

# Delaware

## 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 requirements and functions chart
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## State Career Ladder

There is one recognized level of dental assistant in Delaware. 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

In order to legally operate dental x-ray equipment and perform dental radiographic procedures under the supervision of a licensed dentist in Delaware, a dental assistant must hold a state certificate as a Dental Radiation Technician or a state certificate recognizing DANB Certified Dental Assistant (CDA) certification from the Delaware Division of Public Health/Office of Radiation Control (Delaware ORC). To qualify, one must:

- I. a. Pass the DANB national Radiation Health and Safety (RHS) exam **OR**
- b. Hold current DANB CDA certification

**AND**

- II. Submit a completed state certificate application (Form R16-N) to the Delaware ORC

**AND**

- III. Be at least 18 years of age to receive the state certificate

Currently, the State of Delaware has no provisions for recognizing certificates issued by other states.

*Note: The Delaware ORC has discontinued the Delaware Dental Radiologic Technology (DDRT) exam, which was a state-specific exam equivalent to DANB's RHS exam offered prior to December 31, 2015. As of January 1, 2016, individuals who wish to become certified as Delaware Dental Radiation Technicians and who do not hold DANB's CDA certification must apply to DANB to take the DANB RHS exam. Candidates who passed the DDRT exam prior to December 31, 2015 may still use their DDRT exam passing result to qualify for the Dental Radiation Technician certificate. Former certificate holders who took the DDRT exam and who have let their Dental Radiation Technician certificate expire must take DANB's RHS exam to reinstate the Dental Radiation Technician certificate.*

(If you are enrolled at a Vocational Technical High School, you may be eligible to have your state certification application fee waived - contact the Delaware ORC for more information.)

## Functions NOT Permitted by Dental Assistants in Delaware

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

- Diagnosis and treatment planning
- Cutting of hard and/or soft tissues
- Any intraoral procedure which would lead to the fabrication of an appliance and/or restoration which, when received by the patient, would come in direct contact with hard or soft tissue and which could result in tissue irritation or injury
- Those procedures allocated by the Dental Code to registered dental hygienists



1 Dental Assistant

Requirements

Education, Training and Credential Requirements

In Delaware, competency of **Dental Assistants** in specific duties is determined by the supervising dentist. The dentist is given full responsibility in deciding the scope of work to be allocated to the dental assistant.

Adequate training of dental assistants is solely the responsibility of the dentist.

In summary, the Delaware Board of Dentistry and Dental Hygiene places full responsibility for the work done by dental assistants directly upon the dentist.

Allowable

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\*

- 22, 52. Take and develop x-rays (placing an x-ray film in the patient's mouth and exposing that film) (see "Radiography Requirements" on previous page)
- 24, 26. Give and demonstrate home-care procedures to the patient, including those procedures the patient is expected to carry out in preventive care
- 27. Placing a rubber dam
- 44. Taking impressions for study models
- 48. Placing cotton rolls
- 54. Removal of excess cements from dental restorations and appliances with hand instruments only
- 62, 63. Removal of temporary medicinal fillings or packs under direct orders of the dentist
- Other duties as delegated by the supervising dentist

\*Direct Supervision: The dentist is present in the office, personally examines the patient, and specifically authorizes the work to be performed. The dentist checks the work before the patient leaves the office.

# 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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