

been specially trained to carry out scaling and polishing and can spend longer with you.

They are also expert at teaching you how to look after your teeth and gums.

Often the hygienist will spend a number of appointments getting the gums healthy ready for the dentist to restore the teeth with crowns and fillings.

### What can I do to help the hygienist?

The hygienist's main work is to prevent and treat gum disease. This includes professionally cleaning your teeth by removing plaque and tartar (usually called a 'scale and polish' or a prophylaxis).

However, perhaps their most important role is showing you the best way to keep your teeth free of plaque.

Plaque is a sticky coating that forms constantly on your teeth. Hygienists also give advice about diet and about preventing tooth decay.

The hygienist will work with your dental team to give you care that is tailored to your needs.

We recommend that you follow three simple steps to help keep your teeth and gums healthy:

- brush your teeth last thing at night and at least one other time during the day, with a fluoride toothpaste
- cut down on how often you have sugary foods and drinks
- visit your dental team regularly, as often as they recommend.

Cutting down the amount of sugar in your diet, and the number of times that you eat during the day, can help to reduce decay. Your hygienist can help you by looking at your decay problem and your diet, and by making some recommendations for you to consider. Chewing sugar-free gum for 10 minutes after meals can also help to prevent tooth decay. Chewing gum makes your mouth produce more saliva, which cancels out the acid produced in your mouth after drinking and eating.

### What other help can be given to adults?

Adults who have a lot of decay can benefit from having fluoride applied. They can also have anti-bacterial gels and solutions applied under the gum to kill the bacteria causing gum disease.

Another very important part of the hygienist's work is showing you and telling you how to look after your mouth at home. The hygienist may also suggest giving up smoking, as this will reduce staining and improve your general health.

Research has also shown that smokers have more gum disease and lose more teeth than non-smokers. Your hygienist will be able to advise you on various ways of giving up smoking. They can also give you special advice for home care if you have dental implants or orthodontic appliances.

### What help is available for children?

Children can benefit from having their teeth polished. The hygienist can also apply fluoride varnishes to help prevent decay.

The permanent (or 'adult') back teeth can also benefit from having the biting surfaces sealed. This is done by applying a special plastic coating to the biting surface soon after the teeth come through. For more information see our 'Tell me about' - Pit and fissure sealants.

### Can a hygienist help prevent dental disease?

This is what the training of the hygienist is all about. They will carefully remove the hard deposits of tartar (or 'calculus') that build up on the teeth and teach you how to prevent them coming back. This will do a lot to slow the progress of gum disease.

By talking to you about your diet, and recommending other preventive measures, the hygienist can help you keep to a routine that will slow down tooth decay. Regular visits and advice will help build your confidence in keeping your mouth healthy.

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DENTAL ASSOCIATION



**Meet the  
Oral Hygienist**

## Introduction

Oral hygienists are important members of the dental health care team who work with dentists in the delivery of dental care to patients.

Oral Hygienists use their knowledge and clinical skills to provide dental hygiene care for patients. They use their interpersonal skills to motivate and instruct patients on methods to prevent oral disease and to maintain oral health.

Oral hygienists are a valuable asset in a dental practice. In addition to performing technical duties, they play an important role in teaching patients appropriate oral hygiene techniques and counselling them regarding good nutrition and its impact on oral health.

## What do Oral Hygienists do?

In the dental office, the dentist and the dental hygienist work together to meet the oral health needs of patients and provide services outlined below. An oral hygienist may be employed under supervised practice or practice independently if certain conditions are met.

### Independent Practice Oral Hygienists

An oral hygienist may practice independently only:

1. after serving a period of at least one year under the control and supervision of a registered dentist, dental therapist or another registered oral hygienist, and with approval of the HPCSA Board;
2. after obtaining any of the qualifications in oral hygiene approved by the Board.
3. If the qualification was obtained prior to 2001, he or she must have also obtained complete an expanded clinical functions course in oral hygiene offered by any of the examining authorities approved by the Board; and
4. successfully complete a First Aid Level 3 training course approved by the Health and Welfare SETA.

## Supervised Practice

An oral hygienist registered in the category “supervised practice “ (not registered for independent practice), may perform acts as stated below-

1. under the supervision of a dental specialist, dentist, dental therapist, or an oral hygienist;
2. only if an oral hygienist referred to herein has

- received adequate education, training and is sufficiently experienced; and
3. under proper and appropriate conditions.

## What services do Oral Hygienists provide?

Oral hygienists may offer the following services:

1. develop, implement and evaluate of oral health promotion programmes;
2. interview and carry out an oral clinical examination;
3. take analogue and digital radiography and the taking of clinical photographs;
4. oral hygiene diagnosis and develop an appropriate treatment plan within the scope of the profession of oral hygienist;
5. advise and educate patients about oral self-care practices including mechanical and chemotherapeutic plaque control, nutritional counselling and tobacco cessation;
6. advising patients about nutrition and diet, fluorides, and anti -microbial agents (excluding antibiotics) in relation to oral disease prevention;
7. application of topical agents such as caries-preventive agents, remineralising agents, tooth -desensitising agents, surface anaesthetics and plaque -controlling agents;
8. the application of pit and fissure sealants;
9. the performance of debridement, scaling, root planing, the cleaning of dental implants and the polishing of teeth;
10. the making of a study cast to produce protective vacuum formed mouth guard;
11. the application of minimally invasive procedures such as atraumatic restorative techniques (ART) and sealant restorations, and only when necessary to facilitate these procedures, the placing and removing of rubber dam and matrix band;
12. the treatment of dentine hypersensitivity and cervical abrasion lesions with glass ionomer cement;
13. the polishing and recontouring of overhanging restorations;
14. the application of topical anaesthesia, subject to section 22A(4)(a)(v)(aa) of the Medicines and Related Substances Act, 1965 (Act No. 101 of 1965);
15. the administration of local anaesthesia, subject to section 22A(4)(a)(v)(aa) of the Medicines and Related Substances Act, 1965;
16. the giving of assistance to dental therapists, dentists, dental specialists with the performance

- of basic and advanced clinical procedures;
17. the application of vital tooth whitening techniques and procedures; and
18. the performance of the following supportive clinical procedures as prescribed by dentists and dental specialists:
  - The taking of cytological smears;
  - the splinting of mobile teeth;
  - the application and removal of periodontal packs; and
  - the removal of surgical sutures;
  - the placing of temporary restorations as an emergency measure;
  - the performance of temporary cementing of inlays, crowns and bridges;
  - the placement of soft linings in dentures as tissue conditioners;
  - the performance of cephalometric tracings;
  - the relieving of trauma caused by intra -and extra -oral appliances, such as the cutting of distal ends of arch wires;
  - the taking of impressions, cast and trim study and primary work models;
  - placement of pre -activated orthodontic appliances, the removal of orthodontic attachments and bands (the placement and removal of elastics and ligature wires, the placement and activation of arch wires); and
  - the re- cementing of orthodontic retainers.

## Student Oral Hygienists

A student in oral hygiene may perform acts referred to above only under the supervision of a dental specialist, dentist, dental therapist, or an oral hygienist; and those mentioned in paragraph (r) above only under the supervision of a dental specialist and a dentist.

Does every practice have a hygienist?

Not all dental or dental specialist practices have a hygienist. However, more of them now offer this as part of the service to patients.

Hygienists see patients directly under the prescription of a dentist, or can see them independently. If your practice does not have a hygienist, your dentist can refer you to either another dental practice or to a hygienist practice.

## Why doesn't the dentist do this work?

Some dentists will do this type of work themselves. However, many now realise that the hygienist has