

Dental Assisting Functions List

The following is a list of 70 dental assisting tasks developed by the ADA/DANB Alliance in the course of its research. These selected tasks were determined to be representative of a broad range of dental assisting core competencies.

Functions in each state that correspond to the national Core Competencies Study functions are **numbered** in the Career Ladder Template, using language directly from the state's dental practice act. Functions listed with **bullets** in the *Career Ladder Template* are part of the state's practice act but are not specific matches to DANB research.

1. Perform mouth mirror inspection of the oral cavity
2. Chart existing restorations or conditions
3. Phone in prescriptions at the direction of the dentist
4. Receive and prepare patients for treatment, including seating, positioning chair, and placing napkin
5. Complete laboratory authorization forms
6. Place and remove retraction cord
7. Perform routine maintenance of dental equipment
8. Monitor and respond to post-surgical bleeding
9. Perform coronal polishing procedures
10. Apply effective communication techniques with a variety of patients
11. Transfer dental instruments
12. Place amalgam for condensation by the dentist
13. Remove sutures
14. Dry canals
15. Tie in archwires
16. Demonstrate knowledge of ethics/jurisprudence/patient confidentiality
17. Identify features of rotary instruments
18. Apply topical fluoride
19. Select and manipulate gypsums and waxes
20. Perform supragingival scaling
21. Mix dental materials
22. Expose radiographs
23. Evaluate radiographs for diagnostic quality
24. Provide patient preventive education and oral hygiene instruction
25. Perform sterilization and disinfection procedures
26. Provide pre- and post-operative instructions
27. Place and remove dental dam
28. Pour, trim, and evaluate the quality of diagnostic casts
29. Size and place orthodontic bands and brackets
30. Using the concepts of four-handed dentistry, assist with basic restorative procedures, including prosthodontics and restorative dentistry
31. Identify intraoral anatomy
32. Demonstrate understanding of the OSHA Hazard Communication Standard
33. Place, cure and finish composite resin restorations
34. Place liners and bases
35. Place periodontal dressings
36. Demonstrate understanding of the OSHA Bloodborne Pathogens Standard
37. Take and record vital signs
38. Monitor vital signs
39. Clean and polish removable appliances and prostheses
40. Apply pit and fissure sealants
41. Prepare procedural trays/armamentaria set-ups
42. Place orthodontic separators
43. Size and fit stainless steel crowns
44. Take preliminary impressions
45. Place and remove matrix bands
46. Take final impressions
47. Fabricate and place temporary crowns
48. Maintain field of operation during dental procedures through the use of retraction, suction, irrigation, drying, placing and removing cotton rolls, etc.
49. Perform vitality tests
50. Place temporary fillings
51. Carve amalgams
52. Process dental radiographs
53. Mount and label dental radiographs
54. Remove temporary crowns and cements
55. Remove temporary fillings
56. Apply topical anesthetic to the injection site
57. Demonstrate understanding of the Centers for Disease Control and Prevention Guidelines
58. Using the concepts of four-handed dentistry, assist with basic intraoral surgical procedures, including extractions, periodontics, endodontics, and implants
59. Monitor nitrous oxide/oxygen analgesia
60. Maintain emergency kit
61. Remove permanent cement from supragingival surfaces
62. Remove periodontal dressings
63. Place post-extraction dressings
64. Fabricate custom trays, to include impression and bleaching trays, and athletic mouthguards
65. Recognize basic medical emergencies
66. Recognize basic dental emergencies
67. Respond to basic medical emergencies
68. Respond to basic dental emergencies
69. Remove post-extraction dressings
70. Place stainless steel crown



Levels of Supervision

An important consideration in the discussion of the delegation of tasks to dental assistants is that of supervision of dental assistants by their dentist-employers. The American Dental Association (ADA) has identified four levels of supervision for dental auxiliaries, including dental assistants, which it defines in its “Comprehensive Policy Statement on Allied Dental Personnel,” (2006: 307) which is part of its *Current Policies*, last updated in 2007. Note that “allied dental personnel” refers to dental assistants, dental hygienists and dental laboratory technicians.

