

# Wisconsin

## 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



<sup>†</sup> DANB has not received confirmation that the information in this state's overview has been reviewed and approved by the appropriate state office. The charts in this volume contain summaries reflecting DANB's understanding of the state dental practice act and administrative rules. For authoritative information, please contact this state's dental board (contact information is on the last page of this volume).

## State Career Ladder

There is one recognized level of dental assistant in Wisconsin. 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 Function Dental Auxiliary

1 Unlicensed Person

## State Radiography Requirements

There are no radiography requirements for dental assistants in Wisconsin.

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

## Functions NOT Permitted by Dental Assistants in Wisconsin

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

- Any procedure of a character which may cause damage to the patient's teeth or oral cavity which cannot be remedied without professional intervention
- Any procedure of a character which may cause adverse or unintended general systemic reaction
- Any procedures which are intended, interpreted or represented to be preliminary assessments, dental hygiene treatment planning, oral screenings, supragingival or subgingival calculus removal
- Cutting of hard or soft tissue
- Diagnosis
- Treatment planning



## 1 Unlicensed Person

### Requirements

#### Education, Training and Credential Requirements

An unlicensed person in Wisconsin may perform basic supportive dental procedures under the supervision of a licensed dentist.

Any dentist who delegates any remediable dental procedure or function to an unlicensed person must first provide training to or verify competence of the person in the performance of the procedure or function.

Auxiliary personnel in settings where sedation or general anesthesia are administered must be certified in Basic Life Support for the Healthcare Provider.

### Allowable

#### Allowable Functions

##### Under Supervision\*

- Any remediable dental procedure or function for which the unlicensed person has received training or in the performance of which the delegating dentist has verified the unlicensed person's competency

#### DANB's Note on Allowable Dental Assisting Functions

In Wisconsin, all dental assistants may:

- Expose, process and evaluate dental radiographs
- 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 Expanded Function Dental Auxiliary

### Requirements

#### Education, Training and Credential Requirements

To perform specified expanded functions in Wisconsin, one must obtain state certification as an Expanded Function Dental Auxiliary: To qualify, one must:

- Complete at least 1,000 hours practicing as a dental assistant and hold current DANB Certified Dental Assistant (CDA) certification  
OR  
Complete at least 2,000 hours practicing as a dental assistant, as verified by the supervising licensed dentist  
**AND**
- Successfully complete at least 70 hours of classroom instruction from an accredited program that provides training in practice as an auxiliary  
**AND**
- Maintain current proficiency in CPR, including the use of an automated external defibrillator, achieved through instruction provided by an approved individual, organization, or institution of higher education  
**AND**
- Submit fee and application to the Board for EFDA certification

*Note: The Wisconsin Legislature passed a new law during the 2022 legislative session authorizing the creation of an Expanded Function Dental Auxiliary who may perform the functions below. The Wisconsin Dentistry Examining Board has promulgated rules to implement this new law, but permanent rulemaking is not yet completed.*

### Allowable

#### Allowable Functions

##### Under Supervision\*\*

- Packing cord
- Coronal polishing
- 33, 51. Placement and finishing of restoration material after the dentist prepares a tooth for restoration
- 62, 69. Removal of sutures and dressings
- Application of topical fluoride, fluoride varnish, or similar dental topical agent

- Application of sealants
- 44, 46. Impressions
61. Removal of cement from crowns
- Adjustment of dentures and other removable oral appliances
- Temporizations

\* A dentist who is licensed to practice dentistry under this chapter may delegate to an individual who is not licensed under this chapter only the performance of any practice or remediable procedures, and only if all of the following conditions are met: (a) the unlicensed individual performs the remediable procedures in accordance with a treatment plan approved by the dentist; (b) the dentist is on the premises when the unlicensed individual performs the remediable procedures; and (c) the unlicensed individual's performance of the remediable procedures is subject to inspection by the dentist. The dentist is responsible for that individual's performance of that delegated practice or procedure.

\*\* A dentist who delegates a procedure to an Expanded Function Dental Auxiliary must remain on the premises where the auxiliary is performing the procedure until the procedure is complete and the dentist has verified that the procedure has been performed successfully.

# 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.***

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