

PART III
PRESCRIBED CONTRAINDICATIONS TO SCALING TEETH AND
ROOT PLANING, INCLUDING CURETTING SURROUNDING TISSUE,
ON MEMBER'S OWN INITIATIVE

7. (1) For the purpose of clause 5 (1) (a) of the Act, the following contraindications are prescribed if the patient has not received clearance from a physician or dentist, or both:

1. Any cardiac condition for which antibiotic prophylaxis is recommended in the guidelines set by the American Heart Association (AHA), as those guidelines are amended from time to time, unless the member has consulted with either the patient's physician, dentist or registered nurse in the extended class (RN(EC)) 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.
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.
4. Active chemotherapy or radiation therapy.
5. Significant immunosuppression caused by disease, medications or treatment modalities.
6. Any blood disorders.
7. Active tuberculosis.
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.
9. High-risk of infective endocarditis.
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.
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. O. Reg. 501/07, s. 1.

(2) Despite subsection (1), 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. O. Reg. 501/07,
s. 1.