

Bibby Orthodontics / Dr. Kathryn J. Bibby Inc.

Operational Safety COVID-19 Restart Plan

June 1st 2020

At Bibby Orthodontics the health of our employees and patients (and their families) are of utmost importance to us. This document has been created to clarify the actions that Bibby Orthodontics will take to help ensure the wellbeing of everyone in our place of business and in our community. This document will be updated periodically by Dr. Kathryn Bibby. For any questions or concerns please call Dr. Bibby: 250-354-4354 or office@drbibby.com

This document is based on guidance from the Provincial Health Officer for British Columbia (with BCCDC) and it recognizes that government and public confidence will be paramount throughout this state of emergency due to COVID-19 and that enhanced procedures are needed to help prevent further outbreaks. It was developed in conjunction with resources from WorkSafe BC.

The other document that is part of our return to work plan is the College of Dental Surgeons of BC "Transitioning Oral Healthcare to Phase 2 of the COVID-19 Response Plan" dated May 15th 2020. Both documents will be posted in the office for reference. Please also see our "Exposure Control Plan for Controlling Infectious Diseases" dated January 2018 and "Restart Protocol Clinic" dated May 24th 2020.

PRIOR TO REOPENING:

1. Make the office changes needed to decrease touch points and to promote physical distancing by staff and patients. Install barriers at front desk. Improve office ventilation and filtration. Post workplace signage as recommended
2. Initiate a scheduling protocol to prioritize emergency and more urgent care. Modify schedule templates to address physical distancing requirements
3. Dr Bibby will meet with team members to review and explain the safety plan outlined here. This is considered mandatory training. All team members will be asked to sign an acknowledgement that they have read this safety plan and been trained on the following:

REQUIREMENTS:

1. Dentists, staff, and contractors must self-assess daily for symptoms and stay home if they are unwell
2. Illness: should you have any cold, flu, or COVID symptoms immediately contact Dr. Bibby and take the BC self assessment tool <https://bc.thrive.health/covid19/en> and call 811
3. Patients: a) pre-screening when booking b) wellness and consent form c) arrival screening
4. Physical distancing: Limit the number of patients and stagger appointments. No companions (with a few exceptions). No waiting in common areas. Staff distancing, barriers, reduce staff numbers in-office
5. Hand hygiene: Dentists and staff must have frequent, thorough hand hygiene throughout the day
6. Face touching avoidance: Clinical and Front Office staff
7. Cough and Sneeze etiquette
8. Personal Protective Equipment
9. Enhanced Cleaning - daily checklists to be completed
10. Acknowledgement: have reviewed and understand this document. Sign Return to Work form

Key elements:

- Clear guidelines and communication
- Effective safety protocols
- Honest and open communication between Dentists, staff, and patients
- Ongoing evaluation of protocols and update as needed

DETAILS:

1. Dentist, Staff and Contractors Daily Screening

- Dentists, staff, and contractors must self-assess daily for symptoms and stay home if they are unwell
- All staff (incl. Dentists) must complete and sign the self-assessment log immediately upon arrival at work
- Forehead temperature to be taken and recorded on the staff log at the start of each work day

2. Illness Policy

- Should you have any cold, flu, or COVID-19 symptoms immediately contact Dr. Bibby and take the BC self assessment tool <https://bc.thrive.health/covid19/en>
- You will need to be tested for COVID-19 at the Nelson community testing centre at Kootenay Lake Hospital. Call 250-551-7500 to book an appointment
- Self-isolate until you receive the test results
- If test result is positive: follow all guidance from the department of Public Health and advise Dr. Bibby immediately
- If symptoms of COVID develop at any time during the workday: perform hand hygiene, do not remove mask (or don a mask) and advise the supervising dentist. You will then proceed home (a safe mode of travel will be determined depending on your symptoms) then follow the procedures outlined above

