

# College of Dental Hygienists of Manitoba Practice Guideline: Placement of Temporary Restorations



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

Performing restorative procedures of a temporary nature is part of the scope of practice for all registrants. The decision to place temporary restorations is dependent upon the needs of the client and the competence of the dental hygienist.

According to the *CDHM Competencies*, registrants of the CDHM have the ability to:

- Assess intraoral hard tissues (e.g. discoloration of teeth, possible caries, tori, etc.).<sup>1</sup>
- Select evidence-based clinical interventions options based on the assessment data.<sup>2</sup>
- Assess the need for consultation and referrals within the health care delivery system.<sup>3</sup>
- Place temporary restorations.<sup>4</sup>
- Use materials and equipment according to manufacturers' specifications.<sup>5</sup>
- Act as a client advocate (assisting the client to find treatment, communicating the client's needs to other health professionals, etc.).<sup>6</sup>

The dental hygienist must possess the competence to perform temporary restorative procedures safely and effectively. If a dental hygienist has not acquired the skills necessary for the competent placement of temporary restorations, the dental hygienist must undertake further education prior to performing these procedures.

The primary reasons that a dental hygienist would consider the insertion of a temporary restoration are to free the client from pain and to reduce the possibility of further damage to the tooth until the client is able to see a dentist.

Included practices in *The Dental Hygienists Act*<sup>7</sup> and the *Dental Hygienists Regulation*<sup>8</sup> do not allow dental hygienists to remove tooth structure when performing the placement of restorative materials. Dental hygienists may remove soft debris, plaque and/or food particles. Dental hygienists must inform their client that the restoration is temporary and immediately refer the client to a dentist for further examination and/or treatment.<sup>3,6</sup>

Placement of temporary restorations may be performed by the dental hygienist with or without a dentist on site:

- **When a dentist is on site:** the dental hygienist must collaborate with the dentist to determine the caries diagnosis and confirm the need to place the temporary restoration.
- **When a dentist is not on site:** the dental hygienist must contact the supervising dentist and in collaboration with that dentist determine the caries diagnosis and confirm the need to place the temporary restoration.

Temporary restorations may be placed in either primary or permanent teeth as a preventive measure when:

- 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.

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

## References

1. CDHM Dental Hygiene Competencies, (Assessment) #31, page 5.
2. CDHM Dental Hygiene Competencies, (Planning) #6, page 8.
3. CDHM Dental Hygiene Competencies, (Assessment) #54, page 6.
4. CDHM Dental Hygiene Competencies (Implementation) #46, page 11.
5. CDHM Dental Hygiene Competencies, (Implementation) #64, page 12.
6. CDHM Dental hygiene Competencies (Implementation) #54, page 11.
7. The Dental Hygienists Act, Included practices 2(2)(f), page 3.
8. Dental Hygienists Regulation 3(1), page 4.

## Acknowledgement

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Bibliography available upon request.