

AMERICAN DENTAL  
ASSISTANTS ASSOCIATION

MANUAL OF POLICIES AND  
RESOLUTIONS

*Amended November, 2021*

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**POLICIES AND RESOLUTIONS OF THE  
AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)**

**FOREWORD:**

With the total revision of the ADAA Bylaws adopted by the 1979 House of Delegates and the subsequent revision of the Manual of Procedures, the Policies and Resolutions of the ADAA also required revision.

In the process of revision, all policies prior to 1974 were rescinded by the 1980 House of Delegates and the revised forms of these policies were adopted by the 1980 House of Delegates. The policy statements and resolutions are indexed by topic. This document will be updated annually or as necessary noting the year of review in the title, and the year of adoption by the House of Delegates at the end of each policy statement or resolution. This manual was updated as of October, 2019.

**SUBCOMMITTEE'S ANNOTATIONS:**

As of the term year of 2012-2013 and on an annual basis, for each existing resolution and policy printed in the ADAA Manual of Policies and Resolutions, the Policies and Resolutions Subcommittee Chair shall annotate when formal review has been performed by the subcommittee. These annotations shall be placed by the subcommittee immediately upon review even if the subcommittee has no recommendations for action at the time of such review. Each of the previous annotations shall be preserved by the subcommittee by listing any subsequent annotations in chronological order. Descriptive annotations shall be included in the event of any amendment authorized by the Board of Trustees or House of Delegates. The first annotation shall be the original year of adoption. The annotations section shall be added as a separate paragraph at the end of each policy and resolution.

Example: *Adopted HOD 2003; reviewed 2004; reviewed 2006; amended HOD 2008; amended-housekeeping BOT 2010; reviewed 2013.*

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
POLICY STATEMENTS AND RESOLUTIONS**

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# Part I

## DUTIES AND FUNCTIONS

- A. Dental Assisting Practice**
- B. Training in Intraoral Expanded Functions**
- C. Policy on Silver Diamine Fluoride**

I.A. Dental Assisting Practice

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
RESOLUTION ON DENTAL ASSISTING PRACTICE**

Whereas, The functions of the dental assistant are identified in most state Dental Practice Acts;  
and

Whereas, The American Dental Assistants Association recognizes that the state Dental Practice Acts vary among the states as they pertain to the functions which dentists may legally delegate to the dental assistant; and

Whereas, Legal provisions consistently state that dental procedures delegated to dental assistants are performed under the supervision of the dentist; and

Whereas, The performance of dental procedures by dental assistants not authorized by law or regulation constitutes an illegal offense; therefore be it

Resolved, That the American Dental Assistants Association assume a positive leadership role assisting State Associations in informing the membership and dental assistants within the states of legal provisions and regulations as they pertain to dental assistants to assure that dental assistants are totally aware of the functions they are legally authorized to perform; and be it further

Resolved, That dental assistants be apprised of their obligation to perform only these functions that are legally authorized.

*Adopted HOD 1998; reviewed 2013; amended-housekeeping BOT 2013 reviewed 2015.*

IB. Training in Intraoral Expanded Functions

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
RESOLUTION ON TRAINING IN INTRAORAL EXPANDED FUNCTIONS**

Resolved, That the American Dental Assistants Association reaffirms the American Dental Association policy that expanded functions shall be performed under the direct, indirect, general supervision and assignment of the dentist, that they be in accordance with respective state dental practice acts, and that they be performed only by auxiliaries who have formal education and training; and be it further

Resolved, That states be urged to recognize certification by the Dental Assisting National Board or enrollment in an educational program accredited by the Commission on Dental Accreditation as the minimum qualification of dental assistants or training in intraoral expanded functions, which require formal education as defined in the Compilation of Facts Related to Teaching Expanded Functions; and be it further

Resolved, That final decisions on delegation of expanded functions to dental assistants be made by the state boards of dentistry on the basis of established and appropriate standards of qualifications.

*Adopted HOD 1994; reviewed 2013; reviewed 2015.*

## 1 C. Position Statement on Silver Diamine Fluoride

### **American Dental Assistants Association (ADAA) Position Statement on Silver Diamine Fluoride (SDF)**

Silver Diamine Fluoride (SDF) has been proven to be a safe, cost effective adjunct to dental treatment. The ADAA supports the use and application of SDF by dental assistants with the proper education in accordance with each state's dental statutory or regulatory provisions.



# Part II

## EMPLOYMENT

- A. Remuneration for Dental Assistants**
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II.A. Remuneration for Dental Assistants

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
RESOLUTION ON REMUNERATION FOR DENTAL ASSISTANTS**

Whereas, Dental assistants are assigned additional functions which require new skills and responsibilities to the dental profession and the public; and

Whereas, Compensation for an increased scope of service is customary in most fields of endeavor; therefore be it

Resolved, That dental assistants who are qualified by education and/or training and are certified, registered, or rostered to perform additional functions request a salary commensurate with the additional services.

*Adopted HOD 1994; reviewed 2013; reviewed 2015.*

## II.B. Professional Attire

### **AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA) RESOLUTION ON PROFESSIONAL ATTIRE:**

Professional attire for dental personnel is determined to a great extent by employers, work agreements, and/or practice settings and office environments. Personal protective equipment is determined by the Occupational Safety and Health Administration (OSHA,) the Center for Disease Control and Prevention (CDC,) and/or state regulations. Acceptable professional attire reflected in OSHA's federally mandated Bloodborne Pathogens Standard includes personal protective equipment such as, but not limited to, gloves, face shields and masks, eye protection, and the use of barrier garments to protect the exposed skin or other clothing when splashes are likely to occur.

The American Dental Assistants Association strongly encourages that dental personnel comply with the recommendations of the Centers for Disease Control and Prevention (CDC) as federally mandated in the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard regarding personal protective equipment as well as comply with individual state requirements that include personal protective equipment as part of their required professional attire.

*Adopted HOD 1994; reviewed 2013; amended-housekeeping BOT 2013; reviewed 2015.*

## II. C. Equal Opportunity

### **AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA) POLICY STATEMENT ON EQUAL OPPORTUNITY**

#### ***ADAA Admissions Policy:***

Admission to membership in the American Dental Assistants Association is in no way based upon the applicant's race, color sex, age, religious beliefs, or national origin.

#### ***ADAA Employment Policy:***

The American Dental Assistants Association is an equal opportunity employer. No employee is employed, retained, paid, disciplined, dismissed, demoted or otherwise adversely affected with respect to his/her employment status because of race, color, religion, sex, national origin, or age.

#### ***ADAA Policy Regarding Employment of Dental Assistants:***

The American Dental Assistants Association is committed to promulgating and implementing policies which will enhance the opportunities for employment and advancement of dental assistants.

In light of this commitment, the American Dental Assistants Association propounds the following principles regarding the employment and advancement of dental assistants:

1. Employers of dental assistants should comply with all federal and state laws prohibiting employment discrimination. No dental assistant employee should be employed, retained, paid, disciplined, dismissed, demoted or otherwise adversely affected with respect to his/her employment status because of race, color, sex, religious beliefs, national origin, residence, physical disability, political or social activities or affiliations, professional association membership or activities, age, marital status, family relationship, or sexual orientation or preference.
2. Employers of dental assistants should comply with all federal and state minimum wage and hour law. A dental assistant's compensation should be based on his/her professional competence, education, experience on the nature of the work to be performed, and on the current cost of living. Employers should comply with all federal and state relation laws, and should refrain from all unfair employment practices.
3. Employers of dental assistants should not compel dental assistant employees to perform illegal duties or functions.
4. Employers of dental assistants should comply with all federal and state occupational safety and health laws, and should undertake all reasonable measures to provide a safe and healthful working environment.