The four levels of supervision defined by the ADA are as follows:

Personal supervision: A dentist is personally operating on a patient and authorizes the allied dental personnel to aid treatment by concurrently performing a supportive procedure.

Direct supervision: A dentist is in the dental office or treatment facility, personally diagnoses the condition to be treated, personally authorizes the procedures, and remains in the dental office or treatment facility while the procedures are being performed by the allied dental personnel and, before dismissal of the patient, evaluates the performance of the allied dental personnel.

Indirect supervision: A dentist is in the dental office or treatment facility, has personally diagnosed the condition to be treated, authorizes the procedures, and remains in the dental office or treatment facility while the procedures are being performed by the allied dental personnel, and will evaluate the performance of the allied dental personnel.

General supervision: A dentist is not required to be in the dental office or treatment facility when procedures are being performed by the allied dental personnel, but has personally diagnosed the condition to be treated, has personally authorized the procedures and will evaluate the performance of the allied dental personnel.

Furthermore, the ADA’s Comprehensive Policy Statement on Allied Dental Personnel stipulates that intraoral expanded functions should be performed by allied dental personnel “only under the direct supervision of a dentist.”

Because the study of dental assisting core competencies undertaken by the ADAA/DANB Alliance did not address the question of supervision, the ADAA/DANB Alliance does not make any recommendations as to the levels of supervision that should be necessary for the delegation of the tasks included in the study to dental assistants. However, the ADAA/DANB Alliance believes it is important to call attention to the fact that, while the ADA has defined supervision levels in the aforementioned policy statement, which governs the ADA’s own activities and the activities of its members, these definitions have not been uniformly adopted by the dental boards of every U.S. state or district.

For the purposes of this volume, if a state’s dental practice act specifically defines levels of supervision, the state-specific definition is noted in the template.



Dental Assisting National Board, Inc. (DANB)

444 N. Michigan Ave., Suite 900
Chicago, IL 60611
1-800-367-3262 or 312-642-3368
Fax: 312-642-1475
www.danb.org • danbmail@danb.org

