



EXPOSURE CONTROL PLAN

Acupuncture and Integrative Medicine Associates of Nashua, PLLC is committed to your health and safety. We are following the guidance issued by our federal and state public health officials, including [Occupational Safety and Health Administration \(OSHA\)](#), [Centers for Disease Control \(CDC\)](#), [Council of Colleges of Acupuncture and Oriental Medicine \(CCAOM\)](#), the [Office of Professional Licensing and Certification \(OPLC\)](#), the [State of New Hampshire Universal Guidelines](#), [NH Department of Health and Human Services](#), and the [City of Nashua Public Health Department](#).

Below are the details of our exposure control plan including new expectations for patients and visitors before arrival at the office and for the duration of a visit. Please read this document carefully and let us know if you have questions by calling the office at 603-718-8328. Thank you for doing your part in protecting yourself, your community, and your health care providers.

BEFORE YOU ARRIVE: Pre Office Visit 'Need to Know' Information

- You will be provided with a new consent form, the COVID-19 Informed Consent to Treatment. This form explains the benefits and risks of receiving in-office care during the COVID-19 pandemic.
 - This form must be signed prior to your appointment in order to receive in-office treatment.
- Please bring a face mask.
 - You must wear a face mask for the duration of your office visit, including during treatment.
 - The face mask must be put on before entering the office.
 - Hands should be sanitized before donning the mask.
 - The mask must be worn over mouth and nose at all times.
 - Cloth masks are acceptable. Multiple layers of fabric (and cotton-silk, cotton-flannel, and cotton-chiffon) are recommended as they provide significantly more particulate filtration.
 - If you do not have a face mask, one will be provided for you.
- You must complete a Pre Visit Check In before your appointment, and within 24 hours of your in-office appointment.
 - Your appointment will be confirmed or denied based on the health screening results.
 - You must inform your provider on the day of your appointment if there have been any changes in your health since you completed the pre visit health screening.
 - Any patient with respiratory symptoms (cough, sneezing, runny nose, fever, difficulty breathing) and fever should call the office before arrival.
 - COVID-19 symptomatic or positive patients, those with recent travel to outbreak areas, and those with exposure to people with suspected or confirmed COVID-19, and those reporting travel risk factors will not be seen in-office.

- If there is a confirmed case of COVID-19 or potential exposure at the office, the [Bureau of Infectious Disease Control](#) (BIDC) will be contacted at 603-271-4496.
- Symptomatic persons should [self isolate](#), will be referred to biomedical evaluation and treatment, and must stay home until symptom-based criteria are met for [discontinuation of isolation](#).
- Asymptomatic persons reporting close contact with someone suspected or confirmed with COVID-19, or who report one of the travel-related risk factors should [self quarantine](#) for 14 days from their last exposure or return from travel.
- The following presenting symptoms within the past 21 days will lead to an immediate referral for biomedical care: sore throat, new loss of taste or smell, cough, runny nose, sneezing, fever, temperature greater than 100°F (38°C), chills, shaking with chills, new shortness of breath or difficulty breathing, new headache, body aches, or muscle pain; inflammation of testes, new skin changes or rash, new nausea, gastrointestinal upset, abdominal pain, vomiting, or diarrhea; and delirium or confusion.
- Symptomatic patients and visitors should stay home, seek biomedical evaluation, and follow CDC guidelines for self quarantine, which can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>
- We will be limiting select procedures, your appointment duration time, and total time in office.
 - This includes time for rest, naps, or meditation after needles have been placed.
 - Physical bodywork techniques including but not limited to conventional rehabilitation massage, orthopedic trigger point release, Chinese medical massage (tui-na), gua sha, and cupping will limited in duration and may be discontinued.
- Non contact temperature screening will be completed on all patients prior to care.
 - If you have a temperature of 100°F (38°C) or above, your appointment will be rescheduled and you will be referred for biomedical evaluation.
- **You must communicate your needs and relevant treatment day information before you arrive.** Intake, questioning, and discussion during your appointment will be minimal.
 - You may utilized Telehealth to communicate your treatment day needs, as below:
 - The Pre Visit Check In Form available on your secure patient portal
 - Via email on your secure patient portal
 - Call 603-718-8328; voicemail is available 24 hours/day and 7 days/week
- **Services should be paid for before arrival at the office via contactless electronic payment.** Time spent collecting payment prior to services will be eliminated as often as possible.
 - Secure electronic payment may be rendered via PayPal or Square before arrival by using the link provided in your appointment reminder email or text.
 - If you are unable to render secure electronic payment prior to arrival, please arrive with the ability to pay:
 - Via exact cash payment
 - Via check already written for the exact amount
 - Via Samsung Pay, Apple Pay, Google Pay, Fitbit Pay, or with a credit card enabled for contactless “proximity pay”, by placing your device or credit card near the terminal.
- **You must wait outside of the office in your vehicle or outdoors until your appointment.** The waiting room is closed.
 - You will be alerted via telephone or text message when it is time to enter the office.
- **All persons accompanying patients to appointments must wait outside of the office.**
 - Anyone accompanying you must wait in a vehicle or outdoors.
- **Please bring your own pen and water if needed.**

