COVID-19 Safety Plan

Vancouver Main Dental

Dr. Bo Hu Inc.

(2nd edition, May 29, 2020)

All dentists, hygienists, CDA, DA and receptionists:

1. Must read "Transitioning Oral Healthcare to Phase 2 of the COVID-19 Response Plan" posted by CDSBC and CDHBC on May 15, 2020. Detail has been discussed during May 19 Zoom meeting.
2. Must adhere to all BC Centre for Disease Control (BCCDC) and BC Provincial Infection Control Network (PICNet) guidance regarding infection prevention and control measures applicable to the practice environment, including PPE use and environmental cleaning best practices. Staff safety training prior to going back to work was done on May 20, 2020.
3. Must adhere to all BCCDC and WorkSafeBC guidance regarding occupational health and safety exposure control plans to ensure a safe work environment for staff. This includes robust policies, procedures and organizational cultures that ensure that no employees associated with the practice attend work when they have symptoms of illness.
4. Must not provide in-person care and should not be in attendance at clinics or other practice settings where other staff and patients are present if they are exhibiting signs of COVID-19 or respiratory illness, including cough, runny nose or fever.
5. Follow BCCDC and WorkSafeBC guidelines for self-isolation when an employee is sick with any respiratory illness, support access to primary care provider assessment and testing, and provide sick-leave support where possible until advised by their health care provider that it is safe to return to work.
6. Regarding use of personal protective equipment (PPE), OHCPs (Oral Health Care Providers) should follow the directives and recommendations provided by BCCDC, PICNet, and WorkSafeBC. This includes directives that are role-based (e.g. administrative vs. direct patient contact).
7. Facility management:

   General considerations

   • Our front door is for patients to enter or exit, and rear door is for staff to enter and exit. The rear door remains closed during the normal hours and signs asking patient to use front door already posted. Patient should remain outside before being called to enter. At any time, no more than 3 persons should be allowed in the reception area. Door knobs, light switches should be disinfected at least 3 times a day (i.e.: beginning of the day, noon and end of the day)

   • Reception area and operatories should be disinfected after each patient's appointment for controlling the spread of microorganisms by receptionist and dental assistant, respectively.

Prosurface wipes and sprays are for reception area, and Optim wipes and sprays are for operatories, washroom and autoclaving area.

• Floors and walls should be kept visibly clean and free of spills, dust and debris.

• Proper hand hygiene and use of PPE must be maintained during cleaning, house-keeping and waste management to effectively block transmission. Staff training was done on May 20, 2020 to ensure safe handling and effective application of cleaning products.

• Environmental cleaning and disinfection practices are monitored for compliance.

Clinical area:

• All contact surfaces must be cleaned between patients and at the end of day.

• Unnecessary equipment and items must be removed from the operatory.

• Biomedical and general office waste must be handled and disposed of in a way that protects against transmission of potential infections. Waste from treatment of COVID-19 patients must be treated as biological waste.

• All PPE must be discarded as clinical waste.

• Reusable gowns need to be washed using our own washer in the storage room throughout the day.

Reception area:

• We have placed clear signage at entrance door, waiting room, reception, operatories and washrooms regarding physical distancing, hand hygiene and respiratory etiquette.

• Sofas at the reception area have been covered with plastic to decrease cloth and fabric surfaces.

• All unnecessary items from the waiting room, such as magazines and toys have been removed, and keep surfaces clear and clean.

• Ensure shared equipment and facilities, such as telephones, computers, washrooms and laundry rooms receive increased cleaning and disinfection.

• Any two patients at the reception area must seat at least 2 metres apart. Only one patient's relative or care-giver is allowed to stay with patient but he/she has to wear mask and keeps 2 meter distance from other people at all time if possible.

• Any patient who is suspected or confirmed to have COVI-19 will be given gloves, mask and shoe covers to wear.

• Temperature taken daily with non-touch thermometer for staff and patients.

• Clean surfaces and high-touch surfaces (door handles, chair arms, reception counter, etc.) regularly with a detergent with water or ready detergent wipes.

• Areas of known contamination should be cleaned and disinfected.

• Air purifier will be used once it is available.

8. Equipment and area specific guidelines:

• Flush water lines for 20-30 seconds before use in procedure and between patients.

• Aerosol generating instruments

Use of all rotary handpieces which generate aerosols, and other aerosol generating instruments commonly used in oral health care including ultrasonic and sonic scalers, triplex syringe, air-abrasion and air-polishing must be kept to a minimum.

• Disposable equipment and supplies

Single-use disposable barriers and chair covers are used whenever possible and discarded into a no-touch waste receptacle after each use. All reusable equipment should, whenever possible, be dedicated for use by one patient. If this is not feasible, equipment should be cleaned first and then disinfected or otherwise reprocessed according to manufacturer's instructions and facility protocols.

