

COVID-19 Safety Plan:



This safety plan was taken and modified from the British Columbia Dental Association. 2020.
www.bcdental.org.

The plan will be updated on a regular basis based on the new recommendations and evidence.

The infection control measures are presented as follows:

- Staff/Dentists preparation
- Office preparation
- Patient preparation
- Before the appointment
- During the appointment
- Clinical practices and protocols

OFFICE PREPARATION:

Reception and waiting area:

Minimize contact at reception

- Reception staff must wear mask and communicate with patient through the plexiglass shield
- Phones/ reception desk be disinfected before start and multiple times during the day
- Maintain physical distancing/line on the floor
- Clinician must ensure the waiting room is empty before dismissing patient from the treatment room. (use buzzer communication tool with reception)
- Limit time spent at front desk area. Disinfect the area after patient contact.
- Reception to start 30 min sooner and follow office manual on opening and closing the office.
- No direct billing to office for insurances that do not communicate directly to the office.
- Ask patient to confirm validity of insurance prior to appointment to minimize time in reception area.
- Stagger appointment times to facilitate physical distancing between patients and to reduce waiting room exposure.
- 30 minutes between patients

COVID patient screening email to patient prior to appointment.

- **Discourage sharing.** Do not share pens, phone headsets, staplers, etc.
 - **Promote physical distancing.** Reduce seating in the waiting area, ideally chairs are two metres (2m) apart.
 - **Remove unnecessary items.** Remove magazines, brochures, toys, etc.
 - **Posting notices.** Promote hand hygiene, physical distancing and respiratory etiquette.
 - **Clean and disinfect.** Clean surfaces with detergent or soap & water prior to initial disinfection. Disinfect touch surfaces at least twice daily, including chairs, tables, door handles, light switches, clothes hangers, bathroom countertops and fixtures, staff-room surfaces, lab areas, etc.
 - **Minimize the number of people at the office.** Only children and infirm patients to be accompanied.
 - **Update contacts.** Know how to contact the local health department.
 - **Prepare washrooms.** Post hand-washing instructions, ensure adequate supply of soap and disposable towels, make a trash can empty and available. **All staff/dentists must sanitize the washroom after each use following the provided protocol.**
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- Sterilization room to be cleaned regularly. With appropriate PPE.
 - Follow testing sterilizers
 - Only patient and necessary attendants allowed in clinical areas.
 - The door between reception and clinical area must be kept close all the time

Common staff areas

- Practice physical distancing.
- Limiting the number of people in shared spaces (such as lunchrooms) or staggering break periods.
- Disinfect touch surfaces often.

Receiving deliveries

- All deliveries/posts/MTS must be done at the door at the designated area
- Wear over Gloves when collecting and/or accepting mail or packages
- Wipe entirely the exterior of every box delivered with a paper towel and soap & water solution or sanitizing wipe depending on the supplies.
- Boxes remain untouched for **2 hours prior to being opened.**
- Discard packaging immediately. Wash hands.
- Clean all surfaces that were touched by deliveries with alcohol/soap and water mix or sanitizing wipes by end of the day.

Staff and Dentists PREPARATION:

Staff need to understand the risk of infection and disease and feel that they are working in an environment that is safe.

Check list:

- Daily Screening/Temperature check (day)
- Informed consent to be dated/initial every day until further notice
- Hand Hygiene.
Strict hand hygiene is of paramount importance. Staff/Dentists must wash or disinfect hands

thoroughly:

- Upon entry into the dental office
- Before and after contact with patients
- After contact with contaminated surfaces or equipment
- In between procedures and after removing PPE, follow established **Donning and Doffing** protocols (posters are attached)
- Review **How to Hand Wash** (poster is attached)

Aerosols

Aerosol Generating Medical Procedures (AGMPs); Aerosols are generated by high speed handpieces, ultrasonic devices and tri-syringes.

For many procedures the risk from potentially infectious aerosols can be minimized by:

- Follow the proper **Donning and Doffing** of PPE (poster in appendix)
- Use of 1% hydrogen peroxide 5cc to rinse for 30 seconds prior to examination of the oral cavity
- Use of rubber dam isolation or other isolation techniques
- Use of high-volume suction (HVE) to limit aerosols

These steps combined with 4-handed dentistry using HVE will minimize risk of infectious aerosols, and are recommended for patients in the low risk category for COVID-19.

