

PROPOSED RESOLUTION #2

Submitted by: Policy & Bylaws Task Force

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BE IT RESOLVED THAT AzDHA:

Retire the following AzDHA policies in favor of related or comparable ADHA policies: 4-80, 5-15, 6-81, 12-83, 7-89, and 5-07.

Justification:

The Policy & Bylaws Task Force was convened to review the current AzDHA Policy Manual, Bylaws, and GA Standing Rules. In that review, it was determined that many our existing policies were outdated and redundant to current ADHA policies, or inherent in our [Code of Ethics](#) and [Standards of Clinical Dental Hygiene Practice \(SCDHP\)](#). The Task Force opined, and the Board of Directors concurred that the policies of ADHA, as established by the ADHA House of Delegates which includes Arizona representation, are applicable to Arizona and should not be duplicated in the AzDHA Policy Manual. The Code of Ethics and Standards of Clinical Dental Hygiene Practice are ADHA foundational documents and also applicable to AzDHA.

The 6 policies in this proposed resolution have been found to be closely related to the referenced ADHA policies that are broader in concept making them more useful in the long run. The broadly stated policies of ADHA are preferred because they provide AzDHA with the ability to respond to unforeseen issues and opportunities, providing flexibility and agility.

What follows is a side-by-side comparison of AzDHA existing policies recommended for retirement with those of related ADHA policies and serves as justification to retire as redundant. Additional notes have been added for clarification.

<p>AzDHA policy 4-80 All persons performing dental hygiene functions should be trained at comparable levels of academic and clinical proficiency or shall pass a challenge examination at equal academic and clinical proficiency levels.</p>	<p>ADHA policy – 10-93/24-69 The American Dental Hygienists’ Association is opposed to the recognition of preceptor training or any other mechanisms which undermine existing minimum educational requirements for the dental hygiene scope of practice. and 26-00/2-82 The American Dental Hygienists’ Association supports licensure of dental hygienists, who have graduated from an accredited dental hygiene program. and 15-15/13-86 The American Dental Hygienists’ Association supports accreditation standards that prepare entry level dental hygienists to assume all the professional roles of a dental hygienist in a variety of settings to address the oral and overall health care needs of the public.</p>
<p>AzDHA policy 5-15 The ASDHA advocates inter-professional education for dental hygiene students and continuing education opportunities for</p>	<p>ADHA policy – 6-20/5-16 The American Dental Hygienists’ Association supports interprofessional education in the dental hygiene curriculum.</p>

<p>registered dental hygienists to prepare for team-based practice models.</p>	<p>and 11-05/9-01/23-92/62-82/13S-93 The American Dental Hygienists' Association advocates that licensing boards accept continuing education courses for credit in the following areas: dental hygiene process and the professional roles of the dental hygienist. In addition, courses related to behavioral science, management and administration programs as well as courses in organizational development related to leadership. Note: Any content taught in dental hygiene curriculum is acceptable to offer as continuing education.</p>
<p>AzDHA policy 6-81 The ASDHA endorses the direction of the following ADHA resolutions: 46-80: "The concept that a licensed dental hygienists who has graduated from a dental hygiene program accredited by the ADA Commission on Dental Accreditation may own a dental hygiene practice, own the dental hygiene portion of a dental practice or enter in a contractual arrangement to provide dental hygiene practice services in accordance with state dental/dental hygiene practice acts"; 8-80: "that dental supervision of the patient's comprehensive oral health care is more important to the public interest than supervision of the dental hygienist and that the dental hygienists is responsible for the patient's oral health care as it related to dental hygiene practice and is capable of providing dental hygiene services without supervision"; 27-80: "which is the definition of primary care and recognition of the hygienist as a primary care provider".</p>	<p>ADHA policy – 1-15/46-80 The American Dental Hygienists' Association maintains that dental hygienists are ethically and legally responsible and directly accountable for their professional conduct, decision-making, quality of services and actions. and 6-14/27-80 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. and 13-14/46-80 The American Dental Hygienists' Association affirms that dental hygienists are competent to provide dental hygiene services without supervision. Note: The Task Force was unable to find the ADHA referenced policy 8-80.</p>
<p>AzDHA policy 12-83 The ASDHA supports the use of appropriate monitoring devices by hygienists practicing in a setting where ionizing radiation is used.</p>	<p>9S-05/17-88 The American Dental Hygienists' Association supports that radiation-producing imaging devices be operated only by qualified individuals who have successfully completed approved courses that meet state and/or federal regulations for radiation safety. and 28-93/6S-92 The American Dental Hygienists' Association supports the Occupational Safety and Health Administration standards relating to workplace safety and training. Note: Federal regulations require that monitoring of individual employees is</p>

	<p>necessary if the employee is likely to receive more than 10% of the allowable radiation limit (5 rem), which is 0.5 rem. A pregnant employee must be monitored if she is likely to receive greater than 0.1 rem during the pregnancy. For most dental office personnel, the annual occupational radiation dose averages below 0.02 rem per year, which is well below the allowable limit for even pregnant employees.</p>
<p>AzDHA policy 7-89 The ASDHA recognizes Carpel Tunnel Syndrome and Repetitive Strain Injury as occupational disabilities for dental hygienists.</p>	<p>ADHA policy - 28-93/6S-92 The American Dental Hygienists' Association supports the Occupational Safety and Health Administration standards relating to workplace safety and training. Note: Musculoskeletal disorders, as ergonomic injuries, are recognized occupational hazards for dental hygienists and are reportable under Occupational Safety and Health Act, Section 5. Duties—General Duty Clause. Further, carpal tunnel syndrome and RSI has been identified by federal law as a disability that is covered by the Americans with Disabilities Act (ADA) and the Fair Employment and Housing Act (FEHA).</p>
<p>AzDHA policy 5-07 The ASDHA supports utilization of Affiliated Practice dental hygienists to meet the needs of the people of Arizona and expand access to care.</p>	<p>ADHA policy - 4S-09 The American Dental Hygienists' Association supports oral health care workforce models that culminate in:</p> <ul style="list-style-type: none"> • Graduation from an accredited institution • Professional licensure • Direct access to patient care <p>Note: The affiliated practice model meets these criteria.</p>

RECOMMENDATIONS

General Assembly Task Force	Board of Directors	General Assembly
Acceptable for consideration	<input checked="" type="checkbox"/> Adopt	Adopt
Makers were asked to withdraw	Adopt as amended	Adopt as amended
Administrative	Refer	Refer
Ongoing procedure	Reject	Reject
Included in budget	Other	Other
Conflict with the Bylaws		
Conflict with existing policy		
Duplication of current policy		
<input checked="" type="checkbox"/> Not Reviewed		