

## The Contraindications Regulation and Dental Hygiene Practice

On September 22, 2023, CDHO's Council rescinded the *Standard for Authorization to Self-Initiate Profession-Specific Acts*. This means that all active Registered Dental Hygienists can now perform the controlled act of scaling and root planing on their own initiative, without the requirement of a standing order, client-specific order or authorization from CDHO.

The Contraindications Regulation requires that you obtain medical clearance from a physician or dentist when a contraindication is identified. This clearance is also required if you have any doubt as to the accuracy of the client's medical or oral history. Your training and experience have provided you with the knowledge, skills and judgment needed to make these decisions.

Although CDHO no longer requires you to have special authorization to initiate scaling and root planing, some employers may still wish to implement some type of approval process. Employers can place these additional obligations on employees. In these cases, you should ensure you fully understand the terms of the directive you are required to work under.

### IMPORTANCE OF MEDICAL HISTORY

A complete, accurate, and comprehensive medical, dental and drug history is a critical first step in the dental hygiene process of care. A thorough health history includes a discussion of any conditions a client may be dealing with. This information will assist in determining whether any of the contraindications listed in the Contraindications Regulation are present or known.

If you can rule out all contraindications, you can confidently initiate scaling and root planing procedures safely. If a contraindication is identified and obtaining medical clearance is needed, further discussion with the appropriate healthcare professional should occur. You will need consent to engage in this discussion with another healthcare professional.

## THE CONTRAINDICATIONS REGULATION

The following table lists the conditions or situations where the initiation of dental hygiene care may be contraindicated, and clearance is required.

1. Any cardiac condition for which antibiotic prophylaxis is recommended in the guidelines set by the American Heart Association (AHA).	Unless the RDH has consulted with either the client's physician, dentist, or registered nurse in the extended class and determined that it is appropriate to proceed if the patient has taken the prescribed medication per the AHA guidelines.
2. Any other condition for which antibiotic prophylaxis is recommended or required.	RDHs should consult the <a href="#">CDHO Guideline: Recommended Antibiotic Prophylaxis Regimens for the Prevention of Infective Endocarditis and Hematogenous Joint Infection</a> . For additional conditions requiring prophylactic antibiotics, and if there are any concerns, consult with the appropriate healthcare professional before the delivery of invasive dental hygiene procedures, as listed in the guideline.
3. An unstable medical or oral health condition, where the condition may affect the appropriateness or safety of scaling and root planing, including curetting surrounding tissue.	When a client presents with an unstable medical or oral health condition and, in your professional judgment, proceeding with scaling and root planing is not in their best interest, you should consult with the client's physician or dentist to seek clearance for treatment. For example, if your client indicates that they are undergoing testing for a cardiac condition under the direction of their physician, but they have not yet received a diagnosis.
4. Active chemotherapy or radiation therapy.	When a client is in the process of receiving chemotherapy and/or radiation therapy, consultation with their healthcare provider is essential before performing any dental hygiene intervention.

<p>5. Significant immunosuppression caused by disease, medications, or treatment modalities.</p>	<p>When the client’s history indicates that they may be significantly immunosuppressed, you should work collaboratively with their healthcare professional/team to determine the severity of their immunosuppression, and the optimal sequencing of dental hygiene therapies and interventions.</p>
<p>6. Any blood disorders.</p>	<p>“Blood disorders” is a very broad term and you should investigate any identified condition sufficiently to make a decision based on risks as to whether to proceed or not. Among others, risks could include abnormal bleeding, compromised immunity, or increased risk of infection. Your investigation should involve confirming knowledge and evidence related to the condition and consulting with the appropriate healthcare professional as indicated.</p>
<p>7. Active tuberculosis.</p>	<p>If a client presents with active tuberculosis, RDHs should postpone treatment until their physician has indicated the disease is no longer in the active state.</p>
<p>8. Drug or alcohol dependency of a type or extent that it may affect the appropriateness or safety of scaling and root planing, including curetting surrounding tissue.</p>	<p>A client who appears to be under the influence of a substance that could impair their judgment should be rescheduled for a time when they are aware and can participate safely in the dental hygiene care plan. Obtaining informed consent requires that your client be free from the influence of drugs or alcohol.</p>
<p>9. High risk of infective endocarditis.</p>	<p>A client who previously experienced an episode of infective endocarditis or whose physician has noted that prophylactic antibiotics are required due to valve replacement surgery must have taken the recommended prophylactic medication as prescribed before the dental hygiene appointment.</p>

<p>10. A medical or oral health condition with which the member is unfamiliar or that could affect the appropriateness, efficacy, or safety of the procedure.</p>	<p>While taking the medical/dental history, if RDHs become aware of a condition with which they are unfamiliar, they should investigate the condition using appropriate resources such as those provided in <a href="#">CDHO’s Knowledge Network</a>. This may include consulting with additional healthcare professionals.</p>
<p>11. A drug or combination of drugs with which the member is unfamiliar or which could affect the appropriateness, efficacy, or safety of the procedure.</p>	<p>If the client is taking a drug or combination of drugs with which RDHs are unfamiliar, the client should be interviewed further as to the nature of the medication and its effects. It may be appropriate to research the drug(s) in the current Compendium of Pharmaceuticals and Specialties (CPS), Mosby’s Dental Drug Reference, or other suitable reference, and note any contraindications to proceeding with treatment. If you are still in doubt, you should consult with the appropriate healthcare professional.</p>
<p>Overall Contraindication:  a member shall not perform a procedure under the authority of paragraph 1 of section 4 of the Act if the member is in doubt as to the status or accuracy of the medical or oral history of the patient</p>	<p>This last contraindication in the Contraindications Regulation is not listed as a specific contraindication and is meant to capture that if you are ever in doubt about the status or accuracy of anything in the client’s medical or oral history, you should seek medical or dental clearance before scaling or root planing. For example, if a client reports having tuberculosis, but is not sure whether it is active or not, the need to seek clearance from a physician or dentist would be indicated.</p>

