



Policies & Procedures for Infection Control,
with additions specific for Covid-19 Pandemic,
in Compliance with CDC Guidelines (updated May 20, 2020)

1. **SARS-CoV-2 SOURCE CONTROL:** Not allow anyone with symptoms of Covid-19 to come into the clinic.
 - a. Conduct a screening with every patient arriving, either before or at arrival, including:
 - i. temperature check (using a non-touch infrared thermometer), and not allow anyone with temp over 100.4 F to come into the facility, and document the temperature.
 - ii. Verbally ask patients if they have been experiencing the symptoms of Covid-19 or been close to someone who has, and document their answers.
 - b. Eliminate cancellation fees during the pandemic if they are cancelling d/t symptoms of Covid-19.
 - c. Post signage on the front door (which is the only entrance), on the scheduling webpage, and in the reminder emails, to not come for in-person treatment if experiencing symptoms.
 - d. Offer curbside pick-up of supplements and herbs.
 - e. Require all patients and visitors to wear face covering, and personnel to wear facemasks.
 - i. If patients or visitors do not have a face covering, provide one.
 - ii. If a patient cannot breathe on the treatment table with a mask on, they may remove it only for the duration of the treatment, while they are not speaking, after first sanitizing their hands.
 - f. Require all persons entering the clinic to sanitize their hands upon entry.
 - g. Require all patients to sign the Patient Agreement form (attached), that states they will not come for treatment if they are experiencing symptoms of Covid-19.
2. **CONDUCT DAILY SELF-ASSESSMENT - DURING PANDEMIC:**
 - a. All personnel shall conduct a daily self-assessment for the symptoms of Covid-19 and fever, and document their temperature.
 - b. If anyone develops the symptoms, they shall isolate at home, (close the clinic if it is Dr Dawn Potter), get tested for Covid-19, and, if positive, contact all patients seen in the clinic in the last 14 days, to inform them of potential exposure.
 - c. If test results positive for active Covid-19 infection, the person is not allowed back to work until they test negative twice.
3. **PROMOTE SOCIAL DISTANCING - DURING PANDEMIC:**
 - a. Manage visitors' movements by requesting each patient stay in their car until their appointment time, reducing or eliminating the use of the waiting area.

- i. If 2 people are in the waiting area, they will be seated 6 ft apart, as the chairs are arranged.
- b. Post Social distancing sign at entryway.
- c. Not hire a new part-time receptionist until Phase 2.
- d. Encourage renters to provide telehealth services as much as possible, until Phase 2.
- e. Provide Telehealth services for herbs, supplements, nutritional and lifestyle recommendation services as much as possible.

4. PROMOTE PROPER HAND HYGIENE, as well as COUGH & SNEEZE HYGIENE - GENERAL:

- a. Provide hand sanitizer at the front entryway/waiting area, and at the checkout counter.
- b. Provide soap and clean paper towels in the restroom with signage for proper hand washing.
- c. Post signage for proper cough and sneeze hygiene.
- d. Provide tissues and easily accessible non-touch trash cans in the waiting area, restroom and each treatment room.

5. MINIMIZE THE NUMBER OF TOUCHABLE SURFACES & COMMUNAL USE ITEMS - DURING PANDEMIC:

- a. Remove as many objects and materials from public areas and treatment spaces as possible, reducing greatly the number of touchable items in the clinic, including decorations, magazines, books, marketing items, pens, pillows, blankets and toys.
- b. Discontinue use of the electronic doorbell clickers, at least temporarily. Since the grooves would make them difficult to completely disinfect. If used, place them in a plastic bag prior to use.
- c. Provide a new or disinfected pen to each patient who needs to use one.
- d. Adopt an option for touchless, electronic payment.
- e. Request patients to fill out paperwork at home and return it electronically, if possible.
- f. Adopt an online pharmacy option where patients can order online, and have herbs shipped to their home, to reduce the amount of touchable inventory in the clinic.

