



COVID-19 REOPEN GUIDELINES

Recommended Best Practices

ASNY would like to thank the following for research, assembly, and edits of this document: Dr. Timur Lokshin, DACM, L.Ac.; Katherine Mackenzie, MAC, L.Ac, Dr. Anna Panettiere, DAOM, L.Ac; Michelle Wright, MSAOM, L.Ac.; and Dr. Kallie Guimond, D.OM

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Executive Summary

As the COVID-19 pandemic progresses in the state of New York, ASNY has been actively supporting our jurisdictions implementing physical distancing measures community-wide. Now, as the chains of transmission begin to decline, along with new COVID-19 cases, there is a need to transition out of strict physical distancing and into the reopening phase.

This document is provided to help our members assess the risk of COVID-19 transmission in a variety of organizational settings as they reopen. We outline steps to reduce potential transmission during the reopening of these organizations and settings, building on a variety of governmental and non-profit authorities on the pandemic and reopening strategies. A list of these references and resources is provided at the end of this document for your reference. Reopening businesses represents one of many steps required to revitalize communities recovering from the pandemic, restore economic activity, and mitigate the unintended public health impact of the distancing measures that were necessary to confront the pandemic.

Acupuncture has been listed as Essential Health Care Operations by the New York State Governor's Executive Order 202 as of May 15, 2020. Offices in all counties are allowed to open as long as they are following all applicable guidelines for safe practice and have a developed business safety plan. Acupuncturists are eager and capable of assisting the strain on hospitals by continuing to treat patients for chronic pain, stress, emotional health and addiction. Our goal is to ensure the safety of the public and to support tracking, tracing, and monitoring while minimizing risk of exposure.

This guide is provided for informational purposes only and is not intended to serve as a final authority on any laws, practices, policies, or procedures. This guide is intended to comply with all applicable Federal, State, and Local laws but does not constitute legal advice. Many matters covered by this guide are also described in separate official documents. If the information contained herein or provided by ASNY differs from the actual terms and conditions of an official document, the official document will control. To the extent any aspect of this guide conflicts with any law, the law shall control.

Each practice's approach to reopening in this unprecedented environment must be crafted based on the individual circumstances of each practice and subject to evolving federal, state, and local laws, ordinances, and guidance. The laws and best practices for reopening during this pandemic are subject to change in this extremely fluid environment so it is recommended that each practice regularly reviews and revises operating procedures as the pandemic and response guidance develops. In light of this unprecedented and fluid situation, ASNY will strive to keep abreast of the current laws and best practices for acupuncturists operating during the pandemic. Accordingly, ASNY reserves the right to modify, suspend, terminate, or change any aspect of this guide, in whole or in part, at any time with or without notice.

1) Introduction to Workplace Safety

In response to the COVID-19 pandemic, Acupuncture Society of New York (ASNY) has compiled a list standard precautions and processes in accordance with the Centers for Disease Control and Prevention (CDC), the Occupational Safety and Health Administration (OSHA) and other regulatory agencies. The objective is to protect the public while ensuring the highest safety in care provided by practitioners.

In clinics, people have different roles and different levels of risk of exposure. The following list from OSHA determines the risk level of a patient and required equipment.

Very High Exposure Risk: Healthcare employees (for example, doctors, nurses, dentists) performing aerosol-generating procedures on known or suspected pandemic patients (for example, cough induction procedures, bronchoscopies, some dental procedures, or invasive specimen collection).

- Healthcare or laboratory personnel collecting or handling specimens from known or suspected pandemic patients (for example, manipulating cultures from known or suspected pandemic influenza patients).

High Exposure Risk:

- Healthcare delivery and support staff exposed to known or suspected pandemic patients (for example, doctors, nurses, and other hospital staff that must enter patients' rooms).
- Medical transport of known or suspected pandemic patients in enclosed vehicles (for example, emergency medical technicians).
- Performing autopsies on known or suspected pandemic patients (for example, morgue and mortuary employees).

