2019 Allowable and Prohibited Duties for Dental Assistants: Hawaii

How to Use the Following Charts

View which job designations are used in your state.

Be sure to follow the legal requirements to perform dental radiographic procedures.

See which tasks are not permitted by state law.

Review all the allowable tasks for each level of dental assisting as published in the state practice act.

View the education/training/credential required for each level of dental assisting.

The numbers next to each task correspond to the 70 numbered tasks that were identified and used in the DANB/ADAA Core Competencies Study. Tasks that are not numbered do not directly match one of the 70 tasks, yet are identified by the state in the practice act. A full list of those tasks follow your state’s chart.

See Appendix A for more information about the task numbering system.

Compare your state’s job designations to those used as standardized job titles in the DANB/ADAA Core Competencies Study.

If your state’s dental practice act specifically defines levels of supervision, the state-specific definition is noted below the chart. See Appendix B for more information about supervision.

These data are presented for informational purposes only and are not intended as a legal opinion regarding dental practice in any state. DANB confers with each state’s dental board at least annually regarding the accuracy and currency of this information. To verify, or if you have any questions, please contact your state’s dental board.

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<table>
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<tr>
<th>Education/Training/Credential Required</th>
<th>Job Title According to State of HI</th>
<th>Proposed Standardized National Job Titles (see below)</th>
<th>Radiography Requirements</th>
<th>Functions NOT Permitted by Dental Assistants in HI</th>
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<tbody>
<tr>
<td></td>
<td>Dental Assistant</td>
<td>RDA, CDA, EFDA</td>
<td>There are no radiography requirements for dental assistants in the state of Hawaii. All dental assistants may legally operate dental x-ray equipment and perform dental radiographic procedures under the direct supervision of a licensed dentist.</td>
<td>The following functions are not permitted by any level of dental assistant:</td>
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<td>6. Placing materials subgingivally, including but not limited to, prescriptive medicaments, retraction cords, and other devices used for tissue displacement</td>
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<td>9. Using of ultrasonic instruments and polishing natural or restored surfaces</td>
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<td>12, 33, 34, 51. Placing, condensing, carving, finishing, or adjusting the occlusion of final restorations; or placing cavity liners, medicaments, or pulp cap materials</td>
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<td>14. Performing any endodontic procedure to ream, file, irrigate, medicate, dry, try-in cores, or fill root canals; establishing the length of the tooth</td>
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<td>34. Cementing or re-cementing, finishing margins, performing a try-in, and adjusting the occlusion of any temporary or permanent fixed prosthetic restoration; or placing cement bases</td>
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<td>46. Making final impressions, which would lead to the fabrication of any appliance or prosthesis which, when worn by the patient, would come in direct contact with hard or soft tissues with the exception of impressions for study casts, opposing models, occlusal appliances (e.g., splints and bite guards), mouth guards, orthodontic retainers, and medicament trays</td>
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<td>49. Testing pulp vitality</td>
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<td>49.1. Administering local anesthetic, sedation, or general anesthesia</td>
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<td>49.2. Cementing, bonding, and adjusting any part of a prosthesis or appliance worn in the mouth</td>
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<td>49.3. Cementing bands and brackets, or activating any orthodontic appliance</td>
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<td>49.4. Establishing occlusal vertical dimension, making bite registrations, and making face-bow transfers</td>
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<td>49.5. Examining, diagnosing, or prescribing a treatment plan</td>
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<td>49.6. Performing any surgical or cutting procedures on hard or soft tissues, extracting teeth, and suturing</td>
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<td>49.7. Prescribing medications or authorizing the fabrication of any restorative, prosthodontic, or orthodontic appliances</td>
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</table>

A **dental assistant** in the state of Hawaii may perform basic supportive dental procedures specified by the state dental practice act (see opposite page) under the direct supervision of a licensed dentist.

