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# **Ear, Nose & Throat (ENT) and Oral and Maxillofacial Surgery (OMFS) Exposure Prone Procedure (EPP) Categorisation**

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

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## Executive Summary

This EPP categorisation list is not exhaustive of all procedures carried out in ENT and OMFS, but is to be used as a guide only. All listed procedures which have been categorised assume that they are being performed in isolation. Personal interpretation of the procedures listed in level zero has the potential to elevate risk. Bundling a higher risk activity (EPP level 1 or 2) together with a level zero procedure automatically elevates it to level 1 or 2.

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 0208 327 6074 or 0208 327 6902.

# 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. However, 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 of non-EPPs in ENT and OMFS:

- transtympanic electro-cochleography
- FESS: excision uncinata process and anterior ethmoid bulla, antrostomy/antral puncture, simple polypectomy and attention to turbinates (bilateral)
- laryngoscopy
- fiberoptic examination of trachea
- diagnostic/therapeutic bronchoscopy
- manipulation of mandible

# Ear, Nose and Throat Surgery EPP Categorisation

## External ear

EPP Category	Procedure
<p style="text-align: center;"><b>Level 1</b></p> <p>(Lowest risk of bleed-back)</p>	Total excision of pinna
	Excision accessory auricle/preauricular appendage
	Excision of preauricular sinus
	Excision of lesion of pinna
	Removal of multiple bony exostoses external auditory canal
	Pinnaplasty (including bilateral)
	Soft tissue meatoplasty of external auditory canal
	Drainage of haematoma/abscess of pinna
	Biopsy of lesion of pinna (as sole procedure)
	Repair of pinna
	Removal of solitary osteoma of external auditory canal
<p style="text-align: center;"><b>Level 2</b></p> <p>(Intermediate risk of bleed-back)</p>	Reconstruction of external ear for anotia/microtia using cartilage graft
	Reconstruction of external ear
	Reconstruction of external auditory canal
<p style="text-align: center;"><b>Level 3</b></p> <p>(Higher risk of bleed-back)</p>	<i>NONE IDENTIFIED</i>

Level Zero	Procedure
<p>(NOT exposure prone, no risk of bleed-back)</p>	Bony meatoplasty
	Aural toilet (including microsuction and/or suction of exteriorised mastoid cavity)
	Removal of foreign body from external auditory canal (and bilateral)
	Excision of lesion of external auditory canal

Middle ear and mastoid

EPP Category	Procedure
<p><b>Level 1</b> (Lowest risk of bleed-back)</p>	Combined approach tympanoplasty - intact canal wall tympanoplasty
	Ossiculoplasty
	Stapedectomy
	Middle ear tumour excision
	Middle ear polypectomy
	Radical mastoidectomy
	Modified radical mastoidectomy
	Simple mastoidectomy
	Revision of mastoidectomy
	Exploration of mastoid (facial nerve)
	Tympanoplasty using graft (includes myringoplasty)
	Tympanoplasty nec (includes myringoplasty)
	Tympanotomy and biopsy of lesion of middle ear
Revision stapedectomy	
<p><b>Level 2</b> (Intermediate risk of bleed-back)</p>	Radical mastoidectomy (including meatoplasty)
	Modified radical mastoidectomy (including meatoplasty)
	Simple mastoidectomy
	Revision of mastoidectomy (including meatoplasty)
	Exploration of facial nerve, mastoid segment
	Myringoplasty
	Exploration of entire middle ear course of VII
	Insertion of bone anchored implant (BAHA)
	Drainage of petrous apex for sepsis
<p><b>Level 3</b> (Higher risk of bleed-back)</p>	<p><i>NONE IDENTIFIED</i></p>

See non-EPPs overleaf



	Procedure
<p><b>Level Zero</b></p> <p>(NOT exposure prone, no risk of bleed-back)</p>	Myringotomy and insertion of tube through tympanic membrane (and bilateral)
	Suction clearance of middle ear (as sole procedure)
	Myringotomy (and bilateral)
	Insertion of ventilation tube through tympanic membrane (includes insertion of grommets)
	Incision of ear drum (includes exploration of middle ear)
	Removal of grommets
	Diagnostic tympanotomy (as sole procedure)
	Tympanic neurectomy
	Examination of ear under general anaesthetic (as sole procedure)