Medium Exposure Risk: (front desk/receptionist, practitioners, any employee in a retail set up)

- Employees with high-frequency contact with the general population (such as schools, high population density work environments, and some high-volume retail).

Lower Exposure Risk (Caution): (billers/people in the back office)

- Employees who have minimal occupational contact with the general public and other coworkers (for example, office employees).

Acupuncturists in New York operate "Medium Exposure Risk" environments because we do not treat any active or suspected active cases of COVID-19 in our clinics, except through telehealth. As such, your practice must screen patients to exclude any active cases of COVID-19, but also must take additional precautions to protect worker and patient safety.

2) Pre-Visit Precautions

Each patient must be screened by telephone for COVID-19 prior to their appointment day. Each practice should delegate patient COVID-19 screening to a reliable employee (or solo practitioners will have to do this themselves). The designated employee will call patients two days before their visit to remind them of their appointment and to complete and document the COVID-19 telephone screening. The designated employee will fill out the paperwork outlined in the Pre-Visit Screening for the complete day of patients and initial to confirm that prescreening has been done (See **Handouts 2 and 3** for examples). The designated employee should be trained on the process for keeping patient health information confidential and secure.

Pre-Visit Screening

Pre-Visit Screening should occur 24-48 hours prior to the patient's appointment. A pre-screening script should be made available to the designated pre-screening employee (See example in **Handout 1**) and should include questions about current symptoms and possible exposures to people who may have contracted COVID-19. A copy of the [CDC list of COVID-19 symptoms](#) is also recommended for quick reference. Pre-screening calls should be documented in the patients chart and/or on a checklist for all patients for the day (See example in **Handouts 2 and 3**). All checklists or pre-screening documentation must be stored in charts or in a manner that preserves patient privacy (i.e. a colored file marked as "COVID Screenings" stored in a locked filing cabinet).

If a patient does not pass the pre-screening, or if the patient suspects he/she may have been exposed to or contracted COVID-19, the screening employee should inform the patient that the acupuncture appointment must be cancelled and may be rescheduled after a doctor has evaluated him/her, or a negative COVID-19 test result is documented. At this stage it is appropriate to offer resources for local health departments, information about testing, tele-health options for an herbal consult, guides to acupressure points, or other wellness suggestions. If applicable, offer to check their insurance benefits for tele-health.

1 Day/24 hour Before the Appointment Screening

Patients should ALSO get an appointment reminder by email 24 hours before their appointment. This may be automated, but a manual email or phone call should be made if not. The content of this second notification should include a reminder to cancel if symptoms develop before the appointment time, and any policies or procedures patients should be aware of upon arrival such as masking requirements, office protocols for entering, etc. (See **Handout 7** for an example).

3) Pre-Arrival Instructions

Prepare the Clinic:

- Know which of your patients are at higher risk of adverse outcomes from COVID-19.
- Consider and plan for providing more tele-health options.
- Have contact information for resources, such as local health departments and the COVID hotline readily accessible at the front desk.
- Train employees how to respond to a health emergency and on new protocols to protect against COVID-19.
- Adjust precautions to keep pace with current laws and guidelines as the situation evolves.
- Assess supplies and supply chains regularly and restock supplies on a regular schedule.

Prepare the Waiting areas and Patient/Treatment rooms

- Provide supplies for patients in a manner to minimize contact, including tissues, alcohol-based hand rub, soap at sinks, and no-touch trashcans.
- Space chairs a minimum of six feet apart to comply with local law and guidance. If possible, use barriers (like screens).
- Remove unnecessary, or un-cleanable, office toys, reading materials, or other communal objects.

Communicate with Patients:

- Ask patients about symptoms during reminder calls (see Pre-visit Screening above).
- Consider rescheduling non-urgent appointments.

- Ask patients to come alone to any appointments unless they need assistance. Instruct patients that anyone who accompanies them will also be screened for fever or other symptoms in order to be admitted.

