



YOUR PRACTICE

Putting PPE Into Practice

PREVENTION AND PROTECTION PROTOCOLS FOR ACUPUNCTURE CLINICS.

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Airborne / droplet precautions are the new standard for any clinic open to the public, at least until a COVID-19 vaccine is available or transmission risks are otherwise mitigated. In fact, these precautions should be taken with anyone you suspect to have a virus of any kind, whether it be influenza, coronavirus, etc. – and you should suspect everyone.

So, how can you keep yourself and your clients safe in this new environment? What is overkill? What is not enough protection? The CDC says stay 6 feet apart and wear a mask. I don't know about you, but my arms are not that long. Let's discuss barrier precautions and how to use them in your clinic to keep yourself, your staff and your patients safe.

Barriers And Personal Protective Equipment

PPE is here to stay in all clinics open to the public, whether you like it or not. Your gloves do not have to be sterile, but they do have to be safe for you and your patients. Latex and natural rubber are expensive and have associated allergies; your best bet is vinyl or nitrile, single-use only, and should be removed by touching the inside of the glove only. *Do not let your PPE contaminate you!*

Applying PPE



How you apply your PPE is also very important. Gather and identify your PPE needed for each treatment. They must fit properly. Perform hand hygiene. Placement of your PPE should start with the most vulnerable area of your body: the eyes and mouth (facial areas first).

Start with a mask of your choice. If you choose an N-95 mask, you should be trained and fit tested; otherwise, you're just wasting your money. *If it doesn't fit properly, it doesn't work.*

Add eye protection at this time (simple clear goggles or glasses that can be disinfected between uses). Then apply your gown; yes, a gown - you can no longer wear the same outer barrier from patient to patient, or technically any time you enter and re-enter the patient care area.

I would suggest you use a fabric gown, as it can be washed and reused, and in the long run, will be cheaper than disposable gowns.

After the gown, then apply your gloves. Now you're ready to do your treatment and properly protect yourself.

Removing PPE

The removal of PPE is also important. Do not touch your face until you have removed your gown and gloves at the same time and performed hand hygiene. Remove gloves by sliding them off, only touching the inside of your gown. Place the gloves in the trash.

You may reuse the gown provided you only touch the inside of the gown and are only interacting with the same patient. Do not leave the room with your gown on. Wash your hands for 30 seconds. When the treatment is completed, remove your PPE and place it in a closed collection bin.

The Safe Treatment Room

The treatment room must be thought of in different way. You must distinguish hard surfaces vs. soft surfaces. Hard surfaces can be cleaned with proper disinfectants, whereas soft surfaces must be washed in a high-temperature washer with astringents or thrown away. Unused soft supplies must be kept in a glass case or cabinet that you must control and keep closed at all times. The supply cabinet cannot be left open while a patient is in the room due to possible contamination. Remember to protect your equipment, protect your patients, and above all, protect yourself.¹⁻⁴

You may think these recommendations are excessive; after all, isn't how you operate your clinic your choice? This is what proper droplet / airborne precautions look like when working in a COVID-19 environment as a public clinic.

Note: If you are working on a confirmed COVID-19 patient who has an active infection, the PPE used, and procedures on how to put on and take off PPE, will change. Refer to the CDC guidelines: www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html.

Editor's Note: We are unaware of any guidelines as of press time that allow non-medical providers to treat patients for any reason if they present with signs of infection or have received a positive test for COVID-19.

Finally, remember that at this time, all patients and staff should wear a simple facial covering at all times and maintain correct social distancing (six feet apart).

Why Do All This?

An aerosol and surface study completed in May 2020 revealed that the COVID-19 virus stayed on multiple surfaces at high viability rates for long periods of time. The virus stayed aerosolised in the air at 40 percent humidity in a room without air circulation for over three hours. It remained alive and viable on copper eight hours, cardboard 24 hours, stainless steel 24-72 hours, and plastic up to 96 hours.⁵

A recent epidemiology report from a long-term care facility in Kings County, Wash., shows the price one infected person can have on your clinic. You will lose most or all of your business in a matter of one or two weeks due to one infected patient.

How PPE was used (or not used) was paramount to what happened in this scenario. You do not want to be the next hot spot with your name all over it.⁶

References

1. "Strategies for Optimizing the Supply of Isolation Gowns." Centers for Disease Control and Prevention.
2. "Strategies for Optimizing the Supply of Eye Protection." Centers for Disease Control and Prevention.
3. "Strategies for Optimizing the Supply of Face Masks." Centers for Disease Control and Prevention.
4. Hick JL, Biddinger PD. Novel coronavirus and old lessons - preparing the health system for the pandemic. *N Engl J Med*, 2020;382:e55.
5. McMichael TM, et al. Epidemiology of Covid-19 in a long-term care facility in King County, Washington. *N Engl J Med*, 2020;382:2005-2011.

