



Safety Measures in Our Practice

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1 Training and Educating Our Team

One of the most important things we are doing during this time is to train and educate our staff.



- Our team has had refresher training in proper hand washing techniques. This may seem basic. However, it is the most important thing we can do to prevent the spread of the virus yet research shows that it is often poorly complied with and usually not done well. Consequently, we have spent a lot of time ensuring that our team does it well and often, especially before and after every patient encounter.



- They have practiced the appropriate use of personal protective equipment (PPE) prior to caring for a patient to prevent contamination.
- We request that staff who are not feeling well to proactively stay at home for 2 weeks.
- We have everyone in the office take their temperature at the beginning of every day and we will immediately send home anyone with an elevated temperature (100.4 degrees and above).



- Limit the numbers of staff providing their care to facilitate social distancing within the office and among other team members.
- We have created a specific checklist of recommendations for our team to follow so that they arrive to work healthy and go home to their families without worry (see Checklist of Recommendations for our Team).

2 Recommendations for Our Team

Before coming to work

- Remove watch and rings and leave at home.
- Tie hair up, keep nails short.
- Avoid extra accessories.
- If bringing a lunch, place in disposable wrapping.
- Activate ApplePay so there is no need for cash or credit cardg.
- Bring work clothes in a washable bag (i.e. pillow case).

At work

- Change into scrubs and work shoes (preferably plastic and wipeable) as soon as you arrive.
- Use PPE as appropriate.
- Leave all clutter (pens, phones, etc.) outside of patient op rooms.
- We discourage workers from using other workers phones, desks, offices and other work tools and equipment when possible.
- Clean phone handset after use using UVC light within the office.
- Discourage cell phone use at work.

After work

- Wash hands and arms with soap.
- Remove scrubs so they can be washed using office washer & dryer.
- Wash hands and put clean clothes on.
- Sanitize phone, glasses, etc.
- Wash hands again.

At home

- Do not touch anything.
- Remove shoes and clothes.
- Wash clothes (non-clinical staff) in washing machine with detergent and hot water.
- Shower immediately before touching anything (including loved ones).

3 Patient Interviews and Social Distancing

Before patient arrival every effort is made to

- Filter patients during the phone call when scheduling appointments for care using established and recommended screening checklists.
- Reschedule patients who describe having any concerning warning signs or elevated temperature.
- Instruct patients to call ahead and reschedule their appointment if they develop symptoms of a respiratory infection (e.g., cough, sore throat, or fever) on the day they are scheduled to be seen.

To promote social distancing

- Prioritize high risk patients (immune compromised, over 60, etc.) with early morning appointments so less contact with other people.
- When booking patients, we are spreading out the schedule so there are less people in the waiting room.
- If a patient is being accompanied, their escort should wait in the car to limit the number of people in the waiting room and promote social distancing.
- Utilizing a “virtual” waiting room: we will encourage patients to wait in their car or outside the office where they can be contacted by text / phone call when it is their turn to be treated.

Safety measures taken upon arrival

- Limit points of entry to the clinic.
- Leave office door open to avoid contact with door handles.
- Post visual alerts (e.g., signs, posters) at the entrance door advising patients of the COVID-19 risk and advising them not to enter the facility when ill.
- Masks and tissues are made accessible immediately upon entry and instructions are provided on how to use tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste receptacles.
- Provide supplies such as alcohol-based hand rub (ABHR) with 60-95% alcohol, tissues and no-touch receptacles for disposal, at the entrance, in waiting rooms and at front desk.
- Post photos at the entrance and in waiting room to provide patients and HCP (Health Care Personnel) with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette.

ALL these measures can help to prevent transmission to others.

4 Measures Upon Arrival

Patients

- Immediately escorted to a hand washing station.
- Asked to rinse with 1% hydrogen peroxide for 30-60 seconds before each appointment.
- Escorted into an examination room with the door closed as quickly as possible upon arrival to avoid lingering in front office.
- Asked about the presence of symptoms of a respiratory infection and history of travel or contact with possible COVID-19 patients.
- Assessed for respiratory symptoms and fever (with a non-contact digital infrared forehead thermometer) and they will be asked to sign a health declaration form.
- If temperature greater than 100.4°F or respiratory symptoms are present, they will be advised to seek medical treatment and their visit will be rescheduled.
- As testing for the virus becomes more available, we will be incorporating this added benefit to screen patients.



