

Dental Assisting: Competency Reference

Saskatchewan Dental Assistants' Association

November, 2016



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Dental Assisting: Competency Reference

Saskatchewan Dental Assistants' Association

This document is a selective reference to various competencies where inquiries have been made by dental assistants, employers or the public. It is not comprehensive of all the competencies authorized for Saskatchewan Dental Assistants. If you have additional questions, contact the SDAA office.

Treatment Support Procedures

Practices Infection Control

Dental assistants are aware of and understand the necessity of infection prevention and control. They must take particular care to ensure that the work areas, operator, instruments, and equipment are either sterile or free of pathogens, and aseptic technique is maintained throughout procedures. They must closely monitor their own and others' exposure to potential infection. They also monitor the storage, use, and disposal of controlled and bio-hazardous materials and waste for personal and community safety by following federal and provincial guidelines and regulations.

In Saskatchewan, Infection control remains in the public domain.

Obtain Vital Signs

Dental Assistant training includes the knowledge of purpose and methods of obtaining vital signs: including, knowledge of normal ranges of pulse, blood pressure, temperature, and respiration for various patients.

- Ability to obtain and record pulse rate.
- Ability to obtain and record blood pressure.
- Ability to obtain and record respiration rate.
- Ability to obtain and record temperature.

Assists with Administration of Anaesthetic

Dental assistants assist the operator with a variety of anaesthetic methods, including topical, local, and general anaesthetic. Dental assistants also assist with the administration of conscious, intravenous, and general sedation by attending to the patient's comfort and monitoring the patient's condition throughout the delivery of anaesthetic.

Dentists, anesthetist, and Registered Nurses (under the dentist's supervision) are able to administer nitrous oxide. Dental Assistants may not administer or adjust levels of sedation.



While the patient is under the influence of nitrous oxide, the CDSS guidelines state that the dentist should remain in the operatory.

- Must have sufficient knowledge of the sedation technique so not to compromise the safety of the patient.
- Should be certified in basic life support within the last two years for light sedation.
- MUST be certified in basic life support within the last two years for moderate sedation.
- Allied person, capable of monitoring the patient must be MUST be in the room and in control at all times during nitrous oxide/oxygen administration (preferably the dentist).
- MUST have a pre-organized emergency plan to deal with complications.
- For moderate sedation, should have considered the means of safe transportation of patient to a medical facility.
- Dental Assistant should be present during the course of sedation to assist with monitoring as well as to serve as witness.

Sedation

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- Dental Assistant should be present during the course of sedation to assist with monitoring as well as to serve as witness.

Dental Anesthesia Assistant National Certification Examination (DAANCE) (previously OMAAP)

The Dental Anesthesia Assistant National Certification Examination is a two-part continuing education program comprised of approximately 36 hours of self-study material and quizzes and a standardized, computer-based exam. This course is designed for oral and maxillofacial surgery assistants or assistants employed by other dental professionals with valid anesthesia permits. The American Association of Oral and Maxillofacial Surgeons is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP



does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

All course registrants receive a syllabus, study guide, a suggested reading list, and practice quizzes. Registrants work through the material at their own pace over a six-month time period, reviewing materials and quizzes with their sponsoring surgeons. After completing the self-study materials, participants take a 2-hour, computerized exam at designated testing centers. There are over 100 testing sites located throughout the country. This self-study course is available on an ongoing basis.

The self-study materials and the final exam cover 5 major areas:

- Basic sciences
- Evaluation and preparation of patients with systemic diseases
- Anesthetic drugs and techniques
- Anesthesia equipment and monitoring
- Office anesthesia emergencies
- To be eligible to participate in DAANCE, an assistant must be:
 - Employed for at least six months by either an AAOMS fellow/member, or by a dental professional who holds a valid anesthesia permit
 - CPR or BLS certified*

Drugs, Dispense

- The dentist must prescribe the medication and actually dispense it from the container.
- The dental assistant can deliver the medication to the patient.
- It is advised that the patient self-administers the medication.

