

# POLICY STATEMENT



NEWFOUNDLAND & LABRADOR  
COLLEGE OF  
DENTAL HYGIENISTS INC.

## TEMPORARY DENTAL RESTORATION

### PURPOSE

To clarify the dental hygiene scope of practice as it relates to temporary dental restoration.

### BACKGROUND

Temporary restorations may be indicated for clients requiring a permanent restoration, but access is not immediate or practical, client experiences discomfort, there are signs of dental disease or fractured teeth, or there is evidence of a displaced permanent filling. The material used for temporary restorations may include zinc-oxide eugenol, glass ionomer or other medicated/non-medicated temporary cements and resins

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.

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.

Temporary restorations, including interim stabilization therapy (IST), are minimally invasive caries control procedures that provide temporary relief from dental discomfort and help prevent the progression of disease. The therapeutic properties of the fluoride-releasing restorative material help to remineralize the affected lesion, thereby stabilizing the tooth structure until a permanent restoration can be placed. IST involves the removal of soft debris (plaque and/or food particles) from the lesion prior to the placement of fluoride-releasing material.

## POLICY STATEMENT

A Registered Dental Hygienist, in accordance with the Newfoundland College of Dental Hygienist (NLCDH) Scope of Practice<sup>1</sup> can conduct temporary restoration work they are authorized and competent to perform, within the context of their practice of dental hygiene, and when client assessment findings indicate its use. According to the current NLCDH scope of practice and competencies, Registered Dental Hygienists have the ability to

- Assess intraoral hard tissues (e.g. discoloration of teeth, possible caries, tori, etc.) (Diagnosis/Assessment #31)
- Assess the need for consultation and referrals within the healthcare delivery system (Diagnosis/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)

## POLICY EXPECTATIONS

A Registered Dental Hygienist must...

1. Possess and demonstrate competency through training as part of basic dental hygiene program curriculum or through appropriate continuing education.
2. Comply with all NLCDH legislation, Practice Standards, and Competencies.
3. Perform a comprehensive medical and oral health assessment prior to the placement of a temporary restoration.
4. Ensure that the client and/or caregiver understand the temporary nature of the restoration.
5. Ensure that the client and/or caregiver understand the importance of imminent follow-up care by a dentist or dental therapist for further consultation and treatment.
6. Select appropriate temporary restorative materials utilizing the principles of evidence-based practice and client-centred care (e.g., zinc-oxide eugenol, glass ionomer or other medicated/non-medicated temporary cements and resins).
7. Obtain informed consent, ensuring that the client understands the temporary nature of the restoration, prior to providing temporary restorative therapy.

## CLIENT / PATIENT EXPECTATIONS

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<sup>1</sup> NLCDH Scope of Practice; Implementation Competency #46, p. 3. [www.nlcdh.com](http://www.nlcdh.com).

The client can expect that a Registered Dental Hygienist can provide temporary restorative care which they are authorized to provide in a safe, effective, and appropriate manner. Patients will be given care instructions to follow up with a dentist for further consultation and treatment.

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