**SCENARIOS**

**SCENARIO 1**

A client’s medical history shows a history of angina. No medications were reported for angina treatment, but the client says they were taking medication for angina at one point but doesn’t believe any of their current medications are for angina. They report taking two medications; however, they forget what they are for, and don’t know their names. The client occasionally experiences chest pain.

Should you proceed with scaling and root planing?

**DISCUSSION**

We know the client has a history of angina. They cannot provide you with sufficient information about the current medications they’re taking, and state they are currently experiencing chest pain from time to time. There could be unstable angina here, or chest pain attributable to heart disease.



What should happen next? Some options may include:

- Seeking more information about the client's medications. Obtain consent to discuss with their pharmacist if necessary.
- Discussing the matter with the dentist.
- Consult with the appropriate healthcare provider.

If you were to go to [CDHO's Knowledge Network](#), you can access the Advisory and Fact Sheet on Angina. RDHs cannot implement any procedures without prior consultation with the appropriate primary- or specialist care provider if the client is experiencing unstable angina or is experiencing pain or discomfort that could be attributable to heart disease.

In this scenario, you **should not proceed** with scaling and root planing at this point and should consult with the client's appropriate care provider.

## SCENARIO 2

A client whom you last saw six months ago now reports that they were diagnosed with cancer three months ago. They report that:

- They are currently receiving chemotherapy.
- Their next chemotherapy appointment is in three days.

Should you proceed with scaling and root planing?

## DISCUSSION

The Knowledge Network Advisory on [Chemotherapy](#) and [Radiation Therapy](#) states: With active chemotherapy or radiation therapy, dental hygiene procedures are contraindicated without prior consultation.

It also states you:

1. should not implement any invasive procedures without prior consultation with the appropriate primary or specialist care provider if the:
  - a. client's current treatment includes chemotherapy with or without radiation therapy and/or
  - b. client has undergone or is about to undergo chemotherapy with or without radiation therapy.

In this scenario, **you should not proceed** with scaling and root planing and should consult with the appropriate healthcare provider.

### SCENARIO 3

On their first visit, a new client reports that they have recently been diagnosed with Polycythemia.

- You are not very familiar with the condition but vaguely remember that it is some sort of blood disorder. You research Polycythemia on the CDHO's Knowledge Network.
- You ask the client if they are currently taking any medications, and the client indicates they are on hydroxyurea medication to manage their Polycythemia.

Is it safe for you to proceed with scaling and/or root planing?

#### DISCUSSION

Unfamiliarity with a reported condition that could affect the appropriateness, efficacy, or safety of scaling and/or root planing, is a contraindication. From the Knowledge Network, you will learn that Polycythemia is a blood disorder, and any invasive procedures are contraindicated in the presence of blood disorders.

You **should not proceed** with scaling and root planing until the client is medically cleared by the physician or primary care provider most closely associated with treating the client's condition.

### SCENARIO 4

While reviewing a client's chart you note that they have not been to the clinic for three years. The client reports that they:

- had a hip replacement two years ago
- had no Infections related to the joint replacement
- are not taking any medications, other than the occasional Advil or Tylenol for pain.
- do not require antibiotic prophylaxis before dental treatment according to their surgeon.
- are in great health with no other medical conditions.

Is it safe for you to proceed with scaling and/or root planing?

#### DISCUSSION

In this case, the client's medical history has changed. If you were to consult the [Knowledge Network](#) or the [Guideline: Recommended Antibiotic Prophylaxis Regimens for the Prevention of Infective Endocarditis and Joint Infections](#), you will learn that all routine dental hygiene procedures should be delayed for several weeks after a joint replacement or revision surgery or, if in doubt, until clearance is given by the client's surgeon.

For a client with a history of other comorbidities, complications, or associated conditions listed on the Advisory, you should normally seek the advice of the orthopedic surgeon, whether directly or through the family physician before performing any dental hygiene procedures.

In this case, **it is safe to proceed** with scaling and/or root planing.

## RESOURCES

- [CDHO's Knowledge Network](#)
- [CDHO's Registrants' Handbook](#)
- CDHO Guidelines:
  - [Best Practice for Initiating Dental Hygiene Care](#)
  - [Recommended Antibiotic Prophylaxis Regimens for the Prevention of Infective Endocarditis and Hematogenous Joint Infection](#)
  - [A Check-Up for Health and Dental History Taking \(Medical/Dental History Guide\)](#)

If you have any questions about the resources provided by the CDHO, please reach out. The Practice Advisors are here to help.

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