



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 Function 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"> 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 DQAC <p>AND</p> <ul style="list-style-type: none"> Apply to DQAC for an EFDA license. <p>An EFDA must hold a current and valid health care provider basic life support (BLS) certification.</p>	<p>Expanded Function Dental Auxiliary (EFDA)</p>	<p>Expanded Functions Dental Assistant (EFDA)</p>	<p>All dental assistants (registered dental assistants 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>A registered dental assistant 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(4)(e)] Intraorally adjust and finish permanent restorations Cement or recement any permanent 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 (DQAC) <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 DQAC 	<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>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"> Placing of permanent or semi-permanent restorations in natural teeth Taking of any impressions of the teeth or jaws for the purpose of fabricating any intraoral restoration, appliances, or prosthesis, other than impressions allowed as a delegated task for registered dental assistants pursuant to rules adopted by DQAC (see <i>Allowable Functions on the next page</i>)
<p>The dental assistant registration must be renewed annually on or before the dental assistant's birthday.</p> <p>A registered dental assistant must hold a current and valid health care provider basic life support (BLS) certification.</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>Dental Assistant</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>Functions listed with bullets are part of this state's practice act but are not specific matches to DANB/ADAA research.</p> <p></p> <p>These state templates reflect the work 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>	<p>12, 33. Placing of permanent or semi-permanent restorations in natural teeth</p> <p>46. Taking of any impressions of the teeth or jaws for the purpose of fabricating any intraoral restoration, appliances, or prosthesis, other than impressions allowed as a delegated task for registered dental assistants pursuant to rules adopted by DQAC (see <i>Allowable Functions on the next page</i>)</p>
		<p>Entry Level Dental Assistant</p>		

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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
Function
Dental
Auxiliary
(EFDA)

Under General Supervision*

- 9. Perform coronal polishing
- 18. Give fluoride treatments
- 22. Place, expose, and process radiographs
- 40. Apply sealants
 - Give patient oral health instructions

Under Close Supervision*

- 12, 33, 51. Place, carve, finish, and polish direct restorations
- 44, 46. Take preliminary and final impressions and bite registrations, to include computer assisted design and computer assisted manufacture applications
 - All other functions allowed to be performed by RDAs

Note: This state allows individuals certified as **Dental Anesthesia Assistants** to perform a separate set of supportive functions related to administration of anesthesia. Please see the separate chart for Washington Dental Anesthesia Assistant functions on the pages that follow.

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. Place retraction cord 9. Perform coronal polish (a licensed dentist shall determine the teeth are free of calculus or other extraneous material prior to dismissing the patient) 13, 62. Remove periodontal packs or sutures 15. Remove and replace archwires and orthodontic wires 18. Give fluoride treatments 22. Place, expose, and process radiographs 24. Give patient education in oral hygiene 25. Sterilize equipment and disinfect operatories 26. Give preoperative and postoperative instructions 27. Place and remove the rubber dam 29. Select and fit orthodontic bands, try in fixed or removable orthodontic appliances prior to the dentist cementing or checking the appliance 34. Place cavity liners and bases 35. Place periodontal packs 37. Take and record blood pressure and vital signs 40. Apply sealants 42. Place and remove orthodontic separators | <ul style="list-style-type: none"> 44. Take impressions, bite registrations, or digital scans of the teeth and jaws for: <ul style="list-style-type: none"> (i) Diagnostic and opposing models; (ii) Fixed and removable orthodontic appliances, occlusal guards, bleaching trays, and fluoride trays; and (iii) Temporary indirect restorations such as temporary crowns. 45. Place a matrix and wedge for a direct restorative material after the dentist has prepared the cavity 47, 54. Fabricate, cement, and remove temporary crowns or temporary bridges 50. Place a temporary filling (as zinc oxide-eugenol (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, including starting and stopping the flow as directed by the supervising dentist 63. Pack and medicate extraction areas 64. Fabricate and deliver bleaching and fluoride trays. <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 but may not intraorally adjust or finish permanent restorations • Select denture shade and mold • Perform acid etch and apply bonding agents • Take intraoral and extraoral photographs • Take health histories • Prepare teeth for the bonding of orthodontic appliances • Fit and adjust headgear • Remove fixed orthodontic appliances, orthodontic cement, and orthodontic bonded resin materials • Take a facebow transfer for mounting study casts • Bond attachments for clear removable orthodontic aligners • Take digital scans of prepared teeth for fabrication of permanent indirect restorations • Monitor patients receiving deep sedation or general anesthesia (see requirements on previous page) |
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*Note: An **unlicensed person** may select the 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)*

