

Mississippi

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 Mississippi. 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

To legally operate dental x-ray equipment and perform dental radiographic procedures in Mississippi, a dental assistant must:

1.
 - a. Hold a current national DANB Certified Dental Assistant (CDA) certification **OR**
 - b. Successfully complete a Mississippi Board-approved 8 hour radiology seminar, including both didactic and clinical components and instruction on the use of traditional and digital x-ray technology and equipment and a written examination within 90 days prior to application, **OR**
 - c. Graduate from a CODA-accredited dental assisting program **OR**
 - d. Graduate from a CODA-accredited dental hygiene program
- AND**
2. Apply to the Mississippi State Board of Dental Examiners for a radiology permit

Functions NOT Permitted by Dental Assistants in Mississippi

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:

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| <ol style="list-style-type: none">1,2. Inspecting the oral cavity (including charting carious lesions, existing restorations and missing teeth)6. Placement of any subgingival medicated cords20. Performing supragingival and coronal scaling33. Placing and finishing composite resin restorations34. Applying cavity liners and bases46. The taking of any impression of the human mouth or oral structure that will be used in the restoration, repair or replacement of any natural or artificial teeth or for the fabrication or repair of any dental appliance49. Performing pulp vitality testing51. Carve and pack amalgams<ul style="list-style-type: none">• Periodontal screening and probing, or subgingival explorations for hard or soft deposits and sulcular irrigations• Use of ultrasonic and/or sonic instruments• Placement, cementation or final torquing of inlays, permanent crowns, fixed bridges, removable bridges, partial dentures, full dentures or implant abutments• Equilibration or adjustment of occlusion on natural or artificial dentition, restoration or sealants | <ul style="list-style-type: none">• Activation or adjustments of orthodontic appliances• Injections of drugs, medication or anesthetics• Performing pulp capping, pulpotomy, and other endodontic therapy• Intraoral restorative procedures• Removal of calcareous deposits with an instrument• Brush biopsies• Remove facial hair with lasers• Administer Oraquix• Perform sulcular debridement of periodontal pockets using a Diode dental laser• Condensing amalgam restorations• Polishing amalgam restorations• Bending archwires• Placing local antimicrobial agents• Procedures that require the professional judgment and skill of a licensed dentist such as diagnosis, treatment planning, surgical procedures involving hard or soft tissue, or any intra-oral procedure of an irreversible nature that could result in injury to the patient |
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Dental Assistant

Requirements

Education, Training and Credential Requirements

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

All dental assistants involved in direct patient care must be certified in CPR (within 180 days of employment). There are no other education or training requirements for this level of dental assisting.

Auxiliary personnel who are present during sedation procedures must be currently certified in Basic Life Support at the Health Care Provider Level endorsed by or equivalent to the American Heart Association (BLS-HCP).

Auxiliary staff who have the primary responsibility of monitoring patients under deep sedation/general anesthesia must have current certification in a board-approved training program for such a role and have current certification in Advanced Cardiac Life Support (ACLS) for patients 8 years of age or older, or alternatively in Pediatric Advanced Life Support (PALS) for pediatric patients 7 years of age or younger.

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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| <ul style="list-style-type: none">6. Place and pack retraction cords, excluding subgingival medicated cords9. Coronal polishing12. Placing amalgam restorations for condensation by the dentist13. Removing sutures18. Applying topical fluoride gels, rinses and varnishes22. Exposing radiographs27. Placing and removing rubber dams35, 62. Placing and removing periodontal dressings40. Apply pit and fissure sealants44. Taking impressions for study models and opposing models45. Place and remove matrix bands47. Construction, adjustment and cementation of temporary crowns (temporary means crowns placed while permanent restoration is being fabricated) | <ul style="list-style-type: none">47. Fabricating temporary/interim restorations47,50. Placing temporary/interim restorations54,55. Removing temporary/interim restorations56. Apply topical anesthetic agents59. Placement and monitoring of nitrous-oxide inhalation anxiolysis61. Removing excess cement from coronal surfaces of teeth64. Fabricating trays for in-office bleaching procedures<ul style="list-style-type: none">• Perform in-office bleaching procedures• Adjust the gingival side of complete or partial dentures• Detect possible caries using the KaVo DIAGNOdent• Applying desensitizing agents• Monitoring minimally sedated patients• Monitoring moderately sedated patients• Monitoring patients under deep sedation/general anesthesia• Make the Essix vacuum permanent retainer• Perform face bow procedures |
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Note: Some functions listed above as allowed and some functions listed on the previous page as prohibited do not appear in Mississippi statutes or regulations; rather, the Mississippi State Board of Dental Examiners has made a determination at a meeting as to whether these functions may be delegated to dental assistants and reported the determination on its website.

DANB's Note on Allowable Dental Assisting Functions

In the state of Mississippi, 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.

***Direct Supervision:** A dentist is in the dental office or treatment facility, has personally diagnosed 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 auxiliary, and will evaluate the performance of the dental auxiliary.

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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