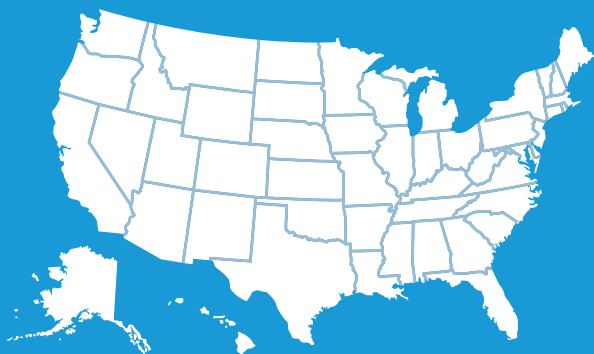


# District of Columbia

## 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.



### INSIDE:

- State requirements and functions chart
- Appendix A: information about numbering system
- Appendix B: information about supervision levels for dental assistants



## District of Columbia Career Ladder

There are two recognized levels of dental assistants in the District of Columbia. 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 Level 2 Dental Assistant

1 Level 1 Dental Assistant

## Radiography Requirements

In order to legally operate dental x-ray equipment and perform dental radiographic procedures in the District of Columbia, a dental assistant must:

- I. a. Pass DANB's Radiation Health and Safety (RHS) exam or DANB's Certified Dental Assistant (CDA) exam **OR**
- b. Successfully complete a dental radiography training program consisting of at least twenty-four (24) hours of coursework in radiology, radiation safety, biology, and physics, and has successfully passed the examination(s) required for successful completion of the program.

**AND**

- II. Register as a Level II Dental Assistant with the D.C. Board of Dentistry (see additional requirements in "Requirements" sections on the pages that follow)

## Functions NOT Permitted by Dental Assistants in District of Columbia

*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 shall not be delegated to dental auxiliaries:

- 2. The charting of cavities during preliminary examination, prophylaxis, or polishing
- 9. The intraoral polishing of a tooth or a restoration
- 12, 51. Placing, carving, or finishing of amalgam restorations
- 15. Temporary wire ligation
- 24. The instruction of individuals or groups of individuals in oral health care, unless it is in the dental office and done as instructed by the dentist
- 29. Final positioning of orthodontic bonds and bands
- 33. Condensing, contouring or adjusting any final, fixed or removable prosthodontic appliance or restoration in the mouth
- 33. Placing and finishing of composite resin/silicate restorations
- 34. Application of cavity liners and bases
- 40. The application of pit and fissure sealants
- 46. Taking final impressions
- 47, 50. Placement of temporary restorations
- 59. Administering or monitoring nitrous oxide
  - Performing final diagnosis and treatment planning
  - Performing surgical or cutting procedures on hard or soft tissue
  - Prescribing or parenterally administering drugs or medications
  - Administering inhalants or inhalation conscious sedation agents
  - Authorizing work orders for any appliance or prosthetic device or restoration to be inserted into a patient's mouth
- Operating high speed rotary instruments in the mouth
- Performing pulp capping procedures
- Orthodontic arch wire activation with the exception of minor adjustments to eliminate pain or discomfort
- Taking impressions for master casts to be used for prosthetic restoration of teeth or oral structures
- Final cementation of crowns, bridges, inlays, onlays, posts and cores, and insertion of final prosthesis
- Placing sutures
- Flushing root canals
- The performing of a diagnostic screening to identify indications of oral abnormalities
- A preliminary dental examination
- A complete prophylaxis, including the removal of any deposits, diseased crevicular tissue, accretion, or stain from the surface of a tooth or a restoration
- Administering or monitoring general anesthetics and conscious sedation
- Administering or monitoring local anesthesia



1 Level 1 Dental Assistant

Requirements

Education, Training and Credential Requirements

To be registered as a Level I Dental Assistant in the District of Columbia, one must:

- I. Have graduated from high school or hold a general equivalency diploma
- AND**
- II. Apply to the D.C. Board of Dentistry for registration

Note: All current dental assistants and applicants for registration must be fully vaccinated against COVID-19 unless granted an exemption (see D.C. Municipal Regulations Title 22, Chapter 2, Subtitle B, Sections 230-231 for details).

