



# Ohio State Dental Board

## Permissible Duties of Dental Hygienists and Dental Assistants

**Pursuant to Ohio Administrative Code Section 4715-3-01 (C) which defines the following dental personnel as:**

“Licensed dental hygienist” - a graduate of an accredited dental hygiene school or program who has successfully passed all examinations, completed all application requirements for licensure in Ohio as set forth in section 4715.21 of the Revised Code and the agency level rules of this board, and holds a current license to practice dental hygiene in Ohio which is not suspended or revoked by board action.

“Advanced qualified personnel” (hereinafter referred to as expanded function dental auxiliaries or EFDA’s)- those persons who have passed the Ohio state dental board designated examination for expanded function dental auxiliaries who may perform advanced remediable intra-oral dental tasks and/or procedures under the direct supervision and full responsibility of a licensed dentist.

“Certified dental assistant” - a dental assistant who maintains current certification by completion of the continuing education requirements upon successfully passing the certification examination of the Dental Assisting National Board (DANB) or the Ohio Commission on dental assistant certification (OCDAC).

“Basic qualified personnel” – basic qualified personnel are those persons who are adjudged by the licensed dentist to be capable and competent of performing basic remediable intra-oral and extra-oral dental tasks and/or procedures under his direct supervision and full responsibility. These persons must be trained directly via an employer-dentist, via a planned sequence of instruction in an educational institution or via in-office training.

List of Duties	Dental Hygienist Practice While the Dentist is not Present	Dental Hygienist	Dental Hygienist with EFDA Certification (formerly AQP)	Certified Dental Assistant with EFDA Certification (formerly AQP)	Dental Assistant BQP
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>Dental Hygiene Oral Prophylaxis Tasks and/or Procedures</b>					
Polishing of the clinical crown(s) of teeth. Including restorations	Yes	Yes	Yes	<b>NO</b>	<b>NO</b>
Removal of calcareous deposits or accretions from the crowns and roots of teeth	Yes	Yes	Yes	<b>NO</b>	<b>NO</b>
Periodontal scaling, root planing, and soft tissue curettage	<b>NO</b>	Yes	Yes	<b>NO</b>	<b>NO</b>
Definitive subgingival curettage	<b>NO</b>	Yes	Yes	<b>NO</b>	<b>NO</b>
Definitive root planing	<b>NO</b>	Yes	Yes	<b>NO</b>	<b>NO</b>
Sulcular placement of prescribed materials	<b>NO</b>	Yes	Yes	<b>NO</b>	<b>NO</b>
Bleaching of teeth under direct supervision (excluding procedures that utilize Light Amplification by Stimulated Emission of Radiation (LASER) Technologies)	<b>NO</b>	Yes	Yes	<b>NO</b>	<b>NO</b>
Procedures while the patient is anesthetized	<b>NO</b>	Yes	Yes	<b>NO</b>	<b>NO</b>
Monitor nitrous oxide-oxygen (N <sub>2</sub> O-O <sub>2</sub> )	<b>NO</b>	Yes <sup>1</sup>	Yes <sup>2</sup>	<b>NO</b>	<b>NO</b>
<b>Advanced Remediable Intra-oral Dental Tasks and/or Procedures</b>					
Placement of Sealants	<b>Yes</b>	<b>Yes</b>	Yes	Yes	<b>NO</b>
Placement of restorative materials limited to amalgam restorative materials	<b>NO</b>	<b>NO</b>	Yes	Yes	<b>NO</b>
Placement of restorative materials limited to non-metallic restorative materials, including direct-bonded restorative materials	<b>NO</b>	<b>NO</b>	Yes	Yes	<b>NO</b>
<b>Basic Remediable Intra-oral and Extra-oral Dental Tasks and/or Procedures</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
Aspiration and retraction, excluding placement of gingival	Yes	Yes	Yes	Yes	Yes

<sup>1</sup> OAC 4715-9-01(F) - Following submission of documentation to the Ohio state dental board showing completion of eight hours of education presented by a board approved permanent sponsor on nitrous oxide-oxygen (N<sub>2</sub>O-O<sub>2</sub>) analgesia and sedation, the dental hygienist may, under the direct supervision of a licensed dentist, monitor nitrous oxide-oxygen (N<sub>2</sub>O-O<sub>2</sub>) within the limits of conscious sedation, while providing treatment, after a satisfactory induction phase has been administered by the dentist.

<sup>2</sup> Same as above.