Clinical Procedures

Dental assistants may independently perform certain intra-oral procedures under the general orders of the dentist. To perform these skills dental assistants must have extensive knowledge of dental, oral, and head and neck anatomy and treatment.

Perform Intra-Oral Restorative Procedures

Amalgam Adjustment

- This skill is not listed in the “National Occupational Standards – Dental Assistant” although the dental assistant has the supporting “Knowledge and Abilities” through transfer knowledge from clinical education from adjusting fissure sealants and temporary crowns
- The dentist would need to assess the occlusion.
- SDAA Council approved Minor Amalgam Adjustments (2/6/2010).

Amalgam Insertion & Carving

This competency is offered as a post graduate course. It includes the following:



- Describe the safety of dental amalgam restorations
- Identify dental anatomy for placement of amalgam restorations
- Evaluate occlusion on amalgam restorations
- Describe dental materials used for placement of amalgam restorations
- Place amalgam restorations

Atraumatic Restorative Treatment

Atraumatic Restorative Treatment is utilized in northern Canada and third world countries where decay is rampant. There is no cavity preparation required. Soft decay and debris is removed with a scoop excavator and a glass ionomer product is placed. The product is believed to arrest decay.

- This skill is not listed in the “National Occupational Standards – Dental Assistant”
- The dental assistant would have the supporting “Knowledge and Abilities”
- Additional training would be essential.
- There are conflicting opinions as to whether the removal of soft decay would be considered cutting tissue.
- This potential for dental assistants to perform this procedure is **under study** by SDAA.

Chairside Whitening & Curing Lights

Registered Dental Assistants may operate a curing light to polymerize a dental material or dental LED light or UV light systems for chairside tooth whitening only. The RDA must be able to demonstrate appropriate training and competence.

Appropriate training would include theoretical and clinical training and successful completion of a meaningful evaluation to ensure competence in: use of the equipment, appropriate applications for the light system and safety measures for the patient and the dental personnel. As with any professional service, the RDA must provide only those services they are competent to perform, authorized to provide and that are appropriate to the situation.

It is the joint responsibility of the RDA and their senior professional to determine competence. (October 25, 2014).

Composite Restorations, Polish

This competency is confined to final polishing and that the dentist would complete all finishing including the bite registration.

Final polishing of composite restorations with slow speed handpiece utilizing cups, points or disc is considered a transfer skill for RDAs having successfully completed the ‘Fabricate, Cement and Remove Provisional Crown’ course providing that final occlusion and / or esthetics is the responsibility of the dentist.

Etching & Bonding

The placement of etchant and bonding materials is considered part of the sealant course.

Placing Composite Restorations

The placement of composite restoration materials requires the operation of a high-speed finishing bur in order to finish the restoration. It is agreed that high speed usage remains beyond the level of training for dental assistants.



- This skill is not listed in the “National Occupational Standards – Dental Assistant”
- The dental assistant would not have the supporting “Knowledge and Abilities”
- Bulk removal by a slow speed would risk overheating the tooth.

Provisional Restorations

The Placement of a provisional restoration is taught as an expanded function module and is available post-graduate to Registered Dental Assistants holding a current “full practice” licence. SDAA policy ensures that any intra-oral courses for dental assistants available in Saskatchewan are offered through CDAC accredited dental assistant programs. The Saskatchewan Polytechnic Dental Assistant Program has developed and offered this course. The evaluation is the responsibility of Saskatchewan Polytechnic.

Endodontic Procedures

Most endodontic procedures are seen as part of the diagnostic process and therefore remain in the purview of the dentist.

Drying Root Canals:

This skill is not listed in the “National Occupational Standards – Dental Assistant”

The dental assistant would not have the supporting “Knowledge and Abilities”

This is seen as a higher risk procedure with a greater risk of complications such as the point perforated the root tip. The assessment of canal dryness and observation of the paper points should be used as part of the diagnosis

Recommend this skill remain in the scope of the dentist

Root Canal – Irrigating/Flushing Canals

These treatments involve the introduction of a product such as SmearClear, distilled water, or chlorhexidine into the canal as a rinse/irrigate/flush through a syringe. This competency is/is not listed in the “National Occupational Standards – Dental Assistant” although the dental assistant would have some of the supporting “Knowledge and Abilities”. This is seen as a higher risk procedure with a greater risk of complications such as the pressure utilized in irrigation/flushing perforated the root tip. This competency remains as the responsibility of the dentist (January, 2010).