9. Modify staff areas and work flow

   • Hold staff meetings virtually through use of teleconference or online meeting technology.

   • Where in-person meetings are required, ensure staff members are positioned at least two meters apart.

   • If work in the facility is required, consider staggering start times or developing alternating schedules to reduce the number of people in the workplace at a given time. Two groups of receptionists, assistants and dentists start working at different time.

   • Staffroom is used for donning PPE now and no lunch should be eaten in the room. Staff can have lunch in cars or outside. Only one person is allowed in the room at any given time. The room is disinfected with UV light periodically during the day.

   • Consider staggered break times to reduce employee gathering numbers.

   • Each receptionist uses her own phone set, computer and scanner; must seat 2 meter apart.

   • Staff has dedicated work clothes and shoes. Staff can store their street clothes in the closet beside the reception area while working.

   • Staff should maintain a minimum 2-metre distance between each other throughout their shifts, especially during any breaks or meal periods when they are not masked.

10. PPE recommendations:

    • Given community spread of COVID-19 within Canada and evidence that transmission may occur from those who have few or no symptoms, masking for the full duration of shifts for staff working in direct patient care areas is recommended. Use of eye protection (e.g., a face shield) for duration of shifts should be strongly considered in order to protect staff when there is COVID-19 infection occurring in the community. When masks and face shields are applied for the full duration of shifts, staff must:

    o Perform hand hygiene before they put on their mask and face shield when they enter the outpatient or community-based care setting, before and after removal, and prior to putting on a new mask or face shield o Wear a mask securely over their mouth and nose and adjust the nose piece to fit snugly

    o Wear cap and shoe cover while working with patient

    o NOT touch the front of mask or face shield while wearing or removing it (and immediately perform hand hygiene if this occurs)

    o NOT dangle the mask under their chin, around their neck, off the ear, under the nose or place on top of head

    o Remove their mask, cap and face shield just prior to breaks or when leaving the facility, while in an area where no patients or other staff are present, and discard them in the nearest no- touch waste receptacle, or otherwise store in accordance with facility policy

(see statement below on re-use of masks). Reusable shields should be processed as per facility protocols

o Perform hand hygiene during and after PPE removal and between patient encounters

• Re-use of masks is recommended due to shortage of PPE, staff must remove their mask by the ear loops or elastics taking care not to touch front of mask, and carefully store the mask in paper bags in the storage room, taking care to avoid contamination of the inner surface of the mask, and perform hand hygiene before and after mask removal and before putting it on again.

• When reusing N95 masks, leave a used respirator in paper bag for 3-4 days to dry it out. Take 4 masks, and number them (#1-4). On day 1, use mask #1, then let it dry out in paper bags in the storage room for 3-4 days. On day 2, use mask #2, then let it dry out for 3-4 days. Same for day 3, and day 4….

• Masks should be disposed of and replaced when they become damaged, wet, damp, or soiled (from the wearer's breathing or external splash), or when they come in direct contact with a patient.

• Ask Dr. Hu to access additional masks as needed.

• Examples of eye protection (in addition to mask) include full face shield, mask with attached visor, non-vented safety glasses or goggles (regular eyeglasses are not sufficient). If masks with attached visors are used these should be removed and discarded in the nearest no-touch waste receptacle, and a new mask and eye protection put on. Reusable safety glasses or goggles must be reprocessed per facility IPAC guidance. Masks do not necessarily need to be replaced after seeing a patient on droplet and contact precautions if a full face shield is worn over this.

• The area where PPE is put on is staff room which is separated from Operatory 4 where it is removed and discarded. The current staff room is used for donning and Operatory 4 used for doffing for the time being.

• The staff room is not for lunch any more. Please have your lunch in your car or outside during Phase II of COVID -19 for your own health protection.

11. External service providers and deliveries

External service providers (including delivery personnel, lab personnel, and contractors) should be screened for signs and symptoms of COVID-19 at every visit. If signs or symptoms are present, or if they are on self-isolation or quarantine as per relevant public health directives, they should not enter the community-based care setting, and should be advised to follow up with local public health or their healthcare provider. External service providers should:

• Make adjustments to reduce contact where feasible, e.g., leaving deliveries at the door

• When entering, perform hand hygiene and put on a mask if a 2-metre distance from staff and patients cannot be ensured

• Be instructed by staff on the importance of hand hygiene with ABHR (Alcohol-Based Hand Rub) and when and how to perform hand hygiene, e.g., when entering and exiting the setting, and after touching any surfaces in the community-based care environment

• Masks, tissues, ABHR and a no-touch waste receptacle are available for staff, patient, essential companion, and external service provider to use at screening at each entrance
• All staff and external service providers are logged at entry to the facility
• Essential deliveries that are unable to be left outside occur through a single access point (front entry)