***Adopted HOD 1979; amended HOD 2004; reviewed 2013; reviewed 2015.***

II. D. Collective Bargaining

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
RESOLUTION ON COLLECTIVE BARGAINING**

Whereas, The American Dental Assistants Association recognizes the need for concern regarding the economic status of the dental assisting profession; therefore be it

Resolved, That any action taken by individual state and local organizations pursuant to matters on collective bargaining will not be subject to censure as long as their activities are not in conflict with the objectives of this Association.

*Adopted HOD 2001; reviewed 2013; reviewed 2015.*

II. E. Mercury Contamination Hazards

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
RESOLUTION ON MERCURY CONTAMINATION HAZARDS**

Whereas, Mercury is accepted by the practice of dentistry as a component of silver amalgam restorations; and

Whereas, Contamination by direct contact and the inhalation of mercury vapors is a possibility when mercury is manipulated incorrectly in the dental office; and

Whereas, Safety standards on mercury hygiene have been promulgated for occupational workers (dental personnel) by the Occupational Safety and Health Administration (OSHA); therefore be it

Resolved, That the American Dental Assistants Association inform its Members and other dental personnel of recommended measures to avoid undue exposure of the personnel and the facility by mercury vapors and direct contact with mercury; and be it further

Resolved, That the ADAA, in cooperation with the American Dental Association and other health agencies, be fully supportive of mercury hygiene recommendations for the monitoring of safe practices in the use of mercury in dental treatment procedures.

*Adopted HOD 1981; reviewed 2013; reviewed 2015.*

II. F. Nitrous Oxide

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
RESOLUTION ON NITROUS OXIDE**

Whereas, May 23, 1988, marked the deadline for compliance to the Occupational Safety and Health Administration's (OSHA) new, expanded Hazard Communication Standard; and

Whereas, The standard has already applied to about 300,000 workers in industrial manufacturing jobs that involved dangerous chemicals; and

Whereas, OSHA decided to expand coverage of the act to workers in non-manufacturing fields, including dental health care workers, namely dental assistants who come in contact with any number of hazardous materials, including nitrous oxide; and

Whereas, The ADAA believes that all dental assistants have the "right to know" the latest regulations and safety laws that affect our surroundings and health; therefore be it

Resolved, That the American Dental Assistants Association urges all sectors of the dental profession to follow the regulations that OSHA has set forth to provide a more safe and healthy environment while using nitrous oxide in their daily practices.

*Adopted HOD 1998; amended HOD 2004; reviewed 2013; reviewed 2015.*

II. G. ADAA Involvement in Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV) Policies for Health Care Workers

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
RESOLUTION ON ADAA INVOLVEMENT IN HUMAN IMMUNODEFICIENCY  
VIRUS (HIV), HEPATITIS B VIRUS (HBV) AND HEPATITIS C VIRUS (HCV)  
POLICIES FOR HEALTH CARE WORKERS**

Whereas, Dental assistants perform procedures which put them at risk for an occupational exposure to HIV, HBV and HCV; and

Whereas, Dental assistants are the dental team members who most often implement infection control protocols; and

Whereas, Dental assistants need to be informed about and involved in deliberations regarding HIV, HBV and HCV policies as it affects health care workers; and

Whereas, The American Dental Assistants Association (ADAA) as the organization representing dental assistants needs to be included in all activities sponsored by dentistry, or other agencies, discussing HIV, HBV and HCV policies for health care workers; therefore be it

Resolved, That the 1991 ADAA House of Delegates direct the ADAA Board of Trustees to communicate the need for the ADAA to be involved in all discussions and activities on HIV, HBV and HCV policies for health care workers, to all appropriate organizations; and be it further

Resolved, That this resolution be communicated to the 1991 House of Delegates of the American Dental Association (1991 HOD); and be it further

Resolved, That the amended resolution be communicated to the 1999 House of Delegates of the American Dental Association.

*Adopted HOD 1991; amended HOD 1999; reviewed 2013; reviewed 2015.*



II. H. Immunization of Infectious Diseases

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
RESOLUTION ON IMMUNIZATION AGAINST INFECTIOUS DISEASES**

Whereas, Dental assistants are at risk for occupational exposure to many infectious diseases:  
therefore, be it

Resolved, that the American Dental Assistants Association advocates all dental assistants be  
immunized as recommended by the Centers for Disease Control and Prevention to  
many infectious diseases; therefore, be it

Resolved, that the American Dental Assistants Association advocates all dental assistants be  
immunized as recommended by the Center for Disease Control and Prevention.

*Adopted HOD 1992; reviewed 2013; reviewed 2015, reviewed 2020, 2021; amended 2021.*

## II. I. Dental Unit Waterlines

### **AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA) POLICY STATEMENT ON DENTAL UNIT WATERLINES**

The American Dental Assistants Association (ADAA) acknowledges that bacterial contamination of dental unit waterlines is a recognized problem; and concurs with the Organization for Safety and Asepsis Procedures (OSAP) and the American Dental Association statements in addressing this threat to patient health.

Further, the ADAA endorses the American Dental Association's current Statement on Dental Unit Waterlines while maintaining support for the Centers for Disease Control and Prevention (CDC) recommendation regarding the quality of coolant water used in non-surgical dental procedures and surgical coolant/irrigation.

The ADAA resolves that the quality of dental unit water used in non-surgical dental procedures must meet or exceed current drinking water standards. Dental care providers must adhere to strict maintenance protocols while employing current industry-recommended devices and procedures designed specifically to improve the quality of dental unit water to current standards.

*Adopted HOD 1997; amended HOD 2004; reviewed 2013; reviewed 2015.*

II. J. Center for Disease Control Recommendations and Occupational Safety and Health Administration (OSHA) Concerns

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
RESOLUTION ON THE CENTER FOR DISEASE CONTROL (CDC)  
RECOMMENDATIONS AND OCCUPATIONAL SAFETY AND HEALTH  
ADMINISTRATION (OSHA) CONCERNS**

Whereas, Dental assistants perform procedures which put them at risk for occupational exposure to bloodborne pathogens; and

Whereas, Dental assistants are the dental team members who most often implement infection control protocols regarding but not limited to personal protective equipment, heat sterilization, handpiece sterilization, biological monitoring, surface disinfection, instrument protection, and handling and disposal of infectious waste; therefore be it

Resolved, That the American Dental Assistants Association advocates all Dental assistants adhere to current Center for Disease Control recommendations, Occupational Safety and Health Administration and state regulations.

*Adopted HOD 1992; reviewed 2013; reviewed 2015.*

II. K. Dental Assisting National Board (DANB) Infection Control Examination

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
RESOLUTION ON THE DENTAL ASSISTING NATIONAL BOARD (DANB)  
INFECTION CONTROL EXAMINATION**

Whereas, Dental assistants are the dental professionals who most often implement infection control procedures; and

Whereas, There are minimal federal and state mandated standards for education for dental assistants; therefore be it

Resolved, That the American Dental Assistants Association advocates all dental assistants document proficiency in infection control protocols by passing the Dental Assistants National Board's Infection Control Examination.

