SUBCHAPTER 16H - DENTAL ASSISTANTS

SECTION .0100 - CLASSIFICATION AND TRAINING

21 NCAC 16H .0101 CLASSIFICATION
Based upon education, training, and experience, a dental assistant shall be categorized as a Dental Assistant I or a Dental Assistant II.

History Note: Authority G.S. 90-29(c)(9);
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;

21 NCAC 16H .0102 DENTAL ASSISTANT I
(a) A Dental Assistant I is anyone performing any of the permitted or delegable functions under 21 NCAC 16H .0201, who does not satisfy the training and experience requirements for classification as a Dental Assistant II set forth in 21 NCAC 16H .0104, and is not licensed by the Board as a dentist or dental hygienist.
(b) A Dental Assistant I shall have an unexpired CPR certification in effect at all times while performing any of the permitted functions under 21 NCAC 16H .0201.
(c) No Dental Assistant I may take radiographs before completing radiology training consistent with G.S. 90-29(c)(12).

History Note: Authority G.S. 90-29(c)(9);
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. August 1, 2016;

21 NCAC 16H .0103 DENTAL ASSISTANT II
A Dental Assistant II is an expanded duty assistant who has completed training in accordance with Rule .0104 of this Section. Under direct control and supervision, a Dental Assistant II may be delegated intra-oral procedures in accordance with 21 NCAC 16H .0203 the supervising dentist deems appropriate, with the dentist personally and professionally responsible for any and all consequences or results arising from the performance of said acts. All delegated procedures must be reversible in nature.

History Note: Authority G.S. 90-29(c)(9);
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. August 1, 2000;

21 NCAC 16H .0104 APPROVED EDUCATION AND TRAINING PROGRAMS
(a) To be classified as a Dental Assistant II, an assistant shall have and maintain an unexpired CPR certification and also shall meet one of the following criteria:

   (1) completion of:
       (A) an ADA-accredited dental assisting program; or
       (B) one academic year or longer in an ADA-accredited dental hygiene program; or
   (2) completion of the Dental Assistant certification examination(s) administered by the Dental Assisting National Board; or
   (3) completion of:
       (A) full-time employment as a Dental Assistant I for two years of the preceding five, consisting of at least 3,000 hours total;
       (B) a 3-hour course in sterilization and infection control; and
(C) a 3-hour course in dental office emergencies.

(b) A Dental Assistant who has completed the requirements of sections (a)(3)(B)-(C) but not completed the training pursuant to section (a)(3)(A) may be trained in any dental delivery setting and allowed to perform the functions of a Dental Assistant II, as specified in 21 NCAC 16H .0203, under the direct control and supervision of a licensed dentist.

(c) An unexpired CPR certification as used herein is one that is in effect and valid at the time of classification as a Dental Assistant II and remains so at all times while employed as a Dental Assistant II or while performing any of the permitted functions under 21 NCAC 16H .0203.

(d) No Dental Assistant may take radiographs before completing radiology training consistent with G.S. 90-29(c)(12).

History Note: Authority G.S. 90-29(c)(9);
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. August 1, 2016; April 1, 2015; August 1, 2000; November 1, 1996; January 1, 1994; September 1, 1998; May 1, 1989; October 1, 1986.

SECTION .0200 – PERMITTED FUNCTIONS OF DENTAL ASSISTANT

21 NCAC 16H .0201 GENERAL PERMITTED FUNCTIONS OF DENTAL ASSISTANT I

(a) A Dental Assistant I may assist a dentist as a chairside assistant provided that the acts and functions of the Dental Assistant I do not constitute the practice of dentistry or dental hygiene as set out in G.S. 90-29(b) and G.S. 90-221(a).

(b) A Dental Assistant I may perform only routine dental assisting procedures such as oral hygiene instruction, chairside assisting, application of topical fluorides or topical anesthetics, and exposure of radiographs, provided that the assistant can show compliance with radiography training consistent with G.S. 90-29(c)(12).

(c) Functions of a Dental Assistant II also may be delegated to a Dental Assistant I in accordance with 21 NCAC 16H .0104(b).

History Note: Authority G.S. 90-29(c)(9); 90-48;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. August 1, 2000; May 1, 1989;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018;
Amended Eff. October 1, 2019.

21 NCAC 16H .0202 SPECIFIC PERMITTED FUNCTIONS OF DENTAL ASSISTANT I

History Note: Authority G.S. 90-29(c)(9); 90-48;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. November 1, 1996; May 1, 1989.

21 NCAC 16H .0203 PERMITTED FUNCTIONS OF DENTAL ASSISTANT II

(a) A Dental Assistant II may perform all acts or procedures that may be performed by a Dental Assistant I as set forth in 21 NCAC 16H .0201. In addition, a Dental Assistant II may be delegated the following functions to be performed under the direct control and supervision of a dentist who shall be responsible for any and all consequences or results arising from the performance of such acts and functions, provided that the dentist first examined the patient and prescribed the procedure:

