

Indiana

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
- Appendix A: information about numbering system
- Appendix B: information about supervision levels for dental assistants



State Career Ladder

There are two recognized levels of dental assistants in Indiana. 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 Dental Assistant qualified in coronal polishing /
Dental Assistant qualified in applying medicaments for the control and prevention of dental caries /
Dental Assistant qualified in administering nitrous oxide

1 Dental Assistant

State Radiography Requirements

To legally operate dental x-ray equipment and perform dental radiographic procedures in the state of Indiana, a dental assistant must obtain a limited dental radiographic license from the Indiana Department of Health/Division of Radiology and Weights & Measures.

To obtain this license, one must:

1. a. Successfully complete a CODA-accredited program in radiography **OR**
b. Successfully complete an Indiana Department of Health-approved program in radiography
AND
2. Be certified by a licensed practitioner or licensed dental hygienist in an approved educational program as proficient in performing the procedures included in the limited dental curriculum
AND
3. Pass one or more of the following examinations:
a. The national DANB Certified Dental Assistant (CDA) exam
b. The national DANB Radiation Health and Safety (RHS) exam
c. An exam approved by the Indiana Department of Health / Division of Radiology and Weights & Measures
AND
4. Apply to the Indiana Department of Health/Division of Radiology and Weights & Measures for a limited dental radiographic license

The Indiana Department of Health also issues student permits and provisional permits in dental radiography.

A student enrolled in a CODA-accredited dental assisting program is eligible for a **student radiology permit**. The permit expires upon the student's withdrawal or termination from the program or six (6) months after the student's graduation from a dental assisting program. The student must be properly supervised, and the student permit only allows the performance of procedures as part of the education program.

A person enrolled in an Indiana Department of Health-approved limited radiology program is eligible for a **provisional radiography permit** upon completion of the requirements under 410 IAC 5.2-4 (see **410 IAC 5.2-3-3** of the Indiana Administrative Code for details). The permit expires six (6) months after its effective date.

Functions NOT Permitted by Dental Assistants in Indiana

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:

46. Any intraoral impression which would lead to the fabrication of a final prosthetic appliance
 - Diagnosis and treatment planning
 - Cutting of hard or soft tissues
 - Removing calcific deposits or accretions from the surfaces of human teeth or cleaning or polishing such teeth (except coronal polishing, as permitted by meeting the requirements)
 - Applying and using within the patient's mouth such antiseptic sprays, washes or medicaments for the control or prevention of dental caries (except for applying medicaments, as permitted by meeting the requirements)
 - Treating gum disease
 - Using impressions and x-ray photographs for treatment purposes
 - Administering local dental anesthetics



1 Dental Assistant

Requirements

Education, Training and Credential Requirements

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

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

Allowable

Allowable Functions

DANB's Note on Allowable Dental Assisting Functions

In Indiana, all dental assistants may:

- Perform infection control and occupational safety procedures
- Perform other duties not specified by this state's dental practice act

At this time, DANB cannot list all allowable dental assisting functions for each state because some states' dental practice acts outline very specific allowable functions, while others outline only prohibited functions and some contain minimal or no regulation of dental assisting duties.

2 Dental Assistant qualified in coronal polishing

Dental Assistant qualified in applying medicaments for the control and prevention of dental caries

Dental Assistant qualified in administering nitrous oxide

Requirements

Education, Training and Credential Requirements

To qualify to **polish the coronal surfaces of the teeth**, a dental assistant must:

1. **a.** Be employed in a dental practice for a minimum of one year and complete an educational program approved by the Indiana State Board of Dentistry that includes the following instruction in coronal polishing:
 - i. 5 hours of didactic instruction meeting Board curriculum requirements
 - ii. 2 hours of laboratory work
 - iii. Performance of the task on five patients under the observation of a licensed dentist or dental hygienist
 - iv. An affidavit certifying competency signed by the supervising dentist**OR**
 - i. Graduate from an educational program accredited by the Commission on Dental Accreditation (CODA) that included instruction meeting the above requirements**AND**
2. Display certificate of completion of education program publicly in the dental office

To qualify to **apply medicaments for the control or prevention of dental caries** (i.e., apply topical fluoride), a dental assistant must:

1. **a.** Be employed in a dental practice for a minimum of one year and complete an educational program approved by the Indiana State Board of Dentistry that includes the following instruction in prevention of dental caries:
 - i. 9 hours of didactic instruction meeting Board curriculum requirements
 - ii. 2 hours of laboratory work
 - iii. Performance of the task on five patients under the observation of a licensed dentist or dental hygienist
 - iv. An affidavit certifying competency signed by the supervising dentist**OR**
 - i. Graduate from an educational program accredited by CODA that included instruction meeting the above requirements**AND**
2. Display certificate of completion of education program publicly in the dental office

To qualify to **administer nitrous oxide**, a dental assistant must:

1. Have either been employed in a dental practice for a minimum of one year **OR** graduated from an educational program accredited by CODA or approved by the Board. **AND**
2. Satisfactorily completed a three (3) hour didactic nitrous oxide administration course that contains curriculum on pharmacology, biochemistry, anatomy of nitrous oxide administration, emergency procedures, and the mechanics of operating a nitrous unit and is accredited by CODA or approved by the Board, **AND**
3. Demonstrated clinical competency on at least five (5) patients under the direct supervision of a licensed Indiana dentist whose license is in good standing. The licensed Indiana dentist supervising the clinical competency shall provide to the dental assistant a signed affidavit certifying the competency. **AND**
4. Upon receipt of the affidavit of clinical competency, the provider of an educational program shall issue a certificate of completion to the dental assistant. The certificate of completion of must be publicly displayed in the dental office

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*:

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| 9. Polish the coronal surface of teeth | 18. Apply medicaments for the control or prevention of dental caries | • Administer nitrous oxide (<i>dentist must determine the maximum percent-dosage</i>) |
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*Direct Supervision: A licensed dentist is physically present in the facility when patient care is provided by the dental assistant

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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