Inner ear

EPP Category	Procedure
<p><b>Level 1</b> (Lowest risk of bleed-back)</p>	<p>Operations on cochlea</p>
<p><b>Level 2</b> (Intermediate risk of bleed-back)</p>	<p>Excision of acoustic neuroma (vestibular schwannoma) - tumours less than 2.5cm (performed by single surgeon)</p>
	<p>Excision of acoustic neuroma (vestibular schwannoma) - tumours more than 2.5cm or compressing brain stem (performed by single surgeon)</p>
	<p>Insertion of cochlear implant</p>
	<p>Operation(s) on endolymphatic sac</p>
	<p>Membranous labyrinthectomy</p>
<p><b>Level 3</b> (Higher risk of bleed-back)</p>	<p>Osseous labyrinthectomy</p>
	<p><i>NONE IDENTIFIED</i></p>

<p><b>Level Zero</b> (NOT exposure prone, no risk of bleed-back)</p>	<p><b>Procedure</b></p>
	<p>Transtympanic electro-cochleography</p>
	<p>Transtympanic chemical labyrinthectomy</p>

Nose and nasal cavity

EPP Category	Procedure
<p><b>Level 1</b> (Lowest risk of bleed-back)</p>	Septorhinoplasty +/- graft/implant following trauma or excision of tumour (including attention to turbinates)
	Rhinoplasty following trauma or excision of tumour (including attention to turbinates)
	Submucous resection of nasal septum
	Excision of lesion of septum of nose
	Biopsy of septum of nose
	Closure of perforation of septum of nose
	Incision of septum of nose
	Septoplasty of nose (including attention to turbinates)
	Reduction turbinates of nose (trim, radical excision)
	Excision of lesion of turbinate of nose
	Biopsy of lesion of turbinate of nose
	Cauterisation of turbinate of nose
	Ligation of artery of internal nose (including endoscopic, as sole procedure)
	Packing of cavity of nose (as sole procedure)
	Polypectomy of internal nose (and bilateral, including endoscopic)
	Excision of lesion of internal nose
Removal of foreign body from cavity of nose	
Excision of lesion of external nose	
<p><b>Level 2</b> (Intermediate risk of bleed-back)</p>	Total excision of nose
Correction of congenital atresia of choana (including endoscopic)	
<p><b>Level 3</b> (Higher risk of bleed-back)</p>	<i>NONE IDENTIFIED</i>

See non-EPPs overleaf

<p><b>Level Zero</b></p> <p>(NOT exposure prone, no risk of bleed-back)</p>	<p><b>Procedure</b></p>
	<p>Nasal septum cauterisation (and bilateral)</p>
	<p>Reduction turbinates of nose (laser, diathermy, out fracture etc)</p>
	<p>Division of adhesions of turbinate of nose (and bilateral)</p>

Nasal sinuses

EPP Category	Procedure
<p><b>Level 1</b> (Lowest risk of bleed-back)</p>	Caldwell-Luc approach to maxillary sinus
	Antral puncture and washout (and bilateral)
	Intranasal antrostomy including endoscopic and antral washout (including bilateral)
	External frontoethmoidectomy
	Trephining of frontal sinus
	Intranasal ethmoidectomy*
	External ethmoidectomy including endoscopic
	Operations on nasal sinus unspecified*
	Operations on sphenoid sinus*
<p><b>Level 2</b> (Intermediate risk of bleed-back)</p>	Vidian neurectomy (including endoscopic)
	Closure of oro-antral fistula
	Bone flap to frontal sinus (and bilateral)
	Median drainage of frontal sinus (modified Lothrop procedure)
<p><b>Level 3</b> (Higher risk of bleed-back)</p>	Lateral rhinotomy into sinuses
	Cranio-Facial resection
<p>* If endoscopic, then category 0</p>	

