

# South Carolina

## 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



# SOUTH CAROLINA

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State Job Titles

## State Career Ladder

There are two recognized levels of dental assistants in South Carolina. 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 Duty Dental Assistant (EDDA)

1 Dental Assistant

State Radiography Requirements

## State Radiography Requirements

To legally place and expose radiographic films in a dental office, all personnel in a dental office who place and expose radiographic films must successfully complete a board-approved structured course of training in radiation safety.

*DANB's CDA certification and Radiation Health and Safety (RHS) exam are board-approved to meet this requirement.*

*Note: At its July 8, 2016 meeting, the South Carolina Board of Dentistry voted that ex-active duty military dental assistants entering the public sector be given a waiver for exemption from taking the radiography certification course, based on their documenting evidence of their military training and certification credentials.*

Prohibited Duties

## Functions NOT Permitted by Dental Assistants in South Carolina

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

- Establish an IV line
- Draw sedative drugs into a syringe
- Deliver drugs in to an established IV line
- Use lasers in performing bleaching procedures
- Employ a laser capable of the removal of hard and/or soft tissue in the treatment of a dental patient
- Use an air abrasion system at settings that could remove a tooth structure or cause irreversible harm to the tooth structure



## 1 Dental Assistant

Requirements

### Education, Training and Credential Requirements

A dental assistant in South Carolina 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 initial education or training requirements for this level of dental assisting. It is the responsibility of all dentists to ensure that their auxiliary staff who may be exposed to blood and other body fluids require and provide two (2) hours biennially of continuing education on sterilization and infection control and maintain records of such training.

In settings where sedation is administered, all dental staff who provide direct, hands-on patient care must be certified in CPR at the basic life support level by a board-approved training course, received within the last two years. The operating dentist must provide training for staff with hands-on patient care commensurate with the level and mode of sedation administered. This training must be documented and available for inspection by the department upon request.

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\*

- 2. Chart existing restorations, clinically missing teeth and appliances within the oral cavity
- 13. Remove sutures
- 15. Place and remove orthodontic ligatures
- 22. Expose radiographs (see "State Radiography Requirements" on previous page)
- 27. Place and remove rubber dam
- 30, 48. Assist in basic supportive chairside procedures
- 35, 62. Place and remove periodontal packs
- 37. Take and record vital signs (blood pressure, pulse, respiration, etc.)

45. Place and remove matrix

- Apply topical drugs as prescribed by the dentist (see note)

*Note: At its July 9, 2021 meeting, the South Carolina Board of Dentistry clarified that silver diamine fluoride is considered a topical drug that all dental assistants are permitted to apply under direct supervision. Similarly, the Board clarified at their October 6, 2023 meeting that the general use of topical fluoride is permitted by dental assistants under direct supervision as well.*

#### Under Direction of the Department of Health and Environmental Control Public Health Dental Program

- Perform oral screenings utilizing the Department of Health and Environmental Control approved screening system in school and public health settings
- Assist in the delivery of public health dental program services
- Perform other duties authorized by regulations of the State Board of Dentistry

\*Direct Supervision: A dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and, before the dismissal of the patient, evaluates the performance of the auxiliary. This requirement does not mandate that a dentist be present at all times, but he or she must be on the premises actually involved in supervision and control.



## 2 Expanded Duty Dental Assistant (EDDA)

Requirements

### Education, Training and Credential Requirements

To perform **expanded functions** under the direct supervision of a licensed dentist in South Carolina, a dental assistant must earn status as an **Expanded Duty Dental Assistant (EDDA)**.

To qualify, one must:

- I. Graduate from a CODA-accredited dental assisting program
- OR**
- II. Complete two years of continuous full-time employment as a chairside dental assistant

Note: In order to monitor nitrous oxide conscious sedation (analgesia), EDDAs must complete a course approved by the South Carolina Board of Dentistry, successfully complete the state board examination, submit proof of Board-approved CPR certification within the three years preceding application, and apply for state certification from the South Carolina Board of Dentistry.

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\*

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>6. Place gingival retraction cord</li> <li>9. Polish restorations and supragingival tooth structure</li> <li>40. Application of pit and fissure sealant</li> <li>44. Take impressions for study models</li> <li>47. Cement temporary crowns or bridges</li> <li>50. Place temporary restorations</li> </ul> | <ul style="list-style-type: none"> <li>59. Monitor nitrous oxide conscious sedation/analgesia<sup>†</sup> (requires state certification – see requirements on previous page)</li> <li>61. Remove excess cement from restorations and/or appliances</li> <li>63, 69. Place and remove socket dressing</li> </ul> |
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#### Under Direction of the Department of Health and Environmental Control Public Health Dental Program

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| <ul style="list-style-type: none"> <li>• Perform oral screenings utilizing the Department of Health and Environmental Control approved screening system in school and public health settings</li> <li>• Assist in the delivery of public health dental program services</li> </ul> | <ul style="list-style-type: none"> <li>• Perform other duties authorized by regulations of the State Board of Dentistry</li> </ul> |
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<sup>†</sup> *The Board has defined the term "Monitor" to mean carrying out the orders of the dentist, to include the initiation of the flow of the nitrous oxide component. The certified auxiliary may then maintain that flow or decrease the level of nitrous oxide component when oxygenating the patient, without the specific direction of the dentist. The dentist must determine the need and level of nitrous oxide sedation regarding a particular patient. The dentist must diagnose the need for a patient to receive nitrous oxide and may designate the certified auxiliary to place the mask and set the nitrous oxide component at a level specified for that patient.*

\***Direct Supervision:** A dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and, before the dismissal of the patient, evaluates the performance of the auxiliary. This requirement does not mandate that a dentist be present at all times, but he or she must be on the premises actually involved in supervision and control.

# 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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