6. MAXIMIZE THE ABILITY TO DISINFECT ALL TOUCHABLE SURFACES - GENERAL:

- a. Cover all treatment tables and pillows in plastic, to be disinfected after linen removal.
- b. Replace fabric covered chairs with vinyl ones or cover them in heavy mil plastic.
- c. Reduce the number of items in the facility overall.
- d. Keep cleaning and disinfectant spray, clean cloths and heavy duty cleaning gloves in each treatment room, as well as the bathroom and reception area for easy access.

7. CLEAN & DISINFECT SURFACES & DOCUMENT THE TIMES & PRODUCT USED - GENERAL:

- a. After each patient visit:
 - i. With gloved hands, remove used linens, to be washed in hot water with detergent before using them again.
 - ii. Place dirty linens into a waterproof laundry receptacle, away from treatment spaces.
 - iii. Disinfect all plastic covers on tables and pillows, plus face cradle and arm rest with disinfectant: Mar-v-cide, Seventh Generation Thymol Disinfectant, Lysol disinfecting wipes, Clorox disinfecting Wipes or Publix Disinfecting Wipes.

- iv. Clean and disinfect any tools used during patient treatment including therapy cups & pump handle, gua sha tool, lasers, e-stim unit, blood pressure cuff, pulse oximeter, stethoscope, otoscope, heat lamp.
 - v. Clean and disinfect any items used on the doctor supply counter including sanitizer pump, cotton ball jar lid, drawer pulls, and oil/liniment bottles.
 - vi. Disinfect all surfaces patients have touched including door handles, chairs, tables, counters, marketing displays, sanitizer pumps, credit card machine, bathroom light switch, faucet handle, soap pump, toilet seat and handle, with above disinfectants.
- b. Daily:
- i. Clean and disinfect high contact areas (by personnel) ...in reception area, kitchen and pharmacy,
 - 1. including desks, keyboards, phones, credit card machine, chairs, light switches, door handles, refrigerator, microwave, coffee maker, kettle, cabinet and drawer pulls, lamp switches, with above disinfectants.
 - 2. Empty and dispose of all trash from around the clinic.
- c. Weekly:
- i. Vacuum all carpets, clean & disinfect tile floors,
 - ii. Clean and disinfect sinks, toilet bowl and scale on bathroom floor.
 - iii. Clean any remaining decorations, picture frames, window sills, blinds.

8. LAUNDRY PROCEDURES – GENERAL:

- a. Using gloved hands, roll used linens into a ball so that all surfaces touched by patient are inside the ball and place into a leak-proof hamper or bag dedicated to “dirty” linens.
- b. Commercial laundry processing is preferred, but if it is processed at a home, it will be processed away from personal items, in hot water with detergent.
- c. Clean linens will be returned to the clinic in a different bag or hamper, designated for “clean” linens only.
- d. Clean laundry will be stored in covered drawers or shelves only.

9. HAND HYGIENE & GLOVES – GENERAL:

- a. Non-medical personnel wash and/or sanitize hands upon entering, exiting and regularly throughout the day.
- b. Medical Personnel:
 - i. wash hands thoroughly for 20 seconds, before and after each patient encounter.
 - ii. don gloves prior to greeting the patient (during pandemic).
 - iii. Sanitize the gloves or don new gloves before performing any treatment, including acupuncture, massage, cupping, drawing and administering injections, bodywork or any procedures within 6 ft of the patient.
 - iv. Doff the gloves when exiting the patient care area.
 - v. Then wash hands thoroughly again.
 - vi. If gloves are not available d/t limited supply, then wash and/or sanitize hands before and after every patient encounter and before every performed treatment procedure.
- c. Gloves are also to be used (after hand hygiene) to remove linens and during disinfecting surfaces...these can be heavy duty cleaning gloves.