*Adopted HOD 1992; reviewed 2013; Affirmed 2014, HOD Reference Committee; reviewed 2015*

II. L. Pregnant Dental Assistants

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
RESOLUTION ON THE PREGNANT DENTAL ASSISTANT**

Whereas, Female dental assistants continue to deliver dental health care services during their pregnancies; and

Whereas, These dental assistants are exposed to hazardous chemicals, ionizing radiation, mercury, nitrous oxide, and bloodborne pathogens during the performance of their duties; and

Whereas, Pregnant dental assistants are aware of the Occupational Safety and Health Administration guidelines pertaining to dental healthcare workers; manufacturers' *Material Safety Data Sheets* and equipment safety recommendations; and the Centers for Disease Control and Prevention *Guidelines for Infection Control in Dental Health-Care Settings*; therefore be it

Resolved, That the American Dental Assistants Association encourage pregnant dental assistants to follow all safety protocols as mandated by the Occupational Safety and Health Administration and recommended by the Centers for Disease Control and Prevention; and heed all manufacturers' warnings and recommendations while handling job-related products and equipment; and be it further

Resolved, That the American Dental Assistants Association encourage pregnant dental assistants to seek the recommendation of their obstetricians in regards to continuing their active role in delivering dental health care services during their pregnancy.

*Adopted HOD 2004; reviewed 2013; reviewed 2015.*

## II. M. Sexual Harassment

### AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA) POLICY STATEMENT ON SEXUAL HARASSMENT

#### Definitions

According to the Sex Discrimination Guidelines promulgated by the Equal Employment Opportunity Commission (EEOC), sexual harassment is a form of sex discrimination that violates Title VII of the Civil Rights Act of 1964:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance, or creates an intimidating, hostile, or offensive work environment (EEOC, 2012).

There are two general categories of sexual harassment:

- **Quid Pro Quo Harassment** - An employee's job or job benefits are made contingent on the provision of sexual favors.
- **Hostile Work Environment Harassment**- An employee is required to tolerate unwelcome comments or inappropriate conduct based on sex which unreasonably and consistently interferes with an employee's work performance or creates an intimidating, hostile, or offensive work environment. Examples of inappropriate conduct of a sexual nature may include, but are not limited to, sexually oriented jokes, sexually explicit e-mail, screen savers, posters, cartoons and graffiti, and unwanted verbal and physical contact.

#### Statement of Principle

The American Dental Assistants Association condemns all forms of sexual harassment. It is the belief of the ADAA that all employees as well as employers are responsible for ensuring that the workplace is free from sexual harassment and must avoid any action or conduct which could be viewed as sexual harassment.

The ADAA advocates prevention as the best tool to eliminate sexual harassment in the work environment. The ADAA urges employers to take all necessary steps to prevent sexual harassment from occurring by communicating to employees that sexual harassment will not be tolerated. Employers are encouraged to establish formal policies regarding sexual harassment, provide sexual harassment training to their employees, and to establish an effective complaint or grievance process to address claims of sexual harassment. Employers must take immediate and appropriate action when an employee complains. Furthermore, employers must adhere to federal regulations making it unlawful to fire, demote, harass, or otherwise "retaliate" against applicants or employees because they filed a charge of discrimination, because they complained to their employer or other covered entity about discrimination on the job, or because they participated in an employment formal discrimination proceeding.

*Adopted HOD 2013; reviewed 2015.*

# Part III

## PUBLIC WELFARE

- A. Cardiopulmonary Resuscitation And Basic Life Support Procedures**
- B. Early Childhood Caries Syndrome**
- C. Fluoridation**
- D. Hypertension**
- E. Tobacco and Electronic Cigarettes/Vaping**
- F. Identification and Referral of Child Abuse and Neglect Cases**
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III. A. Cardiopulmonary Resuscitation and Basic Life Support Procedures

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
RESOLUTION ON CARDIOPULMONARY RESUSCITATION  
AND BASIC LIFE SUPPORT PROCEDURES**

Whereas, Increasingly sophisticated techniques and procedures such as IV sedation, nitrous oxide/oxygen analgesia, and general anesthesia are being used in the delivery of dental health services; and

Whereas, Accurate documentation of medical history data and recognition of the medical problems of patients by the dental assistant promotes an awareness of potentially life-endangering situations; and

Whereas, The treatment of many of the emergencies that could arise during the delivery of dental health services depends on the availability and application of cardiopulmonary resuscitation and basic life support procedures; therefore be it

Resolved, That every member of the American Dental Assistants Association be encouraged to seek and maintain certification in the most current cardiopulmonary resuscitation techniques for the healthcare provider to include but not limited to the use of the Automated External Defibrillator (AED); and be it further

Resolved, That every member of the American Dental Assistants Association maintain current certification in basic life support for healthcare providers; and be it further

Resolved, That every member of the American Dental Assistants Association support the training efforts of all organizations in cardiopulmonary resuscitation and basic life support procedures.

*Adopted HOD 2002; reviewed 2013; reviewed 2015.*



III. B. Early Childhood Caries Syndrome

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
RESOLUTION ON EARLY CHILDHOOD CARIES SYNDROME**

Whereas, The health of primary dentition is critical to the future Appearance phonetic development, masticatory function, and eruption patterns of permanent teeth in children; and

Whereas, The retention of food debris and other fluids for long periods of time, particularly at nap time and bedtime, predisposes the teeth of young children to dental caries; therefore be it

Resolved, That all local organizations and state associations of the American Dental Assistants Association work to inform both new and expectant parents and other health related professionals of the prevention and severity of early childhood caries syndrome.

*Adopted HOD 2000; amended HOD 2002; reviewed 2013; reviewed 2015.*

### III. C. Fluoridation

#### **AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA) RESOLUTION ON FLUORIDATION**

Whereas, Studies have repeatedly and convincingly documented fluoridation of the public water supply as the most efficient and economical means of preventing dental caries; and

Whereas, Recent studies have revealed no harmful effects from the ingestion of fluoride present in the public water supply; and

Whereas, Not all of the U.S. population has access to fluoridated water; and

Whereas, The opponents of fluoridation continue to defeat measures to fluoridate new water sources and strive to remove fluoride from other water sources; therefore be it

Resolved, That all Local Organizations and State Associations of the American Dental Assistants Association promote the fluoridation of public water supplies; and be it further

Resolved, That all Local Organizations and State Associations of the American Dental Assistants Association cooperate with all professional health organizations in their efforts to ensure fluoridation of the community water supply as a method to prevent dental caries; and be it further

Resolved, That all Local Organizations and State Associations of the American Dental Assistants Association work to ensure fluoridation of school water supplies as a means to prevent dental cavities where community fluoridation programs prove impractical; and be it further

Resolved, That all Local Organizations and State Associations of the American Dental Assistants Association urge the use of fluoride supplements as preventive measures in areas lacking community water fluoridation.