	Procedure
<p><b>Level Zero</b> (NOT exposure prone, no risk of bleed-back)</p>	Endoscopic balloon dilation frontal sinuplasty
	Endoscopic balloon dilation maxillary sinuplasty
	Endoscopic balloon dilation sphenoid sinuplasty
	FESS: excision uncinata process and anterior ethmoid bulla, antrostomy/antral puncture, simple polypectomy and attention to turbinates (bilateral)
	Sub-total FESS (functional endoscopic sinus surgery)
	Image guided endoscopic frontal, sphenoid and/or ethmoid sinus surgery (FESS)
	Endoscopic exploration frontal sinus beyond frontoethmoid recess
	Diagnostic endoscopy of sinus and bilateral (as sole procedure)
	Manipulation under anaesthesia of fractured nose (as sole procedure)
	Endoscopic operation(s) on sphenoid sinus
	Endoscopic transnasal repair of leaking CSF
	Dacryocystorhinostomy (endoscopic/laser assisted) (including insertion and later removal of tube)

Throat

EPP Category	Procedure
<p><b>Level 1</b> (Lowest risk of bleed-back)</p>	Adenoidectomy†
	Operation(s) on pharyngeal pouch (exterior approach)
	Diagnostic endoscopic examination of pharynx/larynx (including biopsy) (as sole procedure)
	Drainage of peritonsillar abscess ("quinsy")
	Bilateral laser tonsillectomy
	Coablation tonsillectomy
<p><b>Level 2</b> (Intermediate risk of bleed-back)</p>	Extracorporeal septoplasty
	Tonsillectomy - child (and bilateral)
	Tonsillectomy - adult (and bilateral)
	Adenotonsillectomy (and bilateral)
	Intracapsular tonsillar reduction (partial tonsillectomy)
	Excision of lingual tonsil
	Arrest of haemorrhage following tonsillectomy/adenoidectomy
<p><b>Level 3</b> (Higher risk of bleed-back)</p>	Total pharyngectomy
	Partial pharyngectomy
	Repair of pharynx
	Open excision of lesion of pharynx
<p>† If suction diathermy, then category 0</p>	

EPP Category	Procedure
<p><b>Level Zero</b> (NOT exposure prone, no risk of bleed-back)</p>	Therapeutic endoscopic operation on pharynx
	Pharyngeal pouch - endoscopic procedures

Larynx and trachea

EPP Category	Procedure
<p><b>Level 1</b> (Lowest risk of bleed-back)</p>	Glottoplasty
	Insertion of voice prosthesis (TOF)
	Mini-tracheostomy (percutaneous)
	Surgical cricothyroidotomy
<p><b>Level 2</b> (Intermediate risk of bleed-back)</p>	Pharyngeal myotomy
	Reconstruction of larynx with graft
	Tracheostomy
<p><b>Level 3</b> (Higher risk of bleed-back)</p>	Reconstruction using stomach pull up following pharyngolaryngectomy
	Reconstruction free jejunal graft following pharyngolaryngectomy
	Total laryngectomy
	Horizontal supra-glottic laryngectomy
	Vertical hemi-laryngectomy
	Partial laryngectomy
	Laryngofissure and cordectomy of vocal cord
	Laryngofissure
	Laryngectomy nec (including neck dissection)
	Sub-total laryngectomy
	Partial excision of trachea with reconstruction
	Tracheoplasty
Tracheoplasty for congenital conditions	

EPP Category	Procedure
<p><b>Level Zero</b> (NOT exposure prone, no risk of bleed-back)</p>	Corpectomy (endoscopic)
	Laser surgery to vocal cord (including microlaryngoscopy)
	Microlaryngoscopy/laryngoscopy +/- endoscopic excision of lesion of larynx
	Injection into larynx
	Laryngoscopy/endoscopy with or without biopsy

Fibreoptic endoscopic procedures (general anaesthetic or local anaesthetic)

