



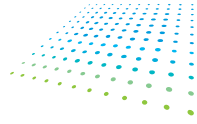
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## PROTOCOL FOR SAFETY

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## TEAM EDUCATING AND TRAINING

The most important thing that we can do in this ever-changing time is to keep our staff up-to-date with the necessary precautions and new protocols to keep everyone safe and healthy.

The entire staff has been reminded to use our proper handwashing protocols. We've reminded the staff that the virus is spread through a lack of compliance with the hygiene policies that are in place normally and that it is most important to review often and continuously practice the policies that we have in place.

- The staff continuously practices the use of personal protective equipment (PPE) before caring for any and all patients to prevent any contamination.
- We require that any staff that is not feeling well to stay home and have implemented a team to be ready if a staff member is ill.
- Temperatures are taken daily at the beginning of every shift to ensure that anyone with a reading of 100.2 F and above is sent home immediately.
- The staff is limited to provide and practice social distancing among team members in the practice.
- A checklist has been implemented for our team to follow to ensure the health and safety of arrival to work and the peace of mind of returning to their families without the added worry.

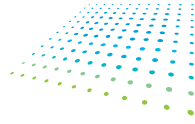
## TEAM GUIDELINES

### Pre-shift Protocol

- Take temperature pre-shift and notify manager if you or any family member(s) are experiencing symptoms (cough, sore throat, fever, etc.).
- No watches or rings.
- Hair must be tied back and nails kept short.
- No additional accessories.
- Phones will be put in a plastic bag. Bags to be discarded at the end of shift.
- Lunch containers to be disposable and discarded when finished.
- Work clothes to be kept on site.
- Personal Protective Equipment (PPE) implemented prior to patient interaction, preventing possible contamination or exposure.

### Pre-Shift

- Work uniform of scrubs and proper work shoes to be worn.
- PPE in appropriate use.
- No excessive objects permitted into patient op rooms.
- Use only personal workspace and tools when possible.
- Sanitize phone and workspace after use.
- Avoid personal cell phone usage while on shift.



### **Post Shift**

- Scrub hands and forearms with soap and warm water for a minimum of 20 seconds.
- Change out of uniform and leave in allocated area of practice.
- Rewash hands and redress with clean clothes.
- Wipe down and sanitize all belongings (cell phone, glasses, etc.).
- Scrub hands and forearms with soap and warm water for a minimum of 20 seconds.

### **Arriving Home**

- Avoid touching anything and remove shoes and clothes.
- Wash clothing with detergent and hot water.
- Immediately shower with warm water and soap before coming in contact with anyone/anything.

## **PATIENT SCREENING AND SOCIAL DISTANCE PRACTICE**

### **Prior To Patient Arrival**

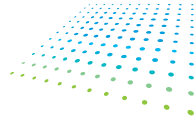
- Establish proper scripts and surveys for potential carriers
- Patients are filtered through screening recommendations and scripts when scheduling appointments.
- Patients to be rescheduled if any surveys implicate warning signs or concerns.
- Patients to be instructed to reschedule the appointment if symptoms are developed from the survey given (e.g., cough, sore throat, or fever on the day they are scheduled to be seen).

### **To Promote Social Distancing**

- High-risk patients (patients over 60 years old, immune-compromised, etc.) are prioritized to early morning appointments to avoid exposure or compromise prevention of risk.
- Careful consideration to distance appointments to prevent too many patients in the waiting room.
- Limiting patient escorts access to the waiting room by asking them to stay in the car until notified to promote social distancing.
- Allowing and offering the option for patients to wait in their vehicles until called to appointment treatment.

### **Patient Arrival Protocol**

- Limited entry points and exits to practice.
- Doors that are able to be left open, are, to promote less contact with door handles.
- Proper notifications for patients are implemented at the entrance of the practice advising the risks of COVID-19 and advising no entry is any symptoms are present.
- We offer a safety station for the patients before the entry of the practice. Instructions and masks, tissues, and waste bins are provided to be worn at the entry of the waiting room.



- Instruction (in appropriate languages) and hygiene and etiquette are provided:
  - How and when to perform hand hygiene.
  - How to use tissues or elbows to cover nose and mouth when coughing or sneezing.
  - How to dispose of tissues and contaminated items in a waste receptacle.

*ALL These measures can help to prevent transmission to others.*

## PROTOCOL UPON PATIENT ARRIVAL

### Patients Are:

- Escorted to hand washing station.
- Asked to rinse with 1% hydrogen peroxide before each appointment.
- Escorted into an examination room with the door closed as quickly as possible upon arrival to avoid lingering in the front office.
- Asked about the presence of symptoms of respiratory infection and history of travel or contact with possible COVID-19 patients.
- Assessed for respiratory symptoms and fever (with a non-contact digital infrared forehead thermometer), and they will be asked to sign a health declaration form.
- If fever temperature of 100.2 degrees F or higher or respiratory symptoms are present, they will be advised to seek medical treatment and their visit will be rescheduled.
- As testing for the virus becomes more available, we will be incorporating this added benefit to screen patients.

