DANB
Dental Assisting National Board

Washington

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

WASHINGTON

WA

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State Job Titles

State Career Ladder

There are two recognized levels of dental assistants in Washington. 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. Registered Dental Assistant (RDA)
2. Expanded Function Dental Auxiliary (EFDA)

Other Levels

Other Specialized Dental Assistant Categories

This state allows dental assistants meeting requirements in the following specialized categories to perform sets of functions specific to those categories. See requirements and functions for these categories on the indicated pages.

Dental Anesthesia Assistant See page 187

State Radiography Requirements

State Radiography Requirements

All dental assistants (registered dental assistants or EFDAs) operating x-ray equipment in the state of Washington shall be adequately instructed in safe operating procedures and shall be able to demonstrate competency, upon request from the Washington Dental Commission (WDC), in the correct use of the equipment.

The following are areas in which the WDC considers it important that an individual have expertise for the competent operation of x-ray equipment:

(1) Familiarization with equipment
- (a) Identification of controls
- (b) Function of each control
- (c) The use of a technique chart

(2) Radiation protection
- (a) Collimation
- (b) Filtration
- (c) Gonad shielding and other patient protection devices
- (d) Restriction of X-ray tube radiation to the image receptor
- (e) Personnel protection
- (f) Grids

(3) Film processing
- (a) Film speed as relates to patient exposure
- (b) Film processing parameters
- (c) Quality assurance and quality control

A registered dental assistant requires close supervision and an EFDA requires general supervision by a licensed dentist to perform dental radiography procedures.

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Prohibited

Functions NOT Permitted by Dental Assistants in Washington

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. Scaling procedures
70. Cement or recement any permanent restoration or stainless steel crown

- Removal of or addition to the hard or soft natural tissue of the oral cavity (except for placing and carving direct restorations by an EFDA)
- Diagnosis of or prescription for treatment of disease, pain, deformity, deficiency, injury, or physical condition of the human teeth or jaws, or adjacent structure
- Administration of general or local anesthetic, including intravenous sedation
- Oral prophylaxis [except coronal polishing as part of oral prophylaxis as defined in WAC 246-817- 510 and 246-817-520(4)(e)]
- Intraorally adjust and finish permanent restorations
- Incise gingiva or other soft tissue
- Elevate soft tissue flap
- Luxate teeth
- Curette to sever epithelial attachment
- Suture
- Establish occlusal vertical dimension for dentures
- Try-in of dentures set in wax
- Insertion and post-insertion adjustments of dentures
- Endodontic treatment (open, extirpate pulp, ream and file canals, establish length of tooth, fill root canal)
- Use of any light or electronic device for invasive procedures
- Intraoral air abrasion or mechanical etching devices
- Place direct pulp caps.
- Fit and adjust occlusal guards

In addition to the functions listed above, the following functions are not permitted by a registered dental assistant:

12, 33. Placing of permanent or semi-permanent restorations in natural teeth
46. Taking of any impressions of the teeth or jaws for the purpose of fabricating any intraoral restoration, appliances, or prosthesis, other than impressions allowed as a delegated task for registered dental assistants pursuant to rules adopted by WDC (see Allowable Functions on the next page)

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WASHINGTON

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1 Registered Dental Assistant (RDA)

Requirements

Education, Training and Credential Requirements

Every dental assistant in the state of Washington must be registered. To be eligible for registration as a dental assistant, one must:

1. Provide a completed application on forms provided by the Washington Dental Commission
   AND
2. Pay applicable fees
   AND
3. Provide any other information determined by the Secretary

A registered dental assistant must hold a current and valid health care provider basic life support (BLS) certification. An RDA must complete one hour of current infection prevention standards education annually provided by a qualified individual or organization.

A registered dental assistant in the state of Washington may earn an endorsement in sealant/fluoride varnish solely for the purpose of treating children in school-based and school-linked programs. To earn the endorsement, a dental assistant must provide proof of 200 hours of employment by a Washington licensed dentist, which included theoretical and clinical training in sealants and fluoride varnish, and provide proof of completion of a training program meeting WA state requirements, and submit an application and fee.

A volunteer dental assistant is an individual who, without compensation, provides supportive services in a charitable dental clinic. For information about requirements visit www.doh.wa.gov.

Note: Dental assistants who monitor patients receiving deep sedation or general anesthesia must receive a minimum of fourteen hours of documented training in a course specifically designed to include instruction and practical experience in the use of equipment.