3. Patient Screening

- Patients will be informed about updated office protocols by email and Facebook
- When booking appointments by phone pre-screen patients for any symptoms of cold, flu, COVID-19 and exposure risk (close contacts, travel etc)
- Patients will be sent link for Bibby Orthodontics Patient Wellness screening on the initial patient protocol email and as part of their appointment reminders. A QR code link will also be on the front door
- Scheduling Coordinator will check for completion of the form prior to “checking in” the patient
- If there are any “yes” responses to the health screening questions we will not see the patient that day and instead will rebook to 14 days or further away. Our cancellation policy will be relaxed to promote honesty and compliance with pre-screening questions
- If patient answers “yes” to the health screening questions recommend that they fill out the BC self-assessment and (if indicated) get tested for COVID-19
- Upon entering office:
 - a) Patient must be wearing a face covering over mouth and nose (provide a disposable mask if not)
 - b) Patient will be asked if any change in their health since the Wellness form was submitted
 - c) Forehead temperature is taken and recorded. Assistant to initial in column 3 of Patient Screening Log
 - d) If a parent insists on attending an appointment they require full screening as per the Patient protocol

4. Physical Distancing

- Reduce the number of employees working at one time. Financial Coordinator will work during non-clinical hours and the Treatment Coordinator will not be returning to work initially
- All employees (Dentists and Staff) must maintain a distance of > 2 metres apart, whenever possible
- Where this distance is not possible (eg: during patient care) all employees will wear a minimum of a surgical mask and appropriate eye protection (safety glasses and/or face shield)
- A mask or non-medical face covering is to be worn by all employees in the office, even when the distancing requirements can be met. This is to reduce the chance of asymptomatic transmission
- Breaks must be staggered to have a maximum of 2 employees eating or drinking in the staff room
- During breaks (if unmasked) employees must distance themselves by at least 3 metres (10 feet)
- A physical barrier (eg: front desk) will fulfill the distancing requirement
- Occupancy limit of the office is 22 and occupancy limit of staff room is 4
- We will limit the number of patients scheduled per day and stagger appointment times
- Patients only permitted in the office - no parents, siblings, or other companions (with a few exceptions)
- Patients will be brought to their treatment chair immediately after entry screening
- Discourage any waiting in common areas. Most reception chairs have been removed
- Patient will be escorted to the front door after their appointment, and the door opened for them
- Policy of limiting visitors eg: sales representatives, patient inquiries (if no appointment)
- Deliveries should be left outside the front door
- For very large deliveries entry may be permitted if Service Provider has a face covering, and hand hygiene is performed upon entry, and if they physically distance (>2 metres) from others
- A log will be kept of all external visitors and service providers who enter the workplace

5. Hand Hygiene:

- We have a shared responsibility to keep our workplace as clean and safe as possible
- All employees must use the provided alcohol-based hand sanitizer immediately upon entry
- Wash your hands frequently with soap and water for 20 seconds (or use hand sanitizer)
 - Before and after applying masks or other PPE
 - Before and after every patient
 - Before and after going on a break, or using the washroom
 - After coughing or sneezing
 - After handling cash, mail, or other items from outside the office
- Hand washing protocols will be posted and must be adhered to
- Sanitation spray with 70% alcohol for patient and visitor use upon arrival. Staff will dispense
- Contact-less payment methods are encouraged but other methods may be handled provided that hand hygiene is performed immediately afterwards. Receipts are to be emailed
- Staff (including Dentists) should not share cutlery, food or beverages

6. Face Touching:

- COVID-19 spread can be minimized by avoiding touching the nose, mouth, and eyes
- Clinical staff must not touch their face after upper body PPE (mask, glasses, shield) is applied
- Non-clinical masks can be helpful to reduce face touching for non-clinical employees
- Patients can use a tissue if an itch must be addressed

7. Cough/Sneeze Etiquette:

- Turn away from others before coughing or sneezing
- Cover your mouth and nose with a tissue and discard in waste bin
- Cough or sneeze into your elbow if no tissue is available
- Immediately wash your hands (ideally) or use hand sanitizer