4) Arrival Instructions

Post educational signage at entry and other areas of use (bathrooms, front desk, treatment rooms, etc) informing patients of symptoms to watch for, risks, protective behavior, and other office protocols they need to be aware of. **(See Handouts 4 and 5 for examples.)** Patients may be asked to wait in their car and called/texted to enter when an employee or the practitioner is ready to see them.

If a patient does not have a mask, provide one immediately and inform the patient that the mask is required for entrance and must be worn for the duration of the appointment.

Screening: A designated screening employee (or the solo-practitioner) must screen all patients upon arrival. Ideally, screening should be done outside the office if staff, location and weather permits. If not, screening may be done at a designated screening area that is disinfected between patients, or in the individual treatment rooms. If patients refuse screening for any reason, politely inform them that screening is required to continue with the appointment. Screening must include questioning for the development of symptoms and checking body temperature with a forehead or no-contact thermometer for fever. (see **Handout 6** for sample script). In addition, Oxygen (O₂) levels may be measured with a pulse oximeter, and are a helpful screening indicator for respiratory problems.

- Designated screeners must be supplied with and wear appropriate PPE (mask, gloves, etc.), and patients must wear masks. Masks must be provided if a patient does not have one. Cloth masks for patients are acceptable.
- Screening should be documented and included in the patient's chart and/or recorded on a daily checklist that is filed in the office (see **Handouts 2 and 3 for examples.**).
- Checklists and screening notes must be stored securely to preserve privacy, and may not be left unattended.
- Screening References:
 - Body temperature of 100.4 or higher is considered a fever
 - O₂ level below 95 is considered hypoxia.
 - NOTE: some people with a history of chronic respiratory issues (i.e. asthma, COPD) may have chronically low O₂ levels of 93-94, and may continue with treatment as long as they have no other symptoms of COVID-19. Readings lower than 93 is considered critical and requires medical referral.

For patients who PASS screening: After a successful screening, patients are allowed to enter the office and should be immediately directed to a hand-washing station or bathroom to wash hands for 20 seconds, and then to check-in.

If a patient does NOT PASS any portion of the screening, they must be referred to their medical doctor or the local health department for evaluation and informed that they may not proceed with acupuncture treatment until they have a negative COVID-19 test documented or are cleared by their doctor. Document that they did not pass screening in their chart and/or on the daily checklist.

- It is helpful to provide the patient with a written statement of findings for them to bring to their doctor. (See example **Handout 8.**)
- It is helpful to note in the patient's chart the earliest date (recommended 3 weeks) that the patient can reschedule an appointment to avoid pre-mature rescheduling.

Check In

- After hand washing, patients may check in either at the front desk or in the treatment room with the practitioner.
- Check-in, scheduling for future appointments, and payment should all be done at once, if possible, to minimize contact time and exposure risk with staff.
- Patients should be instructed to sign a special [COVID-19 Waiver](#) for treatment. If using a device to sign electronically, make sure to clean/disinfect the device after each patient.
- After check-in, if possible, bring patients directly to their designated treatment room/space to avoid public waiting areas. If not possible, direct them to the properly spaced waiting room.

5) Bedside/In treatment Instructions

- Patient should wash their hands for 20 seconds before entering treatment room. Patient should already have a mask on when entering treatment room.
- Practitioner should be wearing a mask during treatments
- Practitioner should wash his/her hands for 20 seconds prior to entering and after leaving the treatment room. Practitioners should also sanitize his/her hands or put on protective gloves before and after making physical contact with the patient to palpate, insert or remove needles.
- Patient should not remove mask unless face down on the table. Practitioner must continue wearing mask at all times. Practitioner cannot take off mask during patient interview even if it is difficult to hear. Safety first.
- If treating in a community-style room, patient tables/chairs must be spaced 6 feet apart and screen barriers used between treatment areas are recommended.

CNT protocols must be adhered to at all times.