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

- Administer screening tests for novel coronavirus disease 2019 *(provided the RDA has demonstrated skills necessary to perform the task competently)*

Under General Supervision*, with endorsement in sealant/fluoride varnish

40. Apply sealant/fluoride varnish solely for the purpose of treating children in school-based and school-linked programs

Under Close Supervision*

1. Oral inspection, with no diagnosis
6. Place retraction cord
9. Perform coronal polish (a licensed dentist shall determine the teeth are free of calculus or other extraneous material prior to dismissing the patient)
13, 62. Remove periodontal packs or sutures
15. Remove and replace archwires and orthodontic wires
18. Give fluoride treatments
22. Place, expose, and process radiographs
24. Give patient education in oral hygiene
25. Sterilize equipment and disinfect operatories
26. Give preoperative and postoperative instructions
27. Place and remove the rubber dam
29. Select and fit orthodontic bands, try in fixed or removable orthodontic appliances prior to the dentist cementing or checking the appliance
34. Place cavity liners and bases
35. Place periodontal packs
37. Take and record blood pressure and vital signs
40. Apply sealants
42. Place and remove orthodontic separators
44. Take impressions, bite registrations, or digital scans of the teeth and jaws for: (i) Diagnostic and opposing models; (ii) Fixed and removable orthodontic appliances, occlusal guards, bleaching trays, and fluoride trays; and (iii) Temporary indirect restorations such as temporary crowns
45. Place a matrix and wedge for a direct restorative material after the dentist has prepared the cavity
47, 54. Fabricate, cement, and remove temporary crowns or temporary bridges
50. Place a temporary filling (as zinc oxide-eugenol (ZOE)) after diagnosis and examination by the dentist
54, 61. Remove the excess cement after the dentist has placed a permanent or temporary inlay, crown, bridge or appliance, or around orthodontic bands
56. Place topical anesthetics
59. Assist in the administration of inhalation minimal sedation (nitrous oxide) analgesia or sedation, including starting and stopping the flow as directed by the supervising dentist
63. Pack and medicate extraction areas
64. Fabricate and deliver bleaching and fluoride trays.

Allowable functions for this level continued on next page

***Close Supervision:** A supervising dentist whose patient is being treated has personally diagnosed the condition to be treated and has personally authorized the procedures to be performed. The supervising dentist is continuously on-site and physically present in the treatment facility while the procedures are performed by the assistive personnel and capable of responding immediately in the event of an emergency. Close supervision does not require a dentist to be physically present in the operatory.

General Supervision: A supervising dentist has examined and diagnosed the patient and provided subsequent instructions to be performed by the assistive personnel, but does not require the dentist to be physically present in the treatment facility.

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Allowable

Allowable Functions (for Registered Dental Assistant), continued

Under Close Supervision*

- Hold in place and remove impression materials after the dentist has placed them
- Apply tooth separators as for placement for Class III gold foil
- Deliver an oral sedative drug to patient
- Polish restorations but may not intraorally adjust or finish permanent restorations
- Select denture shade and mold
- Perform acid etch and apply bonding agents
- Take intraoral and extraoral photographs
- Take health histories
- Prepare teeth for the bonding of orthodontic appliances
- Fit and adjust headgear
- Remove fixed orthodontic appliances, orthodontic cement, and orthodontic bonded resin materials
- Take a facebow transfer for mounting study casts
- Bond attachments for clear removable orthodontic aligners
- Take digital scans of prepared teeth for fabrication of permanent indirect restorations
- Monitor patients receiving deep sedation or general anesthesia (see requirements above)

Note: An unlicensed person may select the shade for crowns or fixed prostheses with the use of a technique which does not contact the oral cavity (outside treatment facility, pursuant to written instructions and order of a licensed dentist)

2 Expanded Function Dental Auxiliary (EFDA)

Requirements

Education, Training and Credential Requirements

To become an **Expanded Function Dental Auxiliary (EFDA)** in Washington, a dental assistant must:

1. **a.** Be a graduate of a CODA-accredited dental assisting program **OR**
   b. Be DANB CDA certified through CDA/GC Pathway II; in addition to DANB's requirements, the candidate must take an additional dental assisting review course
   AND
2. Complete an EFDA course approved by the Washington Dental Commission (WDC)
   AND
3. Pass the Washington State Restorative Exam (WARE) administered by DANB
   AND
4. Pass the clinical exam approved by the WDC
   AND
5.. Provide any other information determined by the Secretary
   AND
6. Apply to WDC for an EFDA license.

To be eligible for a **license as an EFDA without examination**, one must:

1. **a.** Hold a current license in another state with substantially equivalent licensing standards as determined by WDC **OR**
   b. Hold a Washington full dental hygiene license and complete a course in taking final impressions affiliated with or provided by a CODA accredited dental assisting program, dental hygiene school or dental school,
   AND
2. Provide any other information determined by the Secretary,
   AND
3. Apply to WDC for an EFDA license

An EFDA must hold a current and valid health care provider basic life support (BLS) certification. An EFDA must complete one hour of current infection prevention standards education annually provided by a qualified individual or organization.