## PROTOCOL FOR ENTRY OF PRACTICE

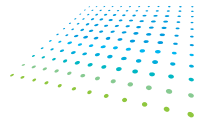
- Ensure social distance of 6 feet in the waiting room until an exam room is available.
- Any object not easily disinfected is removed (magazines, pillows, etc.).
- Waiting room, bathrooms, door handles, tables, light switches are disinfected frequently.

## PROTOCOL FOR FRONT OFFICE

- Install physical barriers or partitions (e.g., glass or plastic windows) if possible at reception areas to limit close contact between reception and potentially infectious patients.
- Headphone use is encouraged so hands are free and only one person uses it.

## PROTOCOL FOR THE CLINICAL TEAM

- We adhere to GMOS standard and transmission-based precautions in operatory but with greater attention to detail and ensure that procedures are followed consistently and correctly.
- Furthermore, we will employ an additional team member/assistant whose main focus is only on sterilization. This team member will be responsible for cleaning, sterilizing, disinfecting, and wiping down everything in the operatory and in the waiting room; chairs, handles, light switches, tables, etc., on a regular basis.



### Hand Hygiene Performed By Team

- Before and after all patient contact, contact with potentially infectious material, and before putting on and after removing personal protective equipment (PPE), including gloves.
- After removing PPE in order to remove any pathogens that might have been transferred to bare hands during the removal process.
- Washing hands with soap and water for at least 20 seconds.

### Personal Protective Equipment

- Wear PPE (masks, gloves, cap, eye protection, face shields, gowns, N95 with a surgical mask over our N95).
- Masks are one-time use and replaced if soiled.
- N95 respirators should be used instead of a facemask when performing or present for an aerosol-generating procedure.

### Eye Protection

- Put on eye protection (ie, goggles or a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area.
- Remove eye protection before leaving the patient room or care area.
- Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to the manufacturer's reprocessing instructions prior to re-use.
- Disposable eye protection should be discarded after use.

### Gloves

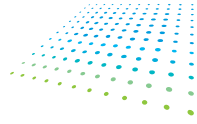
- Put on clean, non-sterile gloves upon entry into the patient room or care area.
- Change gloves if they become torn or heavily contaminated.
- Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.

### Gowns

- Put on a clean isolation gown upon entry into the patient room or area.
- Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded, and cloth gowns should be laundered after each use.
- Gowns should be prioritized for all aerosol-generating procedures and during activities where splashes and sprays are anticipated.

### Shoe Covers

- These will be worn over running shoes unless staff is wearing plastic shoes that can be wiped down and disinfected.



## PATIENTS IN THE OPERATORY

- Health care personnel (HCP) should strictly follow basic infection control practices between patients (e.g., hand hygiene, cleaning, and disinfecting shared equipment).
- Limited transport and movement of the patient outside of the room.
- Consider placing X-ray equipment in patient operatories to reduce the need for patient transport.
- No other team member should enter the room during a procedure and, if necessary, should use PPE as described above.
- Room doors should be kept closed except when entering or leaving the room, and entry and exit should be minimized.
- Once the patient has left the operatory, HCP refrains from entering the op until sufficient time has elapsed to remove potentially infectious particles.
- After this time has elapsed, the room should undergo appropriate cleaning and surface disinfection before it is returned to routine use.
- Special precautions will be taken when performing Aerosol Generating Procedures (AGP), in particular, procedures that are likely to induce coughing are avoided if possible.
- Patients undergoing aerosol-generating procedures are in a separate op.

## POST-OP PROTOCOL

- All non-disposable medical equipment used for patient care should be cleaned and disinfected according to the manufacturer's instructions
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.
- Routine cleaning and disinfection procedures are followed consistently and correctly.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.

## Post Appointment Safety Measures

- Encourage payment by E-Transfer, PayPass, or credit card over the phone to encourage social distancing with the front desk.
- Review of estimates and insurance forms can be carried out via phone call or video conferencing and sent via mail.
- Patients wash hands before leaving.

## End Of The Day

A special deep cleaning will be done to clean and disinfect the office from top to bottom in preparation for the following day.

*We are confident that these guidelines will help to create a safe environment for all of our patients and team members and hope that you can feel secure in the knowledge that we are doing everything in our power to provide the safest clinical conditions in order to protect our patients, our team and our families.*