8. Personal Protective Equipment (PPE):

- PPE for clinic staff includes: Level 3 mask, safety glasses, face shield (if Rx glasses or as optional extra)
- Instructions on donning and doffing PPE will be posted and discussed
- An inventory of available PPE has been performed and one CDA will be responsible for maintaining an adequate PPE inventory
- Clinical and Lab employees are to wear scrubs during work hours
- At end of day remove scrubs and place inside-out in a water resistant bag. Do not wear outside office
- A clean, reusable LS gown may be worn in Clinic during longer procedures (eg: debonding, bonding)
- A clean long-sleeved jacket is to be worn over scrubs when Dentists and Clinical staff access non-clinical areas (eg: staff room, staff washroom, front desk area)
- Clinic and Lab staff to designate a pair of shoes for office use only. Sanitize daily with HClO

9. Enhanced Cleaning protocols:

- Disinfection of high-touch environmental surfaces eg: phones, keyboards, front door handle, reception counter, staff room (door handle, kettle, fridge, kitchen table) and staff bathroom, at least 2x/day
- Clinic: all contact surfaces must be wiped between each patient with a hard surface disinfectant on Health Canada's "Disinfectants for Use Against SARS-CoV-2 list" eg: Sani-Cloth plus
- HOCl sanitization spray of reception and staff room at least 2x /day
- Checklists will be posted and must be completed and signed daily
- Gloves and a surgical mask should be worn for all disinfecting procedures

10. Acknowledgment and Signature:

Please sign and return this page to acknowledge that you have

- Read and understand the Bibby Orthodontics / Dr. Kathryn J. Bibby Inc. "Operational Safety COVID-19 Restart Plan" dated June 1st 2020
- Received training in and understand the protocols listed in this document (including posters)
- Read and understand the College of Dental Surgeons of BC "Transitioning Oral Healthcare to Phase 2 of the COVID-19 Response Plan."

Name:

Signature:

Date:

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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



1 Wet hands with warm (not hot or cold) running water



2 Apply liquid or foam soap



3 Lather soap covering all surfaces of hands for 20-30 seconds



4 Rinse thoroughly under running water



5 Pat hands dry thoroughly with paper towel



6 Use paper towel to turn off the tap

HOW TO USE HAND RUB



1 Ensure hands are visibly clean (if soiled, follow hand washing steps)



2 Apply about a loonie-sized amount to your hands



3 Rub all surfaces of your hand and wrist until completely dry (15-20 seconds)

COVID19_HA_031

Help prevent the spread of COVID-19

Cover coughs and sneezes



Cough or sneeze into your sleeve, not your hands. Avoid touching your face with your hands.

Or

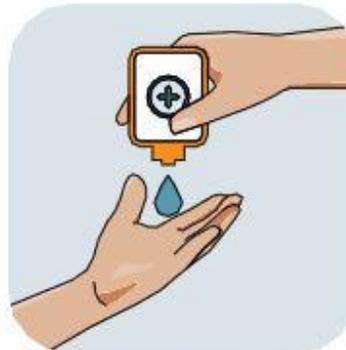


Cover your mouth and nose with a tissue and put your used tissue in a wastebasket.



