

Emergence of COVID-19

On January 30, 2020 the World Health Organization declared an international public health emergency after the detection of a novel (new) coronavirus SARS-CoV-2 or COVID-19, that was first detected in Wuhan, China¹. It is spread from close person-to-person contact (within 6 feet) through inhaled airborne respiratory droplets when an infected person sneezes or coughs. There is now evidence of community-spread, where the source of infection or exposure cannot be identified². Recent evidence also shows:

1. SARS-CoV-2 virus is shed in high concentration before symptoms appear
2. Shedding is from the upper respiratory tract (nose)³
3. Screening by temperature and symptom tracking alone is inadequate⁴

On March 4, 2020, the CNT Committee of the CCAOM issued a Clinic Infection Control Advisory⁵ to serve as a guide for acupuncturists in making an assessment to close their practices. In many localities in the United States, Stay-at-Home Orders were issued by state or local public health departments or governor offices. This advisory provides an update with best practice guidelines for opening an acupuncture office.

Protocols for prevention of infection are detailed in the 7th Edition of the Clean Needle Technique Manual.⁶ Because of the asymptomatic shedding of SARS-CoV-2 virus, these precautions are considered universal and should become normalized clinic procedures.

What Acupuncture Clinics Should Do

- Hold a Safety Meeting
- Assess your clinic SETTING PROCEDURES and PROTOCOLS
- Use PPE
- Implement and/or maintain infection controls
- Stay informed

¹ <https://www.cdc.gov/coronavirus/2019-ncov/summary.html>. Retrieved 4/27/2020

² <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html> Retrieved 4/27/2020

³ Arons MM, Hatfield KM, Reddy SC, et al. Presymptomatic SARS-CoV-2 Infections and Transmission in a Skilled Nursing Facility. *N Engl J Med*. 2020;0(0):null. doi:10.1056/NEJMoa2008457

⁴ Gandhi M, Yokoe DS, Havlir DV. Asymptomatic Transmission, the Achilles' Heel of Current Strategies to Control Covid-19. *N Engl J Med*. 2020;0(0):null. doi:10.1056/NEJMe2009758

⁵ <https://www.ccaom.org/images/ccaom/Documents/COVID-19/COVID-19%20Clinic%20Infection%20Control%20Advisory.pdf> Retrieved 4/27/2020

⁶ https://www.ccaom.org/ccaom/CNT_Manual.asp Retrieved 4/27/2020

Safety Meeting Assessment of Clinic Setting and Protocols

Each clinic should have written Exposure Control Plan in compliance with OSHA standard 29 CFR 1910.1030, even if you are a sole proprietor. A written plan must be reviewed and updated annually. If you already have an updated plan, you should review and revise your protocols for the prevention of SARS-CoV-19 virus. These must be written, and documented. Check with local public health agencies concerning any mandatory requirements for timeliness of review and revision of written safety protocols. This advisory is written based on current medical evidence and has been generalized to all settings for acupuncture practice in the U.S. (hospital, private practice, mobile, community clinics). Please check the CDC and state and local public health authority websites for information specific to your practice setting.

Issues Pertinent to COVID-19 Include:

- Limitations on cases to schedule (in most places, no “elective “ or “personal” procedures)
- Impact of physical setting on infection control, including implementation of social distancing
- Personal Protective Equipment (PPE) supplies needed and on hand
- Implementation of enhanced disinfection procedures
- Updating communications to patients

Hierarchy of Decision-making

- Acupuncture providers fall under different provider definitions in different U.S. states. Follow guidance issued pertinent to the definition issued by your licensing authority.
- In general, you should follow guidance issued by your licensing authority. If there are none specific to you, follow state mandates issued from the Governor’s office, then follow local (county or city) health departments. In the case of conflicting guidance issued by different authorities, follow the most restrictive guidance (especially in terms of later dates to open).
- Guidance from state and local authorities is subject to change. Stay informed.
- If you work in a hospital or medical office, following guidelines issued by the facility. Facilities have the expertise and authority to alter CDC guidance to manage critical supplies.

