

BANY DENTAL COVID SAFETY PLAN

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**Bany
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**PHYSICAL DISTANCING
IN PROGRESS**

Maintain a distance of at least
2 arm lengths from others.



Dr. Bany
COVID-19
Safety plan

Bany
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● **Stay in your car** 🚗

● **wear mask** 😷 😷

● **use hand sanitizer**



● **maintain social distancing**



● **we will take your temperature**



● **we will give you antibacterial rinse**



● **please reschedule if**

u are sick



CARING FOR THE PATIENT'S SAFETY
IS ALWAYS PARAMOUNT TO US .

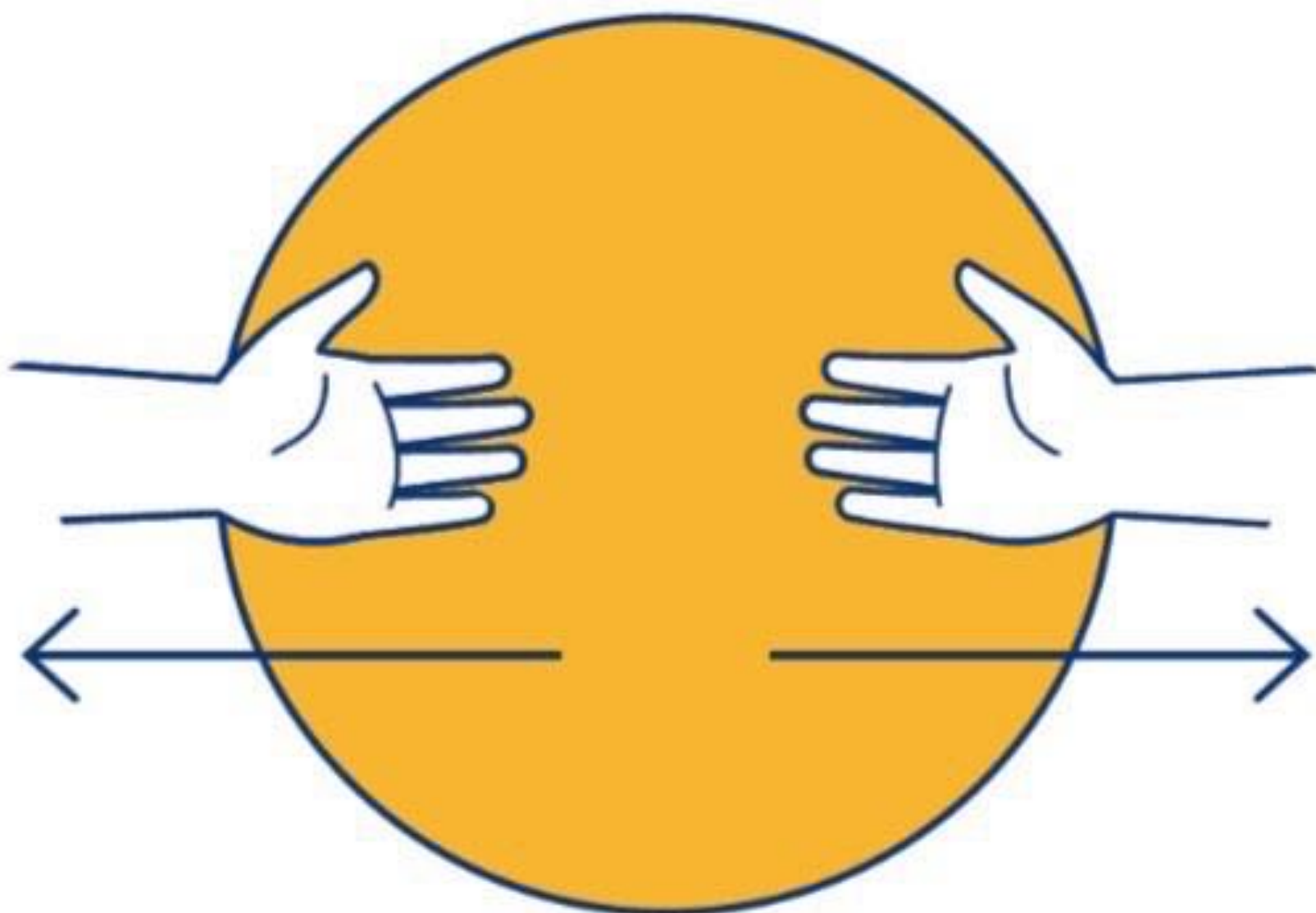
Stay healthy !