EPP Category	Procedure
<p><b>Level 1</b></p> <p>(Lowest risk of bleed-back)</p>	Panendoscopy +/- incisional biopsy
	Therapeutic panendoscopy +/- excision biopsy, excision or destruction of lesions
<p><b>Level 2</b></p> <p>(Intermediate risk of bleed-back)</p>	<i>NONE IDENTIFIED</i>
<p><b>Level 3</b></p> <p>(Higher risk of bleed-back)</p>	<i>NONE IDENTIFIED</i>

	Procedure
<p><b>Level Zero</b></p> <p>(NOT exposure prone, no risk of bleed-back)</p>	Fibreoptic examination of trachea (including biopsy/removal of foreign body)
	Therapeutic bronchoscopy (including laser, cryotherapy, lavage, snare, dilatation of stricture, insertion of stent)
	Dilatation of tracheal stricture (including insertion of stent)
	Fibreoptic endoscopic irrigation of lower respiratory tract (bronchial lavage) - diagnostic or therapeutic
	Dilatation of bronchial stricture by fibreoptic bronchoscope
	Fibreoptic examination of trachea and bronchus including biopsy/removal of foreign body ( includes transbronchial biopsy)
	Therapeutic bronchoscopy for removal of foreign body
	Diagnostic bronchoscopy +/- biopsy



# Oral and Maxillofacial Surgery EPP Categorisation

Cranium, cranial nerves and cranial vessels

EPP Category	Procedure
<p><b>Level 1</b> (Lowest risk of bleed-back)</p>	<p><i>NONE IDENTIFIED</i></p>
<p><b>Level 2</b> (Intermediate risk of bleed-back)</p>	<p>Surgery for craniostenosis (single suture)</p>
	<p>Surgery for craniostenosis (more than one suture)</p>
	<p>Excision of lesion of cranial nerve (intracranial)</p>
	<p>Excision of arteriovenous malformation of major vessel excluding brain</p>
<p><b>Level 3</b> (Higher risk of bleed-back)</p>	<p>Reconstructive cranioplasty</p>
	<p>Total petrosectomy (for tumour)</p>
	<p>Lateral petrosectomy (for tumour)</p>

EPP Category	Procedure
<p><b>Level Zero</b> (NOT exposure prone, no risk of bleed-back)</p>	<p><i>NONE IDENTIFIED</i></p>

Peripheral nerves

EPP Category	Procedure
<p><b>Level 1</b> (Lowest risk of bleed-back)</p>	Primary repair of peripheral nerve‡
	Secondary repair of peripheral nerve and mobilisation‡
	Primary repair of nerve trunk‡
<p><b>Level 2</b> (Intermediate risk of bleed-back)</p>	<i>NONE IDENTIFIED</i>
<p><b>Level 3</b> (Higher risk of bleed-back)</p>	<i>NONE IDENTIFIED</i>
<p>‡ If deeply place, then category 2</p>	

	Procedure
<p><b>Level Zero</b> (NOT exposure prone, no risk of bleed-back)</p>	Transtympanic electro-cochleography

Eye and orbital contents

EPP Category	Procedure
<p><b>Level 1</b> (Lowest risk of bleed-back)</p>	<p>NONE IDENTIFIED</p>
<p><b>Level 2</b> (Intermediate risk of bleed-back)</p>	<p>Reconstruction of cavity of orbit§ Removal of foreign body from orbit Exploration of orbit (as sole procedure) Open reduction and fixation of fracture of orbit ( in isolation)¶</p>
<p><b>Level 3</b> (Higher risk of bleed-back)</p>	<p>NONE IDENTIFIED</p>
<p>§ Involves sharp bits of bone, drills, plates etc ¶ If extensive, comminuted fracture with bony fragments, then category 3</p>	

EPP Category	Procedure
<p><b>Level Zero</b> (NOT exposure prone, no risk of bleed-back)</p>	<p>Dacryocystorhinostomy with/without insertion of tube</p>

