Business Specific Health and Safety Form for Simpson Dental Hygiene Practice

1. Signs are placed in all locations that I work provided by the department of health

2. PPE: N95 masks , gloves, face shield, gowns, eye wear, scrubs, shoes and head covers

3. I am the only employee and I did infection control and OSHA training since covid crises

4. Wearing all required PPE and temperature checks and covid symptoms check

5. Wearing all PPE and washing my hands before and after each resident.

6. I am one on one with each resident. Curtains are closed when other residents are in the room or move resident to private room.

7. I maintain distance from other employees at the facility and wear all PPE. I am in close contact with resident.

8.I bill medi-cal through a billing exchangeand am paid via direct pay through medi-cal

9. I disinfect all containers prior to entering facility and each residents instruments and supplies are individually bagged and instruments are sterile. All instruments are put into a labelied dirty container which are transported and sterilized away from the facility.

10. I use a N95 mask covered by a level 3 mask the entire time I am in the facility. Residents are required to wear face covering until I see them for a dental cleaning.

11. The majority of items used are disposable with the exception of instruments that are put into a dirty labelled container and transported for sterilization. A steam midmark dental sterilizer is used.

12. Mobile use of cart and resident trays

13. N/A

14. N/A

15. N/A

16. N/A

17. N/A