

Connecticut

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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CONNECTICUT: OVERVIEW

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State Job Titles

State Career Ladder

There are two recognized levels of dental assistants in Connecticut. 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.



2 Expanded Function Dental Assistant (EFDA)

1 Dental Assistant

State Radiography Requirements

State Radiography Requirements

In order to legally operate dental x-ray equipment and perform dental radiographic procedures in Connecticut, a dental assistant must pass the national DANB Radiation Health and Safety (RHS) exam.

Prohibited Duties

Functions NOT Permitted by Dental Assistants in Connecticut

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:

- 44, 46. The taking of any impression of the teeth or jaws or the relationship of the teeth or jaws for the purpose of fabricating any appliance or prosthesis
- Diagnosis for dental procedures or dental treatment
- Prescribing of drugs or medications that require the written or oral order of a licensed dentist or physician
- Administration of local, parenteral, inhalation or general anesthetic agents in connection with any dental operative procedure
- The cutting or removal of any hard or soft tissue or suturing
- The practice of dental hygiene as defined in the Connecticut Dental Practice Act

1 Dental Assistant

Education, Training and Credential Requirements

Requirements

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

Effective July 1, 2018*, any dental assistant must show successful completion of DANB's infection control (ICE) exam or an infection control competency assessment administered by a CODA-accredited dental education program in Connecticut.

**Please note: Current Connecticut dental assistants who have not passed the DANB Infection Control Exam prior to July 1, 2018 have until October 1, 2019 (fifteen months) to receive on-the-job training by a licensed dentist to prepare for and pass the exam.*

New Connecticut dental assistants hired after July 1, 2018 have fifteen months from the start of employment to receive on-the-job training by a licensed dentist to prepare for and pass the exam, if they have not done so already.

Allowable Functions

Allowable

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*

18. Provision of fluoride varnish treatments

22. Taking of dental x-rays (see "Radiography Requirements" on previous page)

44. Taking of impressions for study models

- A licensed dentist may delegate to dental assistants such dental procedures as he/she may deem advisable

2 Expanded Function Dental Assistant

Education, Training and Credential Requirements

Requirements

To perform expanded functions under the direct or indirect supervision of a licensed dentist in Connecticut, a dental assistant must earn Expanded Function Dental Assistant (EFDA) status. To qualify, one must:

I. Maintain current DANB Certified Dental Assistant (CDA) or Certified Orthodontic Assistant (COA) certification

AND

II. Successfully complete an expanded function dental assistant program at a higher education institution accredited by the Commission on Dental Accreditation (CODA) that includes educational courses related to didactic and laboratory preclinical objectives and at least four hours of education in ethics and professional standards for dental professionals and a comprehensive clinical exam administered by the higher education program at the conclusion of the program

AND

III. Pass DANB's Certified Preventive Functions Dental Assistant (CPFDA) certification exam and DANB's Certified Restorative Functions Dental Assistant (CRFDA) certification exam

Effective July 1, 2018*, any EFDA must show successful completion of DANB's infection control (ICE) exam or an infection control competency assessment administered by a CODA-accredited dental education program in Connecticut.

Note: The provisions above related to EFDAs are part of a new law passed by the Connecticut legislature in 2016. Additional details related to the EFDA education curriculum and allowable EFDA functions are under development.

Allowable Functions

Allowable

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 or Indirect Supervision*

9. Coronal polishing, provided the procedure is not represented or billed as prophylaxis

12, 33, 34, 50, 51. The placing, finishing and adjustment of temporary restorations and longterm individual fillings, capping materials and cement bases

24. Oral health education for patients

40. Dental sealants

Under Direct Supervision*

44. Taking alginate impressions of teeth for use in study models, orthodontic appliances, whitening trays, mouth guards or fabrication of temporary crowns

56. Administration of topical anesthetic prior to the administration of local anesthetic by a dentist or dental hygienist

Note: The EFDA functions listed above are part of a new law passed by the Connecticut legislature in 2016. Additional details related to the EFDA education curriculum and allowable EFDA functions are under development.

***Direct supervision:** A licensed dentist has authorized certain procedures to be performed on a patient by a dental assistant or an expanded function dental assistant with such dentist remaining onsite in the dental office or treatment facility while such procedures are being performed by the dental assistant or expanded function dental assistant and that, prior to the patient's departure from the dental office, such dentist reviews and approves the treatment performed by the dental assistant or expanded function dental assistant

Indirect supervision: A licensed dentist is in the dental office or treatment facility, has personally diagnosed the condition, planned the treatment, authorized the procedures to be performed and remains in the dental office or treatment facility while the procedures are being performed by the dental assistant or expanded function dental assistant and evaluates the performance of the dental assistant or expanded function dental assistant

Appendix A: Numbering System for Dental Assisting Functions

The following list of 70 dental assisting tasks was developed by the ADA/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 arch wires
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 setups
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 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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