6) Post-Treatment Instructions

- After patient has left the room, clean and disinfect the treatment room according to Cleaning and Disinfecting policies outlined below in Section 11. Clean treatment tables (especially headrests), countertop, chairs/stools/door handle, sink, faucets, light switches, hand sanitizer pump handle as well as any other high impact surface. Apply EPA registered hospital grade disinfectant for the appropriate contact/dwell time indicated on the product label. Examine the [EPA list](#) and follow accordingly.
- Remove all fleece pads, heating pads, or bio mats, unless placing a washable vinyl cover over the pads to then also be covered by a table paper or sheet. (Follow instructions for the vinyl cover – many will state that heating pads are not to be used underneath and are hazardous). Table paper must be discarded and fabric sheets washed after each patient. Vinyl surfaces should be wiped down between patients.
- If using cloth sheets on tables, ensure proper removal and laundry handling as outlined below in Section 9).
- Document disinfection efforts in rooms after each patient departure using a cleaning checklist (see sample (**Handout 9.**)). Staff must initial and date after each inspection. Keep checklists on file.

7) Waiting Room Considerations

- Patients should wash hands for 20 seconds prior to entering the waiting area.
- Seating should be spaced a minimum of 6 feet apart. (This also applies to community treatment areas).
- Seating in waiting areas must be cleaned and disinfected between patients.
- It is recommended that upholstered/fabric seats be covered with cleanable covers or replaced with hard surfaces.
- Supply tissues, no-touch trashcans, and hand sanitizer in the waiting room for patients.
- If possible, avoid waiting areas entirely by taking patients directly to their treatment room after screening.
- **Bathrooms:** Instruct-patients to only use the bathroom if it is an emergency. If you choose to make a restroom available to patients, the restroom must be cleaned and disinfected after each patient use, including toilet seat, sink and faucet, doorknobs, and anything other surface a patient may have touched.
- Bathrooms should be supplied with hand soap, sanitizer, paper towels, and no-touch trashcans available for patients use.

8) Front Desk Considerations

According to OSHA, the following is required to protect your employees:

- Patients and staff should maintain six foot distance as much as possible.
- If maintaining 6 foot distance is not possible/practical, plexiglass barriers at the front desk are recommended.
- All staff should wear a mask. All patients should wear a mask. Institute a written “No mask, no entry” policy.
- Have patients check in/pay/reschedule all at once to minimize contact with staff.
- Disinfectants and disposable towels should be available to regularly clean workplace surfaces.
- Assign a staff member to clean all surfaces touched by patients after their treatment.

9) Staff / Employee Considerations

OSHA Enforcement Actions On April 8, OSHA issued a reminder to employers that it has enforcement authority over more than 20 whistleblower statutes that protect an employee's right to report unsafe working conditions. OSHA also recently issued guidance containing processes and procedures for investigating [workplace safety complaints](#) related to COVID-19.

Training: All staff should be trained on the Safety Protection Plan and COVID-19. Training should include:

- Proper and safe clinical application, use, and removal of PPE. See the section on PPE for more information.
- Symptoms and risk factors of COVID-19
- Protective behaviors (cough etiquette, care of PPE, distancing, etc)
- All new protocols and policies developed established to protect against and respond to COVID-19 exposure.

Screening: All staff must be screened before beginning their work shift, checking for fever or symptom development. This must be documented and stored securely.

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- Workers who do not pass the screening should be sent home and asked to see their medical doctor as soon as possible. Note in their employee file when they are allowed to return to work (recommended 3 weeks after the date they were asked to leave).

Sick Employees: Have written policies for employee absences and encourage ill employees to stay at home without fear of reprisal in compliance with federal, state, and local law.

