

JUST4KIDS COVID-19 SAFETY PLAN

1) Risks at your workplace

The virus that causes COVID-19 spreads in several ways. It can spread in droplets when a person coughs or sneezes. It can also spread if you touch a contaminated surface and then touch your face.

The risk of person-to-person transmission increases the closer you come to other people, the more time you spend near them, and the more people you come near.

The risk of surface transmission increases when many people contact the same surface and when those contacts happen over short periods of time.

Areas where there may be risks include our reception area, hallways, treatment rooms, hygiene rooms, sterilization area, patient and staff washroom and lunch room. The closer together workers are and the longer they are close to each other, the greater the risk. Both administrative staff and clinical staff are at risk of transmission due to close proximity with another person.

Administrative staff are exposed to the following potential tools and machinery that can be contaminated.

- Computer, keyboard and mouse
- Telephone
- Printer
- Scanner
- Photocopier
- Point of sale machine
- Paperwork exchange between the office and the public or in-office documents
- Stationary
- Calculator
- Toy machine
- Cash received from clients

Clinical staff are exposed to the following potential tools and machinery that can be contaminated.

- Instruments
- Handpieces
- Suction
- Breathing circuits
- Sedation medication
- Paperwork
- Dental chairs
- Computer, keyboard and mouse
- Clinical light

- X-ray machine & lead apron
- Sundries
- Sterilization equipment

High touch surfaces in the office includes but is not exclusive to:

- Doorknobs
- Light switches
- Shutter switches
- Roll shutter rod
- Thermostat
- I-pads
- Toy machine
- Panels on the wall (such as nitrous control panel, compressor central controls, etc.)
- Reception benches
- Countertops
- Microwave
- Toaster oven
- Fridge
- Drawer pulls

2) Protocol to reduce the risks

Reception and Waiting Area

- Minimize contact at reception.
- Maintain physical distancing.
 - Plexiglass screens have been installed for reception desk.
 - Reception staff wears face mask/covering and gloves when needed.
 - All patients and parents entering the clinic is greeted by a screening personnel who wears a disposable gown, face shield and face mask/covering.
 - Efforts should be made to avoid patients entering the clinic while another person is paying in order to maintain physical distancing.
 - Focus patient activity at the front desk to a limited area. Disinfect the area after patient contact.
 - We are limiting the number of patients/families to 3 parties maximum in the waiting room at one time
 - A designated area is used for patient screening/temperature taking/hand sanitizing, and possibly donning of mask.
- **Discourage staff sharing.** Do not share pens, phone headsets, staplers, etc.
- **Promote physical distancing.** Signs have been posted on benches to space people at least 2m apart from one another.
- **Remove unnecessary items.** Magazines, brochures, and toys have been removed.

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- **Entertainment.** There is only one ipad in common area and one in the tree house which are both wrapped with cling wrap which are changed/sanitized after each patient.
- **Clean and disinfect.** Clean surfaces with detergent or soap & water if visibly soiled, then proceed with disinfection. Disinfect touch surfaces frequently, including chairs, tables, door handles, light switches, clothes hangers, bathrooms and fixtures, staffroom surfaces, lab areas, etc.
- **Minimize the number of people at the office.** Only child and one parent are allowed in the clinic at one time. No siblings/grandparents.
- **Prepare washrooms.** Hand-washing instructions have been posted. There is an adequate supply of soap and disposable towels, and also a trash can with foot-controlled lid.
- **Post clear signage** – on entrance door, waiting room, reception, operatories, and washrooms regarding physical distancing, hand hygiene, and respiratory etiquette.

Clinical Areas

- Sterilization room to be cleaned regularly with appropriate PPE (gown, face shield and mask).
- Only patients and necessary attendants allowed in clinical areas.