(1) taking impressions for study models and opposing casts that may be used for the construction of temporary or permanent dental appliances, adjustable orthodontic appliances, nightguards and the repair of dentures or partials;
(2) applying sealants to teeth that do not require mechanical alteration prior to the application of such sealants;
(3) inserting matrix bands and wedges;
(4) placing cavity bases and liners;
(5) placing and removing rubber dams;
(6) cementing temporary restorations using temporary cement;
(7) applying acid etch materials and rinses;
(8) applying bonding agents;
(9) removing periodontal and surgical dressings;
(10) removing sutures;
(11) placing and removing gingival retraction cord;
(12) removing excess cement with hand scaler supragingivally;
(13) flushing, drying, and temporarily closing root canals or pulpotomies;
(14) placing and removing temporary restorations;
(15) placing and tying in or untying and removing orthodontic arch wires, ligature wires, or lock pins;
(16) inserting interdental spacers;
(17) fitting (sizing) orthodontic bands or brackets;
(18) applying dentin desensitizing solutions;
(19) performing extra-oral adjustments that affect function, fit, or occlusion of any restoration or appliance;
(20) initially forming and sizing orthodontic arch wires and placing arch wires after final adjustment and approval by the dentist;
(21) polishing the clinical crown, pursuant to Paragraph (b) of this Rule using only:
   (A) a hand-held brush and polishing agents; or
   (B) a combination of a slow speed handpiece (not to exceed 10,000 rpm) with attached rubber cup or bristle brush, and polishing agents;
(22) exposing radiographs and cone beam images;
(23) polishing removable appliances extra-orally;
(24) preparing and loading amalgam in carrier;
(25) measuring pulse, blood pressure, and temperature;
(26) using micro-etcher extra-orally;
(27) placing a throat shield in oropharynx during administration of general anesthesia;
(28) delivering dentures to patient for insertion, provided the dentist approves the denture placement; or
(29) removing or replacing healing abutments or cover screws for implants that may be accessed supragingivally.

(b) A Dental Assistant II shall complete a course in coronal polishing identical to that taught in an ADA accredited dental assisting program, or by a licensed North Carolina hygienist or dentist lasting at least seven clock hours before using a slow speed handpiece with rubber cup or bristle brush attachment. The course shall include instruction on dental morphology, the periodontal complex, operation of handpieces, polish aids, and patient safety. A list of ADA accredited programs offering courses in coronal polishing, which is incorporated by reference along with its subsequent amendments and editions, is available at no cost on the American Dental Association's website at http://www.ada.org/en/coda/find-a-program. A coronal polishing procedure shall not be represented to the patient as a prophylaxis. No coronal polishing procedure may be billed as a prophylaxis unless the dentist has performed an evaluation for calculus, deposits, or accretions and a dentist or dental hygienist has removed any substances detected.

History Note: Authority G.S. 90-29(c)(9); 90-41; 90-48; Eff. September 3, 1976; Readopted Eff. September 26, 1977; Amended Eff. August 1, 2016; April 1, 2015; January 1, 2014; September 1, 2009; September 1, 2008; August 1, 2000; October 1, 1996; January 1, 1994; May 1, 1989; October 1, 1985; March 1, 1985; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018; Amended Eff. April 1, 2018.
GENERAL PROHIBITED FUNCTIONS OF DENTAL ASSISTANTS I AND II


SPECIFIC PROHIBITED FUNCTIONS OF DENTAL ASSISTANTS I AND II

Those specific functions that shall not be delegated to either a Dental Assistant I or a Dental Assistant II include those procedures prohibited in 21 NCAC 16G .0103 for Dental Hygienists. In addition, those procedures that require the professional education and skill of a Dentist or Dental Hygienist and may not be delegated to a Dental Assistant I or Dental Assistant II shall include:

1. performing prophylaxis;
2. performing periodontal screening;
3. performing periodontal probing;
4. performing subgingival exploration for or removal of hard or soft deposits;
5. performing sulcular irrigation;
6. using ultrasonic scalers for prophylaxis;
7. applying antibiotic-coated materials;
8. applying resorbable antimicrobial agents;
9. performing root planing;
10. applying oral cancer screening products;
11. using laser fluorescence detectors in preparation for the dentist's examination and diagnosis of cavities; or
12. applying resin infiltration treatment for incipient smooth surface lesions, following the dentist's diagnosis that the lesion is non-penetrable.

History Note: Authority G.S. 90-29(c)(9); 90-48; Eff. September 3, 1976; Readopted Eff. September 26, 1977; Amended Eff. August 1, 2000; January 1, 1994; May 1, 1989; March 1, 1985; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018; Amended Eff. April 1, 2018.

DIRECT CONTROL AND SUPERVISION DEFINED

In any instance in which the rules adopted by the Board or any portion of the North Carolina Dental Practice Act shall require or direct that any act or function be performed by a Dental Assistant I or II under the direct control and supervision of a dentist, the term "direct control and supervision of a dentist" means that the dentist must be present in the office when the act or function is being performed and that the dentist must directly and personally supervise, examine, and evaluate the results of any and all acts and functions lawfully done or performed by any person other than the dentist.


LIMITED EXCEPTION FOR ASSISTING HYGIENISTS

History Note: Authority G.S. 90-29(c)(9); 90-48; 90-233; Eff. December 1, 2016; Expired Eff. May 31, 2019 (Agency did not readopt rule by RRC established deadline).
A Dental Assistant II may assist a Limited Supervision Hygienist, who is qualified and practicing pursuant to 21 NCAC 16Z .0101-.0103, in providing oral hygiene instruction, applying sealants, applying topical fluorides, applying fluoride varnishes, and while the Hygienist is performing prophylaxis, provided:

1. The treatment is provided to children in school-based oral health programs under the "ECU School-based Oral Health Expansion Readiness" grant, proposal number 19-0786 and related project number A19-0231, developed by the East Carolina University School of Dental Medicine and funded by The Duke Endowment; and

2. Prior to any treatment being provided, a licensed North Carolina dentist has:
   a. examined the patient;
   b. ordered in writing the treatment provided to the patient; and
   c. agreed to provide the patient with any necessary additional treatment resulting from the treatment rendered in accordance with this Rule.

History Note: Authority G.S. 90-29(c)(9); 90-48; 90-233; Eff. October 1, 2019.