Dental devices and procedures known to produce airborne contamination

Device and/or procedure	Contamination
Ultrasonic and Sonic Scalers	Considered the greatest source of aerosol contamination; use of a high-volume evacuator will reduce the airborne contamination by more than 95%
Air Polishing	Bacterial counts indicate that airborne contamination is nearly equal to that of ultra-sonic scalers; available HVE will reduce airborne contamination by more than 95%
Air-Water Syringe	Bacterial counts indicate that airborne contamination is nearly equal to that of ultra-sonic scalers; high-volume evacuator will reduce airborne bacteria by nearly 99%
Tooth Preparation with Air Turbine Handpiece	Minimize airborne contamination with rubber dam or other isolation types and HVE
Tooth Preparation with Air Abrasion	Bacterial and viral contamination is unknown; extensive contamination with abrasive particles has been shown

British Columbia Dental Association, 2020.

Personal Protective Equipment (PPE)

PPE is a key line of defence for office staff to prevent infection.

Use table for reference of PPE protocol for COVID-19 disease protocol.

Setting	Staff or Patients	Procedure/Activity	Suggested PPE
Patient room	Dentist/Hygienist/ Dental Assistant	Low Risk Non-aerosol-generating procedures (NAGP) AGPs when: <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
		Increased Risk <ul style="list-style-type: none"> • AGPs when: <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
	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	Arrival screening	<ul style="list-style-type: none"> • Plexiglass screen • Or • Mask • Protective eyewear • Gloves • Long sleeved gown

Clothing and Office Environment

All dental office staff should wear scrubs at work. Scrubs and shoes should be only worn in the office and should be put on when entering the office **before reaching the clinic area** at the start of the day and removed at the office at the end of the day. Shoes can be kept in the separated bag in the closet.

- Both units of HVE and Air Purifiers must be on **at all time in** treatment rooms and reception area.

Team Communication Tool

- Movement between the clinical area and the front office should be minimized. **TEAM COMMUNICATION tool is set on all computers in treatment rooms and reception computers and must be used for communication between staff/dentists before dismissing the patient instead of the paper slip.**

BEFORE THE APPOINTMENT

Before an appointment, the patient must be contacted, and a pre-appointment screening completed. The purpose of the screening is to:

1. Determine the patient's risk level for being infected with COVID-19.
2. Determine if the patient falls into one of the vulnerable population groups with respect to COVID-19.
3. **Explain the changed office protocols to the patient.**

In this new COVID-19 pandemic environment, patient screening cannot be emphasized enough. You need to ask the right questions to find out if the patient coming to the office may be infected but asymptomatic. It's about knowing who's in your chair and where they've been.

Determining Patient COVID-19 Risk

Pre-appointment screening or triage is critically important in assessing the risk the patient may have a COVID-19 infection. Screen patients at least twice—once over the phone and when the patient arrives. Below are typical screening questions to ask the patient before the appointment: (the screening questioner must be filled with CDA in the screening room)

1. Are you aware you are COVID-19 positive or are you waiting for a test result?
2. Do you have a fever or have felt hot or feverish anytime in the last two weeks (14 days)?
3. Do you have any of the following symptoms: Dry cough? Shortness of breath? Difficulty breathing? Sore throat? Runny nose? Post-nasal drip?
4. Have you experienced a recent loss of smell or taste?
5. Have you been in contact with any confirmed COVID-19 positive patients, or persons self-isolating because of a determined risk for COVID-19?
6. Have you returned from travel outside of Canada in the last 14 days?
7. Have you returned from travel within Canada from a location known affected with COVID-19?
8. Is your workplace considered high risk? (e.g. routine close contact with many people)
9. When screening results indicate a patient may be more likely to have COVID-19, defer appointments for 14 days or more if possible, treat with enhanced PPE or refer to appropriate facility for care.

SCREENING QUESTIONERS ARE AVAILABLE AT RECEPTION AND SCREENING ROOM.

NOTE: Treatment for the patients with possible exposure or sign/symptoms of COVID treatment will be deferred for 14 days or more. Patients who previously tested positive must provide **negative results of two consecutive COVID-19 tests.**Ensure all responses are well documented.

Vulnerable Patients

The risk of COVID-19 transmission for vulnerable patients can be reduced by scheduling them as first appointment of the day, right after lunch or on separate days.

The questions below help assess if a patient is more vulnerable:

1. Are you over the age of 70?
2. Do you have any of the following: serious respiratory disease, serious heart conditions, immunocompromised conditions, severe obesity, diabetes, chronic kidney disease or those undergoing dialysis, liver disease and pregnancy?