Common Staff Areas

- Encourage physical distancing.
- Disinfect touch surfaces often.
- Signage to remind staff of physical distancing

Receiving Deliveries

Minimize transmission risk with procedures such as:

- Consider wearing gloves when collecting and/or accepting mail or packages.
- Consider sanitizing the exterior of boxes delivered.
- Direct deliveries to enter from back entrance when possible.
- Consider sanitizing all surfaces that were touched by delivery items.

Reduce the risk of person-to-person transmission

Before resuming work, all staff must be oriented to workplace modifications and new office policies and protocols. They must also receive training on safe work procedures including the risks and symptoms of COVID-19, appropriate use of PPE, and safe handling of cleaning supplies. All staff is also required to fill out a "Safe to return to work questionnaire" prior to returning to work.

Daily Staff Screening

The health of the dental office staff is paramount and must be monitored for the continued health of the dental team. Daily staff screening focuses on this principle and includes a daily log confirming that you are not experiencing any symptoms of COVID-19. Your temperature will also be taken at the start of each shift.

Hand Hygiene

Strict staff hand hygiene is of paramount importance. Staff must wash or disinfect hands thoroughly:

- Upon entry into the dental office.
- Before and after any contact with patients.
- After contact with contaminated surfaces or equipment.
- In between procedures and after removing PPE depending on the procedure, following established PPE protocols.

Clothing and Office Environment

In the highly infective COVID-19 environment, all dental office staff is asked to wear their designated clinic uniform at work. Uniform and shoes should be only worn in the office and should be put on when entering the office at the start of the day and removed at the office at the end of the day. In addition:

- Movement between the clinical area and the front office should be minimized.
- In the clinical areas:
 - Keep surfaces clear of items as much as possible.
 - Cover keyboards, computer mice, etc., with clear plastic barriers and change between patients.
- Minimize paperwork. Cover paper charts with clear barriers.
- Each treatment area has been stocked to provide you with most of the commonly used instruments or supplies without you having to leave and enter into other clinical areas. This includes restorative and surgical instruments and supplies, preventive supplies, common sundries items.

Clearing the Air (of Aerosols)

We have purchased four HEPA filter air purifiers in the clinic. Two are placed in treatment rooms, one in the common clinical area and one in the reception area. They are programmed to run an hour before the start of our day until one hour after the conclusion of the day.

When aerosol producing procedures are finished in treatment rooms, we allow for adequate air exchange time (~15-20min) before proceeding with the final cleaning. During this settling time, staff should refrain from entering the room.

Personal Protective Equipment (PPE)

We follow all standard precautions as outlined in the CDSBC's [Infection Prevention and Control Guidelines](#). Any additional measures, specific to COVID-19 are supplemental to these requirements.

According to the BCCDC, *"Where there is low incidence and prevalence of Covid-19, additional PPE over and above that required for normal precautions is not recommended"*. This assumes the patient also screens negative for COVID-19 risk.

Enhanced precautions, such as a fit-tested N95 respirator, goggles/face shield, and gown **are only required for AGPs on patients with suspected or confirmed COVID-19.** (However, these high-risk cases would most likely not be treated in a typical community dental practice.)

Appropriate personal protective equipment (PPE) must be used for the safe delivery of in-person care. However, we must also act to conserve PPE through its judicious use.

TABLE 2: USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR CORONAVIRUS DISEASE 2019 (COVID-19)

Setting	Staff or Patients	Procedure/Activity	Suggested PPE
Patient room	Dental Assistant	<p>Low Risk Non-aerosol-generating procedures (NAGP)</p> <p>AGPs when:</p> <ul style="list-style-type: none"> • Patient screens negative • Low incidence & prevalence of COVID-19 cases 	<ul style="list-style-type: none"> • Mask • Protective eyewear (face shield, safety glasses, or goggles) • Scrubs • Gloves • Consider long sleeved gown with AGP
		<p>Increased Risk</p> <p>AGPs when:</p> <ul style="list-style-type: none"> • Patient screens positive for COVID- 19 risk factors • High incidence & prevalence of COVID-19 cases 	<ul style="list-style-type: none"> • Fit-tested N95 respirator • Protective eyewear (face shield or goggles– not regular glasses) • Scrubs • Gloves • Long sleeved gown • Consider referral