Education/Training/ Credential Required	Job Title According to State of WA	Proposed Standardized National Job Titles (see below)	Radiography Requirements	Functions NOT Permitted by Dental Assistants in WA
<p>To become an Expanded Functions Dental Auxiliary (EFDA) in Washington, a dental assistant must:</p> <ul style="list-style-type: none"> Graduate from a CODA-accredited dental assisting program OR Be DANB CDA Certified through CDA/GC Pathway II; in addition to DANB's requirements, the candidate must take an additional dental assisting review course <p>AND</p> <ul style="list-style-type: none"> Complete an EFDA course approved by the Dental Quality Assurance Commission (DQAC) <p>AND</p> <ul style="list-style-type: none"> Pass the Washington State Restorative Exam (WARE) administered by DANB <p>AND</p> <ul style="list-style-type: none"> Pass the clinical exam administered by the Western Regional Examining Board <p>AND</p> <ul style="list-style-type: none"> Apply to DQAC for an EFDA license. 	<p>Expanded Functions Dental Auxiliary (EFDA)</p>	<p>Expanded Functions Dental Assistant (EFDA)</p>	<p>All dental assistants (RDAs or EFDAs) operating x-ray equipment in the state of Washington shall be adequately instructed in safe operating procedures and shall be able to demonstrate competency, upon request from the Washington State Dental Quality Assurance Commission, in the correct use of the equipment.</p> <p>The following are areas in which the department considers it important that an individual have expertise for the competent operation of X-ray equipment:</p> <ol style="list-style-type: none"> Familiarization with equipment <ol style="list-style-type: none"> Identification of controls Function of each control The use of a technique chart Radiation protection <ol style="list-style-type: none"> Collimation Filtration Gonad shielding and other patient protection devices Restriction of X-ray tube radiation to the image receptor Personnel protection Grids Film processing <ol style="list-style-type: none"> Film speed as relates to patient exposure Film processing parameters Quality assurance and quality control <p>An RDA requires <u>close</u> supervision and an EFDA requires <u>general</u> supervision by a licensed dentist to perform dental radiography procedures.</p>	<p>The following functions are not permitted by <u>any level</u> of dental assistant:</p> <ol style="list-style-type: none"> Scaling procedures <ul style="list-style-type: none"> Removal of or addition to the hard or soft natural tissue of the oral cavity (except for placing and carving direct restorations by an EFDA) Diagnosis of or prescription for treatment of disease, pain, deformity, deficiency, injury, or physical condition of the human teeth or jaws, or adjacent structure Administration of general or local anesthetic, including intravenous sedation Oral prophylaxis [except coronal polishing as part of oral prophylaxis as defined in WAC 246-817-510 and 246-817-520(8)] Intraorally adjust occlusal of inlays, crowns, and bridges Intraorally finish margins of inlays, crowns, and bridges Cement or recement, permanently, any cast restoration or stainless steel crown Incise gingiva or other soft tissue Elevate soft tissue flap Luxate teeth Curette to sever epithelial attachment Suture Establish occlusal vertical dimension for dentures Try-in of dentures set in wax Insertion and post-insertion adjustments of dentures Endodontic treatment (open, extirpate pulp, ream and file canals, establish length of tooth, fill root canal) Use of any light or electronic device for invasive procedures. Intraoral air abrasion or mechanical etching devices. Place direct pulp caps. Fit and adjust occlusal guards.
<p>Every dental assistant in the state of Washington must be registered. To be eligible for registration as a dental assistant, one must:</p> <ul style="list-style-type: none"> Provide a completed application on forms provided by the Washington State Dental Quality Assurance Commission <p>AND</p> <ul style="list-style-type: none"> Pay applicable fees <p>AND</p> <ul style="list-style-type: none"> Provide evidence of completion of seven clock hours of AIDS education and training as required by chapter 246-12 WAC, Part 8 <p>AND</p> <ul style="list-style-type: none"> Provide any other information determined by the Washington State Dental Quality Assurance Commission 	<p>Registered Dental Assistant</p>	<p>DANB Certified Dental Assistant (CDA) or Registered Dental Assistant (RDA)</p>	<p>The ADAA/DANB Alliance developed a listing of standardized job titles (left) based on its national Core Competencies Study conducted from 2002-2005.</p> <p>The same study utilized a list of 70 job functions which were determined to be representative of a broad range of dental assisting core competencies.</p> <p>Functions in this state that relate to the national DANB/ADAA Core Competencies Study are numbered to the right, using language directly from this state's dental practice act. (The numbers correspond to the study's task numbering system.)</p>	<p>In addition to the functions listed above, the following functions are not permitted by a <u>registered dental assistant</u>:</p> <ol style="list-style-type: none"> 33. Placing of permanent or semi-permanent restorations in natural teeth. 46. Taking impressions of the teeth or jaws for the purpose of fabricating any intraoral restoration, appliances, or prosthesis.
<p>The dental assistant registration must be renewed annually on or before the dental assistant's birthday.</p> <p>A registered dental assistant in the state of Washington may earn an endorsement in sealant/fluoride varnish solely for the purpose of treating children in school-based programs.</p> <p>A volunteer dental assistant is an individual who, without compensation, provides supportive services in a charitable dental clinic. For information about requirements visit www.doh.wa.gov.</p> <p>Note: Dental assistants who monitor patients receiving deep sedation or general anesthesia must receive a minimum of fourteen hours of documented training in a course specifically designed to include instruction and practical experience in the use of equipment.</p>	<p>Dental Assistant</p> <p>Entry Level Dental Assistant</p>	<p>Dental Assistant</p>	<p>Functions listed with bullets are part of this state's practice act but are not specific matches to DANB/ADAA research.</p> <p>These state templates reflect the work being done by the ADAA/DANB Alliance to support a uniform national model for one set of dental assisting tasks, levels and requirements, which will serve as a viable career ladder for dental assistants.</p>	

