

WorkSafe BC COVID-19 Safety Plan (May 30, 2020)

This is a dynamic and regularly updated plan as new information becomes available and new protocols need to be implemented.

1. Assessing the Risk at the Workplace {Appendix A – Prevention Poster}

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 are identified, either through close physical proximity or through contaminated surfaces. The closer together workers are and the longer they are close to each other, the greater the risk.

- We have identified areas where people gather such as reception areas, hallways, operatories, sterilization/lab areas, lunchroom, x-ray areas, and washroom areas;
 - Maintain social distancing whenever possible {Appendix B – Physical Distancing}
 - Masks to be worn at all times when social distancing is not possible {Appendix C - Surgical Mask Poster}
 - Plexiglass sneeze guards installed
 - Minimize the number of people at the office; child and infirm patients to be accompanied,
 - Patients to phone the office upon arrival and wait in vehicle or outside until contacted to enter
 - Social distancing decals placed on the floor

- We have identified job tasks and processes where workers are close to one another or members of the public
 - Reception areas, hallways, operatories, sterilization/lab areas, lunchroom, x-ray areas, and washroom areas
 - Lunch breaks staggered and all staff maintain social distancing
 - Appointment times are staggered to minimize contact between patients
 - Masks to be worn at all times when social distancing is not possible

- We have identified the tools, machinery, and equipment that workers share while working
 - X-ray, lab/sterilization
 - Masks to be worn at all times when social distancing is not possible

- We have identified surfaces that people touch often, such as door handles, light switches, pens, point of sales machine, keyboards, monitors, faucet handles, chair handles, clothes hangers, washroom fixtures, staff room surfaces
 - All patients and staff to use hand sanitizer upon entering the office; hand sanitizer located at the office entrance and throughout the office
 - Hand washing using soap for 20 seconds and rinsed (use hands-free feature at the sinks) and dried with paper towels before and handling anything {Appendix D1/D2 - Handwashing Posters}
 - Alternatively, use hand sanitizer and rub until hands are dry
 - Protocol for cleaning frequently touched surfaces implemented {Appendix E1 – Cleaning and Disinfecting Protocols, Appendix E2 – Environmental Cleaning and Disinfectants}
 - Staff sharing of pens, phone headsets, staplers, discouraged
 - Socially distancing (2 meters) stickers placed at office entrance and various locations in the office
 - Unnecessary items removed – magazines, brochures, toys, coffee maker
 - All frequently touched areas to be cleaned with detergent or soap & water if visibly soiled and followed by disinfection
 - Prepare washrooms – hand washing instructions posted, adequate supply of soap and disposable towels, trash can supplied

- Emergency Contacts updated {Appendix F – Emergency Contacts}

2. Implement Protocols to Reduce the Risks

Industry-specific protocols

- To reduce infection from aerosols, non-aerosol generating procedures (NAGP) should be performed when possible
- If aerosol generating procedures (AGP) are performed
 - Examples of AGP - prophy, high speed handpiece, slow speed handpiece, dental laser, air/water syringe, spitting
 - Use of source capture devices when possible
 - HVE: high volume evacuation/Purevac
 - AllerAir
 - ShieldVac
 - Masks – use of level 3 or fitted N95 or P100 respirators

Reduce the risk of person-to person transmission

To reduce the risk of the virus spreading through droplets in the air, implement protocols to protect against your identified risks. Different protocols offer different levels of protection. Wherever possible, use the protocol that offer the highest level of protection. Consider controls from additional levels if the first level isn't practicable or does not complete control the risk. You will likely need to incorporate controls from various levels to address the risk at the workplace.

Consider first to last:

- First level of protection: Elimination
 - Limit the number of people in office at any one time
 - Rearrange workspaces or reschedule work tasks to ensure that workers are at least 2 meters from co-workers, patients (floor stickers installed)

- Second level of protection: Engineering Controls
 - If patients can't always maintain physical distancing, install barriers (sneeze guards installed)
 - Sneeze guards to be cleaned after every patient with detergent in water and wiped with a microfiber cloth (wear mask and gloves)

- Third level of protection: Administrative Controls
 - Establish rules and guidelines
 - Occupancy limits
 - 3 persons in waiting room (can be more if from same household)
 - 2 persons in the lunchroom
 - 2 persons in the reception area
 - Deliveries to be placed at on the other side of the sneeze shields away from the receptionist
 - Prescreening of patients; prescreened via telephone for list of symptoms and completion of form prior to appointment {Appendix G Patient Risk Acknowledge Form}

- Fourth level of protection: PPE
 - Staff and dentist to wear mask at all times
 - Staff have been informed of the limitation of masks to protect the wearer from respiratory droplets, and masks should only be considered when other control measures cannot be implemented.
 - Staff have been trained in the proper use of masks {Appendix C Surgical Mask Poster}
 - Staff have been trained in the proper donning and donning of PPE {Appendix H1,H2,H3}
 - Refer to the CDSBC guidelines {Appendix I1 Infection Prevention and Control Wall Poster, Appendix I2 Infection Prevention and Control Guidelines}

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

- Reviewed the information on cleaning and disinfecting surfaces
- Verified there are enough hand washing facilities on site for all staff.
- Hand washing locations are visible and easily accessed
- Staff must wash their hands before and after handling anything and good hygiene practices have been communicated
- Frequent hand washing and good hygiene practices are essential to reduce the spread of the virus.
- Cleaning protocols implemented for all common areas and surfaces e.g. Washrooms, instruments, equipment, light switches, door handles {Appendix E1/E2}
- Staff and cleaning staff have adequate training and materials
- Unnecessary instrument and equipment removed to simplify the cleaning process – e.g. coffee maker, shared utensils and plates.

3. Develop Policies

Policies to manage the workplace, including policies around who can be at the workplace, how to address illness that arises at the workplace, and how workers can be kept safe in adjusted working conditions.

Workplace policies to 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 past 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
- Ensure workers have the training and strategies required to address the risk of violence that may arise as customers and members of the public adapt to restrictions or modifications to the workplace. Ensure an appropriate violence program is in place.
- Front door locked at all times to restrict entry. Door to be unlocked to permit entry/exit of patients and staff, delivery persons, and service persons only
- Staff instructed the location of the panic buttons in front desk area and alarm panel to dial for police
- All staff to screened daily {Appendix J Dental Office Staff Daily Screening Form} to report fever >38*, cough, sore throat, shortness of breath, difficulty breathing, flu-like symptoms, and runny nose

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

- Sick workers should report to Dr. Lau, 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 Assessment Tool, or call 811 for further guidance related to testing and self-isolation.
- If the worker is severely ill, (eg. difficulty breathing, chest pain), call 911
- Clean and disinfect any surfaces that the ill worker has come into contact with

4. Develop Communication Plans and Training

Ensure that everyone entering the workplace, including workers from other employers, knows how to keep themselves safe while at our workplace.

- We have a training plan to ensure everyone is trained in workplace policies and procedures
- All works have received the policies for staying home when sick
- We have posted signage at the workplace for effective hygiene practices
- We have posted signage at the main entrance indicating who is restricted from entering the premises, including and workers with symptoms {Appendix K Office Sign}

5. Monitoring the Workplace and Update Plans as Necessary

Things may change as the business operates. If a new area of concern is identified, or if it seems like something isn't working, steps are taken to update the policies and procedures. Workers are involved in this process.

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

6. Assess and Address Risks from Resuming Operations

If the workplace has not been operating for a period during the COVID-19 pandemic, it may be necessary to manage risk arising from restarting the business

- We have a training plan for 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 equipment that have been out of use {Appendix L Practice Startup Checklist}