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Patient room	Disinfecting treatment rooms	Low Risk	<ul style="list-style-type: none"> • Mask • Protective eyewear (face shield, safety glasses, or goggles) • Scrubs • Gloves • Replace gown if gown worn for procedure
	Disinfecting treatment rooms	Increased Risk	<ul style="list-style-type: none"> • Mask • Protective eyewear (face shield or goggles - not regular glasses) • Scrubs • Gloves • Replace long sleeved gown
Reception	Front office staff or triage personnel	Arrival screening	<ul style="list-style-type: none"> • Plexiglass screen Or • Mask • Protective eyewear • Gloves • Long sleeved gown

First level protection (elimination): Limit the number of people at the workplace and ensure physical distance whenever possible

- 1) Place all dirty instruments in “dirty bins” to be picked up by sterilization staff for processing or to be transported to sterilization area when physical distancing becomes possible.
- 2) Hygiene 1 & 2 should use ScanX Swift for all radiograph development. Hygiene 3,4 and treatment rooms should transfer their exposed radiographs in a dark transfer box to be developed by team members in ScanX machine located in the back of the clinic when physical distancing is possible.
- 3) Work schedules have been modified as patients are scheduled to stagger their arrival times.
- 4) Parents are encouraged to wait in their cars when treatment is taking place. If they must come into the room, they will be asked to leave the clinical area when radiographs are being taken.
- 5) Parents are discouraged to remain in the treatment room when AGP is taking place. Exception is when the child is not cooperative with the absence of his/her parents.

Second level protection (engineering): Barriers and partitions

We have installed plexiglass barriers in the reception area.

We space out patients within the clinical area by placing them in separate areas of the clinic.

Third level protection (administrative): Rules and guidelines

- 1) All employees are required to wear face mask during the entire shift.
- 2) All patients and their parent are required to wear face covering when present in the clinic.
- 3) Triage staff will communicate with clinic staff before bringing patient to the clinical area to limit patient traffic in hallways.
- 4) Parents are asked to wait in their vehicles if the child doesn't require emotional/physical support.
- 5) We are using disposable sundries to eliminate cross-contamination
(For example, air/water syringe tips, surgical suction tips, patient drapes, paper bib chains, single-use nitrous hoods/hose assemblies)
- 6) Plastic barriers are placed on high touch areas and changed after each use.

Fourth level protection: Using masks (optional measure in addition to other control measures)

N95 and gowns are used on COVID-suspect or COVID+ patients.

We are also using them when doing high risk AGMP when public health restrictions are high.

All visitors entering the office are required to wear face masks.

Reduce the risk of surface transmission through effective cleaning and hygiene practices

- We have reviewed the information on **cleaning and disinfecting** surfaces.
- Our workplace has enough handwashing facilities on site for all our workers. Handwashing locations are visible and easily accessed.
- We have policies that specify when workers must wash their hands and we have communicated good hygiene practices to workers. Frequent handwashing and good hygiene practices are essential to reduce the spread of the virus.
- We have implemented cleaning protocols for all common areas and surfaces — e.g., washrooms, tools, equipment, vehicle interiors, shared tables, desks, light switches, and door handles. This includes the frequency that these items must be cleaned (number of times per day) as well as the timing (before and after shift, after lunch, after use).
- Workers who are cleaning have adequate training and materials.
- We have removed unnecessary tools and equipment to simplify the cleaning process – e.g., clutter on counter tops

Cleaning protocols

Reception area

- Administrative staff is responsible for keeping their desk free of clutter and personal items. High touch items should be cleaned with disinfectant at least once at lunch and again at the end of the day. Work area and plexiglass should be disinfected at least twice daily. Floors behind the front counter should also be vacuumed and/or mopped daily.

