Hygiene Protocol Adapted to the Increased Biological Hazard Associated with the SARS-CoV-2 Outbreak

Employee Notification and Agreement

1. Each employee must wash hands, including wrists and forearms, thoroughly with water and soap for at least one minute. The palmar and dorsal hand surfaces, the nails and the interdigital areas must be cleaned meticulously. Surgical masks or face coverings are to be worn in the clinic by all staff members. Remove masks only for eating, drinking, and when in a space that ensures a social distancing of 6 feet is maintained. Hand washing must be repeated after eating.

2. All staff members with direct contact to patients will always wear appropriate protective gear (surgical mask) and gloves if direct contact is necessary (i.e., when taking vital signs).

3. Proper hand sanitizing protocol is required before and after every patient contact. The impact time of the specific disinfectant solution must be respected. The increased use of skin disinfectant may contribute to skin dehydration. Therefore, strict adherence to established skin care and remoisturizing protocols is necessary.

4. All relevant surfaces within the operatories should be cleaned meticulously with a surface disinfectant after the patient has left the room. This includes keyboards, telephones, etc. Protective gear, including gloves, must be worn. Repeat the hand sanitizing protocol after removing gloves.

5. For aerosol-generating procedures, the following must be worn: a respirator mask or PAPR, surgical cap, face shield, disposable or washable gown, and foot covers (if shoes will be worn out of the clinic). After the procedure, the protective gear must be changed, disposed of or disinfected.

6. The mask must not be touched on the outer surface. Please refer to surgical mask reuse guidance for details.

7. Clean and disinfect eye protection after each patient contact.


9. Staff members with no direct patient contact are NOT exempt from the augmented hygiene protocols. Regular hand sanitation should be performed throughout the day. Efforts should be made to limit direct patient contact with office furniture. Identify and label furniture or surfaces that need to be rendered out of service to comply with social distancing or if the item does not lend itself to thorough surface disinfection (i.e., water cooler, built-in coffee stand). Disinfect chair arm rests and nearby table surfaces after each patient encounter.

10. Inform all patients and visitors to sanitize their hands upon entering the office. A stop line in front of the reception desk (6 feet) must be enforced unless barrier protection is installed. All patients are screened for risk of SARS-CoV-2 infection. The result of the questioning must be documented. Only patients without risk factors may be allowed to enter the clinic.

11. Personal (nonclinical) communication with patients should be reduced to the necessary minimum.

12. Patients must maintain 6 feet distance from one another. Scheduling adjustments must reflect the facility’s ability to ensure required social distancing standards. If too many patients arrive at the same time, they are to be instructed to wait outside until notified by text or call. Blocked time for emergency patients may be necessary to accommodate an unexpected influx of people to the practice. Vulnerable patients (elderly or medically
compromised) are coordinated as either the first patient encounter of the morning or are promptly escorted to a treatment room to prevent contact with other patients. Those appointments should be deferred if it will not compromise the patient’s health in the near future, or if pain and swelling cannot be managed appropriately with medication.

13. Frequent disinfection of all door handles in the clinic is necessary, and a plan for how to accomplish this should be required for each facility. Additionally, a plan needs to be implemented to ensure doors that do not necessarily have to be closed are kept open, with consideration of aerosol containment measures. Operatory doors should remain closed during aerosolizing procedures.

14. Before leaving the office, perform hand and forearm sanitation protocols. Basic tenets of hand sanitation include a thorough washing with soap and water for at least one minute. The palmar and dorsal hand surfaces, the nails and the interdigital areas should be cleaned meticulously. Hand sanitizer can be substituted but requires a 30-second drying time. Change out of scrubs, shoes without covers, and other “clinic attire” prior to leaving the office.

15. Any employee feeling signs of illness must report it to their employer immediately. All doctors and staff members will have their temperature taken and recorded daily.

16. If testing capacity advances and an in-office test reports a patient or employee is positive for SARS-CoV-2:
   - The patient or employee must be isolated and must not have contact with any other patient or employee. The person can be directed home to contact his or her medical provider or to the nearest emergency department if warranted.
   - The person must leave without any direct interaction with the office or reception desk staff.

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Date     Staff Member Signature