***Close Supervision:** A supervising dentist whose patient is being treated has personally diagnosed the condition to be treated and has personally authorized the procedures to be performed. The supervising dentist is continuously on-site and physically present in the treatment facility while the procedures are performed by the assistive personnel and capable of responding immediately in the event of an emergency. Close supervision does not require a dentist to be physically present in the operator.

General Supervision: A supervising dentist has examined and diagnosed the patient and provided subsequent instructions to be performed by the assistive personnel, but does not require the dentist to be physically present in the treatment facility.

Education/Training/ Credential Required	Job Title According to State of WA	Proposed Standardized National Job Titles (see below)	Radiography Requirements	Functions <u>NOT</u> Permitted by Dental Anesthesia Assistants in WA
<p>Each applicant for certification as a dental anesthesia assistant must submit to the Washington State Dental Quality Assurance Commission (DQAC):</p> <ul style="list-style-type: none"> ■ An application, on a form provided by the department <p>AND</p> <ul style="list-style-type: none"> ■ An application fee <p>AND</p> <ul style="list-style-type: none"> ■ Evidence of completion of one of the following: <ol style="list-style-type: none"> (a) The "Dental Anesthesia Assistant National Certification Examination (DAANCE)" or predecessor program, provided by the American Association of Oral and Maxillofacial Surgeons (AAOMS) OR (b) The "Oral and Maxillofacial Surgery Assistants Course" course provided by the California Association of Oral and Maxillofacial Surgeons (CALAOMS) OR (c) Substantially equivalent education and training approved by DQAC <p>AND</p> <ul style="list-style-type: none"> ■ Evidence of completion of training in intravenous access or phlebotomy that includes 8 hours of didactic training and hands on experience starting and maintaining intravenous lines with at least ten successful intravenous starts on a human or simulator/manikin <p>OR</p> <p>Evidence of completion of substantially equivalent education and training approved by DQAC</p> <p>AND</p> <ul style="list-style-type: none"> ■ A current and valid certification for health care provider basic life support (BLS), advanced cardiac life support (ACLS), or pediatric advanced life support (PALS) <p>AND</p> <ul style="list-style-type: none"> ■ A valid Washington state general anesthesia permit of the oral and maxillofacial surgeon or dental anesthesiologist where the dental anesthesia assistant will be performing his or her services <p>AND</p> <ul style="list-style-type: none"> ■ Completion of seven clock hours of AIDS education and training <p>AND</p> <ul style="list-style-type: none"> ■ Any other information determined by DQAC <p><i>Note: A certified dental anesthesia assistant shall notify DQAC in writing on a form provided by DQAC of any changes in his or her supervisor. DQAC must be notified of the change prior to the certified dental anesthesia assistant accepting delegation from another supervisor.</i></p>	<p>Dental Anesthesia Assistant</p>	<p>Expanded Functions Oral and Maxillofacial Surgery Assistant</p> <hr/> <p>DANB Certified Oral and Maxillofacial Surgery Assistant (COMSA) or Registered Oral and Maxillofacial Surgery Assistant (ROMSA)</p> <hr/> <p>Oral and Maxillofacial Surgery Assistant</p> <hr/> <p>Entry Level Oral and Maxillofacial Surgery Assistant</p>	<p>A certified dental anesthesia assistant may not practice or represent himself or herself as a registered dental assistant without being registered by the Washington Dental Quality Assurance Commission (DQAC) as having met the standards for registration. See requirements for registration as a dental assistant on p. 136.</p> <p>The ADAA/DANB Alliance developed a listing of standardized job titles based on its national Core Competencies Study conducted from 2002-2005, for <u>general</u> chairside assistants only.</p> <p>← If the ADAA/DANB Alliance were to attempt to replicate the general chairside assistant Core Competencies Study for anesthesia assistants, the templates would contain the proposed standardized job titles that appear at left.</p> <p>Some functions in the general chairside Core Competencies Study are also appropriate for these assistants. The 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>Functions listed with bullets are part of this state's practice act but are not specific matches to DANB/ADAA research.</p>	<p>A certified dental anesthesia assistant may not practice or represent himself or herself as a registered dental assistant without being registered by the Washington Dental Quality Assurance Commission (DQAC) as having met the standards for registration. See requirements for registration as a dental assistant on p. 136.</p>