12. Dentist, hygienist and staff health
    • OHCPs should consider introducing measures to monitor their health and the health of their staff.
    • Limit the number of potential close contacts between clinical staff.
    • Continue to limit social interaction outside of work as much as possible.
    • Be aware of the risks associated with the provision of oral health care during COVID-19 and the measures being taken to mitigate the risk.
    • All OHCPs and staff should perform hand hygiene before and after all patient contact, and contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.
    • OHCPs and staff should perform hand hygiene by using ABHR with at least 70% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR.
    • Hand hygiene supplies are readily available to all staff in every care location.
    • Hand hygiene should be performed after going to the bathroom, before preparing and eating food, and after coughing and sneezing.

    Mental health
    Protecting OHCPs and staff mental health Workers in the workplace may also be affected by the anxiety and uncertainty created by the COVID-19 outbreak. It's important to remember that mental health is just as important as physical health, and to take measures to support mental well-being.

Patient Care and Service

Determine Priority for in-person cares:
- Acuity of the patient's condition.
- Functional impairment or impact of the condition on health-related quality of life.
- The impact of not receiving services.
- Appropriateness of service provision via virtual care.
- Necessity of services which can only be provided in-person.
- Duration of patient wait times for care.

Infection Prevention and Control (IPAC) principles include:
• patient assessment;
• implementation of routine procedures; Two Plexiglas barriers are installed on the reception counter
• use of barrier techniques to protect patients, OHCPs and staff;

• application of the principles of cleaning, disinfection, sterilization and storage of dental instruments;
• environmental surface protection/cleaning;
• care of overall office setting; and
• safe handling and disposal of waste.

Implement COVID-19 screening practices for patients: a) Patients should also be encouraged to make use of COVID-19 resources by calling 811 or visiting healthlinkbc.ca. b) Screen for risk factors and symptoms of COVID-19 prior to attendance at the practice environment. If patient screening reveals risk factors for COVID-19 or symptoms of COVID-19, defer patient (where reasonable) until signs and symptoms have resolved

Pre-screening protocols
Pre-screening protocols and triage, either by virtual/remote technology or by telephone, must be provided for all patients. This includes asking patients:
• if they have symptoms of COVID-19
o cough
o sore throat
o shortness of breath
o runny nose, sneezing, post-nasal drip (coryza), loss of smell (anosmia) with or without fever
• if they have had close contact or have been in isolation with a suspected case in the last 14 days
• if they have travelled internationally in the last 14 days When the patient arrives for their appointment, their pre-screening responses must be confirmed and recorded in their record.

If the patient has symptoms of COVID-19 and may be infective, OHCPs are encouraged to defer in-person assessment and treatment or alternatively provide care by virtual means. That is unless the oral health emergency is a greater risk than COVID-19. Where medical management of COVID-19 may be affected by deferring emergent dental treatment, there should be consultation with the primary care provider.
If the patient is COVID-positive, treatment should be provided in a hospital or tertiary care facility. Treatment can be provided in a dental practice if the facility and PPE requirements can be met.

High-risk patients
Patients considered high risk for severe COVID-19 include those with pre-existing conditions such as serious respiratory disease, serious heart conditions, immunocompromised conditions, severe obesity, diabetes, chronic kidney disease or those undergoing dialysis, and liver disease; pregnant patients; and patients who are 70 years and over. These patients should be deferred whenever possible.

Staff requirements:
• Staff must maintain awareness of data on the local and regional spread of COVID-19.
• Staff conducting telephone screening have been provided with appropriate guidance on how to screen for signs and symptoms of COVID-19, when to advise patients to self-isolate at home, how to counsel them on signs and symptoms of more severe or critical illness that should prompt them to seek emergent care, and on the indications and locations for testing.

• On-site administrative staff who are screening patients must be behind the Plexiglass barrier that prevents droplet transmission and allows for communication between staff and patients, or they must wear PPE (i.e., gloves, gown, mask and eye protection).

Routine practices
Routine IPAC Practices (Standard Precautions) protect patients, OHCPs and staff. OHCPs must maintain routine practices, including risk assessment, hand hygiene, use of PPE and safe handling and disposal of waste.
Risk assessment Risk assessment must be done before each in-person interaction to determine the interventions required to prevent disease transmission. Prior to any contact with the patient, the OHCP and staff must assess the infectious risk posed to themselves, other OHCPs, staff and patients. The risk will vary with the context of the patient and the type of procedure being contemplated. It is based on the OHCP's professional judgment and must take into consideration the physical environment, including any possible facility limitations, and the resources available, including PPE, in order to safely treat patients.