5 Measures Taken Upon Patient Entry into the Clinic

- If an examination room is not readily available, ensure social distancing in the waiting room by placing seating a minimum of 6ft. apart and limit the amount of people in the reception area.
- Remove all clutter and anything that is not readily disinfected from the waiting room (magazines, area rugs, pillows, toys, etc.).
- Cover all furniture which cannot be disinfected with disposable covers (including chairs and couches) which will be replaced after each patient.
- Frequent wipe down of waiting rooms, bathrooms, door handles, tables, light switches, computers, etc.

6 Reception Room and Front Desk Safety Measures

- Headset use is encouraged by front desk team members so they are hands-free and only person uses it.
- Air purification/filtration systems are available in all common areas and treatment operatories.
- A dedicated team member will sanitize all heavily touched areas (ie. Door handles and front desk) after patient encounters and every hour.

7 Protocols of the Clinical Team

We adhere to usual standard and transmission-based precautions in our surgical suites but with greater attention to detail and ensure that procedures are followed consistently and correctly.

Furthermore, we will ensure that there is a rotating team member/assistant who is primarily focused on sterilization. This team member will be responsible for cleaning, disinfecting and wiping down everything in the operatories and in the waiting room; chairs, handles, light switches, tables, etc. on a regular basis.

Hand hygiene is performed by our staff

- Before and after all patient contact, contact with potentially infectious material, and before putting on and after removing Personal Protective Equipment (PPE), including gloves.
- After removing PPE in order to remove any pathogens that might have been transferred to bare hands during this removal process.
- Washing hands with soap and water for at least 20 seconds.

Personal Protective Equipment

- Wear PPE (N95 mask, gloves, eye protection, face shield, gown, booties, etc.)
- Routine surgical masks are one time use and discarded.
- N95 respirators should be used during any surgical procedure.

Eye Protection

- Put on eye protection (i.e., protective glasses or a disposable face shield that covers the front and sides of the face) upon entry to the patient room or clinical area.
- Re-usable eye protection (protective glasses, surgical loupes) must be cleaned and disinfected utilizing proper germicidal wipes prior to re-use.

Gloves

- Put on clean, non-sterile gloves upon entry into the patient room or care area.
- Change gloves if they become torn or heavily contaminated during a patient encounter.
- Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.



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Gowns

- Put on clean, isolation gown upon entry into the patient room or area.
- Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linens before leaving the patient room or care area. Disposable gowns should be discarded while clinical cloth scrubs will be left and washed at the office at the end of each day.
- Gowns should be prioritized for all aerosol-generating procedures and during activities where splashes and sprays are anticipated.

8 Patients in the Operatory

- Health care personnel (HCP) should strictly follow basic infection control practices between patients (e.g., hand hygiene, cleaning and disinfecting shared equipment)
- Limit transport and movement of the patient outside of the room
- No other team member should enter the room during a procedure and, if necessary, should use PPE as described above.
- Room doors should be kept closed except when entering or leaving the room, and entry and exit should be minimized.
- Once the patient has left the surgical operatory, the room should undergo appropriate cleaning and surface disinfection before it is returned to routine use.
- UVC light will be used to sterilize room after use.
- Special precautions will be taken when performing Aerosol Generating Procedures (AGP)
- HVE will be used for all aerosol producing procedures.
- Negative air pressure units will be used to reduce aerosol in the rooms.
- We also have multiple mobile, self-contained germicidal cleaning device that uses proven ultraviolet emitting radiation technology to help reduce and eliminate bacteria, viruses, and other pathogens on environmental surfaces and is approved by the FDA.



9 Protocols After the Clinical Treatment

- All non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered , hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol generating procedures are performed.
- We are also in the process of purchasing a mobile, self-contained germicidal cleaning device that uses proven ultraviolet emitting radiation technology to help reduce and eliminate bacteria, viruses, and other pathogens on environmental surfaces and is approved by the FDA.

At the End of the Day

- The Ueno Center team will wipe down all surfaces that are heavily touched (ie. Door handles, reception desk, etc.)
- Our commercial cleaning technicians have been instructed and updated on these infection control guidelines.

We are confident that these guidelines will help to create a safe environment for all of our patients and team members and hope that you can feel secure in the knowledge that we are doing everything in our power to provide the safest clinical conditions in order to protect our patients, our team and our families.

