

INTERPRETATION GUIDELINE: Interim Stabilization Therapy (IST)

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The College of Dental Hygienists of Manitoba, Professional Practice Committee is responsible for developing professional resource documents for dental hygienists. Council approves these documents, of which, the purpose is to explain, enhance, add, or guide dental hygiene practice in accordance with The Dental Hygienists Act and Regulations. It is the responsibility of the dental hygienist to understand and comply with these documents.

College of Dental Hygienists of Manitoba's Interpretation Guideline:

Interim Stabilization Therapy (IST)

Purpose

This interpretation guideline is to inform registrants of the College of Dental Hygienists of Manitoba (CDHM) of the provision for Interim Stabilization Therapy (IST).

Background

IST was developed in Canada and first adopted by the Ontario region First Nations Inuit Health Branch (FNIHB), Children's Oral Health Initiative (COHI) program.^{1,2,3}

IST is a non-invasive, temporary restorative procedure which arrests or stabilizes dental caries/decay through a therapeutic release of fluoride from a glass ionomer cement (GIC).

IST does not require local anaesthetic and does not involve the removal of any tooth structure.

IST is ideal for single surface temporary restorations for both primary and permanent teeth.^{1,2,3}

IST is intended to provide the client with temporary relief and improved tooth integrity until a permanent restoration can be placed by a dentist.^{1,2,3}

IST is beneficial to vulnerable populations with limited access to dental care, including remote locations as well as the frail and elderly.^{1,2,3}

Requirement

- In Manitoba, dental hygienists cannot diagnose dental decay⁴; however, they can identify a client's unmet needs according to the Human Needs Conceptual Model of Care⁵. An unmet need of biologically sound dentition would be addressed by temporarily stabilizing the tooth by applying IST.
- In Manitoba, dental hygienists can place temporary restorations⁴, however, the removal of sound tooth structure is not within the scope of practice.⁶ Dental hygienists may remove soft debris, plaque, and/or food debris prior to the placement of IST materials.
- Prior to providing IST, dental hygienists must obtain informed consent, ensuring that the client (or representative) understands the temporary nature of the therapeutic intervention. Dental hygienists must refer the client to a dentist for further permanent treatment⁴.

NOTE: See the <u>Interpretation Guideline for Temporary Restorations</u> for more information about this treatment option.



Applicable Legislation

According to The Dental Hygienists Act⁶, the placement of temporary restorations is within the current scope of practice for registered dental hygienists in Manitoba.

According to the Dental Hygienists Regulation section 2(3)(a): A dental hygienist may use an oral therapeutic agent, such as an anticariogenic agent, in any setting.⁷

According to the CDHM Competencies⁴, 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 intervention options based on the assessment data (Planning #6)
- obtain 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 (e.g., assisting the client to find treatment, communicating the client's needs to other health professionals, etc.) (Implementation #54)
- use materials and equipment according to manufacturer's specifications (Implementation #64)

The CDHM understands it is the responsibility of the dental hygienist to exercise professional discretion in determining their competence and capability in applying any skill to their dental hygiene practice. Further continuing education courses may be needed prior to performing new procedures.

*This Interpretation Guideline reflects current knowledge and is subject to periodic review and revision according to on-going research.



References

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