10. INJECTION PROCEDURES - GENERAL:

- a. All injectable materials, needles and syringes are to be stored on a clean, designated shelf in the dispensary, which gets locked when the practitioner leaves the building.
- b. When drawing injectable liquid into syringe:
 - i. First, hand hygiene is performed. Then gloves are donned.
 - ii. Then the top of the vial is sanitized with alcohol wipe (if it is not an individual use homeopathic vial.)
 - iii. Then using a new, sterile syringe and needle, the correct amount of fluid is drawn.
- c. When administering injection to the patient:
 - i. Carry the loaded syringe with the cap on, on a stainless steel tray clean-field, to the appropriate patient room.
 - ii. Gloves are sanitized.
 - iii. Injection site on patient skin is sanitized with alcohol.
 - iv. The solution is injected.
 - v. Then needle is removed and the injection site is pressed with a clean cotton wool.
- d. Finish the procedure:
 - i. The used syringe and needle are discarded into the biohazard container.
 - ii. The gloves are doffed and disposed of.
 - iii. Hand Hygiene
- e. Inform the patient, for after leaving the facility: (Provide attached handout):
 - i. if any bruising occurs at the injection site, they can apply an ice compress.
 - ii. If pain, swelling, intense itching and/or redness occurs at the injection site, they should report to an urgent care center to rule out infection or allergic reaction.

11. OTHER PERSONAL PROTECTIVE EQUIPMENT - DURING PANDEMIC:

- a. Non-medical personnel shall wear fabric face covering, surgical mask, or better, at all times, and change it daily or after it becomes contaminated with fluids, whichever comes first.
 - i. Hand hygiene is required for donning and doffing face coverings, and if a mask accidentally gets touched.
- b. Medical personnel, including Dr Dawn shall wear a surgical mask, or better, at all times. These can be changed depending on availability. Ideally it would be changed between each patient, but can be worn for a day, or until damaged or contaminated with liquid.
 - i. A fabric mask may be worn overtop of these, to extend their life. Fabric masks should be changed between each patient and washed before another use.
 - ii. Hand hygiene must be performed before donning or doffing any mask, and if a mask accidentally gets touched.
 - iii. If surgical masks are in short supply:
 1. Studies show that virus can live on masks for 1 to 7 days. Assuming no damage or fluid contamination, the mask may be stored such that the outside is not touching any surface, for 7 or more days, before using it again.
 2. If surgical masks are still in short supply, medical personnel may substitute a multi-layer fabric mask, until such time as surgical masks can be procured.
- c. Labcoats are not required, since splashes or sprays of body fluids are unlikely.

- i. If medical personnel choose to wear a labcoat, it is to be left in the patient care area and changed with each patient. All labcoats will be washed in hot water with detergent, before using again.
 - ii. The order of PPE donning: hand hygiene, labcoat, scrub cap, mask, gloves.
 - iii. The order of doffing: lab coat, gloves, hand hygiene, mask, scrub cap, hand hygiene.
 - d. Scrub caps are not required.
 - i. If a scrub cap is worn, it must be changed daily and washed with detergent before reuse.
 - e. Eye Protection (ie. Goggles or Face Shield) is not required as long as the patient wears mask while speaking, within 6 ft of medical personnel.
 - i. If the patient doesn't wear a mask, there is danger of respiratory droplets released during speech contacting the providers eyes and causing infection.
 - f. Clothing of Medical personnel:
 - i. All clothing should be durable and clean. Scrubs are recommended, as they are easily washed in hot water and detergent.
 - ii. All jewelry should be removed and no clothing accessories worn while within 6 ft of a patient.
 - iii. All clothing should be removed and laundered upon arriving home.
 - iv. A shower with shampoo is recommended upon arriving home.
 - 1. Shampoo can be omitted if scrub cap is worn.

12. OTHER INFECTION CONTROL MEASURES – DURING PANDEMIC:

- a. Require any employee to wash hands before, and to wear a mask during, any unpacking or handling of inventory from the supplement/herbal pharmacy during the pandemic.
- b. Require that HEPA air filters run in each treatment room during all treatment hours.
- c. When possible, have all personnel get regularly tested for Covid-19, including antibodies testing.