



INGRAM DENTAL CENTRE - COVID-19 SAFETY PLAN

Updated May 28th, 2020

About COVID-19

Coronaviruses are a large family of viruses that can cause diseases ranging from the common cold to more severe diseases such as Severe Acute Respiratory Syndrome (SARS). COVID -19 is an infectious disease caused by the novel corona virus SARS-CoV-2.

Common symptoms include fever, cough, fatigue, shortness of breath, loss of taste and smell. Although the majority of the cases are mild, some will progress to more severe symptoms such as acute respiratory distress syndrome (ARDS), multi-organ failure, septic shock and death. The incubation period between exposure and illness is anywhere from 2-14days with the mean of 5 days.

COVID-19 is most commonly transmitted through large droplets produced when a person infected either coughs or sneezes. These droplets can enter through the eyes, nose and mouth of anyone in close contact with the infected person. The virus can also be aerosolized which then land on high contact surfaces which than can be transmitted to another person by touching their eyes, nose and/or mouth with unwashed hands. As stated on the WHO website:

People can catch COVID-19 from others who have the virus. The disease spreads primarily from person to person through small cough droplets from the nose or mouth, which are expelled when a person with COVID-19 coughs, sneezes or speaks. These droplets are relatively heavy, do not travel far and quickly sink to the ground. People can catch COVID-19 if they breathe in these droplets from a person infected with the virus. This is why it is important to stay 1 meter away from others. These droplets can land on objects and surfaces around the person such as tables, doorknobs and handrails. People can become infected by touching these objects or surfaces, then touching their eye, nose or mouth. This is why it is important to wash your hands regularly with soap and water or clean with alcohol-based hand rub.

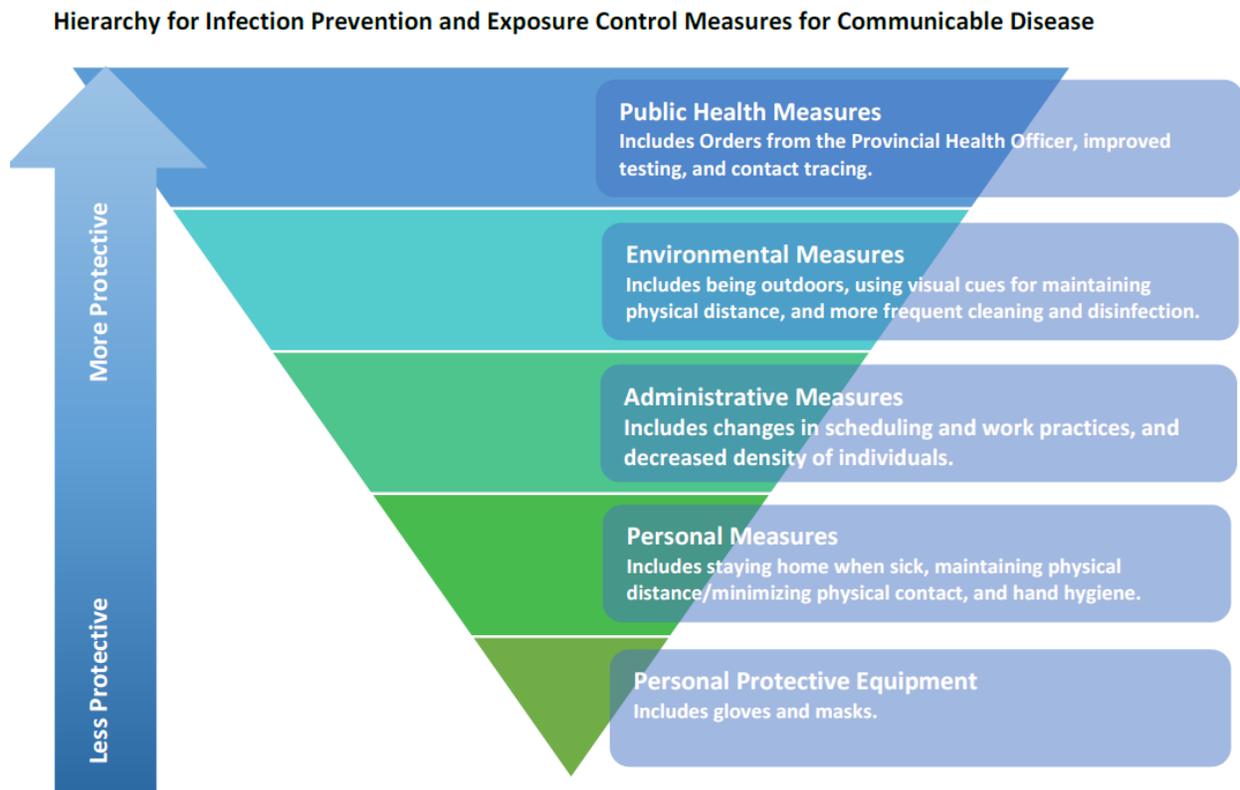
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-coronaviruses>