- Under emergency federal COVID-19 legislation, certain employers may need to provide up to 80 hours of paid sick leave for COVID-19-related reasons.
- Federal law also provides paid family leave for employees who must stay home to care for a child whose school or daycare closed due to COVID-19.
- New York State also requires emergency paid sick leave for employers of a certain size; employers with 1-10 employees and net annual income of less than \$1million need not provide paid leave but must provide unpaid job protection for employees who are out of work for certain COVID-19-related reasons.
- Employers with 1-10 employees and annual income in excess of \$1million must provide five days of paid sick leave.
- Employers located within New York City with four or fewer employees must provide unpaid sick leave;
- New York City employers with five or more employees must provide up to forty hours of sick leave each year subject to the provisions of the New York City Paid Sick Leave Law.
- To assess your businesses leave requirements, it is recommended that you consult with an employment attorney.

Workers who become ill during the work shift should be sent home immediately.

Planning for possible exposure scenarios ahead of time and knowing what is to be done if an employee reports symptoms or potential exposure is imperative. Emphasize to employees that it is THEIR responsibility to report any symptoms they are experiencing or potential exposures inside or outside of work. Communicate regularly with your employees about their safety concerns. Emergency communications plans should be in place in the event employees become unavailable for work due to exposure to a patient who fails the on-site screening or development of symptoms while working.

Emergency Plans should include:

- Testing requirements and resources
- Documentation of potential contacts and notifications to those potentially exposed to the sick employee.
- If an employee tests positive for COVID-19, to state and local public health authorities should be immediately notified. Plan to cooperate with contact tracing efforts to the extent permissible under applicable health and privacy laws.
- Plan for a recovered employee's return to work and determine what documentation you will require before the employee returns.
- Develop a plan for contact tracing in the event an employee or visitor to your business is diagnosed with COVID-19.

Other Protective Considerations:

- Encourage staff to obtain a seasonal influenza vaccine to further protect against seasonal illnesses.
- Institute a drop box area for patients to pick up herbs with no contact necessary. This complies with OSHA's recommendation for "drive through service" as much as possible.
- Consider home delivery service for herbs or retail items to reduce the number of clients or customers who must visit your workplace.

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- Break rooms/staff rooms should have legally-required workplace safety and labor law documents posted
- Employees should perform a 20-second hand washing upon arrival and throughout the day at regular intervals.
- Develop a plan for all deliveries, vendor contacts, and receipt and storage of supplies to minimize exposure.

10) Proper PPE

In accordance with Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) Clinic of Infection Control Advisory, Acupuncturists have additional requirements for the use of PPE and Disinfection Procedures 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. N95 masks should be reserved for providers providing care in biomedical facilities.
- Wear a surgical face mask at all times in the clinic. 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. 17
- To don a mask, the practitioner first 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, the practitioner first performs hand hygiene, then removes the mask taking care not to touch the inner surface of the mask. The mask is appropriately 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, although use of gloves may be mandated by some state laws and by the protocols of individual practices. During the COVID-19 outbreak, gloves have become an important piece of PPE to prevent exposure to COVID-19.

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- If using gloves during treatment, perform hand hygiene upon room entry, and put on a single pair of nonsterile 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.

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 patient care in typical acupuncture offices, but certainly can be used.
- If using a lab coat, it should be restricted to treatment areas only.
- If a lab coat is used, wash hands first, then don the lab coat, then don gloves last. (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 also 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.

11) Cleaning / Disinfection Procedures

A clear disinfection procedure should be implemented, including but not limited to all CDC recommendations. Cleaning procedures should be documented, signed and initialed after each cleaning session using a checklist (see example **Handout 10**) and filed in the office. Post checklists on the insides of treatment room cabinets or doors, or post near treatment rooms.

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 regularly contacted surfaces. 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 by CCAOM and the [EPA](#).

Daily Cleaning Includes:

- Clean and disinfect treatment room floors (and hard surfaces).
- 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.
- Clean and disinfect high contact surfaces in office, waiting room, bathrooms, and dispensary area at least daily but consider implementing cleaning for most highly contacted surface regularly throughout the day.

Weekly Cleaning Includes:

- Clean and disinfect staff area floors.