Clinical area

- CDAs are responsible for cleaning all hard surfaces after each patient.
- Floors should be mopped once at lunch and once at the end of the day. Mop has been filled with bottle containing diluted neutral floor cleaner with adequate amount of disinfectant.
- Plastic barriers covering high touch areas should be changed between each patient.
- Patient's washroom should be cleaned after each use. This includes door handles, light switches, toilet flush, toilet seat, faucets, sink and diaper changing table (if used), etc.

Sterilization area

- Both clean and dirty areas should be disinfected regularly multiple times throughout the day.
- All dirty instruments need to be wrapped and autoclaved in a timely fashion.
- All clean instruments should be placed inside cabinets as soon as they are not hot to touch.
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Kitchen/lunch room

- Everyone should wash and dry their own dishes.
- Bring your own utensils from home.
- Clean the microwave and oven after each use.
- Wipe counters and eating surfaces with disinfectant after use.

Staff washroom

- All staff should take turns sanitizing the washroom and high touch areas (light switch, faucets, toilet seat, toilet flush, etc.)

Staff who is sick

Our workplace policies ensure that workers and others showing symptoms of COVID-19 are prohibited from the workplace.

- Anyone who has had symptoms of COVID-19 in the last 10 days. Symptoms include fever, chills, new or worsening cough, shortness of breath, sore throat, and new muscle aches or headache.
- Anyone directed by Public Health to self-isolate.
- Anyone who has arrived from outside of Canada or who has had contact with a confirmed COVID-19 case must **self-isolate for 14 days and monitor** for symptoms.
- Visitors are prohibited or limited in the workplace.

- We have a **work from home policy** in place (if needed for administrative staff).

Our policy addresses workers who may start to feel ill at work. It includes the following:

- Sick workers should report to Dr. Tang/Bellamy, even with mild symptoms.
- Sick workers should be asked to wash or sanitize their hands, provided with a mask, and isolated. Ask the worker to go straight home. [Consult the **BC COVID-19 Self-Assessment Tool**, or call 811 for further guidance related to testing and self-isolation.]
- If the worker is severely ill (e.g., difficulty breathing, chest pain), call 911.
- Clean and disinfect any surfaces that the ill worker has come into contact with.

Communication plans and training

All staff must review our office protocol, the CDSBC Infection control and prevention policy and also this WorkSafe document to help keep yourselves safe while at your workplace.

- Everyone is trained in workplace policies and procedures. If you are unfamiliar, you should bring it to the attention of Dr. Tang/Bellamy.
- Policies for staying home when sick has been communicated.
- Appropriate signage is displayed regarding handwashing, cough etiquette and physical distancing.
- Signage is displayed outside the main entrance to prompt patients to call us to check in.
- Dr. Tang/Bellamy will be monitoring workers and the workplace to ensure policies and procedures are being followed.

Step 5: Monitor your workplace and update your plans as necessary

Things may change as your business operates. If you identify a new area of concern, or if it seems like something isn't working, take steps to update your policies and procedures. Involve workers in this process.

- We have a plan in place to monitor risks. We make changes to our policies and procedures as necessary.
- Workers know to go to Dr. Tang or Dr. Bellamy with health and safety concerns.
- When resolving safety issues, we will involve joint health and safety committees or worker health and safety representatives (or, in smaller workplaces, other workers).

Step 6: Assess and address risks from resuming operations

If your workplace has not been operating for a period of time during the COVID-19 pandemic, you may need to manage risks arising from restarting your business.

- We have a training plan for new staff.
- We have a training plan for staff taking on new roles or responsibilities.
- We have a training plan around changes to our business, such as new equipment, processes, or products.
- We have reviewed the start-up requirements for vehicles, equipment, and machinery that have been out of use.
- We have identified a safe process for clearing systems and lines of product that have been out of use.