**Guidance on classification of exposure prone and non-exposure prone procedures in Australia 2017**

**Non-exposure prone procedures (non-EPPs)** are procedures where the hands and fingers of the healthcare worker (HCW) are visible and outside of the body at all times and procedures or internal examinations that do not involve possible injury to the HCW’s hands by sharp instruments and/or tissues, provided routine infection prevention and control procedures are adhered to at all times.

**Exposure prone procedures (EPPs)** are procedures where there is a risk of injury to the HCW resulting in exposure of the patient’s open tissues to the blood of the HCW. These procedures include those where the HCW’s hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) 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.

These lists are intended as a guide only and do not cover all eventualities and must be interpreted with caution. Moreover, it is recognised that variations in practice exist in Australia, and may change over time, especially as new procedures become available. It is therefore recommended that the over-arching EPP definition given is used primarily as guidance for deciding whether a particular practice/procedure is exposure prone or not.

The relevant specialist College can provide more detailed information about what procedures are considered exposure prone in their specialities.

Examples of procedures that are generally considered to be **non‑EPP but have the potential to escalate** to open or trauma procedures that will require access to a colleague who can perform EPPs include:

* **Minimally invasive procedures**: including laparoscopy, endovascular procedures, thoracoscopic procedures, Natural Orifice Transluminal Endoscopic Surgery (NOTES), cystoscopic procedures, arthroscopic procedures, and robotic surgery.
* **Trauma/emergency situations:** there is the risk in trauma/emergency situations that a previously non-EPP may escalate (and quickly) into an EPP. This context must be considered for paramedics, emergency department staff, and HCWs who work in rural or remote areas.

|  |  |  |
| --- | --- | --- |
| **Procedure** | **Exposure Prone** | **Not Exposure Prone** |
| General |   |  |
|   |  | Routine non trauma related vaginal or rectal examination, in absence of a sharp |
|   |   | Insertion and maintenance of arterial or intravenous cannulae whether inserted centrally or peripherally. |
|   |   | Open incision and drainage of superficial abscesses or haematomas |
|   |   |   Percutaneous drainage of abscesses, fluid collections or hematomas under radiation or ultrasound guidance |
|   |   | Suturing of uncomplicated skin lacerations |
|   Cardiothoracic |   |  |
|   | Generally all cardiothoracic procedures |  |
| Dentistry |   |  |
|   |  All maxillofacial surgery  | Extraction  of highly mobile or exfoliating teeth |
|   | All oral surgical procedures, | Assessment and management of removable dentures and mouthguards |
|   | the extraction of teeth (with some exceptions) | Taking impressions of teeth  |
|   | Periodontal  surgical procedures |  Apply decay preventive agents |
|   |  Endodontic surgical procedures | Removing dental plaque, calculus and stains  |
|   | Implant surgical procedures |  |
| Emergency/Trauma |   |  |
|   | Insertion of intercostal catheter, where the procedure requires insertion of the finger into the pleural cavity in a trauma situation. | Percutaneous insertion of intercostal catheter (e.g. Via Seldinger technique), where the procedure does not require insertion of the finger into the pleural cavity.Insertion of intercostal catheter, where the procedure requires insertion of the finger into the pleural cavity in a non-trauma situation. |
|   |  Reduction of facial or jaw fractures from within the oral cavity | Endotracheal intubation |
|   | Rectal or vaginal examination in the presence of suspected pelvic trauma | Bag-valve-mask ventilation |
|   | Placement of Thoracic Aortic clamp, packing a deep would in a body cavity, or or deep suturing to arrest haemorrhage | Simple suturing under direct vision |
|   | Internal cardiac massage  |  |
| General surgery  |   |  |
|   | Open abdominal or thoracic procedures | Excision of skin lesions.  |
|   |   | Breast surgery, where hands remain in view |
| Gynaecological |   |  |
|   |  Perineal surgery | Vaginal examination, in absence of a sharp |
|   | Transvaginal surgery | LaparoscopyColposcopy |
|   | Open abdominal gynaecological surgery | Surgical insertion of depot contraceptive implants/devices |
|  | local anaesthetic administered to the cervix other than under direct vision (i.e. with fingers concealed in the vagina) | fitting intrauterine contraceptive devices (coils) |
|  |  | Cone biopsy |
|  |  | Dilatation & curettage (D& C) |
| Neurosurgery |   |  |
|   | Any surgical procedures that involve exposure to sharp bone fragments eg trauma and some spinal surgery |  |
|  Obstetric or midwifery  |   |  |
|   | Caesarean birth | Vaginal examination, in absence of a sharp |
|   | Instrumental birth  | Vaginal egg collection provided fingers remain visible at all times when sharp instruments are in use |
|   |  Infiltration of the perineum with local anaesthetic  | Suction termination of pregnancy |
|   | Episiotomy |  |
|   |  Repair of an episiotomy or perineal/vaginal tear |  |
|   | Application of fetal scalp electrodes  |  |
|   | Fetal blood sampling |  |
| Orthopaedic  |   |  |
|   | Cutting or fixation of bones or the distant transfer of tissues from a second site (such as in a thumb reconstruction), | Closed fracture reduction |
|   | Open procedures where there is the possibility of: * bone fragments and/or bone spicules,
* mechanical drilling involved
* Deep tunnelling using sharp instruments
 | Diagnostic Arthroscopy |
|   | Endoscopic Carpal tunnel decompression |
|   |  |
|   |  |
| Otolaryngology, head and neck |   |  |
|   | Bony facial reconstructive surgery (elective or after trauma) | Otological procedures- eg stapedectomy/stapedotomy, insertion of ventilation tubes, insertion of a titanium screw for a bone anchored hearing aid |
|   |   | Most head and neck cancer operations except where fingers are not visible at all times |
|   |   | Most rhinological procedures  |
|   |   | Functional endoscopic sinus surgery (FESS) |
| Ophthalmology  |   |  |
|   | Orbital surgery | Routine ocular surgery |
|   | Oculoplastic and lacrimal surgery where bony reconstruction and bone fragments are involved |  |
| Paediatric Surgery |   |  |
|   | Open abdominal or thoracic procedures | Herniorraphy |
|   |   | Orchidopexy |
|   |   | Superficial procedures |
|  Plastic surgery |   |  |
|   | Extensive cosmetic procedures that involve bony reconstruction or | Excision of superficial lesions Superficial skin excision and reconstruction |
|   |  free tissue transfer involving bone or in the thorax |  |
| Urology |   |  |
|   | Open urological procedures | Image guided biopsies |
|   |   | Scrotal procedures |
| Vascular surgery |   |  |
|   | Open abdominal or thoracic vascular surgery | Carotid endarterectomy |
|   |   | Percutaneous dilatation, stenting or recanalization of arteries |
|   |   | Percutaneous treatment of varicose veins |
|   |   | Diagnostic angiography |
|   |   | Peripheral Embolectomy/Thrombectomy |