CDC Laundry Procedures

- 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 putting on 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, pillowcases, drapes, cloth heating pads, mattress pads, cloth pulse pillows, or blankets can be re-used in patient care without laundering between patients.
- Roll used laundry so that areas in direct contact with patients are on the inside. Do not 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 to transport laundry and clean it with the laundry. Hampers should be disinfected daily.
- Commercial processing of clinic laundry is preferred. If you are processing laundry yourself, 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 from treatment rooms.
- Remove toys, magazines, clipboards, pens or other shared items.

12) References as of 5/14/2020

(Please check links for updated information)

- 1 <https://www.aei.org/research-products/report/national-coronavirus-response-a-road-map-to-reopening/>
- 2 <https://www.asacu.org/wp-content/uploads/Patient-Consent-AAC.pdf>
- 3 https://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2020/200417-reopening-guidance-governors.pdf
- 4 <https://www.governor.ny.gov/new-york-forward/regional-guidelines-re-opening-new-york>
- 5 <http://www.op.nysed.gov/prof/acu/>
- 6 <https://www.osha.gov/Publications/OSHA3990.pdf>
- 7 https://www.osha.gov/Publications/influenza_pandemic.html#affect_workplaces
- 8 <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html#>
- 9 <https://www.cdc.gov/coronavirus/2019-ncov/phone-guide/phone-guide-H.pdf>
- 10 <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html#>
- 11 <https://www.cdc.gov/coronavirus/2019-ncov/downloads/10Things.pdf>
- 12 <https://www.cdc.gov/coronavirus/2019-ncov/phone-guide/phone-guide-H.pdf>
- 13 <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinic-preparedness.html>
- 14 <https://www.cdc.gov/coronavirus/2019-ncov/downloads/Please-Read.pdf>
- 15 <https://www.mayoclinic.org/symptoms/hypoxemia/basics/definition/sym-20050930>
- 16 <https://www.venable.com/insights/publications/2020/04/back-to-business-considerations>
- 17 <https://www.cdc.gov/coronavirus/2019-ncov/downloads/Clinic.pdf>
- 18 <https://www.cdc.gov/flu/highrisk/index/htm>
- 19 www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2
- 20 <https://csomaonline.org/wp-content/uploads/2020/05/CCAOM-Clinic-Infection-Control-Advisory-Updated-4.30.2020.pdf>
- 21 <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html>
- 22 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
- 23 <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>
- 24 https://www.ccaom.org/images/ccaom/Documents/Position-Papers/Position_Paper_re_Use_of_Gloves.pdf
- 25 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
- 26 <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaning-disinfection.html>
- 27 [https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2](http://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)

HANDOUT 1: PRE-SCREEN SCRIPT AND CHECKLIST

Telephone Script: Hello, my name is _____ and I am confirming your appointment on _____. I also have to do a quick COVID19 check before you come in. Thanks for your patience.

In the past 14 days, have you experienced any newly developed signs of:

(indicate "yes" answers with a check or x)

- Cough
 - Shortness of breath or difficulty breathing
 - Fever
 - Repeated shaking with chills
 - Headache
 - Loss of taste or smell
 - Muscle pain
 - Sore throat
-
- Have you had close contact with someone diagnosed with COVID-19? (Close contact means having been within 6 feet of that person for an extended time or being exposed to their cough or sneeze.)**

If a patient responds "yes" to any of the above symptoms (2 or more), or suspects they have COVID19, apologize and cancel their appointment, and ask them to see their primary care doctor asap. Inform them that we will follow up with them via an email. If they failed, be sure to document on your prescreening checklist and put a red flag in their chart on the date of failure. It is also helpful to note earliest allowable return date as well (3 weeks). As an example:

Positive COVID Prescreen 5/4/20
Return Date Allowed 5/25/20

Follow-up Email: ****Caution: Do not include any personal patient health information in an email. It is not secure or HIPPA compliant.****

Dear (patient),

We regret having to cancel your appointment today. We do, however offer a telehealth option that allows us to discuss and guide you on self-care strategies such as helpful acupressure points, herbal care options, and other wellness tips appropriate for you at this time. If you are interested, please let us know and we will check your benefits to see if your insurance covers this. Please know we wish you well and you are in our thoughts. We look forward to seeing you again soon!