Dr. Bany



Disclaimer

This is a live document, designed to be updated regularly. Information in the document is based on the current evidence provided in the guidelines of the authoritative agencies such as BC CDC, WorkSafe BC, CDSBC, and may be subject to change as continuing research becomes available.



PHYSICAL DISTANCING IN PROGRESS

**Maintain a distance of at least
2 arms lengths from others.**

Most
effective

Elimination

Removes or prevents entry of
the pathogen

Engineering Controls

Hospital design and setup to remove
the opportunity for pathogen exposure
at the source or improve compliance

Administrative Controls

Work policies and procedures that
prevent pathogen exposure

PPE

Personal protective equipment used to
prevent pathogen exposure and spread

Least
effective

COVID SAFETY PLAN

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Reducing the risk of person-to-person transmission

To reduce the risk of the virus spreading through contact, aerosols, and droplets in the air, we are implementing protocols to protect our patients and staff. Different interactions offer different levels of protection. Wherever possible, we are using the protocols that offers the highest level of protection. To this end, we are trying our best to go beyond the minimum guidelines established by BC CDC, WorkSafe BC, and College of Dental Surgeons of British Columbia. Because of the nature of service in dentistry, where physical distancing is not often possible, we are combining different levels of protection, where possible, to minimize risk of transmission.

- **First level protection (elimination):** Using policies and procedures to limit the number of people in the clinic at any one time. Implementing protocols to keep staff which are not in direct patient contact to at least 2 metres (6 feet) from co-workers, customers, and others.
- **Second level protection (engineering controls):** We have installed barriers such as plexiglass to separate our reception from patients. Where possible we are using dividers to separate reception staff from each other.
- **Third level protection (administrative controls):** Established rules and guidelines, such as cleaning and disinfecting protocols, informing staff to limit interactions and not share touched materials without PPE.
- **Fourth level protection (PPE):** Staff are provided with appropriate PPE and patients where needed to use personal protective equipment (PPE) such as masks, bibs, and towels. PPE should not be used as the only control measure. It is only be used in combination with other measures.



Daily temperature check of staff (beginning of the day) and patients (at time of presentation) should be done and log of results kept.

Help prevent the spread of COVID-19

Please do not enter this workplace if you:

- Have any of the following symptoms:
 - Fever
 - Chills
 - New or worsening cough
 - Shortness of breath
 - New muscle aches or headache
 - Sore throat
- Have travelled outside of Canada within the last 14 days
- Are a close contact of a person who tested positive for COVID-19

All other visitors, please wash your hands or clean them with hand sanitizer before and after your visit. Please maintain physical distancing of 2 metres.

If you are displaying symptoms of COVID-19, refer to HealthLink BC at 811.

COVID SAFETY PLAN

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First level protection (elimination): Limiting the number of people at the clinic and ensuring 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 our clinic is an important way to ensure physical distancing is maintained. Our goal is to allow at least 5 square meters of unencumbered floor space per person (staff and patients) while not in direct patient care and not wearing PPE.
- In order to reduce the number of non-essential interactions in the clinic, we have considered staggering patient appointment times, asking patients to wait in their car or outside in the fresh air until we contact them to enter to minimize waiting room times. We also will make arrangements for virtual staff meetings, and possibly extending office hours to stagger staff and patient appointments as much as feasible.
- We have established and posted occupancy limits for common areas such as break rooms, meeting rooms, change rooms, washrooms, and elevators.
- We are implementing measures to keep workers and others at least 2 metres apart, wherever possible. Options include revising work schedules and reorganizing work tasks.



COVID SAFETY PLAN

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Second level protection (engineering): Barriers and partitions

- We have installed barriers where workers can't keep physically distant from co-workers, customers, or others.
- We have included barrier cleaning in our cleaning protocols (Three times daily: morning, noon, end of day).

Staff Screening & Guidance

- Prior to working every shift, staff must report to **Carmen** (office manager) if they have had potential unprotected exposure to COVID-19 to determine whether restrictions are necessary, as well as consulting their own healthcare provider for any needed follow-up.
- If a staff member develops signs or symptoms of COVID-19 while at work they should immediately perform hand hygiene, ensure that they do not remove their mask, inform facility management, avoid further patient contact and leave as soon as it is safe to do so

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Third level protection (administrative): cont...

