

# West Virginia

## 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 Job Titles

## State Career Ladder

There are two recognized levels of dental assistants in West Virginia. 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 Dental Assistant *qualified in expanded duties*

1 Dental Assistant

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.

Qualified Monitor

See page 186

State Radiography Requirements

## State Radiography Requirements

There are no radiography requirements for dental assistants in the state of West Virginia.

All dental assistants may legally operate dental x-ray equipment and perform dental radiographic procedures.

Prohibited

## Functions NOT Permitted by Dental Assistants in West Virginia

*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:

- Diagnosis, treatment planning and prescription (including prescriptions for drugs and medicaments or authorizations for restorative, prosthodontic or orthodontic appliances)
- Surgical procedures on hard and soft tissue within the oral cavity or any other intraoral procedure that contributes to or results in an irremediable alteration of the oral anatomy
- Use a power-driven instrument of any type intra-orally except as specifically set forth in West Virginia rules (see "Allowable Functions" on the pages that follow for a list of expanded duties that may be delegated to qualified dental assistants)



## 1 Dental Assistant

Requirements

### Education, Training and Credential Requirements

A dental assistant in West Virginia 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 education or training requirements for this level of dental assisting.

*Note: A chairside assistant assisting a dentist holding a permit to administer conscious/moderate sedation or general anesthesia/deep sedation must maintain BLS/CPR 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\*

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>1. Viewing the oral cavity and reporting the symptoms/problems to the supervising dentist</li> <li>2. Charting existing restorations and missing teeth</li> <li>13. Holding and removing materials, trays, strips and sutures previously placed in the patient's mouth by the dentist</li> <li>22, 52, 53. Placing, exposing, developing and mounting dental radiographs</li> <li>26. Providing pre- and post-treatment instructions</li> <li>27. Placing and removing rubber dams</li> <li>29. Fitting bands and brackets prior to final cementation and/or bonding by the supervising dentist</li> <li>34. Applying cavity liners and bases with a final evaluation by the supervising dentist</li> <li>40. Applying pit and fissure sealants with a final evaluation by the supervising dentist</li> <li>44. Taking impressions for study cast and pouring models</li> <li>45. Placing and removing matrices after a final evaluation by the supervising dentist</li> <li>46. Taking final impressions for fixed or removable prosthesis and/or appliance with a final evaluation by the supervising dentist</li> <li>47. Fabricating and cementing temporary crowns and bridges with a final evaluation by the supervising dentist</li> <li>49. Performing pulp vitality testing (thermal or electrical) with a final evaluation by the supervising dentist</li> </ul> | <ul style="list-style-type: none"> <li>50, 55. Placing and removing temporary restorations by a non power-driven method with a final evaluation by the supervising dentist</li> <li>54, 61. Removing excess cement from coronal surfaces of teeth without the use of rotating, power-driven or scaling instruments</li> <li>56. Applying topical anesthetic agents with prior approval by the supervising dentist</li> <li>62. Removing periodontal dressings with a final evaluation by the supervising dentist               <ul style="list-style-type: none"> <li>• Recording medical and dental histories for interpretation by the supervising dentist</li> <li>• Inserting and adjusting athletic mouth guards and bleaching trays with a final evaluation by the supervising dentist</li> <li>• Removing soft tissue dressings with a final evaluation by the supervising dentist</li> <li>• Taking intra oral and extra oral photographs</li> <li>• Checking for loose orthodontic appliances with a final evaluation by the supervising dentist</li> <li>• Taking orthodontic measurements with a final evaluation by the supervising dentist</li> <li>• Bending archwires with a final evaluation by the supervising dentist at the time of placement</li> <li>• Removing loose or broken bands, brackets or archwires when directed by the supervising dentist</li> </ul> </li> </ul> |
|---|---|

\*Direct Supervision: Supervision provided by a licensed dentist who is physically present in the dental office or treatment facility when procedures are being performed.



2 Dental Assistant *qualified in expanded duties*

Education, Training and Credential Requirements

To qualify to perform the expanded duties listed under "Allowable Functions" below in West Virginia, a dental assistant must complete these requirements.