- All shareable and “high touch” items have been removed from the waiting room, including writing instruments, water dispenser and cups, books, magazines, and children’s toys.
- [Hand hygiene](#): All persons must sanitize hands upon entering the office.
 - You will have access to 60-95% alcohol based wipes and hand sanitizer.
 - Upon leaving the office, wash your hands with soap and water for at least 20 seconds.
 - If you use the restroom before, during, or after your visit, thoroughly wash your hands with soap and water for at least 20 seconds.
- You will be expected to practice good respiratory hygiene.
 - Sneeze or cough into a tissue or your elbow crease, even when wearing a mask.
 - Use hand sanitizer or wipes afterward.
- You will have access to tissues and contactless waste disposal bins in every room.
- You must immediately discard used tissues and sanitary wipes into a contactless waste disposal bin.
- You and your provider must not touch face, eyes, nose, or mouth, or adjust the face mask without first sanitizing hands.
- You and your provider must sanitize hands after touching face, eyes, nose, or mouth, or after adjusting the face mask.
- We will be limiting physical interaction, in-session discussion, and social conversation.
 - We will maintain a physical distance of at least 6 feet from others, even when wearing face masks, except for when direct patient care is being provided.
 - We will not allow handshakes, hugs, or unnecessary physical contact.
- Special consideration is being given to patients who have been previously deferred.
 - Our focus is on avoiding further delays that may negatively impact patient health and outcomes.
 - We are prioritizing patients who are in pain and those with urgent needs.
 - We highly recommend high risk patients avoid leaving home unless necessary.
- Your provider will complete a daily health screening and daily non contact temperature screening before arrival.
 - All appointments will be cancelled and your provider will seek biomedical evaluation in the event of a positive screening.
- Personal protective equipment (PPE) is necessary and will be available.
 - Your provider will be wearing gloves, a face mask or respirator, and other PPE (face shield, goggles, and gown) as needed.
- Treatment table coverings will be minimal and disposable table coverings will be utilized.
 - Each patient will receive a completely new and sanitized table set up.
- Appointments will be spaced to allow adequate time for sanitizing and disinfection procedures, and to facilitate physical distancing between patients.
- Spacing between treatment table, patient chair, and provider work station in treatment rooms will be adjusted to facilitate physical distancing.
- Spacing between waiting room chairs has been adjusted to facilitate physical distancing.
- We are following enhanced infection control procedures and stringent disinfection protocols. Hospital grade [EPA-certified disinfectants](#) will be utilized as per CDC guidelines, and in accordance with manufacturer instructions for use with appropriate disinfection dwell times on all items and surfaces that come into contact with patients.
- Checklists with initials, date, and time will be utilized to track the below sanitation and disinfection protocols:

- Before and After Every Patient Visit:
 - Sanitizing and disinfection of treatment room including but not limited to tables, bolsters, instrument trays, electrical implements, non contact thermometers, stethoscopes and blood pressure cuffs, counter tops, table tops, chairs and stools, door handles, sinks and faucets, light switches, hand sanitizer pump handles, as well as any other identified high-touch surfaces.
 - Daily:
 - Sanitizing and disinfection of high contact surfaces throughout the office including but not limited to door handles, countertops, tabletops, sliding glass reception windows, chairs, hand pump dispensers, point of sale pin pads, computer keyboards, clip boards, and writing instruments.
 - Carpets will be vacuumed and cleared of visible contamination, and cleaned with EPA-approved products for carpets.
 - Weekly:
 - Cleaning and disinfecting of staff area floors.
- We have designed an infectious disease office management plan that includes patient flow, triage, and treatment protocol.
- We will provide hand sanitizer and face masks for patients; and [approved respirators](#), face shield, goggles, surgical masks, gloves and gowns for providers to use when within 6 feet of patients with known or suspected COVID-19 infection.
- We will ensure adherence to standard precautions, including airborne precautions and use of eye protection as needed, assuming every patient is potentially infected or colonized with a pathogen that could be transmitted in a health care setting.
- We will alert public health officials at the [City of Nashua Public Health Department](#) regarding known suspected COVID-19 patients (i.e. PUI), and we will keep updated lists of patients to identify who may be at risk in the event of an exposure.
- We have identified materials and supplies required for care to be delivered during a outbreak or pandemic, and suppliers that can provide those materials.
- We will regularly visit state and local health department websites for routine epidemiological monitoring. We have made appropriate connections with local and state health department staff in order to stay informed.
- We have included verbal alerts on outgoing voicemail messages and during reminder calls to stay home when exhibiting positive COVID-19 symptomatology, and to contact the office by phone to reschedule as necessary.
- Social distancing guidelines will apply at all times.
- No more than ten people will be allowed in the office at one time.
- We have created visual health alerts on our website.
- We have included health alerts in emails and texts.
- We have posted health alerts at the clinic entrance and inside the office at the reception desk.
- We have created and posted hand hygiene, respiratory hygiene, and wellness instructions.
- Curbside pickup and direct delivery are available for medicinals, supplements, and other products.
- Reducing facility risk: We are cancelling non urgent visits, using telemedicine when possible, encouraging patient use of telehealth, managing flow of visitors, screening everyone entering

the facility for COVID-19 symptoms, and implementing source control for everyone entering the facility, regardless of symptoms.

- Patients will be educated on the proper use of face masks, including hand sanitization prior to donning and after removal, how to don and doff the mask, and how to wear the mask.
- Symptomatic patients will be placed in the isolation room in (Beta Treatment Room) as soon as possible, privately, with the door closed. Provider will exit the room as quickly as possible after delivering care.
- In addition to ensuring sufficient time for enough air changes to remove potentially infectious particles from the isolation room after the patient has vacated, the room will be sanitized and disinfected, including all environmental surfaces and shared equipment, before the room is utilized for another patient.
- When patients are using a face cradle in prone position for treatment, a disposable face-cradle cover will be used, along with a cotton pillow case over the face cradle; it will be draped in order to create a contained hammock under the face cradle that allows for respiration and assists in capturing aerosols generated by a patient who is unable to comfortably wear a face mask during prone positioning. When switching from prone to supine position, patients must re-apply the face mask before turning over into a supine position.
- Protecting healthcare personnel:
 - Hand hygiene is being emphasized.
 - Disposable gloves will be utilized during sanitizing and disinfecting procedures.
 - All personnel will wear a face mask over nose and mouth at all times when in the office, even when alone in patient service areas (e.g. while sanitizing and disinfecting after services).
 - Treatment rooms have been arranged to facilitate physical distancing of 6 feet or greater.
 - Students are not being allowed on the premises for the duration of the pandemic in order to limit the number of patient care providers.
- Protecting healthcare personnel and patients with updated laundry procedures:
 - CDC guidelines for linen and laundry management will be followed and are available here: <https://www.cdc.gov/hai/prevent/resource-limited/laundry.html>
 - Clean linens will be stored in an enclosed area or sealed container.
 - Dirty linens will be stored in separate closed containers.
 - Treatment table coverings including sheets, pillow cases, mattress pads, heating pads, and blankets will be laundered according to the above guidelines before reuse.
- If there is suspected or known healthcare personnel exposure the CDC guidelines for the management of potential exposure to COVID-19 in a healthcare setting will be followed. These guidelines are here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>

