



College of Dental Hygienists of Manitoba's Interpretation Guideline: Temporary Restorations

Purpose

This interpretation guideline is to inform registrants of the College of Dental Hygienists of Manitoba (CDHM) about the current regulations for the placement of temporary restorations.

Background

- Dental decay that is left untreated can cause pain and lead to negative oral health and overall health outcomes.^{1,2}
- Restorative therapy involves the restoration of damaged tooth structure, defective restorations, esthetic modifications, and anatomic and physiologic abnormalities.¹
- Temporary restorations are effective in restoring function, reducing or eliminating client discomfort caused by tooth decay, encouraging the formation of tertiary dentin (depending on material selected) and preventing tooth loss by halting disease progression.^{1,2}
- Temporary restorations may be placed in either primary or permanent teeth as a preventive measure when:^{2,3}
 - Access to a permanent restoration is not immediate or practical.
 - There is a reasonable risk of further damage to the tooth structure.
 - The pulp is not exposed.
 - The client is in discomfort or is experiencing difficulty eating.
 - The discomfort is due to recent trauma, fracture, or lost dental restoration.
 - The client has not received any medical/dental advice that would contraindicate placing a temporary restoration.
 - The client consents to the treatment and it is in the client's best interest to proceed.
 - There are no medical contraindications to the restorative material.

Requirements

- Registered dental hygienists cannot diagnose dental decay; however, they can identify a client's unmet needs according to the Human Needs Conceptual Model of Care. An unmet need of biologically sound dentition would be addressed by placing a temporary restoration.⁴
- In Manitoba, registered dental hygienists can place **temporary** restorations, however the removal of sound tooth structure is not within the scope of practice.^{5,6} Dental hygienists



- may remove soft debris, plaque and/or food debris prior to the placement of temporary restorative materials.
 - Interim Stabilization Therapy (IST) is a type of temporary restorative procedure that arrests dental decay through the release of fluoride, leading to remineralization of the tooth and stabilizing its structure until a permanent restoration can be placed.² Please see the CDHM's Interpretation Guideline on Interim Stabilization Therapy.
- Providing temporary restorative therapy is in the scope of practice for Manitoba registered dental hygienists, and it is incumbent upon the dental hygienist to determine, as a professional, whether they are competent and adequately educated to perform temporary restorations safely and effectively in their dental hygiene practice. If a dental hygienist has not acquired the skills necessary for the competent placement of temporary restorations, further continuing education courses may be needed prior to performing these procedures.
- Dental hygienists must select temporary restorative materials utilizing the principles of evidence-based practice and client-centred care.
- Prior to providing temporary restorative therapy, the dental hygienist must obtain informed consent, ensuring that the client understands the temporary nature of the restoration. The client must be referred to a dentist for further permanent treatment.¹
- In Manitoba, in order to place **permanent** restorations, registered dental hygienists must complete a CDHM approved Restorative Program and be listed on the CDHM's Restorative Roster.⁷

Applicable Legislation

According to The Dental Hygienists Act⁵, the placement of temporary restorations is within the current scope of practice for registered dental hygienists in Manitoba.

According to the CDHM Competencies⁶, registrants of the CDHM have the ability to:

- Assess intraoral hard tissues (e.g. discoloration of teeth, possible caries, tori, etc.) (Assessment #31)
- Assess the need for consultation and referrals within the health care delivery system (Assessment #54)
- Select evidence-based clinical interventions options based on the assessment data (Planning #6)
- Obtains informed consent for the dental hygiene care plan from the client and/or agent (e.g. therapy, pharmacotherapeutic agents, anaesthetics, etc.) (Planning #16)
- Place temporary restorations (Implementation #46)
- Act as a client advocate (assisting the client to find treatment, communicating the client's needs to other health professionals, etc.) (Implementation #54)
- Uses materials and equipment according to manufacturers' specifications (Implementation #64)

The CDHM encourages dental hygienists to exercise professional discretion in determining their competence and capability in applying a new skill to their dental hygiene practice.

*This interpretation guideline reflects current knowledge and is subject to periodic review and revisions with on-going research.

References

1. Darby ML, Walsh MM. (2015). Dental Hygiene: Theory and Practice. St. Louis, MO: Elsevier.
2. Khan N, Sharma, P. (2017). Interim Stabilization Therapy: A focused practice question [Internet]. Retrieved from <https://www.peelregion.ca/health/library/pdf/IST-FPQ-report.pdf>
3. College of Dental Hygienists of Ontario. CDHO Practice Guidelines. (2010). Placement of Temporary Restorations. Retrieved from: https://www.cdho.org/docs/default-source/pdfs/reference/guidelines/placementtemprestorations.pdf?sfvrsn=524982a0_10
4. Darby ML, Walsh MM. Application of the human needs conceptual model to dental hygiene practice. J Dent Hyg. 2000 Summer; 74(3):230-7.
5. The Dental Hygienists Act C.C.S.M. c. D34. (2008).
6. CDHM Competencies (2007). College of Dental Hygienists of Manitoba, pages. 4-11.
7. Dental Hygienists Regulation Dental Hygienists' Regulation. (2008). The Dental Hygienists Act C.C.S.M. c. D34. 80/2009.