Best regards,

(Clinic)

HANDOUT 2: COVID-19 PRE-SCREENING / ARRIVAL SCREENING DOCUMENTATION

(Sample 1)

- List patients using the first 2 initials of their first name and last names for HIPAA compliance.
- Check the appropriate “Pass” or “DNP” (*Does Not Pass*) box for each patient.
- Be sure the screener initials in the designated space for each patient.

Provider Name: _____

PRE-SCREENING				ARRIVAL SCREENING					
DATE: _____				DATE: _____					
Patient Initials	<input type="checkbox"/> PASS	<input type="checkbox"/> DNP	Screener Initial	Patient Initials	<input type="checkbox"/> PASS	<input type="checkbox"/> DNP	Body Temp	O2	Screener Initial

Screener Signature: _____ Date: _____

HANDOUT 3: COVID-19 PRE-SCREENING / ARRIVAL SCREENING DOCUMENTATION

(Sample 2)

For Multiple providers: List patients using first/last 2 initials to comply with HIPPA privacy. Check the box next to the patient initials when screen is complete. The screener should initial next to the name as well. If a patient does not pass, write “DNP” next to the initials.

Today’s Date: _____ For Appointment Date: _____

Provider Name Alyx		Provider Name Joel		Provider Name Kat	
	Screener Initials		Screener Initials		Screener Initials
<input type="checkbox"/> MARE		<input type="checkbox"/> NREK		<input type="checkbox"/> PINR	
<input type="checkbox"/> PINR		<input type="checkbox"/> PTLI		<input type="checkbox"/> AKTY	

Screener Signature: _____ Today’s Date: _____

HANDOUT 4: INFORMATIONAL POSTER #1

STOP

DO YOU HAVE A FEVER?
DO YOU HAVE A COUGH?
ARE YOU SICK?

If so, please do not proceed any further and call
____(clinic number)_____ for further instructions.

PLEASE TAKE APPROPRIATE MEASURES TO
PRACTICE SOCIAL DISTANCING WITHIN OUR
OFFICE. PLEASE MAINTAIN A **6 FOOT
DISTANCE** BETWEEN EACH PERSON AND NO
MORE THAN **10 PEOPLE** IN THE BUILDING AT
ANY GIVEN TIME.

HANDOUT 5: INFORMATIONAL POSTER #2

ATTENTION

IF YOU HAVE A FEVER, COUGH, SHORTNESS OF BREATH, OR ARE SICK,

PLEASE DO NOT ENTER.

INSTEAD CALL US AT _____.

IF YOU NEED HERBS, PLEASE CALL US AT

WE HAVE A PICK-UP AREA DESIGNATED AREA OUTSIDE OR WE CAN HAVE THEM DELIVERED TO YOUR HOUSE.

IF YOU ARE SICK, WE OFFER ONLINE TELEHEALTH APPOINTMENTS. FOR MORE INFORMATION,

CONTACT US AT _____

HANDOUT 6: PATIENT ARRIVAL INSTRUCTIONS / SCRIPT

Patients must be PRE-screened for COVID-19 prior to their appointment day. A designated employee will call them 2 days before their visit to remind them of their appointment, complete the COVID-19 pre-screening, and document. Patients must also be screened the DAY OF their appointment before entering the building or treatment space. The following is a script for the DAY-OF the appointment.

Hello. All patients are required to undergo screening for everyone's safety. I'll be asking you some questions about symptoms you may be experiencing and taking your temperature and oxygen levels. Thank you for your cooperation.