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Job Title
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Allowable Functions
(Functions with numbers relate specifically to Core Competency designations;
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Dental
Anesthesia
Assistant

Under Close Supervision*

- Initiate and discontinue an intravenous line for a patient being prepared to receive intravenous medications, sedation, or general anesthesia
- Adjust the rate of intravenous fluids infusion only to maintain or keep the line patent or open

Under Direct Visual Supervision*

- Draw up and prepare medications
- Follow instructions to deliver medications into an intravenous line upon verbal command
- Adjust the rate of intravenous fluids infusion beyond a keep open rate
- Adjust an electronic device to provide medications, such as an infusion pump
- Administer emergency medications to a patient in order to assist the oral and maxillofacial surgeon or dental anesthesiologist in an emergency

*A dental anesthesia assistant may only accept delegation from an oral and maxillofacial surgeon or dental anesthesiologist who holds a valid Washington state general anesthesia permit.
Close Supervision: A supervising dentist whose patient is being treated has personally diagnosed the condition to be treated and has personally authorized the procedures to be performed. The supervising dentist is continuously on-site and physically present in the treatment facility while the procedures are performed by the assistive personnel and capable of responding immediately in the event of an emergency. Close supervision does not require a dentist to be physically present in the operator.
Direct Visual Supervision: Supervision by an oral and maxillofacial surgeon or dental anesthesiologist by verbal command and under direct line of sight.

Appendix A: Numbering System for Dental Assisting Functions

The following list of 70 dental assisting tasks was developed by the ADAA/DANB Alliance as part of a study of dental assisting core competencies conducted between 2002 and 2005. These selected tasks were determined to be representative of a broad range of dental assisting core competencies.

The **numbered functions** listed in the preceding state charts correspond to functions that were included in the DANB/ADAA core competencies study and use language directly from the state's dental practice act. The numbers are provided to facilitate comparison between and among states. Functions listed with **bullets** in the preceding charts are part of the state's practice act but are not specific matches to the functions that were included in the 2002-2005 study.

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

Appendix B: 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 five levels of supervision for dental auxiliaries, including dental assistants, which it defines in its “Comprehensive Policy Statement on Allied Dental Personnel,” (2010: 505) which is part of its *Current Policies*, last updated in 2015. Note that “allied dental personnel” refers to dental assistants, dental hygienists, community dental health coordinators and dental laboratory technicians.

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

Personal supervision: A type of supervision in which the 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 type of supervision in which a dentist is in the dental office or treatment facility, personally diagnoses and treatment plans 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 evaluates their performance before dismissal of the patient.

Indirect supervision: A type of supervision in which a dentist is in the dental office or treatment facility, has personally diagnosed and treatment planned 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 type of supervision in which a dentist is not required to be in the dental office or treatment facility when procedures are provided, but has personally diagnosed and treatment planned the condition to be treated, has personally authorized the procedures, and will evaluate the performance of the allied dental personnel.

Public Health Supervision: A type of supervision in which a licensed dental hygienist may provide dental hygiene services, as specified by state law or regulations, when such services are provided as part of an organized community program in various public health settings, as designated by state law, and with general oversight of such programs by a licensed dentist designated by the state.

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

Because the study of dental assisting core competencies undertaken by the ADA/DANB Alliance did not address the question of supervision, the ADA/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 ADA/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 the attached charts, if a state’s dental practice act specifically defines levels of supervision, the state-specific definition is noted in the footer of the second page of the state chart.



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