Root Canal –Rinsing Canals

Rinsing is considered to be a competency performed through the operation of the air/water syringe which is considered to be a standard part of chairside assisting, and therefore normal rinsing of a canal with an air/water syringe would be a routine practice for a Registered Dental Assistant.

Root Canal, Filing

Filing a root canal would involve cutting tissue, which is beyond the scope of a Registered Dental Assistant.



Intra Oral Surgical Procedures

Flush or Irrigate Sockets

Dental Assistants are not authorized to dry/irrigate/flush sockets. It was noted that since the patient is currently in pain, the dentist should provide the patient assessment and care.

Dress Dry Socket

A product such as "Alvogy!" is placed in a socket for dry socket therapy following the debridement procedure. This skill is not specifically listed in the "National Occupational Standards – Dental Assistant".

While the dental assistant would have the supporting theories related to a dry socket and have been exposed to products used in treatment of a dry socket; our concern is related to bone exposure and related pain.

SDAA ruled that this skill should remain in the scope of the dentist. The concern was related to infection, exposed bone and severe pain related to the client situation.

Surgical Implant Assisting Technology

Dental Implant Consultation and Surgery - DENT1605: The dental assistant's role with respect to dental implants extends from determining an appropriate client, presenting implant cases to clients, assisting in the surgical dental implant appointment, recognizing various dental implant components, and maintaining proper dental implant records.

The purpose of this course is to provide information for registered dental assistants who are working with an implant surgeon or referring clients to an implant surgeon. This course will not address the skills required by a registered dental assistant working within a restorative implant appointment. Attendees will receive a comprehensive view of current clinical procedures related to surgical implantology.

- Identify a suitable implant client
- Consult with prospective implant clients
- Develop terminology relevant to presenting implant cases to clients
- Recognize and compare the various dental implant components
- Identify the required armamentarium and biomaterials for a dental implant surgery
- Identify the steps involved in the surgical dental implant appointment
- Determine adequate healing of the dental implant
- Maintain proper dental implant records

Intra-Oral Preventive Procedures

Fluoride Application

The application of fluoride is considered a core competency and should be included in all dental assistant programming.



Pit & Fissure Sealants

Learning Steps:

1. Describe the Rationale for Placing Pit and Fissure Sealants
2. Describe Pit and Fissure Sealant Materials
3. Describe Pit and Fissure Sealant Instruments, Equipment, and Supplies
4. Describe the Pit and Fissure Sealant Application Procedure
5. Apply Pit and Fissure Sealants (includes reduction with a lowspeed finishing bur – round, pear etc.)
6. Discuss Management Techniques for Pit and Fissure Sealant Application

Dental Assistants are able to assess the integrity of a sealant and replace as required.

Periodontal Screening and Recording (PSR)

Periodontal Screening and Recording (PSR) is a rapid method of screening patients to decide if a more comprehensive assessment (Probing) is necessary. System uses colour codes to categorize pocket depth.

- If the skill is improperly conducted; there will be an loss of health status and resultant economic loss to the consumer
- Legal implications of improperly managed “periodontal screening” due to professional liability claims and suits launched by the dentist

Scaling

The SDAA does not support dental assistants to providing scaling services as we want to ensure that dental assistants are adequately educated, balanced with ethical considerations resulting in the highest standard of client care. The SDAA further asserts that training dental assistants to scale to a specified depth is a mystical concept.

Air Polishing

The SDAA does not support air polishing as a competency for dental assistants.

