

## Clinic Infection Control Advisory

March 4, 2020

### 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, China<sup>1</sup>. It is believed to be spread from close person-to-person contact (within 6 feet) through inhaled airborne respiratory droplets when an infected person sneezes or coughs. There are reports that some spread may be possible before people show symptoms, as well as by touching a surface where the virus is present and then transmitting the virus by touching the mouth, nose or eyes, but neither of these routes are considered to be the main way the virus spreads. The CDC notes that knowledge of the scope and method of the infection is still being discovered. There is now evidence of community-spread, where the source of infection or exposure cannot be identified<sup>2</sup>.

The declaration of a public health emergency by the World Health Organization and the United States Department of Health and Human Services has been followed by similar declarations by state and local public health agencies. Local agencies can be found on the National Association of County and City Health Officials at <https://www.naccho.org/membership/lhd-directory>.

These declarations serve as prompts for acupuncture clinics to review and update protocols for infectious disease control. The Clean Needle Technique Manual 7<sup>th</sup> Edition contains detailed information concerning regulations and best practices to minimize potential infection and maximize patient safety that apply to acupuncture care providers. Protocols for prevention of respiratory diseases such as influenza are very similar to the suggested protocols for COVID-19. Many of these practices are considered universal and should become normalized clinic procedures.

#### What Acupuncture Clinics Should Do

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

### 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. The awareness generated by the emergence of COVID-19 virus is an opportunity to review and update your protocols. Questions pertinent to COVID-19 include: How is infection control impacted by the physical setting of your clinic; what changes in operations need to be made; what additional supplies are needed; and what patient communications are needed?

#### Examine:

- Number of rooms (is there a capability to isolate a patient?)
- Number of patients treated in a single room
- Space between treatment tables/chairs (information below is for symptomatic patients)

<sup>1</sup> <https://www.cdc.gov/coronavirus/2019-ncov/summary.html>

<sup>2</sup> <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html>

- To prevent influenza spread from infectious persons, minimum safe distance is 3 feet<sup>3</sup>
- To prevent COVID-19 spread from infectious persons, CDC recommends minimum safe distance is 6 feet<sup>4</sup>
- Patient access to hand washing
- Provision of tissues and non-touch waste disposal for cough etiquette
- Your inventory of supplies needed for infection control (do not stockpile supplies needed in Western medical settings)
- Review requirements for disinfection of surfaces
  - 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 schedule<sup>5</sup>. Consider phones, tablets, keyboards, and any clipboards or pens frequently touched as high-touch surfaces. You can ask patients to bring their own pens.
  - 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). Since product testing is emerging, use a product with label claims against human coronaviruses according to label instructions<sup>6</sup>
- 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 western medical facilities to use alternatives to face-to-face triage including advice lines, patient portals, telephonic and telehealth interactions to assess symptomatic patients<sup>7</sup>. Unless you have a clinic within a Western medical 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.<sup>8</sup>

## Source Control

If your assessment of clinic capability is that you cannot treat COVID-19, at this time, you should:

- 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)<sup>9</sup>
- 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 flyers<sup>10</sup>
- Reduce or eliminate cancellation fees

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<sup>3</sup> [https://www.who.int/csr/resources/publications/4EPR\\_AM2.pdf](https://www.who.int/csr/resources/publications/4EPR_AM2.pdf)

<sup>4</sup> <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

<sup>5</sup> <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm>

<sup>6</sup> <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

<sup>7</sup> <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html>

<sup>8</sup> 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 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.

<sup>9</sup> <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

<sup>10</sup> <https://www.sfcdcp.org/wp-content/uploads/2020/01/Corona-Travel-Poster-English-final-SFDPH-01.22.2020.pdf>

- Consider alternate means (Western care referral, telehealth, virtual consultations) to provide integrative care to symptomatic patients
- Immediately mask and isolate any symptomatic patient, and consider if asking them to return home is appropriate within your care setting.
- Ask all patients to wash hands/use hand sanitizer upon arrival
- Provide/post hand hygiene instructions/flyers<sup>11</sup>
- Provide/post cough etiquette instruction/flyers<sup>12</sup>
- 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

## 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>
- Read the ASA COVID-19 Info Sheet <https://www.asacu.org/2020/02/asa-covid-19-info-sheet/>

**Do Not Work if You Have Signs of Respiratory Illness      Stay Home**

**Wash Your Hands**

**CNT Saves Lives**

### **Statement on Xenophobia and Discrimination**

There is no racial, ethnic or cultural basis for the emergence of COVID-19. Viruses mutate and emerge, and this virus is now sourced throughout the world. In the United States, Europe, and Australia members of the Asian Pacific Islander community, especially persons of Chinese descent, have been subjected to discrimination and exclusion. Fear and discrimination lead to bad health outcomes. Stigma makes people less likely to come forward, seek help, volunteer critical information and ask questions. Universal precautions dictate that there is no utility in assuming anyone is more or less infectious than anyone else and it is duty of the health care provider to put infection control procedures in place that apply to everyone. Unity, trust and compassion reduce stress and increase wellness, and are the only appropriate interpersonal response.

<sup>11</sup> <https://www.cdc.gov/handhygiene/campaign/archive.html>

<sup>12</sup> <https://www.health.state.mn.us/people/cyc/hcpposter.html>