As most dental procedure require having multiple people in close proximity, utilizing instrumentation that causes aerosols and working in the oral environment we have an increased risk of being infected with COVID-19 and transmitting this disease to each other, our patients and our families. These risks

include direct contact with aerosolized viral particles through mucous membranes or contact with a contaminated surface followed by touching eyes, nose, mouth without completing the appropriate hand hygiene.

Infection Prevention and Exposure Control Measures

“A hierarchy of infection prevention and exposure control measures for communicable disease describes the measures that can be taken to reduce the transmission of COVID-19.”



http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_IPCGuidelinesCommunityBasedAlliedHCPsClinicSettings

Based on this data and from information provided by the PHO, BCCDC, BCDA, CDSBC and WorkSafe BC I have created the following document to outline our new policies and procedure to move forward and return to work during phase 2 of in this unprecedented times.

Environmental Measures

- 1) Plexiglass barrier will be placed at the reception desk.
- 2) All cloth chairs will be replaced with chairs that are easily cleaned and will be 2 meters apart in the waiting room.
- 3) All magazines and toys will be removed.
- 4) Taped off areas to ensure safe physical distancing.
- 5) Hand hygiene stations set up in strategic locations with appropriate signage.
- 6) Cleaning/disinfecting of all high contact areas before and after every patient as well as periodically through the day.
- 7) POS will be covered to ensure easy disinfection between use and payment utilizing 'tap' will be encouraged or payment over the phone.
- 8) Clear separation in office for clinical staff and non-clinical staff.

Administrative Measures

- 1) The dental office is closed to all persons (team members included) that are not scheduled to be at office that day either to work or to be seen as a patient.

- All doors will be locked at all time and only expected persons or deliveries will be let in by the designated employee.

- Deliveries will be limited to a designated area in the reception area. Gloves will be required to move deliveries further into the clinic. Gloves may be considered for retrieving mail.

- 2) All team members will be required to complete a health questionnaire prior to working and all questionnaires will be logged.

- Any team member with any respiratory symptoms (cough, runny nose, and/or fever), gastrointestinal symptoms or any other illness MUST stay home.

- Any team member that has had an unprotected exposure with someone with confirmed COVID-19 MUST immediately self-isolate and follow the recommendations of their family doctor and PHO.

3) Patient screening

- Prescreening questionnaire – will be completed over the phone with each patient at the time of scheduling any appointments, if any positive responses, treatment will be deferred until such a time that the exposure list is low.

- Patients will only be allowed into the office at the time of their appointment, be given a mask, asked to use alcohol-based hand rub (ABHR) and the prescreening questions will be asked again. If there is any change in the answers you will be asked to leave the premises and contact your family doctor or 811 for further instructions

- If patients are feeling unwell at any point prior to their appointment please call the office to reschedule

4) Patient education – all patients will be informed of our changes to procedure to limit the risk of COVID-19 to team members and patients

- Confirmation of communication of procedural changes and the completed screening questionnaire MUST be documented in the patient's chart.

5) Scheduling appointments such that physical distancing is maintained, and exposure risk is minimal.

6) Patient Follow-Up - every patient seen in the clinic will be called 14 days following their appointment and asked whether or not they have experienced any COVID-19 related symptoms since their dental appointment. The results of these follow-up calls are to be logged and the log kept in a clear location reception area.

These screening tools will be changed or added to as needed as new information becomes available.