BEFORE YOU ARRIVE: PRE-VISIT CHECK IN FORM

AIMA of Nashua, PLLC is committed to your health and safety. State of NH and federal public health officials recommend reducing physical contact, limiting discussion during treatment, and decreasing overall time in the office in order to mitigate risk of COVID-19 and other transmissible diseases. Thank you for doing your part in protecting yourself, your community, and your health care providers by submitting this form to us in advance of your appointment. Please submit it well in advance so we will have time to review it before you are seen. You may return it via secure patient portal or call us at 603-718-8328. Voicemail is available 24 hours/day and 7 days/week.

This form must be submitted before each visit in order for you to be seen. Please complete it well in advance, and no later than 24 hours, before your appointment.

What would you like your provider to address during your visit? **Please be specific and provide details:** _____

Have you had any other symptoms, concerns, or conditions experienced in the last week? If yes, please describe severity, frequency, when it started, and all other details: _____

Have you had any recent life changes or events that may be affecting your health? If yes, please describe: _____

Please list any **new** vitamins, supplements, topical preparations, or prescriptions since your last visit: _____

Please list any **new** sensitivity or allergy to foods, environment, or drugs since your last visit: _____

Do you need refills on previously prescribed medicinals from this office? If yes, please list: _____

Do you answer "yes" to any of the questions below? If yes, please provide details: _____

- Within the past 21 days have you been in any area with a congregation of people including, but not limited to: stores, markets, meetings, conferences, trade shows, classes, organized events, or concerts?
- Within the last 24 hours have you had a fever of 100°F (38°C) or above?
- Within the past 21 days, do you or have you had symptoms including but not limited to: sore throat, new loss of taste or smell, cough, runny nose, sneezing, fever or feeling feverish, chills, shaking with chills, shortness of breath, difficulty breathing, headache, new body aches or muscle pain, skin changes or rash, nausea, gastrointestinal upset, abdominal pain, vomiting, diarrhea, stroke, blood clot, delirium or confusion?
- Within the past 21 days have you been exposed to any person (including children) with suspected or confirmed COVID-19? (Healthcare workers caring for COVID-19 patients while wearing appropriate PPE should answer no to this question).
- Within the past 21 days, have you traveled: a) internationally, b) by cruise ship, c) domestically (within the USA) outside of NH, VT, or ME on public transportation (bus, train, airplane, etc.), or d) to or from any area within or outside of the USA that is currently experiencing COVID-19 outbreak?
- Have you been in close contact with any person (including children) who has, within the last 21 days, traveled: a) internationally, b) by cruise ship, c) domestically (within the USA) outside of NH, VT, or ME on public transportation (bus, train, airplane, etc.), or d) to or from any area within or outside of the USA that is currently experiencing COVID-19 outbreak?

PRINT NAME OF PATIENT: _____

RELATIONSHIP TO PATIENT (self, guardian, etc.): _____

PRINT NAME OF GUARDIAN (if applicable): _____

DATE TODAY: _____

DAY, DATE, AND TIME OF YOUR APPOINTMENT: _____

SIGNATURE: _____

Reviewed:
August 28, 2020