For visual monitoring of **nitrous oxide analgesia** units:

- I. Complete a West Virginia Board of Dentistry-approved course and exam in monitoring nitrous oxide  
**AND**
- II. Be currently certified in health care provider CPR through the American Red Cross or the American Heart Association  
**AND**
- III. Apply to the West Virginia Board of Dentistry for a certificate

For **coronal polishing on children under age 21**:

- I. Complete two years, at least 3,000 hours, of clinical experience in a dental office, as attested to by the supervising dentist  
**AND**
- II. Hold the expanded duties certificate issued by the West Virginia Board of Dentistry (see requirements below)  
**AND**
- III. Complete a West Virginia Board of Dentistry-approved coronal polishing course  
**AND**
- IV. Complete required clinical experiences under the observation of the supervising dentist, who attests to the dental assistant's competent performance of the function  
**AND**
- V. Apply to the West Virginia Board of Dentistry for a certificate

For all other **expanded duties** (as listed below):

- I. Complete a West Virginia Board of Dentistry-approved course and exam in each of the desired expanded duties  
**AND**
- II. Complete required clinical experiences under the observation of the supervising dentist, who attests to the dental assistant's competent performance of the function  
**AND**
- III. Apply to the West Virginia Board of Dentistry for a certificate

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 Direct Supervision\*

- 6. Placing retraction cords for crown impressions with prior approval of the supervising dentist
- 9. Using a power-driven hand piece with rubber cup and/or brush only for preparing a tooth for accepting a restoration and/or appliance, which shall in no way be represented to the patient as a prophylaxis
- 9. Perform supragingival and coronal polishing on children under 21 years of age using a slow speed hand piece with a rubber cup
- 18 Applying topical anticariogenic agents, with prior approval of the supervising dentist
- 29, 42. Placing or removing temporary space maintainers, orthodontic separating devices, ligatures, brackets and bands with a final evaluation by the supervising dentist at the time of placement or removal
- 40. Applying pit and fissure sealants, with a final evaluation by the supervising dentist
- 59. Visually monitoring a nitrous oxide analgesia unit
  - Chemical conditioning of the tooth to accept a restoration and/or bracket by topical application

Allowable

\*Direct Supervision: Supervision provided by a licensed dentist who is physically present in the dental office or treatment facility when procedures are being performed.



## Qualified Monitor

### Education, Training and Credential Requirements

Any individual, including a dental assistant, acting as a Qualified Monitor during sedation procedures must have received training and be competent in the recognition and treatment of medical emergencies, monitoring vital signs, the operation of nitrous oxide delivery systems and the use of the sphygmomanometer and stethoscope **AND** must meet the following requirements:

For **relative analgesia/minimal sedation**:

- I. Possess a current health care provider BLS/CPR certification (qualified monitor certificate is not required)

For anxiolysis/minimal sedation:

- I. Possess a current health care provider BLS/CPR certification

**AND**

- II. Apply to the WVBD for a qualified monitor certificate

For **conscious sedation/moderate sedation** (limited enteral or comprehensive parenteral) and **general anesthesia/deep conscious sedation**:

- I. Possess a current health care provider BLS/CPR certification

**AND**

- II. Successfully complete an American Association of Oral and Maxillofacial Surgeons (AAOMS) or American Academy of Pediatric Dentistry (AAPD) anesthesia assistants certification program or equivalent

**AND**

- III. Apply to the WVBD for a qualified monitor certificate

In addition to the above requirements for a Qualified Monitor, for all levels of sedation, including relative analgesia/minimal sedation, when monitoring a nitrous oxide unit, a certificate to monitor nitrous oxide must be obtained from the Board, as described on the previous page.

A dentist holding an anesthesia permit must report the names and qualifications of each Qualified Monitor providing services to that permitholder to the West Virginia Board of Dentistry.

Requirements

### Allowable Functions

#### During Sedation Procedures

- Check closely and document the status of a patient undergoing anesthesia
- Observe utilized equipment

Allowable

# 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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