Face and jaws

EPP Category	Procedure
<p><b>Level 1</b> (Lowest risk of bleed-back)</p>	Closed reduction of fracture of maxilla
	Closed reduction of fracture of zygomatic complex of bones
	Extraoral fixation of maxilla
	Removal of fixation from bone of face
	Biopsy of lesion of bone of face
	Extraoral fixation of mandible
<p><b>Level 2</b> (Intermediate risk of bleed-back)</p>	Facelift following disease or trauma
	Browlift (following nerve damage)
	Prosthetic replacement of temporomandibular joint
	Buccal flaps to repair soft palate
	Open reduction of fracture of maxilla (not including IMF)¶
	Open reduction of fracture of zygomatic complex of bones¥
	Partial excision of mandible
	Total excision of mandible nec
	Excision of lesion of mandible
	Biopsy of lesion of bone of face
	Intraarticular arthroplasty of temporomandibular joint
	Meniscectomy of temporomandibular joint
	Alveolar bone graft – unilateral
	Alveolar bone graft – bilateral
<p><b>Level 3</b> (Higher risk of bleed-back)</p>	Division of bone of face (osteotomy of maxilla)
	Formal maxillectomy or hemi-maxillectomy for malignancy
	Internal fixation of maxilla nec
	Open reduction of fracture of mandible
	Closed reduction of fracture of mandible with arched bars or wires
	Closed reduction of fracture of mandible with brackets or splints
	Intermaxillary fixation of mandible
	Removal of fixation from mandible
	Reconstruction of mandible

	Open reduction and fixation of nasal ethmoidal fracture
	Osteotomy of maxilla (and bilateral)
	Partial maxillectomy for malignancy
	Hemi-maxillectomy for malignancy
	Excision of lesion of jaw
	Backward/forward sliding mandibular osteotomy
<p>¶ If extensive, comminuted fracture with bony fragments, then category 3                  ¥ If simple elevation, then category 1, if comminuted fracture requiring plating and screws, then category 2</p>	

<p><b>Level Zero</b></p> <p>(NOT exposure prone, no risk of bleed-back)</p>	<b>Procedure</b>
	Manipulation of mandible
	Reduction of dislocation of temporomandibular joint
	Arthroscopy of temporomandibular joint
	Arthrocentesis

Lips

EPP Category	Procedure
<p><b>Level 1</b> (Lowest risk of bleed-back)</p>	Excision of vermillion border of lip and advance of mucosa of lip
	Excision of lesion of lip
	Primary closure of cleft lip
	Revision of primary closure of cleft lip
	Reconstruction of lip using tongue flap
	Reconstruction of lip using skin flap
	Suture of lip
	Biopsy of lesion of lip
<p><b>Level 2</b> (Intermediate risk of bleed-back)</p>	<p><i>NONE IDENTIFIED</i></p>
<p><b>Level 3</b> (Higher risk of bleed-back)</p>	<p><i>NONE IDENTIFIED</i></p>
<p><b>Level Zero</b> (NOT exposure prone, no risk of bleed-back)</p>	<p><b>Procedure</b></p>
	<p><i>NONE IDENTIFIED</i></p>

Tongue

EPP Category	Procedure
<p><b>Level 1</b> (Lowest risk of bleed-back)</p>	Biopsy of lesion of tongue
	Excision of frenulum of tongue/frenotomy of tongue
	Freeing of adhesions of tongue
<p><b>Level 2</b> (Intermediate risk of bleed-back)</p>	Excision/destruction of lesion of tongue
	Tongue flap – first stage
	Tongue flap – second stage
	Suture of tongue
<p><b>Level 3</b> (Higher risk of bleed-back)</p>	Total glossectomy (including neck dissection)
	Partial glossectomy (including neck dissection)

EPP Category	Procedure
<p><b>Level Zero</b> (NOT exposure prone, no risk of bleed-back)</p>	<p><i>NONE IDENTIFIED</i></p>

