



COLLEGE OF
DENTAL HYGIENISTS
OF MANITOBA

INTERPRETATION GUIDELINE: Temporary Restorations

September 2023

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

Temporary Restorations

Purpose

This interpretation guideline is to inform registrants of the College of Dental Hygienists of Manitoba (CDHM) about the current requirements 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}

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 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

- Manitoba dental hygienists:
 - Cannot diagnose dental decay; however, they can identify a client's unmet needs according to the Human Needs Conceptual Model of Care⁴. An unmet need of biologically sound dentition would be addressed by placing a temporary restoration.
 - Can place **temporary** restorations on primary and permanent dentition, including the placement and removal of rubber dam, and matrices and wedges.
 - Cannot remove sound tooth structure,^{5,6} however, they may remove soft debris, plaque and/or food debris prior to the placement of materials for temporary restoration.
 - May apply materials for temporary restorations including zinc-oxide eugenol (ZOE), glass ionomer cement (GIC) or other medicated/non-medicated cements.
 - Must select materials for temporary restorations utilizing the principles of evidence-based practice and client-centred care.

- Must obtain informed consent prior to providing temporary restorative therapy, ensuring that the client (or representative) understands the temporary nature of the restoration. Must refer client to a dentist for further permanent treatment.^{6,7}

NOTE: Registrants on the Restorative Advance Practice Roster may place permanent restorations in collaboration with a dentist.

Definition for Interim Stabilization Therapy² (IST): IST is the name given for an important therapeutic intervention first used for the Health Canada, Ontario region, First Nations Inuit Health Branch (FNIHB), Children’s Oral Health Initiative (COHI) Program, as a temporary restorative option that can be performed by dental hygienists. This procedure requires no anaesthetic and uses glass-ionomer cement (GIC) to help re-mineralize the affected lesion. Tooth preparation for IST includes removing soft debris (plaque and/or food particles), which is included in the scope of practice of Manitoba dental hygienists. See the CDHM [Interpretation Guideline for Interim Stabilization Therapy](#).

Applicable Legislation

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 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 required 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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3. College of Dental Hygienists of Ontario. CDHO Practice Guidelines. (2010). Placement of Temporary Restorations. Available from: https://www.cdho.org/docs/default-source/pdfs/reference/guidelines/placementtemprestorations.pdf?sfvrsn=524982a0_10
4. MacDonald L, Bowen DM. Theory analysis of the Dental Hygiene Human Needs Conceptual Model. Int J Dent Hyg. 2017 Nov;15(4):e163-e172. [Internet] Available from: <https://onlinelibrary.wiley.com/doi/10.1111/idh.12256>
5. The Dental Hygienists Act C.C.S.M. c. D34. (2008). Available from: <https://web2.gov.mb.ca/laws/statutes/ccsm/d034.php?lang=en>
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. 80/2008. Available from: <https://web2.gov.mb.ca/laws/regs/current/080-2008.php?lang=en>