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COVID-19 SAFETY PLAN

1. WORK PLACE RISK ASSESSMENT:

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 period of time.

Workers were involved when assessing the workplace

We have identified areas where there may be risks, 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 involved frontline workers and the worker health and safety representative.
- ✓ We have identified areas where people gather, such as breakrooms, lobby and meeting rooms.
- ✓ We have identified job tasks and processes where workers are close to one another or members of the public: while cleaning instruments in lab, while treating patients in operatories.
- ✓ We have identified the tools, machinery, and equipment that workers share while working: x-rays sensor, laboratory equipment.
- ✓ We have identified surfaces that people touch often, such as doorknobs and light switches.

2. IMPLEMENTED PROTOCOLS TO REDUCE THE RISK

- ✓ We have reviewed and implemented the industry-specific protocols on worksafebc.com, CDSBC and BCCDC, to identify and implement additional protocols if the posted protocols don't address all the risks to your workers. We will continue to monitor and update protocols.
- ✓ Frontline workers, supervisors and worker representative.
- ✓ We have followed orders, guidance, and notices issued by the CDSBC and BCCDC.

We are reducing the risk of person-to-person transmission

To reduce the risk of the virus spreading through droplets in the air, we have implemented protocols to protect against our identified risks. Different protocols offer different levels of protection. Wherever possible, we have used the protocol that offers the highest level of protection.

First level of protection (elimination): we have limited the number of people at the workplace to ensure physical distance whenever possible.

- ✓ We have established and posted an occupancy limit for our premises. Public Health has advised that the prohibition on gatherings of greater than 50 people refers to "one-time or episodic events" (weddings, public gatherings), and is therefore not intended to apply to workplaces. However, limiting the number of people in a workplace is an important way to ensure physical distancing is maintained. [Public Health has developed guidance for the retail food and grocery store sector that requires at least 5 square meters of unencumbered floor space per person (workers and customers). This allows for variation depending on the size of the facility, and may be sensible approach for determining maximum capacity for employers from other sectors that do not have specific guidance on capacity from Public Health.]
- ✓ In order to reduce the number of people at the worksite, we have considered virtual meetings, rescheduling work tasks, and limiting the number of patients and visitors in the workplace.
- ✓ We have established and posted occupancy limits for common areas such as break rooms, meeting rooms, change rooms, washrooms.
- ✓ We have implemented measures to keep workers and others at least 2 meters apart, whenever possible.

Measures in place

Control measures for our workplace;

- One receptionist to be working at any one time.
- One to two hygienists to be working at any one time.
- One dentist to be working at any one time.
- Suppliers have been advised that deliveries are to be dropped off outside at the front entrance; delivery personnel are not to enter the office unless necessary.
- 2 meters distance to be maintained between employees and/or patients and/or visitors.
- Patients are to come to their appointments alone whenever possible.
- Reception area furniture has been removed with only 3 chairs remaining for patients and/or visitors.
- Upon arrival to our office, patient is to call from their car or outside the office to advise they have arrived; patients are to wait in their car or outside the office until they have been cleared to come in by the receptionist ... to facilitate this, there are two benches immediately outside the front entrance.
- Patients are to be escorted to and from the clinical area by employees after confirming path is clear.
- Maximum capacity of two people in the staff room at any one time.
- Covid-19 screening / consent form and Medical History forms to be emailed to patients and returned completed, whenever possible by email.
- Referral and/or prescription forms to be emailed to patient whenever possible.
- Maximum occupancy premises (10 = 5 team members, 3 patients in ops, 1 in lobby & 1 at front desk) [10m² / pp]
- Maximum occupancy: lobby (3), front desk area (2), Dr. Thom's office (2), bathroom (1), Ops 1, 2 (2), Op 3 (3), lab (2), staffroom (3), doffing room (2)

Second level protection (engineering): Barriers & partitions;

- ✓ We have installed barriers where workers can't keep physical distance from co-workers, customers, or others.
- ✓ We have included barrier cleaning in our cleaning protocols.
- ✓ We have installed the barriers so they don't introduce other risks to works.

