

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, the extraction of teeth (with some exceptions)	Assessment and management of removable dentures and mouthguards
	Periodontal surgical procedures	Taking impressions of teeth
	Endodontic surgical procedures	Apply decay preventive agents
	Implant surgical procedures	Removing dental plaque, calculus and stains
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.
	Reduction of facial or jaw fractures from within the oral cavity	Insertion of intercostal catheter, where the procedure requires insertion of the finger into the pleural cavity in a non-trauma situation.
	Rectal or vaginal examination in the presence of suspected pelvic trauma	Endotracheal intubation
	Placement of Thoracic Aortic clamp, packing a deep wound in a body cavity, or or deep suturing to arrest haemorrhage	Bag-valve-mask ventilation
	Internal cardiac massage	Simple suturing under direct vision
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	Laparoscopy Colposcopy

	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:	Diagnostic Arthroscopy
	<ul style="list-style-type: none"> • bone fragments and/or bone spicules, • mechanical drilling involved • Deep tunnelling using sharp instruments 	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