

**Use of extra-oral radiography instead of intra-oral radiography to reduce risk from COVID-19**

|  |  |
| --- | --- |
| Version 1.0  | 15/05/2020 |
| Version 2.0 | 16/06/2020 |

# Use of extra-oral radiography instead of intra-oral radiography to reduce risk from COVID-19

|  |  |
| --- | --- |
| **Action** | **Decision** |
| Are you considering using extra-oral radiography as an alternative to intra-oral radiography in order to minimise any additional risks to the clinical members of staff from the patient’s saliva generation? | You should give careful consideration to this alternative. A panoramic (e.g. OPG) exposure, or even a cone beam CT exposure, will increase the effective radiation dose that the patient receives. An IRMER practitioner is required to justify and authorise every radiographic exposure, based on information provided by the referrer (which may the same person), taking into account their own judgment as well as published guidance, e.g. the third edition of the Faculty of General Dental Practitioners “Selection Criteria for Dental Radiography”.Note: an extra-oral radiographic image may not provide all the necessary diagnostic information for the operator to clinically evaluate properly; conversely the radiographic image will contain a significant increase in the information provided and this must be clinically evaluated (reported on), even if it is outside the area of interest to the radiographic examination taken. |
| You have decided to use intra-oral radiography, so will ancillary equipment, such as an image receptor holder, be placed within the patient’s mouth that may increase the probability of coughing and/or a gag reflex that may result in the patient expelling saliva? | Ensure appropriate infection control personal protective equipment (PPE) is worn by the person(s) undertaking this procedure (based on risk assessment). |
| You have decided to refer for and use extra-oral radiography instead of intra-oral radiography; so, what do I need to do as an IRMER practitioner? | Justify the use of an extra-oral exposure, in place of an intra-oral exposure, and demonstrate that radiation doses have been kept as low as is reasonably practicable (ALARP), e.g. by use of x-ray beam limiting devices. |
| Who should I ask for additional advice, if required? | You should discuss any changes in radiographic procedures with **your appointed medical physics expert (MPE)** before you make the decision to use alternative radiographic procedures and equipment. |

**Practice Checklist on Closure and Reopening**

This log should be completed prior to ceasing use of the x-ray equipment and the equipment being isolated

from the mains supply. It should then be completed prior to the x-ray equipment being back into use for dental radiography.

**Manufacturer and model: ………………………………………………………………………...**

**Serial number: ………………………………**

**Location (eg Surgery 1): ………………………………**

|  |  |
| --- | --- |
| **Check** | **Satisfactory? (YES/NO)** |
| Mains on warning light(s) |  |
| X-rays on warning light(s) |  |
| Audible x-ray exposure alarm (if provided) |  |
| ‘Deadman’ exposure switch / emergency stop operation |  |
| Mains supply isolation switch correctly labelled and operational |  |
| Intra-oral counterbalance (enter ‘NA’ if not applicable) |  |
| OPG/cephalometric/cone beam CT rotational or scanning motion(enter ‘NA’ if not applicable) |  |
| Condition of x-ray tubehead |  |
| No evidence of mineral oil leakage from x-ray tubehead |  |
| Condition of exposure switch cable (enter ‘NA’ if not applicable) |  |
| Condition of x-ray timer control unit |  |

**Note**: It is advised that specific advice is sought from the x-ray equipment manufacturer

about the re-initiation of the x-ray set use after a period of disuse.

|  |
| --- |
| **Is further action required following check? YES/NO*****If any of the above checks are deemed to be unsatisfactory, alert the Radiation Protection Supervisor and the employer*** |
| **Detail actions required:**  |

**Checks carried out by (enter name): ………………………………**

**Date of checks: ………………………………**