The prophy-jet would be considered a brand of air polisher. According to the Modern Dental Assisting text book, air polishing is an alternative to rubber cup polishing using a specially designed handpiece that delivers a slurry of warm water and sodium bicarbonate to remove surface stains and deposits. The flow rate is adjusted to control the rate of abrasion.

Air polishing is undertaken with a machine such as a Cavitron Prophy Jet Air Polishing System. There are risks to patients if this type of machine is used incorrectly. Cementum and dentin can be removed if they are not avoided by air abrasives. The air abrasive can irritate and traumatize free gingival tissue, and can cause removal or pitting or certain types of restorations.

The Micro-etchers sandblasters are used to prepare the surface of metal crowns if they need to be re-cemented. They are generally operated in the oral cavity by the dentist and are assumed to be potentially damaging to tooth structure.

Oral Cancer Screening (Velescope)

SDAA Council has approved the operation of the Velescope as an approved competency for dental assistants.



Oral cancer is a disease resulting from abnormal cell growth in the mouth, lips, tongue or throat. In 2003, an estimated 3,100 new cases of oral cancers were identified in Canada, and about 1,090 deaths occurred as a result of the disease.

People over the age of 45 are most at risk. The good news is that oral cancer can be treated successfully if caught early enough.

The Velescope is an example of a wireless, handheld scope that uses natural tissue fluorescence visualization to help clinicians see oral mucosal abnormalities that might otherwise have been overlooked. It is used for the visualization of:

- Viral, fungal and bacterial infections;
- Inflammation from a variety of causes (lichen planus and lichenoid reactions, allergy to amalgam fillings, etc.);
- Squamous papillomas;
- Salivary gland tumors;
- Cancer and pre-cancer;
- Other oral mucosal conditions...

Since the Velescope and like equipment serve as screening devices, it would seem reasonable that a Registered Dental Assistant who has completed the manufacture's training could operate oral cancer screening equipment using a fluorescence system.

Of further note is that a dentist or dental hygienist cannot diagnose oral cancer, rather, a referral to a medical doctor would be required.

Performs Orthodontic Procedures

Invisalign

Invisalign is an orthodontic device that uses transparent, incremental aligners to adjust teeth as an alternative to wire braces. It is manufactured by Align Technology, a multinational medical device company headquartered in San Jose, California. The Invisalign treatment process involves taking a mold of the patient's teeth that is scanned in order to create a computerized model. Using the orthodontist's treatment plan, the computer model creates stages between the current and desired teeth positions that are used to create molds for individual aligners.

The mold is made from an impression(s) of the patient's mouth which could be taken with either alginate or a final impression material. The mold fits in the mouth and causes the realignment to occur. A system/progression of invisaligners are made to fit into the mouth starting with the initial mold. Each aligner is worn until the change made on the aligner is achieved. Generally, the changes are in increments of a millimeter or so and worn for a week, 2 or 3.

Since making impressions is a core competency, Invisalign impressions would be included. Council agreed that an orthodontic module would not be required in order to take the invisalign impressions.



Orthodontic Assisting Module

The SDAA approved skill list is consistent with Saskatchewan Polytechnic 'Orthodontics for Allied Oral Health Personnel Course'. An orthodontic course must receive approval and be listed by the Saskatchewan Dental Assistants' Association before orthodontic competencies can be practiced. As of 2010-2011 the Saskatchewan Orthodontic Assisting Course will review theory of fabrication of study models.

- Take cephalometric radiographs and locate anatomical landmarks for cephalometric tracing
- Fabricate study models (as taught in dental assistant training)
- Expose intra oral and facial photographs
- Place and remove separators
- Select, fit and remove bands
- Cement bands
- Place bonded brackets & attachment
- Place and remove archwires, ligature ties, and accessories such as coils and rotation wedges
- Remove brackets, bands & attachments from teeth using hand instruments
- Remove supragingival bulk cement from teeth by use of hand and ultrasonic scaler
- Remove excess bonding resin from teeth by use of band removing pliers, low speed hand-piece/discs only and hand scaler
- Place removable orthodontic appliances
- Provide client education

Performs Prosthodontic Procedures

Impressions, Final and Preliminary

Making impressions is a core competency for dental assistants and is listed in the "National Occupational Standards – Dental Assistant" in reference to preliminary impressions.