- Prior to COVID, dental clinics followed strict infection control protocols.
- During this epidemic, everyone in the clinic must directly follow the already in place strict infection control protocols to reduce the risk of virus transmission.



HAND HYGIENE

Hand hygiene is the single most important measure for preventing disease transmission.

As such, staff **MUST** perform hand hygiene:

- when in the patient care environment
- before and after direct contact with a patient
- before procedures
- after risk of body fluid exposure
- before donning gloves and immediately after removing gloves
- before and after mask use
- after contact with environmental surfaces
- 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, coughing or sneezing, using a tissue or when hands are visibly soiled.

Sinks with soap and water are available to all patients and staff.

Furthermore, hand sanitizers/ABHR which contain at least 70% alcohol are available at multiple locations, including reception, dental operatories and washrooms.

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Third level protection (administrative): Rules and guidelines

- All staff will 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.
- Will 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 staff will NOT provide in-person care and should not be in attendance at the clinic if they are exhibiting signs of COVID-19 or respiratory illness, including cough, runny nose or fever.
- All staff are to 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 placed on sick-leave support where possible until advised by their health care provider that it is safe to return to work.

Reducing The Risk of Transmission Through Effective Disinfection

- COVID-19 is an infectious disease that mainly spreads among humans through direct contact with an infected person and their respiratory droplets. Respiratory droplets are generated by breathing, speaking, coughing, and sneezing. The exposure risk is greatest when you have prolonged close contact with an infected person.
- The virus can also spread if you touch a contaminated surface and then touch your eyes, mouth, or nose. A surface can become contaminated if droplets land on it or if someone touches it with contaminated hand.
- The virus that causes COVID-19 is easily destroyed by mild soap and water. This works well for hand washing, but cleaning surfaces effectively can be a challenge. That's why it's important to clean and disinfect surfaces, especially high-contact surfaces, which are surfaces that are contacted frequently by many people.
- **Cleaning**
 - To disinfect a surface effectively, you must clean it first to remove surface dirt and debris. Any residue left on work surfaces and equipment may deactivate the disinfectant. Use soap or detergent as a cleaning agent.
- **Disinfection**
 - After cleaning, apply a disinfectant to the surface. You need to leave the disinfectant on for a specified contact time to neutralize any remaining organisms. Look for recommended contact times on product instructions.

Help prevent the spread of COVID-19

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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.



Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



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 four-to-six
cent amount to your hands



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



Ministry of
Health



BC Centre for Disease Control

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



General Considerations for Cleaning Clinical Areas

- All contact surfaces must be cleaned between patients and at the end of day.
 - Unnecessary equipment and items are to be removed from the operating room.
 - Biomedical and general office waste are to 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 disposable PPE will be discarded as clinical waste when not reusable according to BC CDC guidelines.
 - Appropriate PPE are to be worn for cleaning operating rooms. At minimum to wear a gown, gloves, surgical mask and protective eyewear.
 - Wipe down hard surfaces using a two-step process: first with detergent and water, then hospital grade disinfectant with activity against respiratory virus, including COVID-19.

General Considerations for Cleaning

- It is noted that increased frequency of environmental cleaning and disinfection practices, including cleaning high-touch surfaces in patient exam rooms and any central areas is important for controlling the spread of microorganisms.
- Where possible, environmental disinfectants are used which are classed as hospital-grade, registered in Canada with a Drug Identification Number (DIN), and labelled as effective for both enveloped and non-enveloped viruses.
- Floors and walls are kept visibly clean and free of spills, dust and debris.
- Proper hand hygiene and use of PPE are to be maintained during cleaning, house-keeping and waste management to effectively block transmission
- Staff training are provided to ensure safe handling and effective application of cleaning products.
- Environmental cleaning and disinfection practices are monitored for compliance.
- Ensure shared equipment and facilities, such as telephones, computers,
- washrooms and laundry rooms receive increased cleaning and disinfection.
- Separate waiting room chairs by at least 2 metres.
- High-touch surfaces (door handles, chair arms, reception counter, etc.) are to be cleaned regularly with a detergent with water or ready disinfectant wipes.

