

Pennsylvania

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



State Career Ladder

There are two recognized levels of dental assistants in Pennsylvania. 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 Expanded Function Dental Assistant (EFDA)

1 (Competent person)

State Radiography Requirements

To legally operate dental x-ray equipment and perform dental radiographic procedures under the direct supervision of a dentist in Pennsylvania, auxiliary personnel, except dental hygienists and public health dental hygiene practitioners, must pass the national DANB Radiation Health and Safety (RHS) exam.

Evidence of having passed the required exam* should be retained by the dental assistant and the licensed dentist as evidence of the individual's authority to perform radiologic procedures.

**Note: Prior to Dec. 12, 2009, a Pennsylvania-specific radiography exam administered by an entity other than DANB was required. If a dental assistant qualified to perform radiography procedures by taking the former Pennsylvania exam prior to Dec. 12, 2009, both the dental assistant and his/her employer should retain evidence of the dental assistant's passing the former Pennsylvania radiography exam.*

Functions NOT Permitted by Expanded Function Dental Assistants in Pennsylvania

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 an expanded function dental assistant:

- 46. Take impressions other than for study models, diagnostic casts or athletic appliances
- Complete or limited examination, diagnosis and treatment planning.
- Surgical or cutting procedures of hard or soft tissue.
- Prescribing drugs, medicaments or work authorizations.
- Final inspection and approval of restorative and other treatment which affects occlusion and any necessary occlusal adjustments.
- Pulp capping, pulpotomy and other endodontic procedures.
- Placement and intraoral adjustments of fixed and removable prosthetic appliances.
- Administration of local anesthesia, parenteral or inhalational sedation, nitrous oxide analgesia or general anesthesia.

The following functions may not be delegated or assigned:

- Treatment planning
- Writing prescriptions for drugs
- Writing authorizations for restorative, prosthetic or orthodontic appliances



1 (Competent person)

Requirements

Education, Training and Credential Requirements

The Pennsylvania State Board of Dentistry does not issue licenses for the practice of general dental assisting functions

Pennsylvania has no statute, regulation, or rule recognizing or defining requirements or duties for dental assistants.

Pennsylvania's Dental Law contains the following provision:

Section 11.8. Additional Definition. "Assignment of Duties" shall mean the assignment by a dentist to another person of services and procedures which are performed in the office of a dentist. A dentist may assign to such competent person or persons as the dentist deems appropriate those services and procedures performed in the dental office in which the dentist is practicing but which do not require the professional competence and skill of a dentist or dental hygienist or expanded function dental assistant. Such assignment of services and procedures shall be under the direct supervision of a licensed dentist. This section shall not be construed as authorizing the delegation or assignment of diagnosing, treatment planning and writing prescriptions for drugs or writing authorizations for restorative, prosthetic or orthodontic appliances.

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*

- Services and procedures performed in the dental office that do not require the professional competence and skill of a dentist or dental hygienist or expanded function dental assistant

2 Expanded Function Dental Assistant

Requirements

Education, Training and Credential Requirements

To perform expanded functions in Pennsylvania under the direct supervision of a licensed dentist, a dental assistant must hold a state certification as an Expanded Function Dental Assistant (EFDA) issued by the Pennsylvania State Board of Dentistry.

To obtain this state certification, one must:

- I. a. Graduate from a Board-approved expanded function dental assisting program at a two-year college or institution accredited by an accrediting agency approved by the U.S. Dept. of Education Council on Postsecondary Accreditation which offers an associate degree OR
b. Graduate from a CODA-accredited dental hygiene school, which requires the successful completion of at least 75 hours of clinical and didactic instruction in restorative functions OR
c. Complete a Board-approved EFDA program, which offers a certificate or diploma, consisting of at least 200 hours of clinical and didactic instruction from dental assisting program accredited either by CODA or an accrediting agency approved by the U.S. Dept. of Education Council on Postsecondary Accreditation whose expanded function educational standards are approved by the Board, AND
II. Apply for state certification in expanded functions to the Pennsylvania State Board of Dentistry, AND
III. Pass a Pennsylvania board-acceptable written exam, AND
IV. Complete 3 hours of training in child abuse recognition and reporting requirements as approved by the Pennsylvania Department of Human Services.

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*

- 9. Perform coronal polishing
12. Placing and condensing amalgam restoration and other restorative materials
18. Perform fluoride treatments, including fluoride varnish
27. Placing and removing rubber dams
33, 40. Placing and finishing composite resin restorations and/or sealant material or both
34. Applying cavity liners and bases
45. Placing and removing matrices
51. Carving and contouring amalgam restorations
• Placing and removing wedges
• Taking impressions of teeth for study models, diagnostic casts or athletic appliances

*Direct Supervision: A dentist is in the dental office or treatment facility, personally diagnoses the condition to be treated, personally authorizes the procedure and remains in the dental office or treatment facility while the procedure is being performed and, before dismissal of the patient, evaluates the work performed by the expanded function 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.

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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