

Colorado

Allowable and Prohibited Duties for Dental Assistants

At-a-glance information includes a dental assisting career ladder and job titles, radiography requirements, education and exam requirements, delegable functions and supervision levels, and prohibited functions.

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 annually or when changes occur regarding the accuracy and currency of this information. To verify, or if you have any questions, please contact your state's dental board.



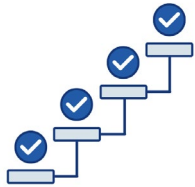
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State Career Ladder

There is one recognized level of dental assistants in Colorado. See the following pages for details about requirements and allowed functions for each level. Numbers for each level are provided for internal reference and do not correspond to specific state designations.



1 Dental Assistant

State Radiography Requirements

To legally operate dental x-ray equipment and perform dental radiographic procedures in Colorado, a dental assistant must:

1. Be at least 18 years of age **AND**
2. Successfully complete minimum safety, education and training for operating machine sources of ionizing radiation and administering such radiation to patients. Education and training requirements may be satisfied by one of the following:
 - a. Completion of 5 hours of practical or clinical experience and 3.5 hours of lecture meeting specific Colorado content requirements for a total of 8.5 hours from a program accredited by the Commission on Dental Accreditation, Colorado Commission on Higher Education, the State Board of Community Colleges and Occupational Education, the Private Occupational School Division (or the equivalent in any other state) **OR**
 - b. Completion of education and training provided on-the-job by a licensed dentist or dental hygienist, provided that the educational module used is approved by the Colorado Dental Board **OR**
 - c. Successful completion of the national DANB Radiation Health and Safety (RHS) exam or the national DANB Certified Dental Assistant (CDA) exam**AND**
3. Provide written verification of completion of education and training to the employer which shall be kept on file at the work location.

Functions NOT Permitted by Dental Assistants in Colorado

Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See page 11 for more information.

The following functions are not permitted by any level of dental assistant:

20. Scaling (supra- and sub-gingival), as it pertains to the practice of dental hygiene
 - Diagnosis
 - Treatment planning
 - Prescription of therapeutic measures
 - Any procedure that contributes to or results in an irremediable alteration of the oral anatomy
 - Administration of local anesthesia
 - Root planing
 - Soft tissue curettage
 - Periodontal probing
 - Placement of local therapeutic agents
 - Use protective stabilization
 - Application of silver diamine fluoride

Limited prescriptive authority for local therapeutic agents may not be delegated or assigned to a dental assistant.



1 Dental Assistant

Education, Training and Credential Requirements

A dental assistant in Colorado may perform basic supportive dental procedures specified by the state dental practice act (see below) under the supervision of a licensed dentist.

There are no education or training requirements for this level of dental assisting.

Assisting in the administration and monitoring of nitrous oxide and/or oxygen: The dental assistant must be certified in Basic Life Support (BLS) and must be appropriately trained, which may be achieved as part of CODA accredited education or through appropriate continuing education courses of at least six (6) hours in length.

Dental assistants who render patient care services in a dental setting where local anesthesia, analgesia (including nitrous oxide), minimal sedation, moderate sedation, deep sedation or general anesthesia are being administered, shall have successfully completed and shall maintain continuous certification in Basic Life Support (BLS) training for healthcare providers consistent with the most current science and treatment recommendations from the International Liaison Committee on Resuscitation (ILCOR), Consensus on Science and Treatment Recommendations (CoSTR), and the American Heart Association Guidelines for CPR and Emergency Cardiovascular Care (ECC).

Allowable Functions

Functions with numbers correspond to functions included in a 2002-2005 study of dental assisting core competencies. See page 11 for more information.

Under Direct Supervision*

59. Monitor the use of nitrous oxide/oxygen conscious analgesia (see requirements above)
- Assist the dentist in using protective stabilization as necessary

A dental assistant may perform intraoral and extraoral tasks and procedures necessary for the fabrication of a dental prosthesis, which means fixed, removable, full, or partial appliances designed to replace teeth under the direct supervision of a licensed dentist. These tasks and procedures shall include the following:

- 44, 46. Making of preliminary and final impressions
- Jaw relation records and determination of vertical dimensions
 - Tooth selection
 - A preliminary try-in of the wax-up trial denture prior to and subject to a try-in and approval in writing of the wax-up trial denture by the licensed dentist
 - Denture adjustments that involve the periphery, occlusal, or tissue-bearing surfaces of the denture prior to the final examination of the denture
 - The use of tray, light, or light and tray whitening process systems (prescription strength) that are available only to dentists

Under Indirect Supervision*

- 1-2. Gathering and assembling information including, but not limited to, fact-finding and patient history, oral inspection, and dental and periodontal charting
9. Smoothing and polishing natural and restored tooth surfaces
18. Provision of preventive measures including the application of fluorides and other recognized topical agents for the prevention of oral disease
56. Administering topical anesthetic to a patient in the course of providing dental care
- Repairing and relining of dentures pursuant to a dental laboratory work order signed by a licensed dentist
 - Any other task or procedure that does not require the professional skill of a licensed dentist

*Direct Supervision: Supervision of those tasks or procedures that do not require the presence of the dentist in the room where performed but require the dentist's presence on the premises and availability for prompt consultation and treatment

Indirect Supervision: Supervision of those tasks or procedures that do not require the presence of the dentist in the office or on the premises at the time such tasks or procedures are being performed, but do require that the tasks be performed with the prior knowledge and consent of the dentist.

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.

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

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 allied dental personnel, 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 2020. Note that “allied dental personnel” refers to dental assistants, dental hygienists 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 ADAA/DANB Alliance did not address the question of supervision, the ADAA/DANB Alliance has not made 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 template.

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