Palate

EPP Category	Procedure
<p><b>Level 1</b> (Lowest risk of bleed-back)</p>	Suture of palate
	Biopsy of lesion of palate (includes biopsy of palate)
	Incision of palate
	Operations on uvula
<p><b>Level 2</b> (Intermediate risk of bleed-back)</p>	Excision/destruction of lesion of palate
	Primary repair of cleft palate
	Revision of repair of cleft palate
	Pillar procedure for prevention of snoring
	Plastic repair of palate using flap of palate
	Plastic repair of palate using flap of mucosa
<p><b>Level 3</b> (Higher risk of bleed-back)</p>	<i>NONE IDENTIFIED</i>

EPP Category	Procedure
<p><b>Level Zero</b> (NOT exposure prone, no risk of bleed-back)</p>	<i>NONE IDENTIFIED</i>



Mouth cavity

EPP Category	Procedure
<p><b>Level 1</b> (Lowest risk of bleed-back)</p>	Suture of mouth
	Biopsy of (lesion of) mouth
<p><b>Level 2</b> (Intermediate risk of bleed-back)</p>	Vestibuloplasty of mouth
	Excision of lesion of mouth
	Reconstruction of mouth using flap
	Reconstruction of mouth using graft
	Graft of skin to mouth
	Graft of mucosa to mouth
<p><b>Level 3</b> (Higher risk of bleed-back)</p>	<i>NONE IDENTIFIED</i>

EPP Category	Procedure
<p><b>Level Zero</b> (NOT exposure prone, no risk of bleed-back)</p>	<i>NONE IDENTIFIED</i>

Salivary glands

EPP Category	Procedure
<p><b>Level 1</b> (Lowest risk of bleed-back)</p>	Open extraction of calculus from submandibular duct*
	Open Manipulative removal of calculus from parotid duct*
	Fine needle aspiration of parotid gland
	Therapeutic sialendoscopy
<p><b>Level 2</b> (Intermediate risk of bleed-back)</p>	Excision of salivary gland
	Total/partial excision of parotid gland (and preservation of facial nerve)
	Excision of parotid gland (and preservation of facial nerve)
	Excision of submandibular gland
	Excision of sublingual gland
	Excision of lesion of parotid gland
	Excision of lesion of submandibular gland
	Excision of lesion of sublingual gland
	Open biopsy of lesion of salivary gland
	Transposition of parotid duct (including bilateral)
	Transposition of submandibular duct (including bilateral)
Transposition of submandibular duct (including bilateral)	
<p><b>Level 3</b> (Higher risk of bleed-back)</p>	Incision or drainage of abscess or haematoma of salivary glands (i.e. including submandibular, parotid and sublingual glands)
* If endoscopic, then category 0	

EPP Category	Procedure
<p><b>Level Zero</b> (NOT exposure prone, no risk of bleed-back)</p>	Dilation of parotid duct

Teeth

EPP Category	Procedure
<p><b>Level 1</b> (Lowest risk of bleed-back)</p>	<p>Replantation of tooth (following trauma)</p>
<p><b>Level 2</b> (Intermediate risk of bleed-back)</p>	<p>Apicectomy</p>
	<p>Transplantation of tooth</p>
	<p>Exposure of buried tooth</p>
<p><b>Level 3</b> (Higher risk of bleed-back)</p>	<p>Surgical removal of impacted/buried tooth</p>
	<p>Surgical removal of retained root of tooth</p>
	<p>Enucleation of dental cyst of jaw</p>

	Procedure
<p><b>Level Zero</b> (NOT exposure prone, no risk of bleed-back)</p>	<p><i>NONE IDENTIFIED</i></p>

Neck

EPP Category	Procedure
<p><b>Level 1</b> (Lowest risk of bleed-back)</p>	<p><i>NONE IDENTIFIED</i></p>
<p><b>Level 2</b> (Intermediate risk of bleed-back)</p>	<p>Biopsy/sampling of cervical lymph nodes</p>
	<p>Excision of branchial cyst</p>
	<p>Closure of branchial fistula</p>
<p><b>Level 3</b> (Higher risk of bleed-back)</p>	<p>Radical dissection of cervical lymph nodes</p>
	<p>Selective dissection of cervical lymph nodes, Levels 1 to 4</p>
	<p>Selective dissection of cervical lymph nodes, Levels 1 to 5 (+/-6)</p>