*Adopted HOD 2001; amended HOD 2004; reviewed 2013; reviewed 2015.*

### III. D. Hypertension

#### **AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA) RESOLUTION ON HYPERTENSION**

Whereas, Hypertension continues to be directly responsible for thousands of deaths annually in the United States and contributes to thousands more; and

Whereas, High blood pressure can lead to many physical disabilities such as coronary heart disease, stroke, kidney failure, atherosclerosis, or in some cases blindness; and

Whereas, Absence of an accurate patient hypertension history may lead to serious medical complications in the dental office; and

Whereas, Dental assistants often see patients who may not regularly visit a physician and;

Whereas, Dental Assistants often come into contact with patients who may not regularly visit a physician; and

Whereas, Dental Assistants can efficiently and effectively screen for high blood pressure in the dental office; therefore be it

Resolved, That all members of the American Dental Assistants Association learn proper high blood pressure screening techniques and referral levels in their local communities; and be it further

Resolved, That the American Dental Assistants Association strongly encourages all members to actively participate in continuing education programs on high blood pressure offered by dental societies, community groups, educational institutions, and government agencies; and be it further

Resolved, that the American Dental Assistants Association strongly encourages all Local Organizations and State Associations to participate each month of May in the National High Blood Pressure Month sponsored by the National High Blood Pressure Education Program (NHBPEP); and be it further

Resolved, That the American Dental Assistants Association strongly encourages all Local Organizations and State Associations to cooperate closely with all professional health organizations and government agencies on high blood pressure control.

*Adopted HOD 2001; reviewed 2013; reviewed 2015.*

### III. E. Tobacco and Electronic Cigarettes/Vaping

#### **AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA) RESOLUTION ON TOBACCO AND ELECTRONIC CIGARETTES/VAPING**

Whereas, The American Dental Assistants Association acknowledges that tobacco products (i.e., cigarettes, cigars, smokeless tobacco, and pipe tobacco), electronic cigarettes and vaping are harmful and affect the oral health and the general health of smokers and non-smokers, vapers and non-vapers and that tobacco and vape products use is a common cause of addictions, preventable illness, disability, and death, and directly causes an increase in the risk of oral or pharyngeal cancer, periodontal disease, and other deleterious oral effects; and

Whereas, The American Dental Assistants Association supports the United States Surgeon General in the warnings of the dangers of tobacco, smokeless tobacco, electronic cigarettes and vaping to the public,

Whereas, Youth use of tobacco is a pediatric disease where over 80 percent of adults who use tobacco begin use before the age of 18, more than 3,000 young people begin smoking each day and many more try "dip" or "chew" for the first time or vape for the first time, and children tend to vastly underestimate the likelihood that they will become addicted to these products; and be it

Resolved, That the American Dental Assistants Association calls upon the federal, state, and local governments to enact legislation and regulation requiring all agencies that receive public funding (including schools, universities, hospitals, military) to continue to be free of environmental tobacco smoke (ETS) and the use of any and all tobacco or vaping products; and be it further

Resolved, That the American Dental Assistants Association urges and supports Congress to pass legislation to continue to improve current warning provisions of law by adding a warning about the risk of tobacco addiction and the dangers of vaping and by increasing the size and discernability of warning labels on all tobacco products and advertising; and be it further

Resolved, That the use of any tobacco product or electronic or vape product shall be prohibited at the ADAA Annual Session, national council or committee meetings, ADAA board meetings, and other meetings including the business and scientific sessions of this Association; and be it further

Resolved, That the American Dental Assistants Association supports federal, state, and local laws and ordinances that effectively protect the public from ETS. The American Dental Assistants Association also advocates this policy be adopted by the state and local membership organizations of this Association; and be it further

Resolved, That the American Dental Assistants Association calls upon all oral health education institutions, national board examinations, state and regional testing boards, and certified continuing education providers to integrate tobacco-related and vaping

education and clinical practice guidelines into all levels of curriculum, training and testing; and be it further

Resolved, That the American Dental Assistants Association calls upon the federal government to refrain from using economic pressures to coerce foreign governments into permitting the import and marketing of US tobacco products.

*Adopted HOD 1997; amended-housekeeping BOT 2012; reviewed 2013; reviewed 2015; reviewed 2020, 2021; recommend to rescind current policy and adopt the new proposed policy.*

III. F. Identification and Referral of Child Abuse and Neglect Cases

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
RESOLUTION ON IDENTIFICATION AND REFERRAL OF CHILD ABUSE AND  
NEGLECT CASES**

Whereas, States continue to report data confirming the existence of child abuse and neglect in the United States; and

Whereas, Child fatalities in the United States are known to occur as a result of child abuse and neglect; and

Whereas, The prompt discovery, reporting, intervention, and treatment of child abuse is likely to prevent subsequent cases of child abuse and neglect; and

Whereas, Dental Assistants may confront clinical manifestations of child abuse and neglect during the performance of their duties; therefore be it

Resolved, That the American Dental Assistants Association (ADAA) work to inform its members of the problem of child abuse; and be it further

Resolved, That the ADAA educate its members on manifestations of child abuse and neglect and proper methods of reporting suspected cases of child abuse and neglect; and be it further

Resolved, That the ADAA support the efforts of community groups, professional associations, and government agencies to prevent and treat child abuse and neglect; and be it further

Resolved, That the ADAA strongly encourages all ADAA Local Organizations and State Associations to educate their members as to local laws and agencies established for the protection of children in matters of child abuse and neglect.

*Adopted HOD 2001; reviewed 2013 reviewed 2015.*

### III. G. Oral Health Care for the Special Needs Individual

#### **AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA) RESOLUTION ON ORAL HEALTH CARE FOR THE SPECIAL NEEDS INDIVIDUAL**

Whereas, Only 10% of the nation's 35 million special needs individual have good oral health; and

Whereas, Large percentages of the special needs individual are unaware of their own dental health needs;  
and

Whereas, Many of the special needs individual encounter difficulty in locating, receiving and affording  
adequate oral health care; and

Whereas, Large numbers of dental office personnel lack the knowledge, experience, or resources to  
provide adequate dental treatment for special needs patients; and

Whereas, Many staff members of handicapped care facilities possess minimal information regarding oral  
health care for the special needs individual; and

Whereas, Inadequate communication often exists between dental health care providers and associations  
for the special needs individual; and

Whereas, Few current community based programs help the special needs individual maintain proper oral  
health; therefore be it

Resolved, That all Local Organizations and State Associations of the American Dental Assistants  
Association encourage membership participation in continuing education programs dealing  
with oral care for the special needs individual; and be it further

Resolved, That all Local Organizations and State Associations of the American Dental Assistants  
Association present educational programs for integrated audiences covering all areas of oral  
health care; and be it further

Resolved, That all Local Organizations and State Associations of the American Dental Assistants  
Association assist other health care agencies to design and implement training programs for the  
staffs of oral health care for the special needs individual; and be it further

Resolved, That all Local Organizations and State Associations of the American Dental Assistants  
Association work to enhance communications between dental health organizations and  
associations dealing with the special needs individual; and be it further

Resolved, That all Local Organizations and State Associations of the American Dental Assistants  
Association support the efforts of all organizations to provide essential health care services for  
the special needs individual.

***Adopted HOD 1994; reviewed 2013; reviewed 2015.***

III. H. Oral Health Care for Geriatric Patients

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
RESOLUTION ON ORAL HEALTH CARE FOR GERIATRIC PATIENTS**

Whereas, Many long term care patients suffer from numerous oral health problems; and

Whereas, Many elderly patients may neglect oral health care because of forgetfulness, lack of motivation, or physical disabilities; and

Whereas, Poor oral health in elderly patients may lead to other disorders such as systemic disease, malnutrition, impaired speech, facial deformity or despondency; and

Whereas, Most long term care facilities lack adequate hours or portable dental equipment for essential oral health care; and

Whereas, Inadequate dental benefits for Medicare and Medicaid recipients deny elderly patients necessary oral health care, therefore be it

Resolved, That all Local Organizations and State Associations of the American Dental Assistants Association develop and implement programs to assist the staffs of long term care facilities in oral health care techniques for geriatric patients; and be it further

Resolved, That all Local Organizations and State Associations of the American Dental Assistants Association support the efforts of all professional health care organizations which promote the necessary dental health care of all patients in long term care facilities; and be it further

Resolved, That members of all Local Organizations and State Associations of the American Dental Assistants Association assist other health care agencies to design and implement programs for the oral health care organizations in providing adequate oral health care to the elderly.

