

## CANADIAN DENTAL ASSISTING SCOPE OF PRACTICE

| Skills*   | PROVINCE/TERRITORY |              |              |          |                      |        |               |             |                      |                         |       |                       |         |
|---|--------------------|--------------|--------------|----------|----------------------|--------|---------------|-------------|----------------------|-------------------------|-------|-----------------------|---------|
|   | BRITISH COLUMBIA   | ALBERTA      | SASKATCHEWAN | MANITOBA | ONTARIO<br>(Level 2) | QUEBEC | NEW BRUNSWICK | NOVA SCOTIA | PRINCE EDWARD ISLAND | NEWFOUNDLAND & LABRADOR | YUKON | NORTHWEST TERRITORIES | NUNAVUT |
| 4-handed dentistry  |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Radiography   |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Preliminary impressions                                     |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Apply/Remove dental dam                                     |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Apply/Remove matrice & wedges                               |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Apply/Remove liners & bases                                 |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Coronal polishing   |                    |              |              |          | w/o instruments      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Oral irrigation   |                    |              |              |          |                      |        |               |             |                      |                         |       |                       |         |
| Oral hygiene instruction                                    |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Dietary counselling   |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Pit and fissure sealants                                    |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Topical Anaesthetic   |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Apply agent desensitize                                     |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Take vital signs  |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Fluoride application  |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Tooth bleaching/whitening                                   |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Making and inserting trays for tooth bleaching              |                    |              |              |          |                      |        | ?             |             |                      |                         |       |                       |         |
| Suture removal  |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Apply acid etch   |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Apply bond material   |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Take plaque indices   |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Pulp vitality test  |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Assess oral health status                                   |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Public health screening                                     |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Fabricate + Insert + Adjust (outside the mouth) mouthguards |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Fabricate occlusal rims                                     |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Insert occlusal rims  |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Ortho Module  |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Scaling Module  |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Prostho Module  |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Implant Module  |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Apply anti-microbial agent                                  |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Remove perio dressing                                       |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Place/remove retraction cord                                |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Dental probing  |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Provisional restoration                                     |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Facebook transfer   |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Place & finish amalgam fillings                             |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Periodontal, screening & recording module                   |                    |              |              |          |                      |        |               |             |                      |                         | ?     | ?                     | ?       |
| Basic Life Support /CPR                                     | Not required       | Not required |              |          | Not required         | ?      | Not required  |             | Not required         |                         | ?     | ?                     | ?       |
| Infection Prevention & Control                              |                    |              |              |          |                      | ?      |               |             |                      |                         | ?     | ?                     | ?       |

Provincial/territorial Scope **includes** this skill

Provincial/territorial Scope **does NOT** include this skill

Updated as of June 2022

\* SKILLS REQUIRE FORMAL TRAINING AND PROVINCIAL REGULATORY APPROVAL -

PLEASE CONTACT YOUR PROVINCIAL REGULATOR DIRECTLY WITH ANY QUESTIONS\*