Directions:

To complete this Infectious Control Plan and in order to satisfy the Temporary Rule 437-001-0744 (4)(c) adjust this plan as needed for your office. Physician’s Resource has created this template trying to anticipate most of the changes that we have seen in our client’s offices, but you are required to update this to reflect your current situation and based on the COVID-19 RISK ASSESSMENT that you have completed with input from employees in all departments.

Remove all **{red text}** from this document, these are instructions for you. Then remove or add anything to the **bolded items** as needed, these bolded items are what we have tried to anticipate as answers you may have in your risk assessment.

Thank you,

Physician’s Resource

(503) 654-8788

www.OSHAconsulting.com

**COVID-19 INFECTIOUS CONTROL PLAN**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Name/Owner Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OSHA Coordinator Date of Implementation**

A re-evaluation of this plan will occur when there is a change in facility, employee job duties, new technologies or workplace policies established by **{insert office name here}** that affect worker exposure to COVID-19 or in response to updated guidance published by the Oregon Health Authority that is applicable to the employer’s workplace.

**Re-evaluation date(s):**

All job assignments or worker tasks requiring the use of personal protective equipment (including respirators) necessary to minimize employee exposure to COVID-19. **{add or remove any job assignments as needed}**

**Dentist - Doctor**

**Hygienist - Nurse**

**Dental Assistant – Medical Assistant**

**Reception**

**Bookkeeper**

**Office Manager**

**X-ray Technician**

**Sterilization Technician**

In order to minimize employee exposure to COVID-19 we supply each employee with masks, face shields and personal protective equipment. The procedures that we have in place to ensure there is adequate supply of PPE this office is: **{add or remove as needed for your office}**

**Maintain a two week supply of PPE**

**Implement and follow our written Respiratory Protection Program**

**Store N95 filtering facepieces in a breathable paper bag for reuse (5 days/times max)**

The specific hazard control measures that we installed, implemented, or developed to minimize employee exposure to COVID-19 are: **{add or remove items based on your office’s procedures}**

**Changed scheduling practices to minimize patient overlap during check-in**

**Discontinued using the waiting room, patients call from their car, each patient is screened and only the patient may enter unless the patient is a minor child or requires a caregiver**

**Installed plastic barriers at the reception area to reduce contact with patients**

**Installed partitions in the open area where patients are treated**

**Use HEPA filters in the operatory**

**Use High Volume Evacuators and/or Extra Oral Suction/vacuums**

**Use of UV light disinfection**

Every person that enters our facility must wear a face mask or face covering. **{remove items based on your office’s procedures, if there are additional things your office does add them below}**

**We have a sign on the door.**

**When patient screening happens (temperature check & COVID-19 symptom questions) the patient is wearing a mask before entering the facility.**

**When confirming the appointment patients are notified that they must wear a face mask/ face covering in order to enter the facility.**

To communicate with our employees in regard to an employee’s exposure to an individual known or suspected to be infected with COVID-19 to whom other workers may have been exposed we have implemented the following: **{add or remove items based on your office’s procedures}**

**An email goes out to all employees.**

**Individual notification goes out through our employee messaging system.**

To provide our employees with the initial information and training required by Oregon OSHA’s Temporary Rule 437-001-0744 we are: **{add or remove items based on your office’s procedures}**

**Have safety committee meetings**

**Training information delivered by Physician’s Resource is happening on {insert training date and time here}**