*Adopted HOD 1980; reviewed 2013; reviewed 2015.*



III. I. Oral Health Care in Correctional Facilities

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
RESOLUTION ON ORAL HEALTH CARE IN CORRECTIONAL FACILITIES**

Whereas, A large percentage of residents in correctional facilities receive inadequate oral health care instruction; and

Whereas, Many residents of correctional facilities lack proper oral health care knowledge; and

Whereas, Dental care tends to receive a low priority among the staff members of correctional facilities; therefore be it

Resolved, That all Local Organizations and State Associations of the American Dental Assistants Association initiate activities to inform the residents of correctional facilities of proper oral health care techniques; and be it further

Resolved, That all Local Organizations and State Associations of the American Dental Assistants Association cooperate with local dental societies to facilitate dental screening and treatment programs which meet the dental health needs of residents in correctional facility screening programs; and be it further

Resolved, That all Local Organizations and State Associations of the American Dental Assistants Association instruct correctional facility staff members in oral health care procedures of residents; and be it further

Resolved, That all Local Organizations and State Associations of the American Dental Assistants Association cooperate with health care agencies to provide residents in correctional facilities with essential oral health care information.

*Adopted HOD 1980; reviewed 2013; reviewed 2015.*

III. J. Nutrition

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
RESOLUTION ON NUTRITION**

Whereas, The average American diet is lacking nutritional value; and

Whereas, Inadequate nutrition can initiate and aggravate the effects of illness or injury upon oral structures; and

Whereas, The frequent ingestion of products containing added sugars is a dietary pattern known to be associated with dental plaque formation, dental caries and gingivitis; and

Whereas, Studies have documented the dental and physical hazards of high levels of sugar consumption; therefore be it

Resolved, That all members of the American Dental Assistants Association (ADAA) encourage and support proper nutrition as recommended by the American Dietetic Association, the United States Department of Agriculture, and the United States Department of health and Human Services; and be it further

Resolved, That all members of the ADAA make a concentrated effort to direct public attention to the deleterious effects of sugar intake on both oral and general health; and be it further

Resolved, That all members of the ADAA support the efforts of other associations to encourage nutritious and healthy snacks and beverages.

*Adopted HOD 2000; reviewed 2013; reviewed 2015.*

III. K. Denturism

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
RESOLUTION ON DENTURISM**

Whereas, The American Dental Assistants Association recognizes the problem of denturism which is defined by the American Dental Association as the illegal practice of dentistry by unlicensed individuals, and the American Dental Assistants Association supports the American Dental Association in its efforts to eliminate this threat to public health; and

Whereas, Members of the American Dental Assistants Association will commit manpower hours in public outreach projects and legislative activities to help maintain a high standard of dental care for the citizens of the United States; therefore be it

Resolved, That the American Dental Assistants Association offer its services to work with all other members of the dental health team to combat the practice of denturism.

*Adopted HOD 1980; reviewed 2013; reviewed 2015.*

### III. L. Treatment of Potentially Infectious Dental Consumers

#### **AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA) POLICY STATEMENT ON THE TREATMENT OF POTENTIALLY INFECTIOUS DENTAL CONSUMERS**

The American Dental Assistants Association (ADAA) supports the following policy on the dental treatment of potentially infectious dental consumers:

All dental consumers must be treated as potentially infectious, requiring the use of routine universal precautions as outlined by current Centers for Disease Control and Prevention (CDC) and Occupational Safety and Health Administration (OSHA) and/or state guidelines.

Dental consumers and dental assistants should be encouraged to disclose potentially infectious diseases.

The ADAA supports ongoing scientific investigation and continuing education relating to infectious diseases and development of preventative procedures that will provide protection for all dental consumers and health care professionals.

*Adopted HOD 1994; reviewed 2013; reviewed 2015.*

III. M. Medical Waste Disposal

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
RESOLUTION ON MEDICAL WASTE DISPOSAL**

Whereas, Dental offices are producing facilities of medical waste, and;

Whereas, Proper disposal procedures are imperative for public and environmental protection;  
therefore, be it

Resolved, That the American Dental Assistants Association (ADAA) encourage compliance with  
local, state and federal authorities for proper medical waste disposal.

*Adopted HOD 1991; amended HOD 2004; reviewed 2013; reviewed 2015.*

III. N. Cranial and Orofacial Protectors

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
RESOLUTION ON CRANIAL AND OROFACIAL PROTECTORS**

Whereas, Statistical information documents that numerous dental injuries are sports related; and

Whereas, More than five million teeth are avulsed each year and other trauma resulting in soft tissue injuries, fractures of the craniofacial bones, temporomandibular joint injuries, and various fractures to the dentition occur; and

Whereas, The preventative value of properly fitted orofacial protectors such as mouth guards and protective headgear is of the utmost importance to help prevent dental related injuries; therefore be it

Resolved, That the American Dental Assistants Association encourage its members to promote the use of craniofacial protectors to all individuals engaged in recreational and sports activities.

*Adopted HOD 1999; reviewed 2013; reviewed 2015.*

III. O. Access to Care

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
RESOLUTION ON ACCESS TO CARE**

Whereas, The American Dental Assistants Association recognizes the need exists for qualified oral healthcare service providers in the United States; and

Whereas, Dental Assistants with formal education, advanced training and credentialing are essential for providing oral health care services; therefore be it

Resolved, That the American Dental Assistants Association is strongly committed to providing access to oral healthcare services for all individuals in the United States through collaborative efforts with all dental-related organizations and public healthcare agencies.

*Adopted HOD 2005; reviewed 2013; reviewed 2015.*

### III. P. Tooth Whitening

#### **AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA) RESOLUTION ON TOOTH WHITENING**

Whereas, Proper diagnosis of oral conditions and causes of discoloration in patient dentition by a licensed dentist is necessary to determine which treatment and post-operative care is indicated; and

Whereas, procedures using activating lights and tooth whitening chemicals are non-reversible, and can cause pulpal and gingival injury; and

Whereas, The American Dental Assistants Association believes that tooth whitening procedures performed outside of a dental facility utilizing prescription strength chemicals and external mechanical aids have the potential to create irreversible damage to the tissue and dentition of consumers; therefore be it

Resolved, That irreversible treatment of dentition should be delegated to only properly educated individuals with regulated supervision within a dental office setting.

*Adopted HOD 2010; reviewed 2013; reviewed 2015 .*



### III. Q. Position on Workforce Issues

#### **AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA) POSITION ON WORKFORCE ISSUES**

- Quality care for America's dental patients is one of the cornerstones of the American Dental Assistants Association's mission statement. One direct path of achieving this goal is the recognition of the role educated dental assistants can provide in the field of Expanded Functions. The performance of these functions frees the dentist for more complex procedures and more productivity, while still providing quality care by the dental assistant at the Expanded Function level.
- Dentists must take an active role in recognizing this potential source of assistance and work with their state's dental board to develop practice acts which recognize the Expanded Function Dental Assistant and provides a realistic scope of duties to be assigned to these qualified, educated, and trained professionals.
- Dental Assisting professionals can help to serve the increasing demand for quality dental care by providing high level oral health care, and encouraging all states to recognize Expanded Function Dental Assistants.
- Many state dental boards have recognized that education with clinical proficiency is necessary for the delivery of quality care. Access to oral healthcare depends upon educated and highly skilled dental health care professionals. Credentialing indicates a higher level of competency in dental assisting. The American Dental Assistants Association resolves that necessary measures be taken to encourage all dental assistants to become credentialed.

