



## **Guidelines for OMM Providers (April 10, 2020) updated October 14, 2020 (added quick links Dec 10th, 2020)**

Compiled by Stephanie Collins, DO per a discussion with Stephen Sears MD, infectious disease specialist.

Medical offices have been directed by the Maine DHHS to follow Covid 19 protocols concurrent with the level of Covid 19/SARS2 CoV rates of infection in your community. Please frequently check the state CDC and DHHS websites to determine the level of precautions necessary for in person visits for the health of our patients, staff and ourselves. We may need to return to the previous recommendations as noted below when the state was in a stay at home protocol.

There are a few important additions for the time being with a low rate of community transmission in the southern counties.

Air quality and air flow are important factors in indoor settings. The TH Chan School of Public Health did an excellent assesment as published in the Wall Street Journal

<https://www.wsj.com/articles/key-to-preventing-covid-19-indoors-ventilation-11598953607>

Infection Control Procedures from CDC:

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

Consider investing in exterior air exchange for ventilation systems and or using indoor air purifiers to cycle room air at least 3 times an hour.

Have your eyes protected. Coronavirus replicates on mucus membranes including the eyes. Wear eye protection and if the patient is to be supine having their glasses remain on or donning a pair of safety glasses that can be cleaned and disinfected between uses may also limit the effect of droplets and aerosols in the treatment rooms.

### **Other useful links:**

[Maine CDC Frequently Asked Questions Regarding COVID-19 \(Updated 12/4/2020\)](#)

[Maine DHHS Flowchart for COVID Exposure for Healthcare Workers](#)

[CDC COVID Exposure Risk Assessment for Healthcare Workers](#)

**The Updates Below are From March 2020 and apply to a community-level spread situation. Again, please abide by all CDC/DHHS Guidelines consistent with risk in your community:**

The state of Maine is allowing outpatient visits for acute/urgent visits and management of chronic conditions that would otherwise deteriorate without clinical evaluation and management **are acceptable in those who are not symptomatic**. That gives us the flexibility to think about the specific health of the patient in their circumstances- if the patient is willing to break social distancing.

**Screening procedures before patient comes in :** Allow only those who have no sick contacts, no immune system compromise or who are NOT caring for those with immune system compromise *and* have had no fever, cough, shortness of breath and sore throat. This time of year with allergies and many patient seeking OMT with muscle pain further details should be discussed with the provider before offering OMT in the office.

**Office Procedures:** It is recommended to only have one patient in the office at a time and to control the flow the person arriving should call or text the office when they arrive before being let into the office. If the patient is a minor they should be accompanied by only one person who has been a household and is also screened to be asymptomatic. Everyone coming in immediately goes to the bathroom to wash their hands for 20 seconds. Then the bathroom surfaces get disinfected (see below).

Perform temperature checks in an area separate from the treatment space, this could be done at the patient's vehicle. Document. Anyone with a fever should be triaged to the appropriate care or to home.

Since March 29, 2020 surgical masks (not cloth) are recommended for healthcare workers, even if abbreviating time in the 6 foot radius with patient care. It is more likely to transmit the virus at the 15 minute mark or longer from what we presently know.

If you are able to order N95 masks consider getting fit tested through your county emergency management offices.

**Cleaning Procedures/Infection Control:** After each visit do a surface cleaning with EPA recommended cleaners before the next patient comes in. I am designating areas for patient items to be placed that I can clean after. I am also taking verbal consent for procedures and avoiding other written documents at this time to minimize staff contact. Please review and follow EPA disinfectant guidelines here:  
<https://www.epa.gov/newsreleases/epa-expands-covid-19-disinfectant-list>

Some disinfectants should be wiped off surfaces before allowing direct skin contact due to significant reactions.

This is a highly infectious virus and we should seriously weigh the risk and benefit of our patient care with respect to our own health, and that of our workers, our family and our patients. "Do what you can to protect our communities" and be kind.

**Is it Urgent or Non Urgent? Navigating Elective/Essential Care Questions:** This editorial is to help patients with the decisions currently being made at the office of health care providers:

<https://www.pressherald.com/2020/03/20/maine-dhhs-adviser-how-to-make-decisions-about-non-urgent-and-elective-care-in-the-face-of-covid-19/>

***If you have any further questions on this topic, please email Amanda Richards at [arichards@mainedo.org](mailto:arichards@mainedo.org) who will direct them to Dr. Collins or Dr. Sears.***