DURING THE APPOINTMENT

When patients arrive:

- Have patient wash hands or disinfect hands with hand sanitizer. Patient to use patient PPE pack immediately after entering the office.
- Direct the patient to screening room, **required forms must be ready in the room.**
- Have patient complete and sign the **Patient COVID Consent Form/** NP forms/etc.
- Complete patient arrival screening: Review screening questions within “Determining Patient COVID-19 Risk”
- Take patient’s temperature with non-contact thermometer and record result.
- If patient screening indicates “moderate” or “higher” risk, isolate patient and consult with dentist on next steps.
- Ask patient to respect physical distancing with all staff and patients.
- Limit patient time in waiting room. Ideally, take the patient to the operatory immediately.

When patient is seated in operatory:

The rooms must be ready in advance, please avoid over or under preparation.

- Chair-side CDA don mask **before** entering operatory.
- No hand-shaking or physical contact.
- Wash hands and don gloves, face shield, etc. in-room.
- Review overall health history, confirming that the screening questions were asked during the check-in procedure, and review if necessary.
- Complete procedures.
- Have the patient don their mask if provided.
- Limit movement out of operatory as much as possible.
- Clean operatory while wearing PPE.
- Following proper doffing procedures, remove contaminated mask outside the operatory.

As the patient is leaving:

- Before patient arrives at reception update the reception using **the digital team communication** tool about:
 - performed procedures,
 - next app,
 - time interval,
 - length of next app.
- After patient leaves, disinfect all patient contact surfaces, including clothes hangers, door knobs, pens/stylus, etc.
- Have the patient wash or disinfect their hands before leaving the office.

Washroom measurements

Patient, Dentist and Staff must follow sanitisation protocol as the poster attached in the washroom.

APPENDIX:



Dental Office Staff Daily Screening Form

Date: _____

All dental office staff must confirm their absence of symptoms and have temperature taken each day.

If symptoms are present, further investigation is needed by the managing dentist*

Name: _____		Signature: _____	
• Fever > 38° C	YES NO	• Difficulty breathing	YES NO
• Cough	YES NO	• Flu-like symptoms	YES NO
• Sore Throat	YES NO	• Runny nose	YES NO
• Shortness of breath	YES NO		
Name: _____		Signature: _____	
• Fever > 38° C	YES NO	• Difficulty breathing	YES NO
• Cough	YES NO	• Flu-like symptoms	YES NO
• Sore Throat	YES NO	• Runny nose	YES NO
• Shortness of breath	YES NO		
Name: _____		Signature: _____	
• Fever > 38° C	YES NO	• Difficulty breathing	YES NO
• Cough	YES NO	• Flu-like symptoms	YES NO
• Sore Throat	YES NO	• Runny nose	YES NO
• Shortness of breath	YES NO		
Name: _____		Signature: _____	
• Fever > 38° C	YES NO	• Difficulty breathing	YES NO
• Cough	YES NO	• Flu-like symptoms	YES NO
• Sore Throat	YES NO	• Runny nose	YES NO
• Shortness of breath	YES NO		
Name: _____		Signature: _____	
• Fever > 38° C	YES NO	• Difficulty breathing	YES NO
• Cough	YES NO	• Flu-like symptoms	YES NO
• Sore Throat	YES NO	• Runny nose	YES NO
• Shortness of breath	YES NO		
Name: _____		Signature: _____	
• Fever > 38° C	YES NO	• Difficulty breathing	YES NO
• Cough	YES NO	• Flu-like symptoms	YES NO
• Sore Throat	YES NO	• Runny nose	YES NO
• Shortness of breath	YES NO		
Name: _____		Signature: _____	
• Fever > 38° C	YES NO	• Difficulty breathing	YES NO
• Cough	YES NO	• Flu-like symptoms	YES NO
• Sore Throat	YES NO	• Runny nose	YES NO
• Shortness of breath	YES NO		

* Provincial regulations may require use of a provincial form and protocol. How "yes" answers are handled may be dictated by provincial regulation and may change with the public health alert level of the pandemic. A cautious approach is recommended.

Use this form to screen patients before their appointment and when they arrive for their appointment.

Staff screener: _____

Patient Name: _____ Patient age: _____

Who answered: Patient Other (specify) _____

Contact Method: Phone email Other _____

Identify yourself and explain the purpose of the call, which is to determine whether there are any special considerations for their dental appointment. Have the patient answer the following questions.