Hand hygiene
Hand hygiene is the single most important measure for preventing disease transmission.
• Hand hygiene must be performed:
o when in the patient care environment
o before and after direct contact with a patient o before procedures
o after risk of body fluid exposure
o before donning gloves and immediately after removing gloves
o before and after mask use o after contact with environmental surfaces
o after contact with dental laboratory materials or equipment and when hands are visibly soiled.
• Patients must perform hand hygiene with soap and water or with an alcohol-based hand rub (ABHR) after removing a mask or other PPE, coughing or sneezing, using a tissue or when hands are visibly soiled.
• Sinks with soap and water are available to patients and staff. Non-touch waste receptacles for disposal of paper towels are available at multiple places.
• ABHR must contain at least 70% alcohol and be available at multiple locations, including reception, waiting room, operatories and washrooms.

Personal PPE for patients
Routine protective measures including bibs, drapes and eye protection must be provided for patients.

Additional precautions for COVID-positive patients
Enhanced practices must be considered for patients with a positive social or medical history of COVID-19, this includes:
o Using tele-dentistry or providing other forms of remote oral health care where possible o Providing patients with PPE, including a mask upon entry to the facility
o Offering hand hygiene on entering the facility, when leaving the operatory and prior to exiting the facility
o Maintaining a 2-metre separation from other patients and staff not directly involved in their care
o Isolating symptomatic patients as soon as possible. Place patients with suspected or confirmed COVID-19 in private rooms with door closed and private bathroom (where possible)

o Scheduling and managing high-risk patients so as to limit the opportunity for contact with other patients, OHCPs and staff (e.g. at the end of the day or session)

The majority of exposures are preventable by following routine procedures. Where there is low incidence and prevalence of COVID-19, additional PPE over and above that required for normal precautions is not required.

Aerosol-generating medical procedures (AGMPs)
An AGMP is any procedure conducted on a patient that can induce production of aerosols of various sizes, including droplet nuclei. PPE for OHCPs and staff
Every effort is made to make PPE available and accessible at the point-of-care with patient. OHCPs have received training in and demonstrate an understanding of:
• when to use PPE
• what PPE is necessary
• how to properly don, use, and doff PPE in a manner to prevent self-contamination Safe donning and doffing practices must be followed. PPE should be removed in the following order: gloves, gown, protective eyewear (if separate from mask), mask and perform hand hygiene immediately afterwards. Hand hygiene should occur according to best practices for putting on and removing PPE.

Change into a separate set of street clothes and footwear before leaving work. Work clothing (e.g. scrubs) should be placed in a bag and laundered after every shift. Shower immediately upon returning home after every shift.

PPE storage
• PPE is stored to avoid pilfering, while not inhibiting staff from accessing PPE. There is regular assessment to determine stock of necessary PPE (e.g. gloves, gowns, masks, eye protection) and necessary supplies including ABHR.
• Appropriate number and placement of ABHR dispensers, at entry to the outpatient and community-based care setting, in hallways at entry to each exam room, communal areas and at point- of-care for each patient
• Respiratory hygiene products (e.g., masks, tissues, ABHR, no-touch waste receptacles) are available and easily accessible to staff and patients

Managing droplet and splatter
• High-volume suction must be used to reduce aerosols at source, e.g.: a dry cup can be used. Extra-oral high volume suction will be added on once it is available.
• A rubber dam, isolight unit or Purevac should be used whenever possible, with high-volume suction in procedures where the creation of droplets, splatter and spray may occur.
• Unnecessary equipment and items must be removed from the operatory.
• Countertops and touched surfaces should be clear to enable covering with barriers and/or thorough cleaning and disinfection, decreasing opportunities for transmission. Precautions for patients with suspected or confirmed COVID-19 or airborne diseases
• Use an **N95 respirator** and eye protection (i.e., goggles or face shield), gloves and gown for procedures that are aerosol generating for patients **with suspected or confirmed COVID-19 or airborne diseases.**
• Consider limiting the number of staff providing their care.

• AGMPs should be kept to a minimum and procedures completed in one appointment whenever possible to reduce risk of transmission.
• If AGMPs are performed:
o There is appropriate training and N95 respirator fit-testing for all staff who may be required to participate in or who may be exposed to these procedures (This has been done already)
o Staff IPAC training, education and testing are in place, tracked, recorded and kept up-to-date
• Consideration of extraoral forms of imaging, such as a panoramic radiograph and extraoral bitewing radiographs may be appropriate to reduce risk

Handling biological specimens
All specimens collected for laboratory investigations should be regarded as potentially infectious and placed in biohazard bags. Clinical specimens should be collected and transported in accordance with organizational policies and procedures. For additional information on biosafety procedures when handling samples from patients under investigation for COVID-19, refer to the PHAC's biosafety advisory. Exposure management Exposure management protocols are necessary once confirmation of contact with an infected individual is confirmed. This may include 14- day isolation and contact tracing through BCCDC.