

Texas

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 Job Titles

State Career Ladder

There are three recognized levels of dental assistants in Texas. 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.



3 Registered Dental Assistant (RDA)

2 Dental Assistant *qualified to perform expanded functions*

1 Dental Assistant

State Radiography Requirements

State Radiography Requirements

To legally operate dental x-ray equipment and perform dental radiographic procedures in Texas, one must be a Registered Dental Assistant and apply for the Registered Dental Assistant X-Ray Certification.

A dental assistant will not be considered to be positioning, exposing, or otherwise making dental x-rays if the dental assistant only performs radiological procedures in the course of training (or for other educational purposes) and is at all times under the direct supervision of the employer dentist. A dental assistant performing radiological procedures in the course of on-the-job training may only do so for a period of one year.

Prohibited Duties

Functions NOT Permitted by Dental Assistants in Texas

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:

- 20. The removal of calculus, deposits or accretions from the natural and restored surfaces of exposed human teeth and restorations in the human mouth
- 33. The placement of any final restoration
- 46. The taking of an impression for a final restoration, appliance or prosthesis
 - Root planing or the smoothing and polishing of roughened root surfaces or exposed human teeth
 - Comprehensive examination or diagnosis and treatment planning
 - Surgical or cutting procedure on hard or soft tissue
 - The prescription of a drug, medication or work authorization
 - The making of an intraoral occlusal adjustment
 - Direct pulp capping, pulpotomy or any other endodontic procedure
 - The final placement and intraoral adjustment of a fixed or removable appliance
 - The authority to an individual to administer a local anesthetic agent, inhalation sedative agent, parenteral sedative agent or general anesthetic agent
 - Diagnosis, treatment planning, prescription of therapeutic measures and reevaluation
 - Placement of site-specific subgingival medicaments
 - Any other act the delegation of which is prohibited by board rule



1 Dental Assistant

Requirements

Education, Training and Credential Requirements

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

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

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 General Supervision*

- The provision of interim treatment of a minor emergency dental condition to an existing patient of the treating dentist; the treating dentist must delegate the procedure orally or in writing before the dental assistant performs the procedure, must retain responsibility for the procedure, and must schedule a follow-up appointment with the patient within 30 days

Under Direct Supervision*

- Apply fluoride varnish
 - Reversible acts and procedures

DANB's Note on Allowable Dental Assisting Functions

In the state of Texas, 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 to perform expanded functions

Requirements

Education, Training and Credential Requirements

To qualify to perform selected expanded functions under the direct supervision of a licensed dentist in Texas, a dental assistant must complete the following:

Perform **pit and fissure sealant** procedures:

- Work at least 2 years as a dental assistant
- AND**
- Complete a current course in Basic Life Support
- AND**
- Complete a minimum of eight hours clinical and didactic education in pit and fissure sealants taken through a CODA-accredited dental, dental hygiene, or dental assistant program and approved by the Texas State Board of Dental Examiners

Perform **coronal polishing** procedures:

- Graduate from a CODA-accredited dental assisting program that includes clinical and didactic education in coronal polishing

OR

 - Complete a minimum of eight hours clinical and didactic education in coronal polishing taken through a dental school, dental hygiene school or dental assisting program accredited by CODA. A dental assistant shall have at least one-year experience as a dental assistant prior to applying to a CODA program.

Note: Effective September 1, 2017, the pit and fissure sealants certificate and coronal polishing certificate, formerly required for dental assistants to qualify to perform these functions in Texas, have been discontinued. Effective March 18, 2018, the Texas Board has passed new requirements for dental assistants to be eligible to perform these functions.

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*

- Coronal polishing (see requirements above)
- Apply pit and fissure sealants, to include the use of a rubber prophylaxis cup and appropriate polishing materials to cleanse the occlusal and smooth surfaces of teeth that will be sealed or to prepare teeth for application of orthodontic bonding resins (see requirements above)

***Direct Supervision:** The dentist who employs the dental assistant or is in charge of the dental assistant must be physically present in the dental office when the dental assistant performs a delegated dental act.

General Supervision: The dentist who employs or is in charge of the dental assistant is responsible for supervising the services to be performed by the dental assistant. The dentist may or may not be present on the premises when the dental assistant performs the procedures.



3 Registered Dental Assistant

Requirements

Education, Training and Credential Requirements

To earn status as a Registered Dental Assistant (RDA) in Texas, one must:

1. Graduate from an accredited high school or hold a GED
AND
2. Complete a current hands-on course in Basic Life Support
AND
3. a. Complete a mandatory course of training specified by the Texas State Board of Dental Examiners that includes procedures for positioning and exposing dental x-rays, and infection control **OR**
b. Earn the national DANB CDA certification
AND
4. Successfully complete the TSBDE Jurisprudence Assessment dated within one year immediately prior to application submission
AND
5. Complete a course in human trafficking prevention approved by the executive commissioner of the Texas Health and Human Services Commission
AND
6. Apply to the TSBDE for the Registered Dental Assistant X-ray Certification
AND
7. Submit fingerprints for the retrieval of criminal history record information

To qualify to monitor the administration of nitrous oxide, an RDA must:

1. Complete a minimum of 8 hours of didactic education and testing in monitoring the administration of nitrous oxide taken through a CODA-accredited dental, dental hygiene or dental assisting program, approved by the Texas State Board of Dental Examiners
AND
2. Complete a current course in Basic Life Support
AND
3. Apply to the TSBDE for a Nitrous Oxide Monitoring permit

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 General Supervision*

22. Expose radiographs (see RDA requirements above)

Under Direct Supervision*

59. Monitor nitrous oxide (see requirements above)

An RDA may provide teledentistry services to a patient in Texas.

*Direct Supervision: The dentist who employs the dental assistant or is in charge of the dental assistant must be physically present in the dental office when the dental assistant performs a delegated dental act.

General Supervision: The dentist who employs or is in charge of the dental assistant is responsible for supervising the services to be performed by the dental assistant. The dentist may or may not be present on the premises when the dental assistant performs the procedures.

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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