In the past 14 days have you experienced newly developed:

- cough
- shortness of breath
- difficulty breathing
- fever
- chills
- headache
- loss of smell or taste
- muscle pain
- sore throat
- Have you had close contact with someone diagnosed with COVID-19, the disease caused by the new coronavirus? (Close contact means having been within 6 feet of that person for an extended time or being exposed to their cough or sneeze.)**

If a patient suspects they have COVID19 or does not pass this screening, apologize and cancel the remainder of their appointment, and give them instructions to see their primary care doctor asap, or direct them to the COVID19 hotline and other resources for evaluation. Make sure to document the screening results and place an alert in their chart. Instruct patients that they may reschedule an appoint after 3 weeks with a negative COVID19 test documented and if there are no newly developed symptoms.

Suggested Follow-up email:

Dear (patient),

We are so sorry we had to cancel your appointment today. Please know we are thinking of you and if you are interested, we do offer a tele-health service that allows us to discuss appropriate self-help strategies such as acupressure points, herbal care options, and different wellness tips appropriate for you at this time. If you are interested, please let us know and we will check your benefits to see if your insurance covers this. If not, please know we wish you well nad look forward to seeing you again soon!

Best regards,

(Clinic)

HANDOUT 7: PRE-APPOINTMENT EMAIL

Email Follow up Sent 1 Day / 24 hours before Patient's Appointment.

Dear Patient,

Before you leave for your appointment, please do a self-check with yourself for the following:

- A temperature of 100.4 degrees or higher
- Newly developed cough, shortness of breath, or difficulty breathing
- Fever, chills, loss of taste or smell, sore throat, headache, muscle pain or body aches.
- Recent close contact with someone diagnosed with COVID-19 (close contact means you have been within 6 feet of the person for an extended time, or you have been exposed to their cough or sneeze).

For your safety and ours, if you have experienced anything in the list above, please call to reschedule your appointment.

Please also consider the following policies below:

- Masks or cloth face covering are required at all times inside the office or when interacting with our staff, regardless of symptoms. If you do not have a mask, one will be provided for you.
- Please come alone to any appointments unless you require assistance. You and anyone who accompanies you must undergo screening to gain access to the office and continue with the appointment. Screening will include checking your temperature and oxygen saturation level, and questions about symptoms you may be experiencing. Anyone who has a cough, fever or shortness of breath will not be admitted, and will be referred to seek further medical attention.
- After screening is complete and you enter the treatment space, please immediately wash your hands in the bathroom for 20 seconds.

Thank you so much! We appreciate you and look forward to seeing you soon.

Best regards,

HANDOUT 8: STATEMENT OF FINDINGS FOR MEDICAL DOCTORS

Dear [patient],

[Clinic name] has a strict screening policy following CDC guidelines for COVID19 safety. Based upon your results of the screening, it is recommended that you consult with your primary doctor as soon as possible to be evaluated for COVID 19. This letter is provided to give to your medical doctor showing the results of your screening.

Once you have been evaluated, and appropriate time has passed to rule out newly developing symptoms, you may reschedule your acupuncture appointment. The earliest you may reschedule if you remain symptom free is [Date – 3 weeks from today].

Please know our first priority is our patients' health and safety. If you need anything, do not hesitate to contact us at [phone#].

Please let the doctor know that our screening included:

Body Temperature: _____ **O2:** _____

Symptoms checked (*check all that were positive*)

- Fever
- Chills
- Shortness of Breath
- Headache
- Loss of taste or smell
- Muscle pains
- Sore throat

Patient has indicated they may have had close contact with someone diagnosed with COVID-19.

Please know that we are here to answer any questions. We can be contacted at [phone]. We wish you well.

Best Regards,

[Clinic Name]

HANDOUT 9: ROOM CLEANING / DISINFECTION REPORT

Post this form inside a cabinet or on a wall of each treatment room. After patient has left, clean and disinfect the following using an EPA approved disinfectant:

- treatment table, especially the headrest
- countertops / tabletops,
- chairs/stools
- door handle,
- sink / faucets
- light switches,
- hand sanitizer pump handle
- any other high impact surface.

Date	Initials	Date	Initials	Date	Initials