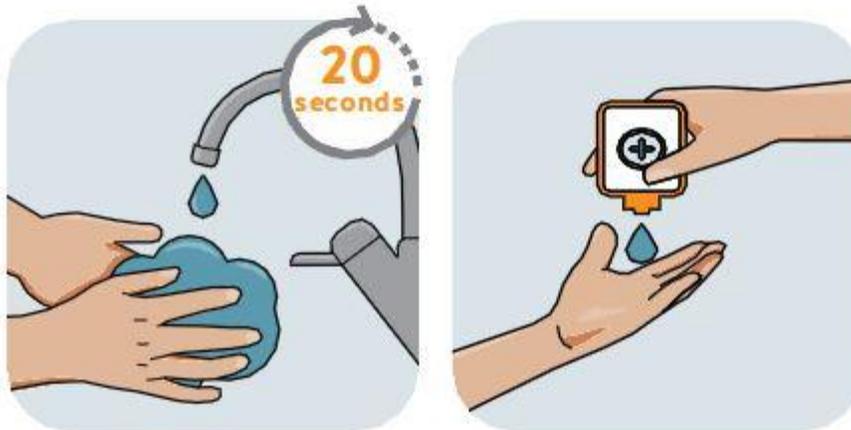
Wash your hands with soap and water for at least 20 seconds.

Or



Clean hands with alcohol-based hand sanitizer.

Help prevent the spread of COVID-19



Wash your hands often with soap and water for 20 seconds. If soap and water aren't available, use an alcohol-based hand sanitizer.

Wash your hands:

- **When you arrive at work**
- **Before and after going on a break**
- **After using the washroom**
- **After handling cash or other materials that have come into contact with the public**
- **Before and after handling shared tools and equipment**
- **Before and after using masks or other personal protective equipment**



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Cleaning and Disinfection Instructions for Eye/Facial Protection

Required Equipment

- 1** Cleaning products required:
Soap (e.g. dish soap), sink or running water and disinfectant wipes (e.g. Accel wipes)

- 2** PPE required:
Exam gloves (Vinyl or Nitrile)

A Reusable Eye Protection (goggles, safety glasses, faceshields without foam)

If eye protection appears damaged or compromised: DO NOT REUSE.



If reusable eye protection is visibly contaminated or soiled:

1. Don new pair of exam gloves.
2. Using a clean cloth, wipe with soap and water, cleaning from the inside to the outside.
3. Rinse with water & remove excess water.
4. Using one disinfectant wipe at a time, and first squeezing excess disinfectant into a sink to prevent splash to face, thoroughly wipe the interior followed by the exterior of the facial protection.
5. Ensure all surfaces remain wet with disinfectant for at least 1 minute (or applicable disinfectant wipe contact time).
6. Equipment may be rinsed with tap water if visibility is compromised by residual disinfectant.
7. Allow to dry (air dry or use clean absorbent towel).
8. Remove gloves and perform hand hygiene.
9. Store in a designated clean area.

If reusable eye protection is not visibly contaminated or soiled:

1. Don new pair of exam gloves.
2. Using one disinfectant wipe at a time, and first squeezing excess disinfectant into a sink to prevent splash to face, thoroughly wipe the interior followed by the exterior of the facial protection.
3. Ensure all surfaces remain wet with disinfectant for at least 1 minute (or applicable disinfectant wipe contact time).
4. Equipment may be rinsed with tap water if visibility is compromised by residual disinfectant.
5. Allow to dry (air dry or use clean absorbent towel).
6. Remove gloves and perform hand hygiene.
7. Store in a designated clean area.

B Faceshield with Visor & Foam for Forehead Comfort



WITH FOAM

If foam piece is visibly soiled: DO NOT REUSE.
If faceshield appears damaged or compromised: DO NOT REUSE.

If possible, the same person should reuse a single faceshield with foam

If faceshield is visibly contaminated or soiled (but foam piece is not):

1. Don new pair of exam gloves.
2. Using a clean cloth, wipe with soap and water, cleaning from the inside to the outside.
3. Rinse with water & remove excess water.
4. Using one disinfectant wipe at a time, and first squeezing excess disinfectant into a sink to prevent splash to face, thoroughly wipe the interior, followed by the foam band, strap exterior, and exterior of the visor.
5. Ensure all surfaces remain wet with disinfectant for at least 1 minute (or applicable disinfectant wipe contact time).
6. Equipment may be rinsed with tap water if visibility is compromised by residual disinfectant.
7. Allow to dry (air dry or use clean absorbent towel).
8. Remove gloves and perform hand hygiene.
9. Store in a designated clean area.