*Adopted HOD 2011; reviewed 2013; reviewed 2015.*

# PART IV

## PROFESSIONAL ETHICS

- A. American Dental Assistants Association Principles of Professional Ethics**
- B. American Dental Assistants Association Code of Member Conduct**
- C. American Dental Assistants Association Policy Statement on Cultural Diversity**

#### IV. A. Principles of Professional Ethics

### **AMERICAN DENTAL ASSISTANTS ASSOCIATION PRINCIPLES OF PROFESSIONAL ETHICS (2011)**

***FOREWORD:*** The Principles of Professional Ethics lists legal and ethical guidelines expected by patients, employers, employees and, in many areas, required by regulatory boards.

- Cause no harm;
- Uphold all federal, state, and local laws and regulations;
- Be truthful and honest in verbal, financial, and treatment endeavors;
- Recognize and report signs of abuse to proper authorities;
- Assist in informed decision-making of treatment options; while respecting the rights of patients to determine the final course of treatment to be rendered;
- Do not discriminate against others;
- Support, promote and participate in access to care efforts through education, professional activities and programs;
- Deliver optimum care utilizing professional knowledge, judgment and skill within the law;
- Be compassionate, respectful, kind and fair to employers, co-workers, and patients;
- Refrain from denigrating by word, print, or in electronic communication his/her employer, workplace, or colleagues at all times;
- Create and maintain a safe work environment;
- Assist in conflict management when necessary to maintain harmony within the workplace;
- Strive for self-improvement through continuing education;
- Strive for a healthy lifestyle which may prevent physical or mental impairment caused by any type of illness;
- Refrain from any substance abuse;
- Never misrepresent professional credentials or education.

***Adopted HOD 2011; reviewed 2013; reviewed 2015.***

#### IV. B. Code of Member Conduct

### **AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA) CODE OF MEMBER CONDUCT**

#### ***FOREWORD:***

As an organization charged with representing a part of the profession involved in the practice of dentistry, the American Dental Assistants Association has delineated a Code of Conduct for members, officers and trustees. They are general goals to which each member should aspire and are not intended to be enforceable as rules of conduct for dental assistants.

#### ***CODE OF CONDUCT AS A MEMBER OF THE ADAA***

As a member of the American Dental Assistants Association, I pledge to:

- Abide by the Bylaws of the Association;
- Maintain loyalty to the Association;
- Pursue the objectives of the Association;
- Hold in confidence the information entrusted to me by the Association;
- Serve all members of the Association in an impartial manner;
- Maintain respect for the members and the employees of the Association;
- Exercise and insist on sound business principles in the conduct of the affairs of the Association;
- Use legal and ethical means to influence legislation or regulation affecting members of the Association;
- Issue no false or misleading statements to fellow members or to the public;
- Refrain from disseminating malicious information concerning the Association or any member or employee of the American Dental Assistants Association;
- Maintain high standards of personal conduct and integrity;
- Cooperate in a reasonable and proper manner with staff and members;
- Accept no personal compensation from fellow members, except as approved by the Association;
- Assure public confidence in the integrity and service of the Association;
- Promote and maintain the highest standards of performance in service to the Association.

***Adopted HOD 2011; reviewed 2013; reviewed 2015.***

#### IV.C. Policy Statement on Cultural Diversity

### **AMERICAN DENTAL ASSISTANTS ASSOCIATION POLICY STATEMENT ON CULTURAL DIVERSITY**

Knowing that culture encompasses belief systems, acquired patterns of behavior, transmitted symbols, and historically derived and selected ideas of human groups;

Recognizing that cultural diversity refers to the differences between people based on a shared ideology and valued set of beliefs, customs, norms and meanings;

Knowing that the term *ethnocentrism* refers to the belief that one's own culture is superior to all others;

Realizing that the impact of culture as a causative influence on the perceptions, interpretations and behaviors of persons in specific cultural groups is important; and

Understanding that issues of culture may contribute to an individual's dental health; therefore The American Dental Assistants Association issues this statement of awareness; and

Asserts that knowledge of cultures and their impact on interactions within the dental health care community is essential for dental assistants in all aspects of the profession;

Believes that knowledge and skills related to cultural diversity can strengthen the quality of oral health care delivery to all;

Upholds that ethnocentric approaches in dental assisting are counterproductive to the delivery of oral health care by the dental team; and

Calls upon all members to recognize and appreciate cultural differences, honor diversity, integrate cultural knowledge, and act, when possible, in a culturally appropriate manner in order to be more effective in advancing the practice of dental assisting toward the highest standards of performance obtainable.

*Adopted HOD 2004; reviewed 2013; reviewed 2015.*

# Part V

# CREDENTIALING AND EDUCATION

- A. Credentialing**
- B. Formal and Continuing Education**
- C. Accreditation Agencies for Dental Assisting Education Programs**
- D. Continuing Education**
- E. Formal Education and Dental Assisting Training Programs**

V. A. Credentialing

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
RESOLUTION ON CREDENTIALING**

Whereas, Many state dental boards have recognized that education with clinical proficiency is necessary for the delivery of quality dental care; and

Whereas, Access to oral health care depends upon educated and highly skilled dental health care professionals; and

Whereas, Credentialing indicates a higher level of competency in dental assisting; therefore, be it

Resolved, That the American Dental Assistants Association takes the necessary measures to encourage all dental assistants to become credentialed professionals.

*Adopted HOD 1980; amended HOD 2010; reviewed 2013; reviewed 2015.*

V. B. Formal and Continuing Education

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
RESOLUTION ON FORMAL AND CONTINUING EDUCATION**

Whereas, The American Dental Assistants Association's Objectives support and encourage formal education and provide for quality continuing education for dental assistants; therefore be it

Resolved, That Local Organizations and State Associations of the American Dental Assistants Association seek to establish dental assisting programs in their communities which meet the accreditation requirements of the Commission on Dental Accreditation; and be it further

Resolved, That Local Organizations and State Associations of the American Dental Assistants Association cooperate with educational programs in designing continuing education programs to improve skills for the practicing dental assistant.

*Adopted HOD 1980; reviewed 2013; reviewed 2015.*



V. C. Accreditation Agencies for Dental Assisting Education Programs

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
RESOLUTION ON ACCREDITATION AGENCIES FOR DENTAL ASSISTING  
EDUCATION PROGRAMS**

Whereas, The American Dental Assistants Association, through its objectives, wishes to advance the practice of dental assisting towards the highest standards of performance by supporting formal education; and

Whereas, Professionally accepted standards for any accrediting agency must be based on what is best for the consumer public and the interest of the profession, the employer, the members of the occupation and the educational community; therefore be it

Resolved, That the American Dental Assistants Association supports the Commission on Dental Accreditation as the appropriate accrediting agency for dental assisting education programs.