The supervising dentist must appropriately train or provide training to dental assistants, including but not limited to training in the following:

- Proper sterilization and disinfection procedures
- Ethics
- Proper record keeping and patient confidentiality
- Cardiopulmonary resuscitation (CPR)

Training must meet the OSHA and the Hawaii Occupational Safety and Health (OSHA/HIOSH) bloodborne pathogen standards and CDC and ADA prevention guidelines and recommendations, and must be provided by a Hawaii Board of Dentistry approved continuing education sponsoring organization. Approved sponsoring organizations include but are not limited to providers approved by the American Dental Association Continuing Education Recognition Program (ADA CERP) and the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE).

The ADAA/DANB Alliance developed a listing of standardized job titles (left) based on its national Core Competencies Study conducted from 2002-2005.

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.

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.)

Functions listed with bullets are not specific matches to DANB/ADAA research.

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.
<table>
<thead>
<tr>
<th>Under Direct Supervision*</th>
<th>Dental Assistant</th>
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<tbody>
<tr>
<td>1. Conducting mouth mirror supragingival inspections and reporting observations to the supervising licensed dentist; provided that this is not interpreted as an oral cancer screening</td>
<td>Allowable Functions</td>
</tr>
<tr>
<td>2. Collecting medical and dental histories, taking intra-oral and extra-oral photographs, and recording or charting clinical findings as dictated by the licensed dentist or dental hygienist</td>
<td>(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)</td>
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<tr>
<td>13, 62, 69. Removing dressing and sutures</td>
<td>37. Measuring and recording vital signs</td>
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<td>22, 52, 53. Exposing, processing, mounting, and labeling radiographs</td>
<td>44. Making impressions for study casts, opposing models, occlusal appliances (e.g. splints, bite guards), mouth guards, orthodontic retainers, and medicament trays</td>
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<tr>
<td>24, 26. Relating pre-operative and post-operative instructions, and patient education in oral hygiene as instructed by the supervising licensed dentist or dental hygienist</td>
<td>45. Placing matrix retainers</td>
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<td>29, 42. Making intra-oral measurements for orthodontic procedures, performing the preliminary selection and sizing of bands; checking for loose bands and bonded brackets; placing and removing orthodontic separators, ligature ties, and inter-arch elastics (i.e. chain elastics and rubber bands); fitting and removing head appliances; and removing arch wires</td>
<td>54, 61. Removing excess supragingival cement after a licensed dentist has placed a permanent or temporary prosthetic restoration, appliance, or orthodontic bands with hand instruments</td>
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<td>30, 58. Any other concept of four-handed dentistry the dentist requires to perform the procedure</td>
<td>56. Placing non-aerosol topical anesthetics</td>
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<td>• Completing prescription and authorization forms for drug or restorative, prosthodontic or orthodontic appliance for the supervising licensed dentist whereby the dentist signs the forms</td>
<td>59. Monitoring the nitrous oxide/oxygen unit and reporting to the supervising dentist any adverse observations, provided the licensed dentist evaluates, initiates, and administers the sedation</td>
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<tr>
<td>• Performing a try-in with any removable prosthetic or orthodontic appliance, provided the supervising licensed dentist makes the adjustments</td>
<td>• Assisting the licensed dental hygienist in the performance of their duties</td>
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<td>• Assisting the licensed dentist who is actually performing a dental procedure on the patient, including:</td>
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<tr>
<td>27. Placing and removing the rubber dam</td>
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<tr>
<td>30. 58. Any other concept of four-handed dentistry the dentist requires to perform the procedure</td>
<td>41. Preparing procedural trays/ armamentaria set-ups</td>
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<tr>
<td>48. Retracting a patient's oral tissues to maintain the field of operation during the dental procedure</td>
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<tr>
<td>48. Removing debris, as is normally created and accumulated during or after operative procedures by the dentist</td>
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</tbody>
</table>

*Direct Supervision: The supervising licensed dentist examines and diagnoses the condition to be treated, personally authorizes each procedure, remains in the dentist’s office or facility while the procedures are being performed, and shall be responsible for all delegated acts and procedures performed by dental assistants.
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
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 2018. 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, personally diagnoses and treatment plans 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 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 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.*