Procedural changes

1) Patient Entrance Protocol: To minimize potential contact contamination and maximize social distancing, patient entrance to the clinic area will be performed in the following way:

- The patient is contacted by phone when, and only when, the operatory wherein they will be receiving treatment is ready for use, and the operator(s) have completed donning of clean PPE suitable to planned, or possible procedures.

- The patient is admitted through the front door by the operator that will be treating them or the floating CDA, who has already donned necessary PPE, and directed to stand at the designated position indicated by sign or tape in the entry area.

- The patient is given a clean surgical mask to don.

- The patient is led to the treatment room they will perform hand hygiene, doff their mask, and use a 1% Hydrogen peroxide mouth rinse, swished intraorally for 30-60 seconds. If there is no sink in the treatment room, an alcohol-based hand sanitizer rub will be present on the counter for patient hand hygiene, and the patient will be advised to expectorate into the same cup the rinse was provided in, before discarding.

- The patient is then seated in the chair

- The operator changes gloves before treatment commences.

- The floating CDA or FDA immediately wipes down the interior and exterior door handles, the interior lock, and any other surfaces observed to have been contacted by either the operator or the client as soon as the operatory door has been closed.

2) Patient Exit Protocol: To minimize potential contact contamination and maximize social distancing, patient exit from the clinic area will be performed in the following way:

- Upon completion of the treatment procedure, the patient performs hand hygiene in the operatory, and dons a new mask provided to them.

- The front office team member waits for the patient at the mirror and while maintaining a minimum separation of 2 meters, leads the patient to the designated standing position in the reception area, before resuming their position behind the protective barrier. The front office team member confirms the patient is wearing their mask before exit.

- From behind the protective barrier, the front office team member completes any remaining administrative interaction with the patient. If claim forms must be signed, both the claim form and the pen used by the patient are considered contaminated. The patient may take the pen with them or throw in the garbage on their way out.

- After confirming that all administrative tasks pertaining to the patient are complete, the patient is asked to complete hand hygiene with an alcohol-based rub, unlock the front door themselves, and exit the clinic, closing the door behind them.

- After the patient has left, the front office team member places the claim form in a readied envelope, then wipes down the countertop, pos, interior and exterior door handles, interior door lock (locking the door while doing so) and performs hand hygiene.

Personal Protective Equipment (PPE)

1) Team Member Uniform: All team members are to wear appropriate uniforms. Closed toed shoes are mandatory.

2) Street Clothes: All team members are to bring a change of clothes and shoes to work to change into at end of day. Scrubs from the day are to be stored in a closed bag and taken home for laundering. Work shoes are to be left at the office.

3) Always Masked: All team members will don a mask that they will wear at all times in the office, without exception. This mask will be replaced multiple times during the day by clinical staff as they don and doff PPE for treating patients.

4) Handwashing Stations: All sinks in clinic areas will be equipped with appropriate handwashing soaps and a poster clearly explaining proper hand hygiene technique. At reception areas and common room areas, such as near the phone in the supply area, where a sink is not available, an alcohol-based hand sanitizer will be positioned in convenient locations

PPE requirements for performing aerosol generating procedures:

- Level 2 or 3 surgical masks
- Face shield
- Gown
- Procedure gloves

PPE requirements for non-aerosol generating procedures:

- Level 2 or 3 surgical masks
- Face shield or goggles
- Gown
- Procedure gloves

PPE requirements for sterilization room use:

- Level 2 or 3 surgical masks
- Face shield or goggles
- Gown
- Puncture-resistant gloves (each clinical team member is to have their own pair of puncture resistant gloves, clearly labelled with their name. Contaminated procedure gloves are not to be worn inside of puncture resistant gloves)

Donning PPE:

- As per BCCDC guidelines (http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_MOH_BCCDC_Donning.pdf)

Doffing PPE:

- As per BCCDC guidelines (http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_MOH_BCCDC_Doffing.pdf)

IPAC infection control procedures: All IPAC protocols for maintaining infection
<https://www.cdsbc.org/CDSBCPublicLibrary/Infection-Prevention-and-Control-Guidelines.pdf>