EPP Category	Procedure
<p><b>Level Zero</b> (NOT exposure prone, no risk of bleed-back)</p>	<p><i>NONE IDENTIFIED</i></p>

Thyroid and parathyroid glands

EPP Category	Procedure
<p><b>Level 1</b> (Lowest risk of bleed-back)</p>	<p>Core biopsy of thyroid gland</p>
<p><b>Level 2</b> (Intermediate risk of bleed-back)</p>	<p>Total thyroidectomy</p> <p>Subtotal thyroidectomy</p> <p>Hemithyroidectomy</p> <p>Total thyroid lobectomy &amp; Isthmectomy</p> <p>Partial thyroidectomy nec</p> <p>Excision of lesion of thyroid gland</p> <p>Parathyroidectomy</p> <p>Parathyroid : re-operation</p> <p>Thyroplasty (Isshiki type 1)</p>
<p><b>Level 3</b> (Higher risk of bleed-back)</p>	<p>Operations on aberrant thyroid tissue (including retrosternal)</p> <p>Excision of thyroglossal cyst</p> <p>Excision of thyroglossal tract</p> <p>Mediastinal parathyroidectomy with sternotomy</p> <p>Isthmectomy of thyroid gland</p> <p>Thyroid : re-operation</p>

EPP Category	Procedure
<p><b>Level Zero</b> (NOT exposure prone, no risk of bleed-back)</p>	<p>Fine needle aspiration of thyroid gland</p>

Vascular

EPP Category	Procedure
<p><b>Level 1</b> (Lowest risk of bleed-back)</p>	<p>Biopsy of artery (including temporal) (as sole procedure)</p>
<p><b>Level 2</b> (Intermediate risk of bleed-back)</p>	<p>Sentinel node biopsy (except where otherwise listed) Sampling/excision or biopsy of cervical lymph nodes Microsurgical repair of artery</p>
<p><b>Level 3</b> (Higher risk of bleed-back)</p>	<p>Excision of paraganglioloma Neck dissection (any) Excision of cystic hygroma Excision of arteriovenous malformation of major vessel Repair of acquired arteriovenous fistula</p>
<p><b>Level Zero</b> (NOT exposure prone, no risk of bleed-back)</p>	<p><b>Procedure</b>  <i>NONE IDENTIFIED</i></p>

Skin and subcutaneous tissue

EPP Category	Procedure
<p><b>Level 1</b> (Lowest risk of bleed-back)</p>	<p>Primary suture of wound with involvement of deeper tissue</p>
<p><b>Level 2</b> (Intermediate risk of bleed-back)</p>	<p>Lesion of skin requiring wide excision (including rodent ulcer excision)</p>
	<p>Incision of lesion of skin nec (Drainage of large subcutaneous abscess/haematoma)</p>
	<p>Drainage of large subcutaneous abscess/haematoma</p>
<p><b>Level 3</b> (Higher risk of bleed-back)</p>	<p>Removal of foreign body in deeper tissues</p>
	<p>Debridement and primary suture of wound with involvement of deeper tissue - Head &amp; Neck</p>

EPP Category	Procedure
<p><b>Level Zero</b> (NOT exposure prone, no risk of bleed-back)</p>	<p><i>NONE IDENTIFIED</i></p>

Other

EPP Category	Procedure
<p><b>Level 1</b> (Lowest risk of bleed-back)</p>	<p><i>NONE IDENTIFIED</i></p>
<p><b>Level 2</b> (Intermediate risk of bleed-back)</p>	<p>Osseointegrated implants Maxillary distraction osteogenesis Mandibular distraction osteogenesis</p>
<p><b>Level 3</b> (Higher risk of bleed-back)</p>	<p><i>NONE IDENTIFIED</i></p>

	Procedure
<p><b>Level Zero</b> (NOT exposure prone, no risk of bleed-back)</p>	<p><i>NONE IDENTIFIED</i></p>