Examine SETTINGS:

- Identify potential high touch surfaces encountered by patients from their mode of transportation to your clinic entry: doors, elevators etc.
- Assess modifications to clinic entry setting for appropriate infection control during screening
- Assess number and layout of treatment rooms (allowable distance, ventilation, surfaces to disinfect)
- Assess number of patients treated in a single room
 - Space between treatment tables/chairs
 - To prevent COVID-19 spread, CDC recommends minimum safe distance is 6 feet⁷
- Assess patient access to hand sanitizer⁸
- Assess provision of tissues and non-touch waste disposal for cough etiquette

⁷ <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html> Retrieved 4/27/2020

⁸ While soap and water are effective if properly executed, the CDC is recommending hand sanitizer with 60-75% alcohol for use in medical settings. See <https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html> Retrieved 4/28/2020

- Document your inventory of supplies needed for infection control (do not stockpile supplies needed in biomedical settings). In addition to standard supplies for acupuncturists described in the *Clean Needle Technique Manual, 7th Edition* you will need at minimum:
 - Gloves
 - Facemasks, for providers, staff and patients
- Review requirements for disinfection of environmental surfaces
 - Do not use high-level disinfectants or alcohol on environmental surfaces. Use routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant that specifies its use against COVID-19).⁹
 - Keep housekeeping surfaces (e.g., floors, walls, tabletops) visibly clean on a regular basis
 - Clean and disinfect high-touch surfaces (e.g., doorknobs, light switches, and surfaces in and around toilets in patients' rooms) on a more frequent schedule¹⁰. Consider phones, tablets, keyboards, and any clipboards or pens frequently touched as high-touch surfaces. You can ask patients to bring their own pens if signatures are required, but it is best eliminate practices that require a patient to fill out a form through telehealth and electronic access to needed documents. If you provide a pen, the patient takes it home.
- Realistically assess the physical infection control requirements needed to assess potentially infectious patients (see <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html>). During the COVID-19 outbreak, the CDC is encouraging biomedical facilities to use alternatives to face-to-face triage including advice lines, patient portals, telephonic and telehealth interactions to assess symptomatic patients¹¹. Unless you have a clinic within a biomedical facility or that otherwise meets control requirements, you should practice source control, i.e., instruct symptomatic patients to stay home and contact their primary care provider.¹²

Examine PROCEDURES and PROTOCOLS

Source Control Procedures

- Instruct patients which presenting symptoms will lead to immediate referral for biomedical care and inform them they will be screened upon arrival
- Instruct patients and anyone accompanying them to stay home rather than seek your treatment if they exhibit any symptoms of respiratory infection (fever, cough and shortness of breath/difficulty breathing). Refer to biomedical care provider.¹³

⁹ <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html> Retrieved 4/27/2020

¹⁰ <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm> Retrieved 4/27/2020

¹¹ <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html> Retrieved 4/27/2020

¹² The CNT Committee of the CCAOM recognizes the reports of the value of integrated treatment with Chinese herbs in the treatment of COVID-19. Our recommendation that acupuncturists in the United States practice source control of active infection as recommended by the CDC is due to the assessment of the physical infection control capability of the common acupuncture clinic settings in the United States. Individual practitioners should exercise clinical judgement to assess the capability of their work site.

¹³ <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html> Retrieved 4/27/2020

- Notify patients that persons accompanying them to their appointment must wait outside of clinic, such as in personal vehicle or practice social distancing outside.
- Include verbal alerts to stay home/contact clinic by phone on outgoing voicemail, and during appointment reminder calls
- Create visual alerts in multiple languages on your website, emails, written appointment reminders, texts, posted at your clinic entrance, posted at reception, informational flyers¹⁴
- Reduce or eliminate cancellation fees
- Consider alternate means (biomedical care referral, telehealth, virtual consultations) for telehealth treatment, and for relevant intake for scheduled treatments
- Develop curbside pickup of herbs or supplements
- Notify patients that they must wear a cloth facemask upon arrival and during treatment. Provide a facemask for any patient not able to bring one.
- Develop strategies to eliminate need for patients to use a waiting room. For example, patients may wait in their car until they can come through screening and directly into your treatment room.
- Escort patients as needed into your clinic, ensuring social distancing and appropriate infection safeguards while using elevators, depending on your office setting.
- Provide / post hand hygiene instructions/flyers¹⁵
- Provide / post cough etiquette instruction/flyers¹⁶
- Provide / post wellness instruction/flyers
- Some clinics are including communications about what they are doing to enhance infection control to reassure patients and model appropriate response