Screening Questions	Pre-Screen		In-Office	
1. Do you have a fever or have felt hot or feverish anytime in the last two weeks? Patient temperature at appointment: _____. If elevated, provide mask to patient.	YES	NO	YES	NO
2. Do you have any of these symptoms: Dry cough? Shortness of breath? Difficulty breathing? Sore throat? Runny nose? Sneezing? Post-nasal drip?	YES	NO	YES	NO
3. Have you experienced a recent loss of smell or taste?	YES	NO	YES	NO
4. Have you been in contact with any confirmed COVID-19 positive patients, or persons self-isolating because of a determined risk for COVID-19?	YES	NO	YES	NO
5. Have you returned from travel outside of Canada in the last 14 days?	YES	NO	YES	NO
6. Have you returned from travel within Canada from a location known affected with COVID-19?	YES	NO	YES	NO
7. Is your workplace considered high risk?	YES	NO	YES	NO
Patient Vulnerability				
8. Are you over the age of 70?	YES	NO	YES	NO
9. Do you have any of the following? Heart disease, lung disease, kidney disease, diabetes or any auto-immune disorder?	YES	NO	YES	NO

- Any "yes" response for questions 1-7 must be discussed with the managing dentist immediately.
 - Tell the patient when they arrive at the office, they will be asked to: sanitize their hands; answer the questions again; have their temperature taken; complete a form acknowledging the risk of COVID-19.
- Advise the patient:
 - Only patients are allowed to come to the office.
 - If possible to wait in their car until their appointment, call the office when they arrive.



Fleetwood
PARK
DENTAL
CENTRE



Patient Acknowledgement Form: COVID-19 Pandemic Emergency Dental Risk

Please read the patient acknowledgement below, and initial or sign in all areas indicated.

I understand the novel coronavirus causes the disease known as COVID-19 and that it is currently a pandemic. I understand the novel coronavirus virus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious . For this reason, it is recommended to stay home and avoid close contact with other people when at all possible	(Initials)
I understand the federal and provincial governments have asked individuals to maintain social distancing of a least 2 metres (6 feet) and I recognize it is not possible to maintain this distance while receiving dental treatment	(Initials)
I understand that it is possible that oral surgery/dental procedures can create water and/or blood spray, which may be one way that the novel coronavirus can spread. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the novel coronavirus.	(Initials)
I understand that due to the visits of other patients, the characteristics of the novel coronavirus, and the characteristics of dental procedures, that I have an elevated risk of contracting AND SPREADING the novel coronavirus simply by being in the dental office.	(Initials)
I confirm that I do NOT have any TWO OR MORE or the following symptoms of COVID-19: fever, new or worsening cough, sore throat, runny nose or headache	(Initials)
I confirm that I have not tested positive for COVID-19.	(Initials)
I confirm that I am not waiting for the results of a test for COVID-19.	(Initials)
I confirm that this is not currently a period where I required to self-isolate for 14 days.	(Initials)
I verify the information I have provided on this form is truthful and accurate. I knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic.	(Initials)

Signature of patient: _____ Date: _____



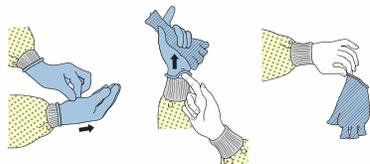
Are you ready?

- All staff are briefed on changed protocols.
- Reception modified to limit contact.
- Waiting area updated.
- Washrooms well supplied.
- All staff completed Return to Work Screening Form.
- Daily Employee Screening Log binder available.
- Surface disinfection schedule established. Disinfection supplies readily available in all areas
- Patient greeting/screening process established, staff assigned.
- Plan to limit movement in office, especially between clinical and non-clinical areas, is ready.
- All staff understand PPE expectations. Competent in donning and doffing PPE.
- Dental equipment water lines shocked if needed.



9 Steps to Doff (Take Off) Personal Protective Equipment (PPE) For Droplet and Contact Precautions

1 Gloves



The outside of gloves are contaminated. Grasp palm area of one gloved hand and peel off first glove. Slide fingers of hand under other glove at wrist and peel off. Discard in regular waste bin.

2 Perform Hand Hygiene



Clean all surfaces of hands and wrists.

3 Gown



Unfasten ties, pull gown away from neck and shoulders, touching ONLY the inside of the gown. Turn gown inside out and roll into a bundle. Place in soiled laundry hamper (if reusable) or in regular waste bin (if disposable).

4 Perform Hand Hygiene



Clean all surfaces of hands and wrists.



If you are NOT 2 meters away from the patient, exit room now, perform hand hygiene, and finish the remaining steps.

5 Goggles or Face Shield



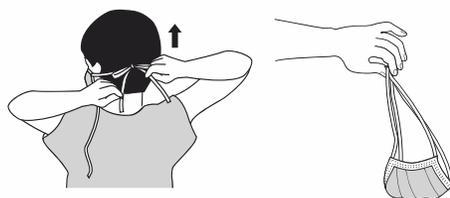
Do NOT touch the front of the eye wear. Place in receptacle for reprocessing (if reusable) or in regular waste bin (if disposable).