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\*

- 6. Placing retraction cord
- 13. Removing sutures
- 27, 45, 48. Placing or removing materials for the isolation of the dentition, provided that the material is not retained by the dentition
- 35. Placing periodontal dressings
- 44. Taking impression for study models or diagnostic casts
- 45. Placing matrices
- 48. Rinsing and aspirating the oral cavity
- 48. Retracting the lips, cheek, tongue, and flaps
- 54, 55. Removing temporary restorations without the use of a rotary instrument
- 56. Applying topical anesthesia
- 64. Constructing athletic mouth guards in models
  - Applying a medicinal agent to a tooth for a prophylactic purpose
  - Performing intraoral photography
  - Curing by the use of halogen light
  - Checking for loose bands
  - Yng
  - Other functions as approved by the Board

Under Direct Supervision\* of an Orthodontist

- 15. Placing and removing arch wires
- 29. Preparing and fitting orthodontic bands
  - Removing excess cement from around orthodontic bands
  - Cementing orthodontic bands, placing bonded attachments, or removing cemented or bonded orthodontic bands and attachments
  - Placing elastics and ligatures
  - Selecting headgear

\*Direct supervision: The dentist is in the dental office or treatment facility, personally diagnoses the condition to be treated, personally authorizes the procedures, remains in the dental office or treatment facility while the procedures are being performed by the dental assistant, and personally evaluates the performance of the dental assistant before dismissal of the patient.



## 2 Level 2 Dental Assistant

Requirements

### Education, Training and Credential Requirements

To be registered as a Level II Dental Assistant in the District of Columbia, one must:

I. Have graduated from high school or hold a general equivalency diploma

**AND**

II. a. Successfully complete a dental assisting education program approved by the D.C. Board of Dentistry or accredited by the Commission on Dental Accreditation (CODA) **OR**

b. Hold current DANB Certified Dental Assistant (CDA) certification or other dental assisting certification approved by the Board.

**AND**

III. Complete a course in dental radiography training consisting of at least twenty-four (24) hours of coursework in radiology, radiation safety, biology, and physics, and has successfully passed the examination(s) required for successful completion of the program

**AND**

IV. Apply for a registration as a Level II Dental Assistant to the D.C. Board of Dentistry

*Note: All current dental assistants and applicants for registration must be fully vaccinated against COVID-19 unless granted an exemption (see D.C. Municipal Regulations Title 22, Chapter 2, Subtitle B, Sections 230-231 for details).*

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\*

- 14. Drying a root canal
- 18. Applying topical fluoride
- 27. Placing or removing a rubber dam
- 35. Removing or placing a periodontal dressing (except placing the original periodontal dressing)
- 43. Preparing and fitting stainless steel crowns
- 44. Taking alginate impressions for intraoral appliances
- 45. Placing or removing a matrix band
- 47. Fabricating indirect restorations in a dental office
- 47. Preparing temporary crowns
- 49. Performing vitality tests
- 54, 61. Removing excess cement
- 55. Removal of temporary restorations without the use of a rotary instrument
- 4. Constructing athletic mouth guards on models
  - Applying desensitizing agents;
  - Etching
  - All functions permitted to Level I Dental Assistant

#### Under Direct Supervision\* of an Orthodontist

- 15. Placing and removing arch wires
- 29. Preparing and fitting orthodontic bands
  - Removing excess cement from around orthodontic bands
  - Cementing orthodontic bands, placing bonded attachments, or removing cemented or bonded orthodontic bands and attachments
  - Placing elastics and ligatures
  - Selecting headgear

\*Direct supervision: The dentist is in the dental office or treatment facility, personally diagnoses the condition to be treated, personally authorizes the procedures, remains in the dental office or treatment facility while the procedures are being performed by the dental assistant, and personally evaluates the performance of the dental assistant before dismissal of the patient.

# 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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