Entrance Screening Procedures

- Determine which of the screening symptoms or combinations of symptoms will result in immediate referral to biomedical care.
- All staff and patients must be screened upon entry into your clinic space
- Provide hand sanitation at entry, all persons must sanitize hands. Hand sanitizer is preferred by the CDC in medical settings¹⁷
- Screen for temperature. Non-contact thermometers are preferred and should be disinfected between uses according to manufacturer's instructions (often with alcohol wipe)¹⁸.
- Screen for COVID-19 symptoms. ^{19 20}
 - New cough*
 - New shortness of breath*
 - New fever, or feel feverish
 - New chills, or repeated shaking with chills

¹⁴ <https://www.sfcddcp.org/wp-content/uploads/2020/01/Corona-Travel-Poster-English-final-SFDPH-01.22.2020.pdf> Retrieved 3/4/2020

¹⁵ <https://www.cdc.gov/handhygiene/campaign/archive.html> Retrieved 4/28/2020

¹⁶ <https://www.health.state.mn.us/people/cyc/hcpperposter.html> Retrieved 4/28/2020

¹⁷ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html> Retrieved 4/28/2020

¹⁸ <https://www.fda.gov/medical-devices/general-hospital-devices-and-supplies/non-contact-infrared-thermometers> Retrieved 4/28/2020

¹⁹ <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses#:~:text=symptoms> Retrieved 4/28/2020

²⁰ <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html> Retrieved 4/28/2020

- New fatigue*
- New sore throat*
- New loss of taste or smell
- New nasal congestion*
- New muscle aches that are not caused by specific activity such as exercise*
- New diarrhea*
 - *cannot be attributed to another health condition
- Provide a facemask for the patient, if the patient has not brought one. Patients may use cloth faces masks.²¹ Multiple layers of fabric such as cotton-silk, cotton-flannel, and cotton-chiffon provide significantly more particulate filtration.²² The patient must sanitize hands before donning the facemask wear the mask over mouth and nose, and not remove the facemask while in your clinic.

Social Distancing Procedures

Written procedures must be developed to ensure social distancing. Examples of these procedures include:

- Staggering patient appointments
- Having patients isolate themselves in a car or by social distancing and wait for a phone notification that a staff member will meet them at the entry to provide screening and escort them directly to the treatment room
- Use telehealth as much as possible to limit time patient is physically in the clinic
- Mark floors wherever patients have to form a queue to ensure 6-foot distance
- If treating in a common room, place patients at minimum 6-foot distance, and consider constructing barriers between treatment areas.
- Eliminate time spent in check out. If at all possible, use electronic methods for payment and scheduling.
- If check out is unavoidable, consider if plexiglass shields should be installed to limit contact for staff.

Disinfection Procedures

Written enhanced disinfection procedures should be implemented, including but not limited to²³:

After every patient visit:

- Clean and disinfect treatment table, instrument tray, countertop, chairs/stools, door handle, sink, faucets, light switches, hand sanitizer pump handle as well as any other identified high-touch surface. Apply EPA-registered hospital grade disinfectant for the appropriate contact time indicated on the product label. Most products require wet “contact” or “dwell” time. Few antiseptic “wipes” meet these criteria. Please investigate your preferred product in the link provided in the footnote.²⁴

²¹ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-faq.html> Retrieved 4/28/2020

²² <https://pubs.acs.org/doi/10.1021/acsnano.0c03252> Retrieved 3/5/2020

²³ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaning-disinfection.html> Retrieved 4/27/2020

²⁴ <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2> Retrieved 4/27/2020

Daily

- Clean and disinfect treatment room floors (hard surface) .
- If floor is carpeted, consider if removal of carpet is practical. If not practical, ensure that any visible contamination is removed and carpet is cleaned with EPA-approved product for these surfaces. Repeat and maintain cleaning on a regular basis.
- Clean and disinfect high contact surfaces in office and dispensary area.

Weekly

- Clean and disinfect staff area floors.

Disinfection Checklists

Create checklists with grids for disinfecting procedures to be carried out after each treatment, and daily disinfecting procedures. Tape the checklist to the inside of a treatment room cabinet, or post in or near a treatment room. Refer to checklist, initial and date for each instance of disinfection. Upload or file completed sheets.