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retraction materials					
Intra-oral instrument transfer	Yes	Yes	Yes	Yes	Yes
Preliminary charting of missing and filled teeth	Yes	Yes	Yes	Yes	Yes
Elastomeric impressions for diagnostic models and models to be used for opposing models in the construction of appliances and restorations	Yes	Yes	Yes	Yes	Yes
Taking impressions for the construction of custom athletic mouth protectors/mouthguards	Yes	Yes	Yes	Yes	Yes
Taking impressions for the construction of trays for application of medicaments	Yes	Yes	Yes	Yes	Yes
Application of disclosing solutions	Yes	Yes	Yes	Yes	Yes
Caries susceptibility testing	Yes	Yes	Yes	Yes	Yes
Demonstration of oral hygiene procedures, including, but not limited to, use of toothbrushes and dental floss	Yes	Yes	Yes	Yes	Yes
Shade selection for fabrication of appliances or restorations	<b>NO</b>	Yes	Yes	Yes	Yes
Application of topical anesthetics	Yes	Yes	Yes	Yes	Yes
Pulp testing	<b>NO</b>	Yes	Yes	Yes	Yes
Fluoride application, limited to liquid or gel applications	Yes	Yes	Yes	Yes	Yes
Topical applications of desensitizing agents to teeth	Yes	Yes	Yes	Yes	Yes
Application of periodontal dressings (packs)	Yes	Yes	Yes	Yes	Yes
Removal of periodontal dressings (packs)	Yes	Yes	Yes	Yes	Yes
Suture removal	<b>NO</b>	Yes	Yes	Yes	Yes
Placement of rubber dam over preplaced clamp, and removal of clamp and rubber dam	<b>NO</b>	Yes	Yes	Yes	Yes
Application of cavity varnish	<b>NO</b>	Yes	Yes	Yes	Yes
Placement of surgical dressings	<b>NO</b>	Yes	Yes	Yes	Yes
Removal of surgical dressings	<b>NO</b>	Yes	Yes	Yes	Yes
Intra-oral bite registrations for diagnostic model articulation	Yes	Yes	Yes	Yes	Yes
Intra-oral bite registrations for restorations	<b>NO</b>	Yes	Yes	Yes	Yes
Intra-oral bite registrations for appliances	<b>NO</b>	Yes	Yes	Yes	Yes
Standard, diagnostic, radiologic procedures for the purpose of contributing to the provision of dental services	Yes	Yes	Yes	Yes <sup>3</sup>	Yes <sup>4</sup>
All supportive services necessary to the maintenance of a hygienic practice environment, including, but not limited to, all sterilizing procedures	Yes	Yes	Yes	Yes	Yes

<sup>3</sup> ORC 4715.51 which states in pertinent part - "...As used in sections 4715.52 to 4715.58 of the Revised Code, "dental x-ray machine operator" means an individual who, under the direct supervision of a dentist, performs standard, diagnostic, radiologic procedures for the purpose of contributing to the provision of dental care to a dental patient." ; and ORC 4715.52 which states in pertinent part - "... no person shall practice or hold himself out as a dental x-ray machine operator without a valid license issued under section 4715.53 of the Revised Code."

<sup>4</sup> Same as above.

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
All supportive services or procedures necessary to protect the physical well-being of the patient during routine treatment procedures and during periods of emergencies, including, but not limited to: Physical positioning of the patient Monitoring of vital signs Assistance during administration of life-support activities, and Any other non-invasive procedures deemed necessary by the supervising dentist to maintain the health and safety of the patient	Yes	Yes	Yes	Yes	Yes
All non-invasive supportive services and procedures necessary to the gathering and maintaining of accurate and complete medical and dental history of the patient, including but not limited to: Taking photographs Recording patient treatment Measurement of blood pressure and body temperature; and Other common tests deemed necessary by the supervising dentist	Yes	Yes	Yes	Yes	Yes
All extra-oral supportive laboratory procedures, including, but not limited to: Repair, construction and finishing of metallic and plastic prosthetic devices; and Compilation of radiographic data for interpretation by the dentist, i.e., tracings, etc.	Yes	Yes	Yes	Yes	Yes
All patient education services, including, but not limited to: Progress reports Consultations (oral or written) Oral hygiene instructions Use of intra-oral hygiene devices Normal nutrition information as it relates to dental health Behavioral modification Self adjustment of orthodontic appliances; and All other post-operative and post-insertion instructions, as deemed appropriate by the supervising dentist	Yes	Yes	Yes	Yes	Yes
All non-invasive supportive services normally utilized in conjunction with the treatment by the dentist of fascia pain or TMJ syndrome	<b>NO</b>	Yes	Yes	Yes	Yes
Preparing the teeth for restorations or for the bonding of orthodontic brackets by treating the supragingival coronal surfaces of the teeth to be bonded with a conditioning or etching agent and by the placement of a bonding agent adhesive	<b>NO</b>	Yes	Yes	Yes	Yes
<b>Preparation of Materials, Drugs and Medications for Use in Dental Procedures</b>					
Palliative materials	<b>NO</b>	Yes	Yes	Yes	Yes
Impression materials	Yes	Yes	Yes	Yes	Yes
Restorative materials	<b>NO</b>	Yes	Yes	Yes	Yes
<b>Restorative Procedures</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
Impression, fabrication, cementation and removal of provisional restorations, not to include palliative or sedative restorations	<b>NO</b>	Yes	Yes	Yes	Yes
Preliminary selection and sizing of stainless steel crowns	<b>NO</b>	Yes	Yes	Yes	Yes

Polymerization of light-activated restorative or bonding materials	<b>NO</b>	Yes	Yes	Yes	Yes
<b>Orthodontic Procedures</b>					
Impressions for removable or fixed orthodontic appliances	<b>NO</b>	Yes	Yes	Yes	Yes
Preliminary selection and sizing of orthodontic bands and arch wires	<b>NO</b>	Yes	Yes	Yes	Yes
Checking for and removal of loose orthodontic bands	<b>NO</b>	Yes	Yes	Yes	Yes
Checking for and removal of loose orthodontic brackets	<b>NO</b>	Yes	Yes	Yes	Yes
Placement and removal of orthodontic arch wires, auxiliary arch wires, and ligation of same to orthodontic bands and/or brackets	<b>NO</b>	Yes	Yes	Yes	Yes
Placement and removal of orthodontic separators and ties	<b>NO</b>	Yes	Yes	Yes	Yes
<b>Endodontic Procedures</b>					
Irrigation and drying of canals during endodontic procedures	<b>NO</b>	Yes	Yes	Yes	Yes
Placement of medication in the pulp chamber(s) of teeth with non-vital pulp or instrumented root canals	<b>NO</b>	Yes	Yes	Yes	Yes