

Open Wide, Not Open Risk! | Patient Protection in Dentistry

By H. Candace DeLapp, D.D.S.

In today's dental practice, a culture of safety is no longer optional; it is essential and required. From routine cleanings to complex dental procedures, the risk of aspiration, inhalation, and eye injury exposure are real and preventable. Implementing consistent use of protective eyewear, isolation for throat/airway protection, and high-volume suction, not only safeguard your patients from avoidable harm, but they are required. These simple steps reduce liability and, more importantly, enhance patient trust and reinforce your commitment to clinical excellence.

*"An ounce of prevention
is worth a pound of cure."*

- Benjamin Franklin

Dental procedures generate splatter, debris, and chemical exposure that pose serious risks to the eyes of your patient, your team members, and you. The Colorado Dental Board requires protective eyewear. Code of Colorado Regulations, 3 CCR 709-1; 1.16 Infection Control states that Colorado dental licensees must follow standards set by:

- The Centers for Disease Control and Prevention (CDC) 2003 Guidelines for Infection Control in Dental Health-Care Settings.

These guidelines recommend protective eyewear with solid side shields or a face shield.

- The Occupational Safety and Health Administration's (OSHA) Blood-borne Pathogens Standard.

Protective eyewear should be worn by patients during any procedure likely to produce splashing or spattering of blood or other body fluids.

Patients who wear prescription glasses are at risk, as standard eyewear does not provide adequate coverage.

A study published in the *British Dental Journal* found that 48% of general dental practitioners had experienced ocular trauma or infection, and 75% of those incidents occurred when eye protection was not used.^[1] These numbers underscore the importance of making protective eyewear a non-negotiable part of every patient interaction.

A stark reminder of the importance of eye protection came when the Trust had to settle a case involving a pediatric patient who sustained a serious corneal injury during a routine dental procedure. In this incident, a sickle scaler accidentally dropped onto the child's eye, resulting in trauma that required specialized ophthalmologic care and led to permanent visual impairment. The absence of protective eyewear was a key factor in the injury and the subsequent legal settlement. This case underscores how even momentary lapses in safety protocol have profound clinical and financial consequences — and why protective measures must be non-negotiable in every patient interaction.

Aspiration and ingestion of objects — such as crowns, burs, or implant

parts may lead to serious complications, including airway obstruction, infection, or even death. These events are reported to the Trust on a weekly basis, and by and large preventable. A "throat pack" is a simple, yet largely effective barrier that may prevent serious complications such as aspiration or ingestion during a dental procedure.

Patients at higher risk for aspiration include children, older adults, those with impaired gag reflexes and those under sedation. Simple yet recommended preventive measures include using high-volume suction, floss ligatures tied to small instruments, 4x4 gauze (2x2 gauze is too small), an intra-oral evacuator such as an "isodry" and the old reliable rubber dam. Upright positioning, when feasible, helps mitigate the risk of aspiration by using gravity to assist in keeping fluids and debris away from the oropharynx.

For endodontic procedures, the use of a rubber dam is mandatory as per the below from the Code of Colorado Regulations:

3 CCR 709-1; 1.9 Record Keeping Requirements; C. Evaluation Diagnosis, and Documentation; 7. Root canal therapy procedure — if performing one, a licensee is required to document use of a rubber dam.

The above techniques not only reduce the risk of aspiration but also demonstrate a proactive approach to patient care — one that can significantly reduce malpractice exposure.

In a reported case to the Trust, a dentist shared that the patient "swallowed"

a component during an implant crown delivery. The patient was evaluated and showed no signs of respiratory distress, verbally expressing feeling fine and they were “sure” they had swallowed the part not “inhaled” it. Concluding the part had been swallowed, the patient opted to continue treatment. The patient presented to the Emergency Room after the dental appointment where it was discovered that the component had been aspirated. This case highlights the critical importance of erring on the side of caution, especially when airway compromise is a possibility. Even in the absence of immediate symptoms, evaluation and clear documentation are essential.

Another frequent source of aspiration and inhalation is dental burs. It is essential to ensure that the dental bur is securely latched before use. Always verify the bur’s placement by tugging on it after insertion or running the hand-piece to confirm the bur is locked in place. This simple precaution not only protects the patient but also upholds clinical standards and reduces liability.

If a patient swallows or inhales an object during a procedure, it is imperative and mandatory to determine the

exact location of the object immediately. The object must be monitored until it is confirmed to be no longer present in the body, either through imaging, retrieval or natural passage. Failure to do so may result in serious medical complications and legal consequences. If such an incident occurs in your office, you must immediately stop the procedure, assess the patient’s condition and provide appropriate emergency care. If indicated, arrange for prompt medical evaluation or emergency transport. Clear communication with the patient and/or caregivers is fundamental.

Contact the emergency room physician directly to provide a clear account of the incident, including the suspected object, patient symptoms, and any imaging or assessments to ensure your patient receives coordinated and timely medical management. Direct communication with the physician is essential; they may not be fully familiar with the scope of your practice or the professional judgment that guides your clinical decision-making. It is important to communicate clearly to ensure mutual understanding and collaboration. Thorough documentation of the incident and all actions taken are essential to

ensure the best possible outcome and to protect your legal interests.

Eye injuries and aspiration incidents are among the most preventable dental emergencies. Documenting the use of safety measures can help protect against legal claims. Educate your patients on the importance of these measures to gain their cooperation. Understanding the benefits, your patients are likely to feel safer and respected when their comfort and protection are prioritized.

Safety isn’t just about avoiding harm, it’s about delivering care with confidence, compassion and excellence. By following patient protection protocols and documenting, you are far less likely to face a claim of negligence or malpractice. Focus on patient care, not courtroom concerns.

Safety isn’t just a protocol — it’s a mindset. 

H. Candace DeLapp, D.D.S., is the executive director of The Dentists Liability Trust of Colorado. Contact her at 303-357-2604 or hdelapp@berkleyrisk.com.

References

1. *British Dental Journal* 200, 218-223 (2006).



**SUNDAY
NOV. 2,
2025
3:00-5:00P.M.**

**THE PICKLE
THORNTON**

CDA & MDDS

PICKLEBALL BASH

**Register Now
using QR Code or
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COACHES WILL BE ON SITE TO HELP WITH NEW AND SEASONED PLAYERS!

The graphic features a green pickleball at the top center, two crossed black pickleball paddles in the background, and a yellow banner with the event name. The background is a gradient of green and blue.