Training procedures

1) Infection Control Resources: All team members are to read this document, the IPAC infection control document, the most current guidelines from CDSBC, BCDA, BCCDC, and the WorkSafeBC Ingram Dental Centre COVID-19 Safety Plan. All of these documents are available on-line through the links provided in this document, except for the WorkSafeBC document which will be available in hardcopy at the office and emailed to staff members as it is updated. All employees are expected to be familiar with the contents of these documents sufficiently to apply their guidelines to daily practice

Responsibilities of team members

1) Reporting responsibility: All team members have a responsibility to report any perceived violations of the Exposure Control Policy, or any concerns related to the proper following of IPAC, or CDSBC or WorkSafeBC guidelines to the principal dentist or office manager immediately, and immediately rectify them if the team member can safely do so, or help the office manager or principal dentist to immediately rectify them if they can safely do so. Disputes regarding safety will be addressed using the WorkSafeBC protocol.

Information sources and links:

CDSBC Patient Assessment and Management Protocols updated April 30, 2020:

<https://www.cdsbc.org/Documents/covid-19/Expectations-Pathway-COVID19.pdf>

Includes:

- Donning protocol: http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_MOH_BCCDC_Donning.pdf
- Doffing protocol: http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_MOH_BCCDC_Doffing_AirbornePrecautions.pdf
- These are posters that will be available for posting at appropriate locations in the office

These protocols are based on/supported by guidelines from the British Columbia Centre for Disease Control, on this page:

<http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment>

Includes:

- Donning and Doffing protocols consistent with those indicated above
- A respiratory protection document including PPE recommendations: <http://www.bccdc.ca/Health-Info-Site/Documents/Respiratory-protection-COVID19.pdf>

Further directives regarding provision of care come by direct communication with the Provincial Health Offices, Dr. Bonnie Henry: https://www.cdsbc.org/Documents/COVID-19-HCW-updatePHO.pdf?_cldee=ZHlubmtlbn5lZHIAZ21haWwuY29t&recipientid=contact-34f59811b6eddf11bc9700155d026200-f1d63238083943ee81b54131a0c7f2b4&esid=13ed5634-9a67-ea11-8dcb-d03f355afb31

Includes:

- Direction to wear a surgical mask at all times in the health care setting
- Avoid shared spaces with other employees at the workplace
- Avoid close contact with others travelling to and from the workplace
- Direction to maintain self-isolation at home when not at work

BCDA provided guidelines on triage of emergent and essential procedures on March 27, 2020: [file:///C:/Users/drnke/AppData/Local/Packages/Microsoft.MicrosoftEdge_8wekyb3d8bbwe/TempState/Downloads/BCDA_Treatment-Algorithm_V13_March_27_2020%20\(1\).pdf](file:///C:/Users/drnke/AppData/Local/Packages/Microsoft.MicrosoftEdge_8wekyb3d8bbwe/TempState/Downloads/BCDA_Treatment-Algorithm_V13_March_27_2020%20(1).pdf)

Includes:

- Definition of emergency procedures (irrelevant under expanded services permission, but significant for determining who should be seen first as reopening occurs)
- PPE guidelines are in keeping with guidelines of other organizations (CDSBC, BCCDC)

On May 15, 2020, updated expectations for easing restrictions on dental practice were provided by CDSBC and BCCDC:

Transitioning Oral Health Care to Phase 2 of the COVID-19 Response Plan: May 15, 2020:

https://www.cdsbc.org/Documents/covid-19/Transitioning-Oral-Healthcare-to-Phase-2.pdf?_cldee=ZHlubmtlbn5lZHIAZ21haWwuY29t&recipientid=contact-34f59811b6eddf11bc9700155d026200-f3755a5b3c114f4ea6620d5393c078fb&esid=1cbfb4af-1497-ea11-8dcb-d03f355afb31

COVID-19: Infection Prevention and Control Guidance for Community-Based Allied Health Care Providers in Clinic Settings:

http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_IPCGuidelinesCommunityBasedAlliedHCPsClinicSettings.pdf

Infection and Protection Control (IPAC) Guidelines:

<https://www.cdsbc.org/CDSBCPublicLibrary/Infection-Prevention-and-Control-Guidelines.pdf>

BCDA Return to Practice Manual

<https://bcdental.us4.list-manage.com/track/click?u=c588b11e9028d39245564a508&id=5d3b78f711&e=4137baa9d6>