

# Nevada

## 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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# NEVADA: OVERVIEW

State-approved 3/24/2022

State Job Titles

## State Career Ladder

There is one recognized level of dental assistant in Nevada. 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

## State Radiography Requirements

The Nevada State Board of Dental Examiners does not license dental assistants in radiation health, safety, and administration. Rather, each licensed dentist must, with his or her application for license renewal, include a certified statement containing the name and position of each dental assistant who assists in radiographic procedures, the date each dental assistant began to assist in radiographic procedures, and a statement attesting that each such dental assistant is qualified to operate radiographic equipment and has received all of the following:

I. Adequate instruction in radiographic procedures

**AND**

II. Training in CPR at least every two years while employed

**AND**

III. A minimum of four hours of continuing education in infection control every two years while employed

**AND**

IV. Before commencing performance of radiographic procedures, a copy of the Nevada statutes and regulations governing dentistry

Prohibited Duties

## Functions NOT Permitted by Dental Assistants in Nevada

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

- The diagnosis, treatment planning, or prescribing of drugs or medicaments, or authorizing the use of restorative, prosthodontic or orthodontic appliances
- Surgery on hard or soft tissues within the oral cavity or any other intraoral procedure that may contribute to or result in an irremediable alteration of the oral anatomy
- The administration of general anesthesia, conscious sedation, or deep sedation except as otherwise authorized by regulations adopted by the Nevada State Board of Dental Examiners
- The performance of a task outside the authorized scope of practice of the employee who is being assigned the task



1 Dental Assistant

Requirements

Education, Training and Credential Requirements

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

A licensed dentist who owns a dental office or treatment facility must, on his or her application for license renewal, list the name and address of each dental assistant who assists in procedures for infection control, the date the dental assistant began to assist in infection control procedures, and a statement that each employee listed has received adequate instruction in infection control and is qualified to operate sterilization and other equipment, and to perform all other applicable activities, in compliance with CDC guidelines.

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 Supervision by a Dentist\***

- 6. Retract gingival tissue if the retraction cord contains no medications that have potential systemic side effects
- 9. Remove soft plaque and stain from exposed tooth surfaces, utilizing an appropriate rotary instrument with a rubber cup or brush and a suitable polishing agent; a licensed dentist or dental hygienist shall determine that the teeth to be polished are free of calculus or other extraneous material
- 13. Remove sutures
- 15. Place and secure an orthodontic ligature
- 18. Administer a topical fluoride\*
- 24. Train and instruct persons in the techniques of oral hygiene and preventive procedures
- 27. Place or remove a rubber dam and accessories used for its placement
- 29. Fit orthodontic bands and prepare teeth for orthodontic bands if the bands are cemented or bonded, or both, into the patient's mouth by the dentist who authorized the dental assistant to perform this procedure
- 35, 62. Place and remove a periodontal pack
- 40. Apply pit and fissure sealant to the dentition for the prevention of decay. This procedure must be checked and approved by the supervising dentist before dismissal of the patient from the office of the dentist.
- 44. Take the following types of impressions: those used for the preparation of counter or opposing models; those used for the fabrication of temporary crowns or bridges; and those used for the fabrication of temporary removable appliances, provided no missing teeth are replaced by those appliances
- 47. Fabricate and place temporary crowns and bridges. This procedure must be checked and approved by the supervising dentist before dismissal of the patient from the office of the dentist
- 48. Retract a patient's cheek, tongue or other tissue during a dental operation
- 48. Remove the debris which normally accumulates during or after a cleaning or operation by the dentist by using mouthwash, water, compressed air or suction
- 56. Administer a topical anesthetic in any form except aerosol
- 61. Remove excess cement from cemented restorations and orthodontic appliances; a dental assistant may not use a rotary cutting instrument to remove excess cement from restorations or orthodontic appliances

**Under Supervision by a Dentist\*, before the patient is examined by the dentist**

- 22. Expose radiographs (see "Radiography Requirements" on previous page)
- 44. Take impressions for the preparation of diagnostic models

**Under Supervision by a Dental Hygienist with Public Health Dental Hygiene Endorsement**

- 18. Administer a topical fluoride\*
- 24. Train and instruct persons in the techniques of oral hygiene and preventive procedures
- 48. Retract a patient's cheek, tongue or other tissue during a dental operation
- 48. Remove the debris that normally accumulates during or after a cleaning or operation by the dental hygienist by using mouth-wash, water, compressed air or suction

*Note: A dental assistant may assist a dental hygienist performing these tasks if the hygienist has received Nevada Board approval to perform services without supervision or authorization of a licensed dentist in schools and certain health facilities.*

*\*At its October 8, 2020 meeting, the Nevada State Board of Dental Examiners issued an advisory opinion that a dental assistant may administer silver diamine fluoride and that such administration is considered a topical fluoride permitted under their scope of practice.*

\*Supervision by a Dentist: A dentist is physically present in the office where the procedures to be supervised are being performed, while these procedures are being performed, and is capable of responding immediately if any emergency should arise.

# 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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