**Section 2 2 F9 Employers written protocol for each type of exposure**

All dental practices require to have a protocol in place for each type of radiograph undertaken. In general dental practice this generally will be only periapical and bitewing radiographs. However if other radiographs are undertaken such as cephs or OPGs then a written protocol requires to be in place for these too.

You should ensure that a set of Employer’s Written Protocols, covering every type of standard radiological practice, is available for the inspector to view. Protocols are required for both adults and children. As with the Employer’s Written Procedures, these documents should be quality controlled i.e. with a header and footer, version number, author and dates of both publication and review.

Employer’s Written Protocols under IRMER differ from Employer’s Written Procedures in that duty holders are not legally obliged to follow these instructions without deviation. They allow for professional latitude in approach, for example, in adjustment of X-ray machine settings to suit a particular patient.

Please see example for an OPG

OPG exposure in Adult patients

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| --- | --- |
| Clinical indication | Comments |
| Unusual eruption patterns Unusual morphology Extensive and general periodontal breakdown | Whole mouth is required |
| Impacted teeth on one side | Select setting that includes the side required only |
| Delayed eruption Unexplained missing teeth | Limit the area of the jaw imaged to the minimum area required |
| Assessment of wisdom teeth prior to planned surgical intervention | Select setting to cover the wisdom teeth and not the whole mouth, unless specifically requested |

OPG exposure in Child patients up to 16 years

|  |  |
| --- | --- |
| Clinical indication | Comments |
| Unusual eruption patterns Unusual morphology | Limit the area of the jaw imaged to the minimum area required |
| Delayed eruption Unexplained missing teeth | Limit the area of the jaw imaged to the minimum area required |
| Prior to orthodontic treatment for assessment of developing dentition when patient is aged 12-13 years | Image dentition image only – no condyles |

Bitewings Adults Over 16 years

|  |  |  |
| --- | --- | --- |
| Clinical indications | Individual characteristics | Comments |
| * As a baseline for new patients * Detection of caries * Assessment of existing restorations * Assessment of periodontal status | Frequency of radiographs dependant on patient risk following clinical assessment  Frequency for   * High risk ? months * Moderate risk ? months * Low risk ? months | Teeth to be included are mesial of the first premolar to distal of wisdom tooth ( mesial of 4 to distal of 8) |

Bitewings Child patients up to 16 years

|  |  |  |
| --- | --- | --- |
| Clinical indications | Individual characteristics | Comments |
| * Prior to orthodontic referral * Detection of dental caries * Monitoring the progression of dental caries | **Following caries risk assessment**   * 4-5years High Caries Risk consider initial BWs * 6-16 years consider BWs if not taken in the previous 12-18 months * 6-16 years * High caries risk consider BWs if not taken in the previous 6-12 months | To include mesial of the D or 4 to distal of the 6 or 7  dependent upon eruption |

Periapicals Adults

|  |  |  |
| --- | --- | --- |
| Clinical indications | Individual characteristics | comments |
| * Detection of apical infection * Assessment of periodontal status * After trauma to assess root and alveolar bone * Assessment of presence and position of unerupted teeth * Assessment of root morphology prior to extraction * Evaluation of apical cysts or other lesions within alveolar bone * Clinical suspicion of retained root * Pre and post RCT * Evaluation of implants post operatively * Additional as appropriate | As deemed necessary | To include apex to crown as appropriate |

Periapical children up to 16 years

|  |  |  |
| --- | --- | --- |
| Clinical indications | Individual characteristics | comments |
| * Detection of apical infection * After trauma to assess root and alveolar bone * Assessment of presence and position of unerupted teeth * Assessment of root morphology prior to extraction * Evaluation of apical cysts or other lesions within alveolar bone * Clinical suspicion of unusual anatomy * Pre and post RCT * Additional as appropriate | As deemed necessary | To include apex to crown as appropriate |