Interim Stabilization Therapy (IST)

CDHBC Position Statement

Updated May 2018

Interim Stabilization Therapy (IST) is a temporary restorative procedure which arrests dental decay through a therapeutic release of fluoride, leading to remineralization of the interface layer between the dentin and the temporary cement, thereby stabilizing the tooth structure until a permanent restoration can be placed. This procedure was adopted in 2010 by the Ontario Region First Nations Inuit Health Branch to arrest disease in children in high risk communities in Northern Ontario[1] however it may have applicability in a much broader population of individuals with limited access to dental care, including adults and the frail or elderly.

IST can be distinguished from ART (atraumatic restorative therapy) by the fact that IST does not call for the removal of sound tooth structure in order to recontour margins, whereas ART is characterized by using a hand chisel to remove enamel rods to roughly prepare the cavity. IST requires that any soft foreign material or debris be removed from the tooth prior to the placement of the temporary restorative resin (glass ionomer cement) in order to facilitate the bonding of the material to tooth structure.

The CDHBC Board has carefully reviewed the history and application of the IST procedure and has determined that IST is not outside the current Scope of Practice for dental hygienists registered in BC. Registered Dental Hygienists in BC may place temporary restorations including provisional prosthodontic restorations as per the CDHBC Scope of Practice[2], provided that appropriate education has been obtained. However, removal of sound tooth structure is not within the dental hygiene Scope of Practice in BC.

The therapy's stabilizing benefits are particularly beneficial to vulnerable populations including the frail and the elderly and those populations with limited access to dental care. In reviewing the applicability of IST to various BC populations, the CDHBC Board established that it would be appropriate to provide IST to vulnerable individuals who have limited access to dental treatment, which may include children, the frail and the elderly. Limited access to care could be due to a variety of reasons including financial limitation or inhabiting rural or remote communities where a dentist is not present.

Given that the IST process is based on a careful determination of appropriate teeth to treat under specific circumstances, often in remote and underserved areas, the CDHBC Board concluded that delivery of this treatment must be carried out by dental hygienists who currently hold 365-Day Rule Exempt Registration. Dental hygienists who are employed in traditional office settings will be able to collaborate with dental practitioners to offer clients appropriate and permanent restorative treatments, thereby negating the applicability of IST as a necessary temporary measure. Furthermore, if a client cannot access a dentist, it is unlikely that client has received a dental exam within the previous year; therefore, they would not meet the 365 Day Rule requirements for Full or Conditional registrants. 365-Day Rule Exempt registrants are best positioned to access the vulnerable populations who will benefit most from IST through mobile practices and long-term care settings.

By virtue of its primary function, IST is a temporary stabilizing therapy, which is intended to provide the client with temporary relief and improved tooth integrity until a permanent restoration can be placed by

a dentist**.** In order to obtain informed consent prior to performing IST, the dental hygienist must ensure that the client (or the client's representative):

a) understands the temporary nature of this intervention and the need to follow up imminently with a dentist, and;

b) agrees to have a written referral* made directly to a dentist for follow-up care, **or** agrees to receive a written referral, which includes a list of dental contacts, and understands that it is the client's responsibility to follow up on the referral.

In the absence of either of these components, IST must be postponed until such time that both of these criteria can be met. The provisions for informed consent for IST and the written referral provided must be clearly documented in the client's chart.

To perform IST, dental hygienists must have completed appropriate, IST-specific education and comply with all CDHBC Regulations[3] and Practice Standards[4]. While dental hygienists may not diagnose decay, an identification of the client's unmet needs according to the *Human Needs Conceptual Model of Care*[5] supports the therapeutic intervention of IST where the unmet need of biologically sound dentition would be addressed by temporarily stabilizing the tooth. To ensure appropriate and comprehensive treatment is provided, IST must be performed as part of the Dental Hygiene Process of Care and prior to receiving this treatment, a client must agree to a written referral being made to a dentist for follow-up.

The CDHBC does not endorse specific educational opportunities and encourages dental hygienists to exercise professional discretion in determining their competence and capability in applying a new skill to their dental hygiene practice.

*A written referral to a dentist is specific to the IST referral process.

References

1. Health Canada- First Nations and Inuit Health Branch (FNIHB, Interim Stabilization Therapy (IST) Protocol), Ontario Region, 2015. Available online at: http://www.sdha.ca/wp-content/uploads/2012/10/IST-Orientation-Manual-Revised-frinal-Dec_2015.pdf
2. CDHBC Scope of Practice Section 1. Clinical Therapy. Available online at http://www.cdhbc.com/Practice-Resources/Scope-of-Practice-Statement.aspx
3. CDHBC Dental Hygienists Regulations and Bylaws. Available online at http://www.cdhbc.com/Practice-Resources/Regulation-and-Bylaws.aspx
4. CDHBC Practice Standards and Practice Standards Policies Schedule E. Available online at http://www.cdhbc.com/Practice-Resources/Regulation-and-Bylaws/Schedules/Schedule-E-Practice-Standards.aspx
5. Darby ML, Walsh MM. Application of the human needs conceptual model to dental hygiene practice. J Dent Hyg. 2000 Summer; 74(3):230-7.