6 Perform Hand Hygiene



Clean all surfaces of hands and wrists.

7 Surgical or Procedure Mask



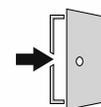
Grasp ties or elastics at back and remove WITHOUT touching the front. Place in receptacle for reprocessing or in regular waste bin.

8 Perform Hand Hygiene

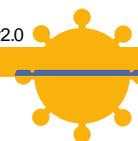


Clean all surfaces of hands and wrists.

9 Exit Room



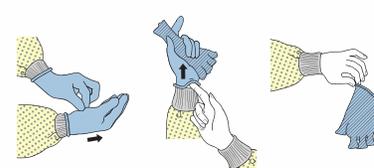
Exit room and perform hand hygiene.





9 Steps to Doff (Take Off) Personal Protective Equipment (PPE) For Airborne Precautions (AGMP)

1 **Gloves**



The outside of gloves are contaminated. Grasp palm area of one gloved hand and peel off first glove. Slide fingers of hand under other glove at wrist and peel off. Discard in regular waste bin.

2 **Perform Hand Hygiene**



Clean all surfaces of hands and wrists.

3 **Gown**



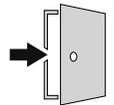
Unfasten ties, pull gown away from neck and shoulders, touching ONLY the inside of the gown. Turn gown inside out and roll into a bundle. Place in soiled laundry hamper (if reusable) or in regular waste bin (if disposable).

4 **Perform Hand Hygiene**



Clean all surfaces of hands and wrists.

5 **Exit Room**



Exit room and perform hand hygiene.

6 **Goggles or Face Shield**



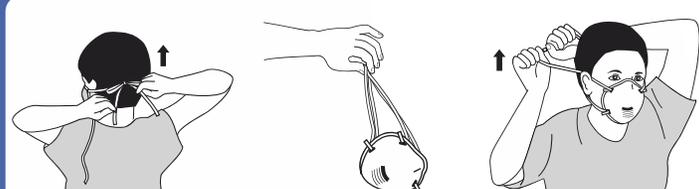
Do NOT touch the front of the eye wear. Place in receptacle for reprocessing (if reusable) or in regular waste bin (if disposable).

7 **Perform Hand Hygiene**



Clean all surfaces of hands and wrists.

8 **N95 Respirator**

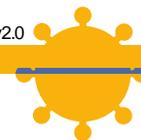


Grasp ties or elastics at back and remove WITHOUT touching the front. Place in receptacle for reprocessing or in regular waste bin if soiled or broken.

9 **Perform Hand Hygiene**



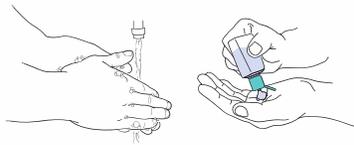
Clean all surfaces of hands and wrists.





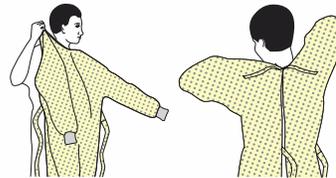
The 5 steps to Don (put on) Personal protective equipment (PPE)

1 Hand hygiene



Clean all surfaces of hands and wrists

2 Gown



Cover torso and wrap around back, fasten in back of neck and waist

3 Surgical/procedure mask



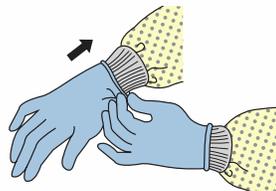
Secure ties at middle of head and neck, fit nose band to your nose and pull bottom down to completely cover chin

4 Eye protection

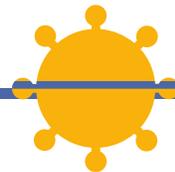


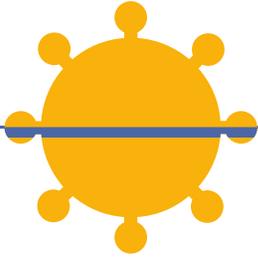
Place goggles or face shield over face and eyes and adjust to fit

5 Gloves



Extend to cover wrist of gown





Hand Hygiene

**SOAP OR ALCOHOL-BASED
HAND RUB: Which is best?**



**Either will clean your hands:
use soap and water if hands
are visibly soiled.**



Remove hand and wrist jewellery

HOW TO HAND WASH



HOW TO USE HAND RUB



COVID19_JH_001

