

Utah

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 is one recognized level of dental assistant in Utah. 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

2 Dental Assistant: Addition of Expanded Function Specialty

State Radiography Requirements

To legally operate dental x-ray equipment and perform dental radiographic procedures in the state of Utah, a dental assistant must:

1. Complete a dental assisting course from a CODA-accredited program

OR

2. Pass the national DANB Radiation Health and Safety (RHS) exam

OR

3. Complete a radiology course and exam approved by the Utah Dentist and Dental Hygienist Licensing Board that covers the topics found in *Utah Admin Code R156-69-803b, Radiology Course for Dental Assistants*.

Functions NOT Permitted by Dental Assistants in Utah

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:

12, 47, 50, 51. Place, condense, carve, finish or polish restorative materials (unless DA has Addition of Expanded Function Specialty for placement of direct restorations)

46. Take jaw registrations or oral impressions for supplying artificial teeth as substitutes for natural teeth, including electronic imaging (except for diagnostic or opposing models for the fabrication of temporary or provisional restorations or appliances)

- Perform final restorative cementation
- Provide definitive treatment diagnosis
- Cut hard or soft tissue or extract teeth
- Provide injection of any substance
- Remove stains, deposits or accretions (except as is incidental to polishing teeth coronally with a rubber cup, unless DA has Addition of Expanded Function Specialty for the removal of coronal adhesive)
- Initially introduce nitrous oxide analgesia and oxygen to a patient for establishing and recording a safe plane of analgesia for the patient (except under the direct supervision of a licensed dentist after a baseline percentage and flow rate suitable for the patient is established and documented by a licensed dentist holding the appropriate permit)
- Remove bonded materials from the teeth with a rotary dental instrument or use any rotary dental instrument within the oral cavity (except to polish teeth coronally with a rubber cup)
- Correct or attempt to correct the malposition or malocclusion of teeth, or make an adjustment that will result in the movement of teeth upon an appliance that is worn in the mouth
- Perform sub-gingival instrumentation
- Provide decisions concerning the use of drugs, including their dosage or prescription
- Start an intravenous (IV) line or administer medication in an IV line
- Convert a denture into a fixed implant prosthesis, also known as performing a conversion
- Adjust a permanent or final prosthetic, removable or fixed, that is worn by a patient or will be worn by a patient
- Carry out any duties through teledentistry that require the in-person supervision of a licensed dentist



1 Dental Assistant

Requirements

Education, Training and Credential Requirements

A dental assistant in the state of Utah may perform basic supportive dental procedures under the supervision of a licensed dentist. All dental assistants must have current Cardiopulmonary Resuscitation (CPR) or Basic Cardiac Life Support (BCLS) certification.

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*

59. Initially introduce nitrous oxide and oxygen to a patient establishing and recording a safe plane of analgesia for the patient

Under Supervision*

9. Polish teeth coronally with a rubber cup
44. Take impressions for diagnostic or opposing models for the fabrication of temporary or provisional restorations or appliances
- Supervised** acts and duties as defined by division rule made in collaboration with the Utah Dentist and Dental Hygienist Licensing Board

***Level of supervision not defined*

DANB's Note on Allowable Dental Assisting Functions

In Utah, 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: The supervising dentist is present and available for face-to-face communication with the person being supervised when and where professional services are being provided.

2 Dental Assistant: Addition of Expanded Function Specialty

Education, Training and Credential Requirements

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

In order to **place direct restorations**, a dental assistant must:

1. Have completed at least 3,500 hours of dental assisting in the last six years **AND**
2. Hold current CPR or BCLS-BLS certification **AND**
3. Completed and passed an approved education program of at least 172 hours meeting the requirements outlined in *Utah Admin Code R159-69-808b* that is: CODA accredited; recognized by DANB or approved by the Division in collaboration with the Board and is listed on the Division website **AND**
4. Pass an examination that includes a written and clinical component and is approved by the Division in collaboration with the Board as listed on the Division website **AND**
5. Submit application to the Utah Dentist and Dental Hygienist Licensing Board

In order to **remove coronal dental adhesive**, a dental assistant must:

1. Have completed 3,500 hours of dental assisting in the last six years **AND**
2. Hold a current CPR or BCLS-BLS certification **AND**
3. Complete and pass an approved education program meeting the requirements outlined in *Utah Admin Code R159-69-808c* of at least 22 hours that is: CODA-accredited; recognized by DANB or recognized by the Utah Association of Orthodontists (UAO) **AND** approved by the Division in collaboration with the Board, as listed on the Division website **AND**
4. Pass an examination that includes a written and clinical component and is approved by the Division in collaboration with the Board as listed on the Division website **AND**
5. Submit application to the Utah Dentist and Dental Hygienist Licensing Board

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 Indirect Supervision*

9. Coronal polishing
40. 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)
- 12, 47, 50, 51. Place, condense, carve, or polish restorative materials on a direct restoration and use a hand instrument or a slow-speed handpiece on the direct restoration, after obtaining consent from the patient and have magnification tools available and use when necessary. A dental assistant may not use pulp capping materials.
- 54 Remove coronal adhesive after obtaining consent from each patient using a hand instrument or a slow-speed handpiece to remove the coronal adhesive; have magnification tools available and use the magnification tools when necessary

Direct supervision: the supervising dentist is present and available for face-to-face communication with the person being supervised when and where professional services are being provided.
General supervision: means that the supervising dentist is available for consultation regarding work the supervising dentist has authorized, without regard as to whether the supervising dentist is located on the same premises as the person being supervised

Indirect supervision: the supervising dentist is present within the facility in which the person being supervised is providing services and is available to provide immediate face-to-face communication with the person being supervised.

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 | 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.

NELDA®, CDA®, COA®, CRFDA®, CPFDA®, and COMSA®, are registered certification marks of the Dental Assisting National Board, Inc. (DANB). DANB®, Dental Assisting National Board®, RHS®, ICE®, and Measuring Dental Assisting Excellence® are registered service marks of DANB. CERTIFIED DENTAL ASSISTANT™ is a certification mark of DANB.