

# Infectious Disease Prevention & Protection

## *What I Do to Protect You and Me*

**I utilize defensive standards that EXCEED infectious disease prevention and protection guidelines for outpatient doctor's offices. The goal is to drastically reduce small & large droplet diffusion and to eradicate virus particles from the air and surfaces. My goal is to protect you and me during this pandemic.**

- I see ONE patient at a time, working out of a single examination room without any office staff members.
- I have staggered my schedule so that I have a break between each patient giving me time to disinfect the waiting room and treatment room.
- When you arrive and leave there will not be another patient in the waiting room. I DO NOT have a waiting room filled with many patients hanging around coughing all over each other in an enclosed space.
- My office is WELL VENTILATED, dramatically limiting the airborne spread of any virus. We know that when air can move freely, infection risk is significantly lower. Great air quality is an important anti-viral strategy.
- I OPEN THE WINDOWS between each patient to provide fresh air and HIGH QUALITY ventilation.
- BOTH my waiting room and examination room have industrial-grade, state-of-the-art high-efficiency HEPA filters that capture 99.97% of the droplet and particulate matter in the circulating air. This especially filters large and small-droplets that carry viruses exhaled from breathing, coughing, and sneezing with short and long-range transmission. They also remove the dust that can piggyback with any airborne virus.
- In between each patient I expose the entire waiting room and examination room to a powerful hospital strength UVC light lamp that KILLS AIRBORNE VIRUSES and those in hard to reach areas.
- I have a filtered forced fresh air HVAC system that provides AIR MOVEMENT, circulating the room air constantly.
- I have large windows that allow NATURAL SUNLIGHT to illuminate my office.
- I maintain the CO2 level in my office BELOW 1000 ppm. Stuffy, poorly ventilated offices have high CO2 levels. High CO2 levels promote the airborne viability of coronavirus. High CO2 levels are a marker for poor ventilation.
- I maintain the RELATIVE HUMIDITY in my office between 30-60%, which has been shown to significantly contain the coronavirus. Dry winter air or dehumidified airconditioned air increases the coronavirus airborne lifespan.
- Hard surfaces such as my treatment table, telephone, door handles, armrests of chairs, edges of doors, handles, etc. are wiped down or sprayed with DISINFECTANT between each patient.
- Computer components such as the keyboard, mouse, pens, etc. are disinfected with DISINFECTANT and with a UVC light wand that has been shown to be highly effective at killing viruses in hard to reach locations.
- I WASH MY HANDS for 20 seconds with soap and water or with hand sanitizer before and during each patient encounter.
- Alcohol-based HAND DISINFECTANT is available for all patients.
- During the Osteopathic Treatment part of the office visit, I wear a high-quality SURGICAL MASK and I will refrain from talking and ask that patients save any discussion until the end of the treatment process in order to limit airborne spread of particles.
- SURGICAL MASKS are available for EVERY patient. If a patient has any category of an upper respiratory infection they must wear a mask for the duration of the office visit. Please arrive to the office with a facemask.
- I use appropriate PPE and wear NEW SURGICAL SCRUBS daily in the office and change into clean scrubs as needed during the day. I change into street clothes to go home.
- If a patient is infected with any form of upper respiratory infection I AM PREPARED with required personal protective equipment (PPE): I put on a single use lab coat, head covering, safety goggles, surgical gloves, and an N95 face mask.