Measures in place

- Plexiglass barriers installed at reception desk to separate receptionist from patients / visitors.
- Surgically Clean Air air filtration units installed in all 3 operatories and reception area.
- High volume suction to be used for all aerosol generating procedures.

Third level protection (administrative): Rules and guidelines

- ✓ We have identified rules and guidelines for how workers should conduct themselves.
- ✓ We have clearly communicated these rules and guidelines to workers through a combination of training and signage.

Measures in place

- All interior doors to be propped open except for washroom doors.
- Employees must ensure hallways are clear prior to escorting patients to or from the operatory.
- All surfaces touched by patients / visitors to be disinfected as soon as possible after being touched.
- Washrooms are to be disinfected right after each use whenever possible.
- Fogger with hypochlorous acid to be available for end of day cleaning.

Fourth level of protection: using masks

- ✓ We have reviewed the information on selecting and using masks and instructions on how to use a mask.
- ✓ We understand the limitations of masks to protect the wearer from respiratory droplets. We understand that masks should only be considered when other control measures cannot be implemented.
- ✓ We have trained workers in the proper use of masks.

Measure in place:

- Receptionist is behind the plexiglass but has option to wear Level 1 – 3 surgical mask if leaving desk area. Clinical staff are to wear either fit tested N95 or Level 3 surgical mask (with mask fitter optional) when interacting with patients; or Level 1 or 3 mask when interacting with patients, visitors, and other employees for other than the purpose of providing clinical treatment. Patients to be asked to arrive wearing their own mask and if they do not have one, a Level 1 mask will be supplied to them.
- All employees have been fit tested and certified for N95 level protection masks, and have been trained by the mask fit tester on proper donning and doffing of 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. [Handwashing and Cover coughs and sneezes posters are posted]
- ✓ We have implemented cleaning protocols for all common areas and surfaces – e.g., washrooms, tools, equipment, shared tables, desks, light switches and door handles. This includes the frequency that these items must be cleaned (once per hour) 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., operatories have minimal equipment necessary.

Cleaning protocols

- All surfaces touched by patients / visitors to be disinfected at regular intervals (electrosprayer with hypochlorous acid to be available for end of day cleaning).
- Washrooms are to be disinfected right after use whenever possible (fogger with hypochlorous acid to be available for end of day cleaning).
- Patients / visitors are to apply hand sanitizer upon office entry / exit.
- Patients are to apply hand sanitizer upon operatory entry / exit.
- Employees are to wash their hands upon entry / exit.
- Operatories to be disinfected according to CDSBC guidelines for infection control (ie. high level of disinfection that has always been followed).
- Clinical employees are to follow routine personal hand disinfection upon entry / exit of operatories and as required for donning / doffing PPE.
- Reception station to be assigned to one employee exclusively (including phone and computer station) and employee is to maintain disinfection of assigned station.

3. POLICIES

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 14 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 ensured 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 prevention program is in place.

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

- ✓ Sick workers should report to Janet or Quinn, 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 surface that the ill worker has come into contact with.

4. COMMUNICATION PLANS AND TRAINING

- ✓ We have a training plan to ensure everyone is trained in workplace policies and procedures.
- ✓ All workers have received the policies for staying home when sick.
- ✓ We have posted signage at the workplace, including occupancy limits and limits and effective hygiene practices. [A customizable occupancy limit poster and having handwashing signage are available on worksafebc.com.]
- ✓ We have posted signage at the main entrance indicating who is restricted from entering the premises, including visitors and workers with symptoms.
- ✓ Supervisors have been trained on monitoring workers and the workplace to ensure policies and procedures are being followed.

5. MONITORING OUR WORKPLACE AND UPDATING OUR PLANS AS NECESSARY

- ✓ We have a plan in place to monitor risks. We make changes to our policies and procedures as necessary.
- ✓ Workers know who to go to 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).

6. ASSESSING AND ADDESSING RIKS FROM RESUMING OPERATIONS

- ✓ 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 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.

Reviewed by team:

Signature / Date

➤ Janet Thom

➤ Quyen Dang

➤ Jennifer Kiley

➤ Caitlin Mitchell

➤ Marian Lau
