

Wyoming

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 Career Ladder

There are two recognized levels of dental assistants in Wyoming. 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 placement of pit and fissure sealants*

1 Dental Assistant

State Radiography Requirements

To legally operate dental x-ray equipment and perform dental radiographic procedures in Wyoming, a dental assistant must have:

- I. a. Completed a course or examination in dental radiography within one (1) year immediately prior to application that meets either of the following:
 1. a CODA-accredited radiography course;
 2. the DANB RHS exam;
 3. a radiography training course administered by a state dental association; **OR**
 4. a course with a curriculum of at least 8 hours that includes a competency assessment or exam, covering specified subjects and clinical experience, **OR**
- b. Been authorized to expose dental radiographs in another jurisdiction within the last five (5) years

AND

- II. Apply to the WBDE for a dental radiography permit.

Functions NOT Permitted by Dental Assistants in Wyoming

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:

46. Take final impressions either digital or conventional or deliver a permanent prosthesis of any type
 - Remove tooth structure
 - Diagnose for treatment
 - Remove chemically bonded attachments
 - Any procedure billed as a dental prophylaxis
 - Perform whitening by irreversible procedures such as etching and sandblasting
 - Use high speed handpiece intraorally
 - Use low speed handpiece intraorally, except for coronal polishing



1 Dental Assistant

Requirements

Education, Training and Credential Requirements

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

Dental assistants may be trained by their employer or by an accredited or WBDE-approved program for dental assistants.

In settings where nitrous oxide anxiolysis, sedation and/or anesthesia are administered, all dental personnel shall be certified in administering Basic Life Support (BLS) for Healthcare Providers. A dentist, operating dentist or sedation/anesthesia permit holder may delegate patient monitoring to qualified dental personnel.

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*

- 9. Polish the coronal surfaces of the teeth, rubber cup only, but not for the purpose of prophylaxis
- 13. Remove sutures
- 27. Place and remove rubber dams
- 35, 62. Prepare and remove periodontal packs
- 44. Take impressions for orthodontic procedures, i.e. retainers and removable appliances
- 45. Place and remove matrices
- 48, 58. Assist the dentist in all operative and surgical procedures
- 61. Remove excess cement from the coronal surfaces of the teeth
 - Perform whitening procedures not to include irreversible procedures such as etching and sandblasting
 - Place and remove orthodontic wires and/or appliances that have been activated by the dentist
 - Remove direct bond attachments and bands
 - Treat diagnosed dry socket

Under Indirect Supervision*

- 15. Insert arch wires that have been adjusted by the dentist into the brackets or attachments and secured in place
- 18, 56. Apply topical medications, excluding pit and fissure sealants and silver diamine fluoride
- 21. Mix dental materials to be used by the dentist
- 44. Take impressions, other than final or master impressions and/or digital scan impressions

Under General Supervision*

- 22. Place and expose x-ray image receptors (either film or digital) with a dentist's order, either verbal or written (see "Radiography Requirements" on previous page)
- 24. Instruct patients in proper dental health care
- 37. Take vital statistics and health histories
- 42. Place and remove orthodontic separators
- 47. Fabricate and cement temporary crowns
- 52. Process radiographs
 - Replace ligature wires and/or place elastic ties.
 - Remove ligature wire and/or elastic ties.
 - Remove broken bands, brackets, wires and appliances in emergency situations or as needed for operative or prophylactic purposes

In settings where nitrous oxide anxiolysis, sedation and/or anesthesia are administered

- 59. Patient monitoring

***Direct Supervision:** A dentist is physically present in the dental office, has diagnosed the condition to be treated, has authorized the procedure to be performed, and, before dismissal of the patient, has approved the work performed by the auxiliary.
Indirect Supervision: A dentist is physically present in the dental office, has diagnosed the condition to be treated, and has authorized the procedure to be performed.
General Supervision: A dentist has diagnosed and authorized the procedures which are being carried out; however, a dentist need not be present when the authorized procedures are being performed.



2 Dental Assistant *qualified in placement of pit and fissure sealants*

Requirements

Education, Training and Credential Requirements

To perform placement of pit and fissure sealants under the direct supervision of a licensed dentist in Wyoming, a dental assistant must:

- I. a. Complete a Wyoming Board of Dental Examiners (WBDE)-approved pit and fissure sealants course meeting specified didactic and clinical requirements* within one (1) year immediately prior to the date of application **OR**
- b. Complete a CODA-accredited dental hygiene or dental assisting program
- AND**
- II. Submit an application for a Pit and Fissure Sealant Certificate and completed checklist demonstrating competency and completion of course to the WBDE.

**The WBDE also accepts successful performance on DANB's Sealants (SE) exam to meet requirements to earn the Wyoming Pit and Fissure Sealants certificate.*

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*

- 40. Place pit and fissure sealants (Board certificate required, see requirements above)

***Direct Supervision:** A dentist is physically present in the dental office, has diagnosed the condition to be treated, has authorized the procedure to be performed, and, before dismissal of the patient, has approved the work performed by the auxiliary.
Indirect Supervision: A dentist is physically present in the dental office, has diagnosed the condition to be treated, and has authorized the procedure to be performed.
General Supervision: A dentist has diagnosed and authorized the procedures which are being carried out; however, a dentist need not be present when the authorized procedures are being performed.

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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