*Adopted HOD 1980; reviewed 2013; reviewed 2015.*

V. D. Continuing Education

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
POLICY STATEMENT ON CONTINUING EDUCATION**

The objectives of the continuing education policy of the American Dental Assistants Association (ADAA) are;

1. To improve the knowledge and skills of the dental assistants;
2. To encourage member participation in continuing education for self-improvement;
3. To assist in identifying continuing education activities that are acceptable for credit toward maintenance or credentials;
4. To establish the process or mechanism for evaluation of ADAA continuing education activities;
5. To improve the quality of the continuing education experiences,
6. To establish guidelines for implementation of ADAA continuing education programs, and
7. To suggest a requirement for continuing education which may contribute to professional competency.

*Adopted HOD 1999; reviewed 2013.*

V. E. Formal Education and Dental Assisting Training Programs

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
RESOLUTION ON FORMAL EDUCATION AND DENTAL ASSISTING TRAINING  
PROGRAMS**

Whereas, The American Dental Assistant Association (ADAA) has long held the opinion that clinical dental assisting is most appropriately performed with the background and knowledge provided by formal education; and

Whereas, The welfare of consumers will be increased by having an educated dental assistant working with the dentist; and

Whereas, The American Dental Association (ADA) has in place a mechanism for identifying educational qualifications; therefore be it

Resolved, That the ADAA encourage and support formal education requirements for clinical dental assistants in all states, and be it further

Resolved, That the ADAA communicate to the ADA the value and productivity of the graduates of formal secondary or post-secondary dental assisting training programs; and be it further

Resolved, That the ADAA communicate to the 2000 House of Delegates that the credentialing/licensure of clinical dental assistants based on requirement of graduation from a dental assisting training program would benefit the dentist/employer and the patient.

*Adopted HOD 2000; reviewed 2013; reviewed 2015.*

## V. F. Dental Therapy Education Programs

### **ADAA POLICY STATEMENT ADDRESSING DENTAL THERAPY EDUCATION PROGRAMS**

As states begin the process of implementing laws providing for the creation of a mid-level provider of dental services, or Dental Therapist, the American Dental Assistants Association (ADAA) maintains that the current standard of care must be preserved by aligning Dental Therapy educational requirements to the same standards established for the education and training of other providers authorized to autonomously deliver clinical dental services. The ADAA firmly believes that all Dental Therapy Education Programs must be separate allied dental programs accredited by the Commission on Dental Accreditation (CODA.) The ADAA further maintains that the CODA Dental Therapy Program Standards must be written to the specificity to which all other CODA accredited allied dental educational programs adhere.

The ADAA further maintains that Dental Therapy Education Programs should have provisions for awarding advanced standing to experienced expanded functions dental assistants (EFDA) who have demonstrated achievements required by students regularly enrolled in the program. Policies and procedures for awarding such advanced standing should be in place to assure a safe environment for students, patients, faculty, and staff while remaining in compliance with local, state, and federal regulations.

*Adopted HOD 2014; reviewed 2015.*

V. G. Resolution on Infection Control Education, Training and Credentialing

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)**

**RESOLUTION ON INFECTION CONTROL EDUCATION, TRAINING, AND CREDENTIALING**

Whereas, Dental Assistants perform procedures that put them at risk for occupational exposure to potentially infectious materials including, but not limited to, bloodborne and airborne pathogens; and

Whereas, Dental Assistants are the dental team members who most often implement infection control protocols regarding, but not limited to, selection and maintenance of personal protective equipment, heat and chemical sterilization of dental instruments and handpieces, biological monitoring, surface disinfection, instrument protection, environmental asepsis, respiratory protocols, and handling and disposal of infectious waste; and

Whereas, The American Dental Assistants Association supports mandatory education, training, and credentialing in all aspects of dental assisting, including infection control and asepsis, therefore, be it

Resolved, That the American Dental Assistants Association advocates all Dental Assistants adhere to current Centers for Disease Control and Prevention recommendations and Occupational Safety and Health Administration and state regulations with documented proficiency in dental infection control protocols, and be it further

Resolved, That the American Dental Assistants Association encourages the adoption of mandatory federal and state requirements for infection control education, training, and credentialing of dental health care workers.

*Adopted HOD 2014; reviewed 2015, amended 2020*

# Part VI.

# GENERAL

- A. Professional Welfare**
- B. National and International Organizations for Dental Assistants**
- C. Presentation of Proposed New Policies**
- D. Approval of Sample Bylaws and Rules of Governance of State and Local Organizations**
- E. State Bylaws Compliance**
- F. Honorariums given to Members of the Board of Trustees**
- G. Advertising Code of the ADAA**
- H. Dental Association Memberships**
- I. Promotion of Proprietary Educational Courses**
- J. Dental Assistants Oath (New)**
- K. Dental Assistants Pledge (Historical Reference)**

VI. A. Professional Welfare

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
RESOLUTION ON PROFESSIONAL WELFARE**

Whereas, Quality dentistry is the right and privilege of every person in the United States, and dental manpower is not now adequate to meet demands for delivery of such dental care; and

Whereas, The patient's welfare is of the utmost concern to the dentist and to auxiliaries and the need for retaining professionally and educationally qualified dental assistants in the work force is critical; and

Whereas, One of the Objectives of this Association is to advance the practice of dental assisting; therefore be it

Resolved, That the American Dental Assistants Association, through its committee structure, continuously study ways to improve and sustain the welfare of the career of the dental assistant thereby encouraging the educationally qualified individual to remain in their career of choice.

*Adopted HOD 1980; amended HOD 2004; reviewed 2013; reviewed 2015.*

VI. B. National and International Organizations for Dental Assistants

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
RESOLUTION ON NATIONAL AND INTERNATIONAL ORGANIZATION FOR  
DENTAL ASSISTANTS**

Whereas, The American Dental Assistant Association (ADAA) and the National Dental Assistants Association (NDAA) are the only national recognized professional associations in the United States of America (USA) for dental assistants and are consulted when input is needed on matters pertaining to dental assisting; and

Whereas, Dental assistants and dental assistant organizations internationally may have common issues or concerns; therefore be it

Resolved, That the ADAA does not endorse any other national organizations in the USA for dental assistants except the National Dental Assistants Association; and be it further

Resolved, That the ADAA may form alliances or recognize other international dental assisting organizations.

*Adopted HOD 2000; reviewed 2013; reviewed 2015.*



VI. C. Presentation of Proposed New Policies

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
RESOLUTION ON THE PRESENTATION OF PROPOSED NEW POLICIES**

Resolved, That when new policies are proposed in the House of Delegates which replace existing policies, the maker of the motion should move to rescind the existing (obsolete) policy.

*Adopted HOD 1980; reviewed 2013; reviewed 2015.*

VI. D. Approval of Sample Bylaws and Rules of Governance for State and Local Organizations

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
RESOLUTION ON APPROVAL OF SAMPLE BYLAWS AND RULES OF  
GOVERNANCE FOR STATE AND LOCAL ORGANIZATIONS**

Whereas, The ADAA Bylaws on occasion require interpretation on the drafting of Bylaws for Local and State Organizations or Rules of Governance for Local Organizations; and

Whereas, Those interpretations occur in underlined language in the Sample Bylaws for State and Local Organizations, or Rules of Governance for Local Organizations; and

Whereas, The inclusion of underlined language in the Sample Bylaws involves just as many substantive and policy-making determinations as the adoption of the ADAA Bylaws;

Resolved, That any underlined language in the Sample Bylaws for State and Local Organizations or Rules of Governance for Local Organizations be approved by the ADAA House of Delegates before inclusion and distribution.