Job Title
According to
State of WA

Allowable Functions
(Functions with numbers relate specifically to Core Competency designations;
functions with bullets are in this state's practice act but are not specific matches to DANB research)

Expanded
Functions
Dental
Auxiliary
(EFDA)

Registered
Dental
Assistant

Under General Supervision*

- 9. Perform coronal polishing
- 18. Give fluoride treatments
- 22. Place dental X-ray film and exposing and developing the films
- 40. Apply sealants
 - Give patient oral health instructions

Under Close Supervision*

- 12, 51. Place and carve direct restorations
- 44. Take preliminary impressions and bite registrations, to include computer assisted design and computer assisted manufacture applications
- 46. Take final impressions and bite registrations, to include computer assisted design and computer assisted manufacture applications
 - Polish restorations
 - All other functions allowed to be performed by RDAs

Under General Supervision*, with endorsement in sealant/fluoride varnish

- 40. Apply sealant/fluoride varnish solely for the purpose of treating children in school-based programs

Under Close Supervision*

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| <ul style="list-style-type: none"> 1. Oral inspection, with no diagnosis 6. Placement of retraction cord 9. Perform coronal polish 13, 62. Remove periodontal packs or sutures 15. Remove and replace archwires and orthodontic wires 18. Give fluoride treatments 22. Place dental x-ray film and expose and develop the films 24. Patient education in oral hygiene 26. Give preoperative and postoperative instructions 27. Place and remove the rubber dam 29. Select orthodontic bands for size 35. Place periodontal packs 37. Take and record blood pressure and vital signs 40. Apply sealants 42. Place and remove orthodontic separators 44. Take impressions solely for diagnostic and opposing models 44. Take impressions and wax bites solely for study casts 44, 64. Take impressions, fabricate, and deliver bleaching and fluoride trays | <ul style="list-style-type: none"> 44, 64. Take impressions for temporary oral devices, such as but not limited to space maintainers, orthodontic retainers, and occlusal guards 45. Place a matrix and wedge for metallic and nonmetallic direct restorative material after the dentist has prepared the cavity 47, 54. Fabricate, place, and remove temporary crowns or temporary bridges 50. Place a temporary filling (as ZOE) after diagnosis and examination by the dentist 54, 61. Remove the excess cement after the dentist has placed a permanent or temporary inlay, crown, bridge or appliance, or around orthodontic bands 56. Place topical anesthetics 59. Assist in the administration of inhalation minimal sedation (nitrous oxide) analgesia or sedation. 63. Pack and medicate extraction areas <ul style="list-style-type: none"> • Hold in place and remove impression materials after the dentist has placed them | <ul style="list-style-type: none"> • Apply tooth separators as for placement for Class III gold foil • Deliver an oral sedative drug to patient • Polish restorations at a subsequent appointment • Select denture shade and mold • Acid etch • Take intraoral and extraoral photographs • Take health histories • Prepare teeth for the bonding of orthodontic appliances • Fit and adjust headgear • Remove fixed orthodontic appliances • Take a face bow transfer for mounting study casts • Select shade for crowns or fixed prostheses with the use of a technique which does not contact the oral cavity (outside treatment facility, pursuant to written instructions and order of a licensed dentist) • Monitor patients receiving deep sedation or general anesthesia (<i>see requirements on previous page</i>) |
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***Close Supervision:** A licensed dentist whose patient is being treated has personally diagnosed the condition to be treated and has personally authorized the procedures to be performed. A dentist shall be physically present in the treatment facility while the procedures are performed. Close supervision does not require a dentist to be physically present in the operator; however, an attending dentist must be in the treatment facility and be capable of responding immediately in the event of an emergency.

General Supervision: A licensed dentist must first determine the need for and acceptability of dental sealant and fluoride varnish treatments and refer the treatments. The dentist does not have to be in the treatment facility when the treatment is provided.