANDARD 6- PATIENT CARE SERVICES – 10 Required Areas of Compliance

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	Required Areas of Compliance	
2	6-1	The program must have policies and mechanisms in place that inform patients, verbally and in writing, about their comprehensive treatment needs. Patients accepted for dental hygiene care must be advised of the scope of dental hygiene care available at the dental hygiene facilities.	
	6-2	The program must have a formal written patient care quality assurance plan that allows for a continuous systematic review of patient care standards. The quality assurance plan must be applied at least annually and include:	
2		a.	standards of care that are patient-centered, focused on comprehensive care, and written in a format that facilitates assessment with measurable criteria;
2		b.	an ongoing audit of a representative sample of patient records to assess the appropriateness, necessity and quality of the care provided;
4		c.	mechanisms to determine the cause of treatment deficiencies;
6		d.	patient review policies, procedure, outcomes and corrective measures.
	6-3	The use of quantitative criteria for student advancement and graduation must not compromise the delivery of comprehensive dental hygiene patient care.	

	6-4	The program must develop and distribute a written statement of patients' rights to all patients, appropriate students, faculty, and staff.
2	6-5	The program's policies must ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.