General Considerations for Cleaning

- Our Clinic has enough hand washing facilities on site for all our staff and patients. Hand washing locations are visible and easily accessed.
- We have posted policies (posters) that specify when staff must wash their hands and we have communicated good hygiene practices. Frequent hand washing and good hygiene practices are essential to reduce the spread of the virus.
- We have implemented cleaning protocols for all common areas and surfaces — e.g., reception areas, washrooms, dental operatories, equipment, light switches, and door handles.
- Staff who are cleaning have adequate training and materials.
- We have removed unnecessary furniture, sundries, and equipment to simplify the cleaning process — e.g., coffee makers, children's toys, magazines, etc...

Fourth level protection: PPE

BC CDC guidelines have established that where there is low incidence and prevalence of COVID-19 and through valid screening protocols, additional PPE over and above that required for normal precautions is not required.

The use of a N95 respirator is not required if patient is not deemed 'high risk' after screening.

However, the clinic has made significant effort and progress in acquiring highly protective PPE (N95 respirators, shields, and gowns and will make every effort to make them available for staff which feel they need them.

We recognize that if staff feel protected, they will be more psychologically ready to be part of the team during this pandemic and we strive to achieve this sense of protection.

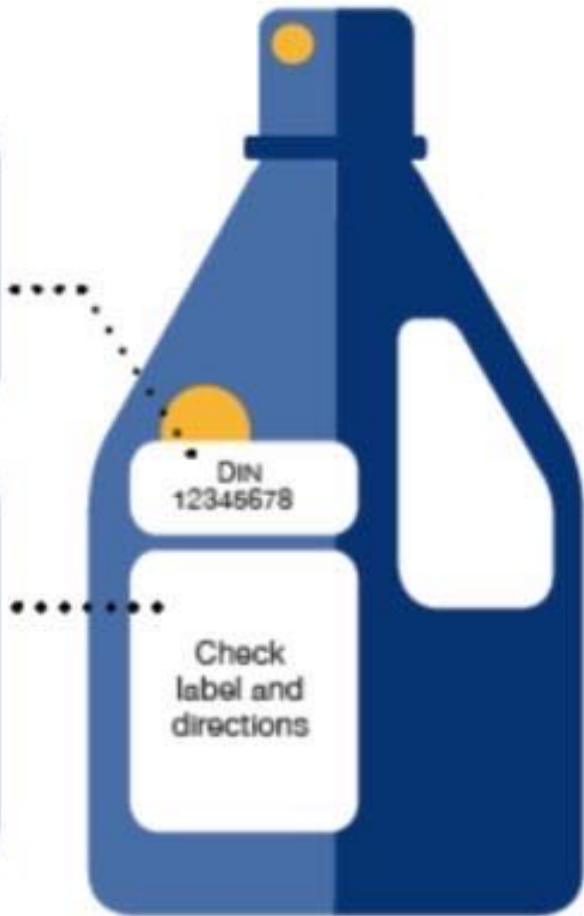
The below list of common disinfectants is provided as a guide to choosing products. Most janitorial product outlets carry all of these products. Pre-made solutions (no dilution needed) or ready-to-use wipes can be used. **Always follow the manufacturer's instructions.**

IMPORTANT NOTES:

- Ensure disinfectant product has a Drug Identification Number (DIN) on its label.
- Follow product instructions for dilution, wet contact time, and safe use (e.g. wearing gloves, good ventilation, etc.)
- Clean visibly soiled surfaces before disinfecting (unless otherwise stated on the product).
- Diluted bleach solution should be made fresh each day to ensure the correct ppm of chlorine as it breaks down over time.

Drug Identification Number (DIN):
A DIN is an 8-digit number given by Health Canada that confirms it is approved for use in Canada.

- Agents effective against coronavirus:**
- Bleach: sodium hypochlorite (5.25%)
 - Accelerated hydrogen peroxide (0.5%)
 - Alkyl dimethyl ammonium chlorides



List of disinfecting agents and their working concentrations known to be effective against coronaviruses^{1,2} :

| Agent and concentration | Uses |
|---|---|
| 1. 1:100 dilution Chlorine: bleach – sodium hypochlorite (5.25%) 500 ppm solution 10 ml bleach to 990 ml water | Used for disinfecting surfaces and medical equipment (e.g. counters, door knobs, stethoscope, BP cuff). Allow surface to air dry naturally. |
| 2. 1:50 dilution Chlorine: bleach - sodium hypochlorite (5.25%) 1,000ppm solution 20 ml bleach to 980 ml water | Used for disinfecting surfaces contaminated with bodily fluids and waste (e.g. vomit, diarrhea, mucus, feces) (after cleaning with soap and water first). Allow surface to air dry naturally. |
| 3. Accelerated Hydrogen Peroxide 0.5% | Used for cleaning and disinfecting surfaces and medical equipment. |
| 4. Quaternary Ammonium Compounds (QUATs) noted as 'alkyl dimethyl ammonium chlorides' on the product label | Used for disinfecting of surfaces (e.g., floors, walls, furnishings). |