Allowable Requirements

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

- Administer screening tests for novel coronavirus disease 2019 *(provided the EFDA has demonstrated skills necessary to perform the task competently)*

Under General Supervision*

9. Perform coronal polishing
18. Give fluoride treatments
22. Place, expose, and process radiographs
40. Apply sealants
- Give patient oral health instructions

Under Close Supervision*

12, 33, 51. Place, carve, finish, and polish direct restorations
44, 46. Take preliminary and final impressions and bite registrations, to include computer assisted design and computer assisted manufacture applications
- All other functions allowed to be performed by RDAs

***Close Supervision:** A supervising dentist whose patient is being treated has personally diagnosed the condition to be treated and has personally authorized the procedures to be performed. The supervising dentist is continuously on-site and physically present in the treatment facility while the procedures are performed by the assistive personnel and capable of responding immediately in the event of an emergency. Close supervision does not require a dentist to be physically present in the operatory.
General Supervision: A supervising dentist has examined and diagnosed the patient and provided subsequent instructions to be performed by the assistive personnel, but does not require the dentist to be physically present in the treatment facility.

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WASHINGTON (DENTAL ANESTHESIA ASSISTANT)

WA

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Dental Anesthesia Assistant

Requirements

Education, Training and Credential Requirements

Each applicant for certification as a dental anesthesia assistant must submit to the Washington Dental Commission (WDC):

1. An application, on a form provided by the department

   AND

2. An application fee

   AND

3. Evidence of completion of one of the following:
   - **a.** The "Dental Anesthesia Assistant National Certification Examination (DAANCE)" or predecessor program, provided by the American Association of Oral and Maxillofacial Surgeons (AAOMS) **OR**
   - **b.** The "Oral and Maxillofacial Surgery Assistants Course" course provided by the California Association of Oral and Maxillofacial Surgeons (CALAOMS) **OR**
   - **c.** Substantially equivalent education and training approved by WDC

   AND

4. **a.** Evidence of completion of training in intravenous access or phlebotomy that includes 8 hours of didactic training and hands on experience starting and maintaining intravenous lines with at least ten successful intravenous starts on a human or simulator/manikin **OR**

   b. Evidence of completion of substantially equivalent education and training approved by WDC

   AND

5. A current and valid certification for health care provider basic life support (BLS), advanced cardiac life support (ACLS), or pediatric advanced life support (PALS)

   AND

6. A valid Washington state general anesthesia permit of the oral and maxillofacial surgeon or dental anesthesiologist where the dental anesthesia assistant will be performing his or her services

   AND

7. Any other information determined by the Secretary

A Dental Anesthesia Assistant must complete one hour of current infection prevention standards education annually provided by a qualified individual or organization, as well as two hours of health equity training every three years.

Note: A certified dental anesthesia assistant shall notify WDC in writing on a form provided by WDC of any changes in his or her supervisor. WDC must be notified of the change prior to the certified dental anesthesia assistant accepting delegation from another supervisor.

Allowable

Allowable Functions

Under Close Supervision*

- Initiate and discontinue an intravenous line for a patient being prepared to receive intravenous medications, sedation, or general anesthesia
- Adjust the rate of intravenous fluids infusion only to maintain or keep the line patent or open

Under Direct Visual Supervision*

- Draw up and prepare medications
- Follow instructions to deliver medications into an intravenous line upon verbal command
- Adjust the rate of intravenous fluids infusion beyond a keep open rate
- Adjust an electronic device to provide medications, such as an infusion pump
- Administer emergency medications to a patient in order to assist the oral and maxillofacial surgeon or dental anesthesiologist in an emergency

Prohibited

Functions NOT Permitted by Dental Anesthesia Assistants in Washington

A certified dental anesthesia assistant may not practice or represent himself or herself as a registered dental assistant without being registered by the Washington Dental Commission as having met the standards for registration. See requirements for registration as a dental assistant on page 185.

*A dental anesthesia assistant may only accept delegation from an oral and maxillofacial surgeon or dental anesthesiologist who holds a valid Washington state general anesthesia permit.
Close Supervision: A supervising dentist whose patient is being treated has personally diagnosed the condition to be treated and has personally authorized the procedures to be performed. The supervising dentist is continuously on-site and physically present in the treatment facility while the procedures are performed by the assistive personnel and capable of responding immediately in the event of an emergency. Close supervision does not require a dentist to be physically present in the operatory.
Direct Visual Supervision: Supervision by an oral and maxillofacial surgeon or dental anesthesiologist by verbal command and under direct line of sight.

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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

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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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