The dental assistant has the supporting knowledge and ability for any type of impression regardless of final usage. The risk is limited as an impression can be retaken.

Permanent Crowns, Cement Removal

Dental assistant students are taught to remove temporary cement from provisional crowns. The removal of cement on any crown is the same and requires the same competencies. Therefore, provided that the RDA feels competent the removal of cement from a permanent crown is considered an approved competency through transfer of function".

The dentist must have confidence that the dental assistant is fully capable of performing this task before assigning the removal permanent cement. If there is concern the RDA should have the dentist check the margins and in the gingival sulcus as the dentist is responsible for the final outcome.



Provisional Crowns, Fabricate, Cement, Remove

Dental assistants have knowledge of provisional materials, types of tooth preparations, occlusal relationships and have the ability to adapt provisionals, take preliminary impressions, finish and polish provisionals, modify, place and fit provisional, select appropriate shade for provisionals and to adjust occlusions.

Dental assistants with the training to cement and removes provisionals have a knowledge of provisional cements, isolation techniques, Material Safety Data Sheets MSDS, and have the ability to interpret and follow manufacturer's instructions, mix materials, apply isolation technique and evaluate placement.

Gingival Retraction Cord, Place & Remove

Following formal education at an approved course, a dental assistant holding a full practice licence may place and remove gingival retraction cord. This competency is considered expanded function and is offered as a post graduate course. The dentist is responsible for evaluating the placement of the cord prior to taking the final impression. The committee acknowledged that any issues relative to hypertension would be addressed by the dentist. (February 11, 2006)

The dental assistant would have knowledge of indications and contraindications of retraction material and medicaments, types of prosthodontic preparations, indication and contraindications of treatment, materials and medicaments, sulcus anatomy and the ability to select cord size and length

The removal of GRC is considered a core competency as all dental assistants would have knowledge of indications and contraindications of medicaments, types of prosthodontic preparations, indication and contraindications of treatment and knowledge of sulcus anatomy.

Restorative Implant Assisting Technology

This course is considered a post graduate course. Course content to be based upon:

1. Review communicating with surgeon/lab – set up booking, healing times, etc.
2. Review success and integrity of implant – ISQ, radiograph, percussion test
3. iTero – digital scanning system
4. Types of restorations – subframes, fixed, one piece, two piece, etc.
5. Shade taking – pink acrylic vs pink ceramics
6. Basic parts and drivers
7. Preparing for set-up of your restorative appointment
8. Proper management of instruments
9. Infection control/sterilization/torque driver disassembly
10. Impressions – custom trays or open tray vs closed tray
11. Installation, retrieval, and removal of healing abutments and use of ISQ pegs



12. Placement of impression copings and manipulation of impression material for both initial and final impressions (seating confirmed by dentist)
13. Removal of fixed prosthetics once prosthetic screws have been de-torqued by the dentist and initial seating of prosthetic frameworks and verification jigs / relate bars
14. Joining of relate bars intra orally once seating of abutments have been confirmed by the dentist
15. Placement of appropriate provisional restorative materials in provisional prosthetics
16. Provisional appliance relining (for fixed and removable prosthetic procedures)
17. Changing gaskets for locators as healing occurs, manipulation of gaskets
18. Removal of subframes and replacement of screws by hand
19. Recall appointments – evaluating occlusion and why it is important
20. OHI
21. Management of cases and storage of completed and active cases

Radiography

Radiography

Oral Health Education and Promotion

Provides Oral Health Programs in a Community Health Setting.

Dental assistants have a knowledge of health promotions, community health & social programs and have a knowledge of effective communications skills. They have the ability to conduct and support health promotion programs, counsel individuals/groups on dental health and to perform protocols for follow-ups

Carries out Dental Surveys.