If faceshield is not visibly contaminated or soiled:

1. Don new pair of exam gloves.
2. Using one disinfectant wipe at a time, and first squeezing excess disinfectant into a sink to prevent splash to face, thoroughly wipe the interior, followed by the foam band, strap exterior, and exterior of the visor.
3. Ensure all surfaces remain wet with disinfectant for at least 1 minute (or applicable disinfectant wipe contact time).
4. Equipment may be rinsed with tap water if visibility is compromised by residual disinfectant.
5. Allow to dry (air dry or use clean absorbent towel).
6. Remove gloves and perform hand hygiene.
7. Store in a designated clean area.



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If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.

Non-medical inquiries (ex. travel, physical distancing): 1-888-COVID19 (1888-268-4319) or text 604-630-0300



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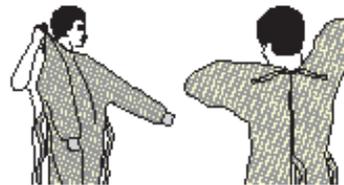
The 5 steps to Don (put on) Personal protective equipment (PPE)

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



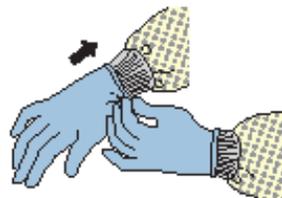
Secure ties at middle of head and neck, fit nose band to your nose and pull bottom down to completely cover chin

4 Eye protection



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

5 Gloves



Extend to cover wrist of gown



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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



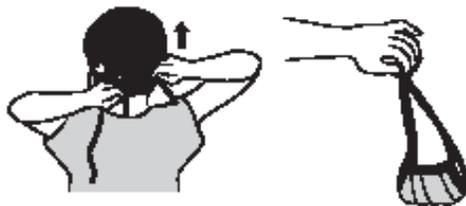
Do NOT touch the front of the eye wear. Place in receptacle for reprocessing (if reusable) or in regular waste bin (if disposable).

6 Perform Hand Hygiene



Clean all surfaces of hands and wrists.

7 Surgical or Procedure Mask



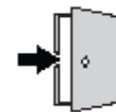
Grasp ties or elastics at back and remove WITHOUT touching the front. Place in receptacle for reprocessing or in regular waste bin.

8 Perform Hand Hygiene



Clean all surfaces of hands and wrists.

9 Exit Room



Exit room and perform hand hygiene.



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IPC v2.0





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Environmental Cleaning and Disinfectants for Clinic Settings

Cleaning: the physical removal of visible soiling (e.g., dust, soil, blood, mucus). Cleaning removes, rather than kills, viruses and bacteria. It is done with water, detergents, and steady friction from cleaning cloth.

Disinfection: the killing of viruses and bacteria. A disinfectant is only applied to objects; never on the human body.

All visibly soiled surfaces should be cleaned before disinfection.

Environmental cleaning for COVID-19 virus is the same as for other common viruses. Cleaning products and disinfectants that are regularly used in hospitals and health care settings are strong enough to deactivate coronaviruses and prevent their spread. Cleaning of visibly soiled surfaces followed by disinfection is recommended for prevention of COVID-19 and other viral respiratory illnesses.

Suggested cleaning and disinfecting frequencies for clinic settings:

Type of surface	Frequency
1. Shared equipment Examples: stethoscopes, blood pressure cuffs, otoscopes, baby scales, table and exam beds	IN BETWEEN PATIENTS
2. Frequently-touched surfaces Examples: medical equipment, door knobs, light switches, telephones, keyboards, mice, pens, charts, cell phones, toys, bathrooms	AT LEAST TWICE A DAY
3. General cleaning of procedure / exam rooms Examples: chairs, tables, floors	AT LEAST TWICE A DAY

For electronic equipment please comply with manufacturer's instructions to not void the warranty.



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