

Guideline: Restorative Dental Hygiene

In conjunction with the *CDHO Standards of Practice*, dental hygienists who are registered with the CDHO in the specialty category and are involved in providing restorations of a permanent nature as per Section 4 of the *Dental Hygiene Act, 1991*, are required to consider the following according to the dental hygiene process of care model. Restorations of a permanent nature include, but are not limited to, fabrication of provisional restorations and permanent direct restorations, bonding and/or cementing of indirect restorations, and torquing of implants.

ASSESSMENT

Taking into consideration the nature of the restorative procedure to be performed, assess the conditions of both hard and soft surrounding tissues, the occlusion, the expected outcomes of the proposed treatment, and the limitations in providing the desired outcomes.

Discuss with the client the outcomes and expectations of the final restoration including difficulties and limitations, if any, and future considerations.

PLANNING

Ensure client safety by verifying that the equipment, materials and instruments which s/he is to use are in good working order, are used appropriately and meet Health Canada approval.

Work collaboratively with the dentist and the client to determine the appropriate dental materials and planned procedures to be implemented.

IMPLEMENTATION

- Use isolation techniques appropriate to the restorative procedure and client safety.
- Select materials appropriate to the restorative procedure, client needs and client safety.
- Use only materials for which there are no medical contraindications.
- Use only materials, equipment and restorative techniques with which the dental hygienist is competent to use and follow manufacturers' directions.
- Provide instructions for the maintenance of the restoration and the surrounding gingival tissues.

EVALUATION

- Evaluate the integrity and functionality of the restorative procedure.
- Adjust the occlusion, if indicated.
- Refer noted gingival concerns including restorative irritants unrelated to the current restoration, to the appropriate oral health care professional.

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