Dental assistants have knowledge of surveying techniques, knowledge of oral health status indices and knowledge of oral health data compilation, collation, analysis and interpretation. They also have knowledge of oral health status indices such as decayed, extracted, missing, filled teeth indices (deft/DMFT) and Community Periodontal Index of Treatment Needs (CPITN). They are aware of the requirements of the Health Information Protection Act and the Freedom of Information & Protection of Privacy Act.

They have the ability to design and distribute appropriate surveys and ability to compile, collate, analyze and interpret data.

Dental Screening

Dental assistants are qualified to perform dental screening due to:

- knowledge of dental and head and neck anatomy
- knowledge of dental and oral diseases
- knowledge of oral examination process
- knowledge of oral health status indices such as deft/DMFT and CPITN
- knowledge of oral health data compilation, collation, analysis and interpretation



- ability to identify dental and oral disease
- ability to record accurate screening results
- ability to compile reports of screening data

Provides Community Education Services.

Dental assistants are qualified to provide community education services due to:

- knowledge of public speaking techniques
- knowledge of types and availability of oral self-care products
- knowledge of group's level of comprehension and oral health awareness
- knowledge of presentation planning
- ability to demonstrate products
- ability to interpret audience reaction
- ability to adjust presentation to audience response
- ability to operate audio visual equipment

Laboratory Procedures

CAD-CAM

- The CAD-CAM system is a software program in a milling unit, the staff member using the program is trained through the purchase of the software. Usage of the CadCam system is linked to learning the software. Continuing education is also completed.
- A new staff member would be sent on a course offered by the manufacturer which is considered to be adequate training.
- The designing course generally a one-day course is offered for dental assistants in Calgary (actually taught by a dental assistant)
- The dentist prepares the tooth. The dental assistant takes a photograph with a digital camera. The photo is reproduced onto a computer screen. The dentist will confirm that the photograph is correct and the computer program will also assess the quality of the photograph. Photographs are taken of the upper and lower arches. The contacts are assessed on screen. The dental assistant or the dentist can confirm how the dentist wants the contacts completed. The computer is able to check and adjust the occlusion.
- Any inaccuracy is linked to angulations of the hand when the photograph is made. Angulations of top arch and lower arch must be identical. However, the computer program identifies any inaccuracy in angulations.
- Once the photos are adequate the milling unit will make the crown.
- The crown can be completed in one appointment only with a crown appointment lasting approximately 2 hours.
- The photography is considered to be a lab skill, without an intra-oral component.



Denture, Adjust

The SDAA Council does not approve denture adjustment as a competency for dental assistants and recommend this skill remain in the scope of the dentist.

Dental assistants are taught theory regarding denture adjustments. The dental assistant will understand the treatment and will be able to set up for it and provide information to the patient. Saskatchewan dental assistants are not instructed in performing this patient service.

Denture adjustment is not listed in the “National Occupational Standards – Dental Assistant”. There is a risk in that if the denture flange is erroneously removed a new denture will be required at a cost to the office. Erroneous adjustment can remove seal which will require a permanent reline at a cost to the dental office.

Soft Tissue Relines

Soft tissue relines are not listed in the “National Occupational Standards – Dental Assistant” although the dental assistant would have the supporting “Knowledge and Abilities”. There is no risk as the treatment is totally reversible as the soft reline material is a temporary product. All dental assistants would have adequate experience with the material and transfer knowledge of impressions would be sufficient. Dental assistants **may** complete a soft tissue reline (2/6/2010).

Mouth Guard

Dental assistants would be eligible to take a mouth-guard training module, and in fact some mouth-guard procedures have been taught at both Wascana and Kelsey Institutes.

It is our understanding that mouth-guards are generally fabricated through a standard impression and a laboratory procedure. All dental assistants in Saskatchewan are trained to take a preliminary impression. The lab process is public domain as it is not a regulated skill as there is no public safety issue. The alternate drugstore type, which are formed directly in the mouth are definitely in the public domain.

Practice Management

Office Administration

Office administration is considered public domain although many dental offices benefit from having a trained dental assistant work in this capacity.