



Public Health  
England

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# **General dentistry exposure prone procedure (EPP) categorisation**

Advice from the United Kingdom Advisory Panel for Healthcare Workers Infected with Bloodborne Viruses (UKAP)

## About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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## Executive summary

This exposure prone procedure (EPP) categorisation list is not exhaustive of all procedures carried out in dentistry, but is to be used as a guide only. Personal interpretation of the procedures listed in level zero has the potential to elevate risk. Bundling a higher risk activity (level 1 or 2) together with a level zero procedure automatically elevates it to level 1 or 2 (eg the decision to adopt the use of a high speed handpiece).

In any case of uncertainty about any of the procedures listed here, or procedures that have not been included, please contact the UKAP Secretariat for guidance at [ukap@phe.gov.uk](mailto:ukap@phe.gov.uk) or on 020 8327 6074 or 020 8327 6423.

For further information on types of General Dental Council (GDC) registrants including dental nurses and hygienists, and the scope of practice each registrant should have, please refer to the [GDC Scope of Practice](#).

## Exposure prone procedures (EPPs)

Provided appropriate infection prevention and control precautions are adhered to scrupulously at all times, the majority of clinical procedures (including many which are invasive) in the healthcare setting pose no risk of transmission of bloodborne viruses (BBVs) from an infected healthcare worker (HCW) to a patient, and can safely be performed.

Those procedures where an opportunity for HCW-to-patient transmission of BBV does exist are described as exposure prone, where injury to the HCW could result in the worker's blood contaminating the patient's open tissues. This is described as 'bleed-back'. The majority of HCWs do not perform EPPs.

EPPs include procedures where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times. Other situations, such as pre-hospital trauma care, should be avoided by HCWs restricted from performing EPPs, as they could also result in the exposure of the patient's open tissues to the blood of the worker.

The definition of EPPs given above embraces a wide range of procedures, in which there may be very different levels of risk of bleed-back. A risk-based categorisation of clinical procedures has been developed, including procedures where there is negligible risk of bleed-back (non-EPP) and three categories of EPPs with increasing risk of bleed-back.

The definitions and examples of categories 1, 2 and 3 are:

### Category 1

Procedures where the hands and fingertips of the worker are usually visible and outside the body most of the time and the possibility of injury to the worker's gloved hands from sharp instruments and/or tissues is slight. This means that the risk of the HCW bleeding into a patient's open tissues should be remote.

### Category 2

Procedures where the fingertips may not be visible at all times but injury to the worker's gloved hands from sharp instruments and/or tissues is unlikely. If injury occurs it is likely to be noticed and acted upon quickly to avoid the HCW's blood contaminating a patient's open tissues.

### Category 3

Procedures where the fingertips are out of sight for a significant part of the procedure, or during certain critical stages, and in which there is a distinct risk of injury to the worker's gloved hands from sharp instruments and/or tissues. In such circumstances it is possible that exposure of the patient's open tissues to the HCW's blood may go unnoticed or would not be noticed immediately.

#### Non-exposure prone procedures

Non-EPPs are those where the hands and fingertips of the worker are visible and outside the patient's body at all times, and internal examinations or procedures that do not involve possible injury to the worker's gloved hands from sharp instruments and/or tissues, are considered not to be exposure prone provided routine infection prevention and control procedures are adhered to at all times.

Examples in dentistry:

- intravenous sedation
- minor surface suturing
- incision of external abscesses

## General dentistry EPP categorisation

EPP category	Procedure
<p style="text-align: center;"><b>Level 1</b></p> <p>(Lowest risk of bleed-back)</p>	Local anaesthetic injections
	Interdental stripping with a rotary device or abrasive strips for orthodontic purposes
	Biopsy of lip
	Suture of lip
	Polishing of teeth or restorations using finishing burs in high-speed handpieces
	Suture removal where the hands or fingertips are not completely visible at all times
	Supra-gingival or sub-gingival scaling of teeth using hand instruments
<p style="text-align: center;"><b>Level 2</b></p> <p>(Intermediate risk of bleed-back)</p>	Use of high-speed hand pieces for procedures such as intra-coronal restorations and crown and bridge work
	Polishing, finishing or removing overhangs from restoration
	Periodontal surgery
	Root canal therapy
	Root end surgery eg apicectomies
	Extractions of teeth including packing and suturing of sockets
	Orthodontic procedures with fixed appliances
	Placement of temporary anchorage devices in the context of orthodontic practice
	All other dento-alveolar surgery including: <ul style="list-style-type: none"> <li>• surgical removal of impact/buried tooth/teeth;</li> <li>• surgical removal of complicated buried roots;</li> <li>• enucleation of cyst of jaw</li> </ul>
	Surgical removal of intra-oral soft tissues, including biopsies
	Frenotomy/frenectomy of tongue
	Suturing of intra-oral soft tissue injuries
Surgical placement of dental implant	
<p style="text-align: center;"><b>Level 3</b></p> <p>(Higher risk of bleed-back)</p>	NONE

More extensive oral and maxillo-facial surgery is outwith the present consideration of 'general dentistry'. Those procedures are considered as general surgery.

## Examples of non-EPPs in general dentistry

	Procedure
<p style="text-align: center;"><b>Level zero</b></p> <p>(NOT exposure prone, no risk of bleed-back)</p>	The taking of intra and extra-oral radiographs
	Visual and digital examination of the head and neck including soft tissue palpation
	Prescription of antibiotics or other drugs
	Routine oral examination, using mirror and any necessary probes
	All work associated with the construction or replacement of complete or partial dentures - excluding any prior surgical preparation of the hard or soft tissue
	Preventive procedures: oral hygiene instruction, fissure sealing, topical fluoride applications, saliva samples
	Taking impressions
	Topical application of, or irrigation with, therapeutic agents
	Suture removal where the hands or fingertips are completely visible at all times
	Supra-gingival or sub-gingival scaling of teeth using an ultrasonic/piezo-sonic scaler
	Polishing of teeth or restorations using a slow-speed hand piece with flexible polishing discs, polishing cups or brushes.
	Electro-cautery
	Use of laser when administered external to oral cavity
	Placement of dressings and temporary restorations not requiring tooth preparations
	Orthodontic procedures using removable appliances or aligner techniques eg Invisalign®, except where interdental stripping with an abrasive strip is required
	Re-implantation of tooth/teeth following trauma without bone removal
	Bleaching of teeth, excluding the use of any rotary instrument to provide access required for internal bleaching
Botox or fillers for modification of facial aesthetics administered external to oral cavity	