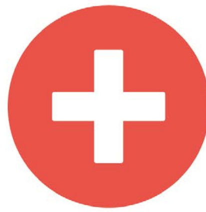

Reasons for DCP claims part two

For part 1 visit https://www.nature.com/articles/s41407-023-1811-8.

In the second half of a two-part series **Greta Barnes**, senior claims handler at the Dental Defence Union (DDU), discusses more reasons why claims are brought against dental care professionals (DCPs).

Although the five main reasons why claims involving DCPs were discussed in part one, there are unfortunately further issues that can lead to a claim – some of which are discussed below.

Inhalation or ingestion of objects

This can include instrument parts, restorations or extracted teeth dropped or broken in the mouth which can be a distressing experience for both the clinician and patient. In one case which required settlement, a scaler tip broke off and the patient swallowed it. He underwent imaging in hospital but fortunately no surgical intervention was required as the piece was able to be passed naturally. In another case which also required settlement, a patient inhaled an extracted baby tooth and it required surgical removal from the lung.

Disinfection and hygiene measures

It is often the responsibility of dental nurses to prepare and maintain the clinical environment, including the equipment. This includes carrying out infection prevention and control procedures to prevent physical, chemical, and microbiological contamination in the surgery or laboratory.

It is imperative that there is clear communication between the dental nurse and treating clinician about who is responsible for each of the steps in resetting the treatment area and replacing the instruments between patients. This is particularly important if a new member of staff joins the team as different practices can have different routines and expectations.

In a case against a DDU dental therapist, the member was providing treatment and did not know the assisting dental nurse was passing him instruments that had not been changed from previous appointments. The case was successfully defended as there was no way the member could have foreseen or prevented the error made by the nurse, and he was not responsible for the acts or omissions of the nurse, nor for the nurse's training.

In a case brought against a dental nurse, she accidentally filled the reservoir with a chemical disinfectant solution rather than the appropriate dental unit waterline treatment solution for the fast hand piece that was then used by the dentist. The disinfectant entered the patient's mouth causing a bad taste, burning and ulceration of the soft tissues and the case was settled.

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> *'In another case which also required settlement, a patient inhaled an extracted baby tooth and it required surgical removal from the lung.'*

Abnormalities or pathology

It is within the expected scope of practice of dental hygienists and dental therapists to identify anatomical features, recognise abnormalities and carry out oral cancer screening.

In one case a patient had a long history of lichen planus over several decades which had been reviewed and treatment provided appropriately at various times. However, when a flare up occurred with ulceration and pain, it transpired to have developed into squamous cell carcinoma. It was alleged the hygienist failed to adequately document the problem and changes over time or refer to the dentist or a specialist. The DDU was able to deny liability on behalf of the hygienist and the case was dropped.

Local anaesthetic

Dental hygienists and dental therapists can administer local anaesthetic either under a written, patient-specific prescription or under a Patient Group Direction (PGD). Claims have been notified to the DDU where the injection inadvertently contacted a blood vessel. This is a known complication that can happen even when the correct technique and all due skill and care are applied and cannot be anticipated or avoided.

Unfortunately, it can result in sometimes rather dramatic swelling or bruising, which can prompt a patient to bring a claim. Claims can also include allegations that a patient thought adequate anaesthesia was not achieved or they think too much was used. It is important to communicate clearly with the patient about any sensations they are feeling and explain if further injections are required to adequately numb the site.

Infections

Dental infections can rapidly become serious and potentially spread throughout the body causing serious harm. It is imperative that signs of infection are detected and treated promptly and monitored.

Management of implants and peri-implant issues such as infection

The care of implants and treatment of peri-implant tissues is within the scope of practice of dental hygienists and dental therapists. Claims can arise when problems with an implant are not noted and addressed or, if appropriate, the patient advised to attend a dentist for further review. These problems could include swelling or inflammation of the gums, infection, peri-implantitis, bone loss around the implant, movement of the implant, or inadequate cleaning and maintenance by the patient.

Claimants or their solicitors being unaware of the remit of DCPs, so making allegations that are not applicable to their scope of care

Claims can be brought when it is not clear from the records that the treating clinician was a DCP and so the allegations made against them incorrectly apply the standards expected of a dentist. Alternatively, the claimant or their solicitors may be unaware of the remit of different groups of DCPs and so again make erroneous allegations. Fortunately, these claims are generally straightforward to clarify and refute.

As discussed in part one, it is imperative that DCPs only provide treatment that is appropriate to their scope of practice and skill level. It is also important to make clear and contemporaneous records as well as refer to a dentist if a treatment is outside their scope of practice.

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