

Hawaii

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 assistant in Hawaii. 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

There are no radiography requirements for dental assistants in Hawaii.

All dental assistants may legally operate dental x-ray equipment and perform dental radiographic procedures under the direct supervision of a licensed dentist.

Functions NOT Permitted by Dental Assistants in Hawaii

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:

- 6. Placing materials subgingivally, including but not limited to, prescriptive medicaments, retraction cords, and other devices used for tissue displacement
- 9. Using of ultrasonic instruments and polishing natural or restored surfaces
- 12, 33, 34, 51. Placing, condensing, carving, finishing, or adjusting the occlusion of final restorations; or placing cavity liners, medicaments, or pulp cap materials
- 14. Performing any endodontic procedure to ream, file, irrigate, medicate, dry, try-in cores, or fill root canals; establishing the length of the tooth
- 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
- 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
- 49. Testing pulp vitality
 - Administering local anesthetic, sedation, or general anesthesia
 - Cementing, bonding, and adjusting any part of a prosthesis or appliance worn in the mouth
 - Cementing bands and brackets, or activating any orthodontic appliance
 - Establishing occlusal vertical dimension, making bite registrations, and making face-bow transfers
 - Examining, diagnosing, or prescribing a treatment plan
 - Performing any surgical or cutting procedures on hard or soft tissues, extracting teeth, and suturing
 - Prescribing medications or authorizing the fabrication of any restorative, prosthodontic, or orthodontic appliances

1 Dental Assistant

Education, Training and Credential Requirements

A dental assistant in the state of Hawaii may perform basic supportive dental procedures specified by the state dental practice act (see below) 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).

A dental assistant may perform specified tasks under the **general supervision** of a licensed dentist or a licensed dental hygienist who is under the supervision of a licensed dentist to provide auxiliary support dental services in a **public health setting** (see *Hawaii Revised Statutes Section 447-3* for definition of "public health setting").

Requirements

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*

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
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
- 13, 62, 69. Removing dressing and sutures
- 22, 52, 53. Exposing, processing, mounting, and labeling radiographs
- 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
- 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
37. Measuring and recording vital signs
44. Making impressions for study casts, opposing models, occlusal appliances (e.g. splints, bite guards), mouth guards, orthodontic retainers, and medicament trays
45. Placing matrix retainers
- 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
56. Placing non-aerosol topical anesthetics
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
 - Completing prescription and authorization forms for drug or restorative, prosthodontic or orthodontic appliance for the supervising licensed dentist whereby the dentist signs the forms
 - Performing a try-in with any removable prosthetic or orthodontic appliance, provided the supervising licensed dentist makes the adjustments
 - Assisting the licensed dental hygienist in the performance of their duties
 - Assisting the licensed dentist who is actually performing a dental procedure on the patient, including:
 11. Transferring dental instruments
 21. Mixing dental materials
 27. Placing and removing the rubber dam
 - 30, 58. Any other concept of four-handed dentistry the dentist requires to perform the procedure
 41. Preparing procedural trays/armamentaria set-ups
 48. Retracting a patient's oral tissues to maintain the field of operation during the dental procedure
 48. Removing debris, as is normally created and accumulated during or after operative procedures by the dentist

Under General Supervision* in a Public Health Setting

2. Taking intra-oral and extra-oral photographs, and recording or charting clinical findings as directed by the licensed dental hygienist
- 22, 52, 53. Exposing, processing, mounting, and labeling radiographs
37. Measuring and recording vital signs
 - Assisting the licensed dentist who is performing a dental procedure on a patient, such as:
 11. Transferring dental instruments or any other concept of four-handed dentistry the licensed dental hygienist requires to perform the procedure
 41. Preparing procedural trays and armamentaria
 48. Retracting a patient's oral tissues to maintain the field of operation during a dental procedure
 48. Removing debris, as is normally created and accumulated during or after dental procedures by the licensed dental hygienist
 - Assisting the licensed dental hygienist in the performance of the duties of the dental hygienist as requested; provided that the assistance does not include prohibited duties of dental assistants (HAR 16-79-69.5) or allowable duties of dental hygienists (HAR 16-79-69.10).

Allowable

* HAR 16-79-2 Definitions

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 in any facility defined in section 447-3, HRS while the procedures are being performed, and shall be responsible for all delegated acts and procedures performed by dental assistants.

General Supervision: The supervising licensed dentist has examined and diagnosed the condition to be treated, and has authorized each procedure to be carried out in accordance with the dentist's diagnosis and treatment plan. The presence of the supervising dentist is not required; provided the dentist shall be available for consultation and shall be responsible for all delegated acts and procedures performed by licensed dental hygienists. In the case of programs under the supervision and control by the department of health or in any facility specified in section 447-3, HRS, the foregoing shall not apply except that the supervising licensed dentist shall be available for consultation, shall be responsible for all delegated acts and procedures performed by licensed dental hygienists and the procedures pursuant to 447-3, HRS, shall have been prescribed by a licensed dentist or otherwise be authorized by law.

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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