Managing Droplet and Splatter

- High-volume suction must be used to reduce aerosols at source.
- A rubber dam 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 are to 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.

Masks

- BC CDC, WorkSafe BC, and CDSBC guidelines have clearly specified that for patients which pass the screening questionnaire, routine universal precautions are deemed adequate.
- This means that surgical level 3 masks should be worn by all CLINICAL staff and those who are providing cleaning and disinfecting.
- Masking for the full duration of shifts for staff working in direct patient care areas is highly recommended.
- Use of a face shield for the duration of shifts are strongly encouraged in order to protect our staff.
- Masks do not necessarily need to be replaced after seeing a patient if a full face shield was worn over this.

Staff PPE

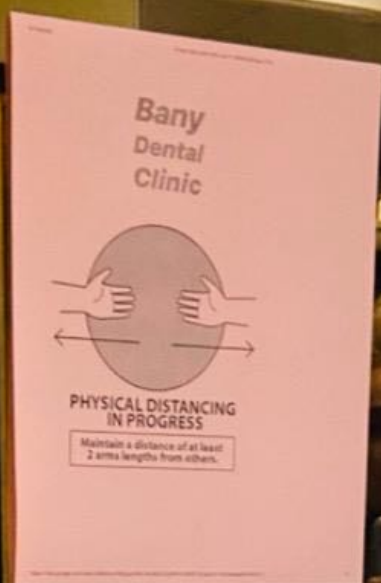
- Every effort is made to make PPE available and accessible at the point-of-care with patient.
- All Dentists, hygienists, dental Assistants receive training in and demonstrate an understanding of:
 - when to use PPE
 - what PPE is necessary
 - how to properly don, use, and doff PPE in a manner to prevent 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.
- All Staff must change into a separate set of street clothes and footwear before leaving work.
- Work clothing (e.g. scrubs/gowns) are to be placed in a bag and laundered by the staff after every shift. Staff are to shower immediately upon returning home after every shift.

Staff PPE Recommendations

Given community spread of COVID-19 within British Columbia and evidence that transmission may still occur from those who have few or no symptoms, masking with a surgical mask and head shield for the full duration of shifts for staff working in direct patient care areas is highly recommended and supported.



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Masks

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LEVEL 3 SURGICAL MASKS



N95 RESPIRATOR



HALF-FACE RESPIRATOR
W/P100 FILTERS



FULL-FACE RESPIRATOR
W/P100 FILTERS

WE HAVE A VERY LIMITED SUPPLY OF THESE MASKS AVAILABLE FOR OUR CLINICAL STAFF.

Masks

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- Our biggest priority is to protect our staff and our patients and offer them the highest possible protection that we possibly can.
- While N95 and reusable respirators are in severe shortage, and very difficult to attain, we have worked hard to be able to have access to a limited supply for our staff which need it the most.
- It is very important that a shield is worn at all times during the shift and proper donning and doffing procedures are followed to extend the life of the masks.

GOWNS

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- While gowns are not mandated by the BC CDC guidelines, we see them as additional protection extended to our clinical staff. Unfortunately, severe shortage of disposable gowns and the sheer amount of waste created are a significant hindrance to our goal.
- To this end, all Clinical staff will be provided with a washable and disinfectable full gown to be worn over their work clothes.
- The gown can be disinfected by wiping with appropriate cleaning agent between patients to rid of possible viral particles and decrease risk of any viral transmission.
- It is important that clinical staff 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. All staff should shower immediately upon returning home after every shift.

FACE SHIELDS

- All clinical staff will be provided with a full face shield which is washable and disinfectable.
- All clinical staff should be wearing their face shield for their entire shift.
- The front of the face shield **MUST** be thoroughly disinfected according to IPAC disinfection practices before and after each patient.



Bany dental clinic



May 13, 2020

Bany Dental Clinic





Gowns

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