*Adopted HOD 1988; amended HOD 2004; reviewed 2013; reviewed 2015.*

VI. E. State Bylaws Compliance

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
RESOLUTION ON STATE BYLAWS COMPLIANCE**

Whereas, Bylaws of the State Association must comply with ADAA Bylaws and the underlined language of the Sample Bylaws for State Associations in order for delegates to be seated in the ADAA House of Delegates; therefore be it

Resolved, That at such times as ADAA Bylaws or the underlined language of the Sample Bylaws for State Associations are amended in such a way that it is necessary for States to bring their Bylaws into compliance with ADAA Bylaws, States shall have one (1) year from the first of the calendar year following the enactment of the amendment by the ADAA House of Delegates to incorporate such changes into their Bylaws.

*Example: An amendment to ADAA Bylaws by the 2007 House of Delegates that would have to be complied with by states would have to be incorporated into State Bylaws and approved by the ADAA Council on Governance by the first of 2009. This gives ADAA from the end of Annual Session to the first of the year to process and distribute the material to parties involved. States would then have one (1) full calendar year to comply, such as:*

*First of calendar year 2008 to first of calendar year 2009 for seating delegates at the 2009 House of Delegates*

***Adopted HOD 2007; reviewed 2013; reviewed 2015.***

VI. F. Honorariums given to members of the Board of Trustees

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
RESOLUTION ON HONORARIUMS GIVEN TO MEMBERS OF THE BOARD OF  
TRUSTEES**

Whereas, Members of the Board of Trustees of the American Dental Assistants Association (ADAA) are called upon to give presentations on subjects which are in their field of expertise; and

Whereas, These individuals may be offered honorariums in appreciation of their contribution; therefore be it

Resolved, That the honorarium offered because of the individuals personal/professional expertise, regardless of his/her position with the Association, belongs to the individual and does not fall within the scope of ADAA policies; and be it further

Resolved, That if an honorarium is offered to the individual in the capacity as an official of the Association, the official should submit the amount of the honorarium to the ADAA for deposit in the general fund; and be it further

Resolved, That members while in an official capacity, incurring justifiable expenses associated with the contribution that have not or will not be paid by another entity, the official may submit an expense statement to the ADAA, according to finance policy, requesting reimbursement for the unpaid expenses, and be it further

Resolved, That members of the ADAA may receive honorariums from ADAA.

*Adopted HOD 2001; reviewed 2013; reviewed 2015.*

VI. G. Advertising Code of the American Dental Assistants Association

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
POLICY STATEMENT OF THE ADVERTISING CODE OF THE AMERICAN  
DENTAL ASSISTANTS ASSOCIATION**

Guidelines for Association Publications:

1. Advertising should uphold and reflect the dignity of the profession. Advertising text or illustrations, whether for dental or non-dental products or services, should not be in poor taste or contain derogatory statements about products or services, and should not make exaggerated claims or misleading statements.
2. The health and welfare of the public is of paramount importance. Evidence of the safety and effectiveness of products and services may be requested.
3. No advertising should be accepted that might encourage a dental assistant or dentist to neglect or abrogate his/her professional responsibility, or violate his/her professional code of ethics.

The ADAA reserves the right to accept or reject any advertising that it feels may not be in the best interest of the Association, its members or its publications. In the event that an advertisement might be detrimental to the best interests of the Association, its members or its publications when submitted for publication, the Editorial Director, the Editor, the Director of Communications and the Executive Director will decide if the ad should be published. In the event of rejection, the proposed advertiser will be notified promptly.

To make the ADAA's advertising policy known to advertisers and to protect the ADAA against claims arising from advertising, an advertising liability statement is included in the rate card for ADAA publications.

*Adopted HOD 1999; amended HOD 2004; reviewed 2013; reviewed 2015.*

VI. H. Dental Association Memberships

**AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA)  
RESOLUTION ON DENTAL ASSOCIATION MEMBERSHIPS**

Whereas, It is the mission of the American Dental Assistants Association to enhance the careers of dental assistants and to promote the dental assisting profession in matters of education, legislation, credentialing and professional activities which enhance the delivery of quality dental health care to the public, and

Whereas, The exclusive focus of the American Dental Assistants Association is to represent all facets of the dental assisting profession to include clinical assistants, dental practice administrators, dental laboratory assistants, dental assisting educators, and dental-industry related assistants; and

Whereas, With the American Dental Association and its state dental associations offering dental assistant membership which may represent groups with issues reflecting conflicts of interest to matters significant to dental assisting; therefore be it

Resolved, That the American Dental Assistants Association upholds the stance that professional representation for all facets of dental assisting must be maintained by an organization advocating an exclusive focus on dental assisting matters; and be it further

Resolved, That the American Dental Assistants Association continue to be recognized nationally as the leading professional association established to represent and serve all facets of the dental assisting profession; and be it further

Resolved, That the American Dental Assistants Association cannot support any form of dental assistant membership within the American Dental Association and any of its affiliate organizations.

*Adopted HOD 2007; reviewed 2013; reviewed 2015.*

## VI. I. Policy on the Promotion of Proprietary Educational Courses

### **AMERICAN DENTAL ASSISTANTS ASSOCIATION (ADAA) POLICY ON THE PROMOTION OF PROPRIETARY EDUCATIONAL COURSES**

Corporate sponsors and other supporters are held in high regard by the American Dental Assistants Association (ADAA.) Through various levels of partnerships with its supporters, the ADAA receives valuable monetary and in-kind contributions to help further its mission. The ADAA is aware that such partnerships must also benefit the supporter and is therefore cognizant of its role to continuously enhance these mutually beneficial relationships.

As a benefit to its supporters and its members, the ADAA may develop a level of sponsorship that includes opportunities for sponsors to promote proprietary continuing education participation courses in selected ADAA promotional media and publications. These shall only include continuing education courses that are of a limited availability and delivered in live-webinar or live-seminar/workshop formats. This shall not include continuously recurring courses of study, pre-published self-study courses, or pre-recorded courses that can be purchased at any time, on-demand from the sponsor.

To be approved, the course cannot be deemed in direct competition with any educational event or participation course sponsored or produced by the ADAA. In addition, the ADAA may decline to publicize the sponsor's educational course event if any presenter/speaker or course content represents a conflict of interest with the goals, objectives, and policies of the American Dental Assistants Association.

*Adopted HOD 2013; reviewed 2015.*

## VI. J. Dental Assistants Oath (New)

### The Dental Assistants Oath

Resolved; That the American Dental Assistants Association endorses the following to be the official oath for the profession of dental assisting.

*In my practice as a dental assistant, I affirm my commitment to improve the oral health of the public, and to promote high standards of quality dental care. I shall faithfully respect the Principles of Professional Ethics by the profession.*

*I pledge to continually improve my professional knowledge and skills, and to uphold the highest standards of professional competence and personal conduct in the interests of the Dental assisting profession and the public I serve.*

***Adopted HOD 2016***



## VI. K. The Dental Assistants Pledge

### The Dental Assistants Pledge (Historical)

*I solemnly pledge that, in the practice of my profession, I will always be loyal to the welfare of the patients who come under my care, and to the interest of the practitioner whom I serve. I will be just and generous to the members of my profession, aiding them and lending them encouragement to be loyal, to be just, and to be studious. I hereby pledge to devote my best energies to the service of humanity in that relationship of life to which I consecrated myself when I elected to become a Dental Assistant.*

Dr. CN Johnson

***Adopted HOD 2016***