Laundry Procedures ²⁵

- Wear gloves when handling used laundry. These gloves may be reusable rubber gloves. After use, disinfect gloves according to the manufacturer's instructions. Always wash hands before and after removing gloves.
- Clean laundry should be stored outside of treatment rooms, or if inside treatment room, clean laundry should be stored in a closed cabinet or sealed container (not on an open shelf).
- No sheets, pillow cases, drapes, cloth heating pads, mattress pads, cloth pulse pillows, or blankets can be re-used without laundering in patient care.
- Roll used laundry so that areas in direct contact with patients is inside. Don't carry used linens against the body.
- All laundry used in patient care should be isolated into a closed leak-proof hamper after treatment. Use a disposable bag or reusable laundry bag that is cleaned with laundry. Hampers should be disinfected daily.
- Commercial processing of clinic laundry is preferred. If you are processing laundry, it must be processed separately from personal items. Do not shake out laundry before washing.
- Follow instructions from the washer/dryer manufacturer.
- Use hot water (70–80°C X 10 min) [158–176°F] and an approved laundry detergent.
 - Disinfectant is generally not needed
- Dry linens completely in a commercial dryer.

De-Clutter Procedures

- Remove decorative items, books, office supplies, or infrequently used items should be removed from treatment rooms
- Remove toys, magazines, clipboards, pens or other shared items

²⁵ <https://www.cdc.gov/hai/prevent/resource-limited/laundry.html> Retrieved 4/29/2020

Use Personal Protective Equipment (PPE)

Acupuncturists will have additional requirements for the use of PPE to prevent the spread of COVID-19

Facemasks

- N95 masks should be used only during sterile procedures, exposure to high velocity splash or spray, or during aerosolizing procedures.²⁶ N95 masks should be reserved for providers providing care in biomedical facilities.
- Wear a surgical face mask at all times in the clinic.²⁷ Ideally, a single face mask would be used per patient encounter.
- If supplies need to be conserved, a surgical mask can be used for an entire day in clinic. Using a single mask for multiple days may be considered if supplies are not otherwise available. The CDC has allowed for extended use of a disposable surgical facemask under the following conditions:
 - The facemask must be removed and discarded if soiled or damaged.
 - The acupuncturist may not touch the face mask. If the face mask is touched, immediate hand hygiene is performed.
 - The acupuncturist should leave the patient area to remove their face mask.
 - If the mask is to be stored, the mask is folded with the outer surface folded inward (to reduce contact of outer surface), and the mask can be placed inside a clean sealable paper bag.²⁸
- To don a mask, the practitioner performs hand hygiene, visually inspects the mask for soil or defect, then applies the mask, taking care to not touch the inner surface
- To doff a mask, first, hand hygiene is performed. The mask is removed, taking care not to touch the inside of the mask. The mask is stored or discarded, and hand hygiene is repeated.

Gloves

Because acupuncture as a procedure does not typically involve exposure to mucous membranes, blood or body fluids, the routine use of gloves is not required of acupuncturists,²⁹ although use of gloves may be mandated by some state laws. During the COVID-19 outbreak, gloves become an important PPE to prevent exposure to potential contamination.³⁰

- Upon entry into patient treatment room, perform hand hygiene, and put on a single pair of non-sterile gloves.
- Remove and discard gloves when leaving the treatment room. Immediately perform hand hygiene after discarding gloves
- Wear gloves to remove used laundry after the patient treatment
- Wear gloves during cleaning and disinfecting

²⁶ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html> Retrieved 4/28/2020

²⁷ https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html Retrieved 4/28/2020

²⁸ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html> Retrieved 4/28/2020

²⁹ https://www.ccaom.org/images/ccaom/Documents/Position-Papers/Position_Paper_re_Use_of_Gloves.pdf
Retrieved 4/28/2020

³⁰ https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html Retrieved 4/28/2020

Lab Coats

- Lab coats must be worn only when there is the expectation of contamination by contact with body fluids. Lab coats are not required for safer-at-home patient care in typical acupuncture offices.
- Use of a lab coat should be restricted to treatment areas only.
- If a lab coat is used, hands are washed, lab coat is donned, then gloves are donned. (Assumes face mask already in use.)
- Lab coats should be laundered with clinic laundry daily.

Personal Clothing

- Acupuncturists should wear clean clothes into the clinic. Scrubs are an acceptable option.
- Remove jewelry, and avoid clothing accessories such as ties and scarves
- Clinic clothing should be immediately removed upon returning home from clinic, and laundered.

Stay Informed

- Locate the Corona virus information section of your local and state public health department website. For a directory of public health offices see: <https://www.naccho.org/membership/lhd-directory>
- **CMS Recommendations Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare Phase I** <https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>
- **AAFP Checklist to Prepare Physician Office for COVID-19** https://www.aafp.org/dam/AAFP/documents/patient_care/public_health/COVID-19%20Office%20Prep%20Checklist.pdf

Wash Your Hands

CNT Saves Lives