



14 April 2020

**VIA EMAIL AND WEBSITE POSTING**

All North Carolina Licensed Acupuncturists

**Re: COVID-19 Information**

Dear Friends:

The challenges presented by COVID-19 are unprecedented. Information and recommendations are changing hourly, and vary greatly. We know that all of us are doing our best under the circumstances to seek out and employ practices and precautions to protect all.

Here are the NCALB's current recommendations for Licensed Acupuncturists. **NOTE: It is likely these may change or be required to change by external forces as time passes.**

**Continuation of Acupuncture Practice**

Owing to the number of variables and constantly changing landscape, the decision on whether to continue operation of your acupuncture practice is the responsibility of the Licensed Acupuncturist based on all circumstances, information available and sound judgment. The NCALB recognizes that some acupuncture clinics are the source of primary care for patients while others may be more in a supplemental care role. Thus, the NCALB cannot make a one-size-fits-all recommendation.

Follow the advice and guidance of your state and local health authorities as best you can.

The Centers for Disease Control and Prevention (CDC) updates its [online resources](#) frequently. The CDC has set up a dedicated COVID-19 website [here](#). Information regarding incubation of COVID-19 from the U.S. National Library of Medicine National Institutes of Health is online [here](#). NIH research resources are found [here](#).

North Carolina Department of Health and Human Services is providing its own [online resource](#) for our state. The online contact directory for NCDHHS Public Health section is

Post Office Box 10686  
Raleigh NC 27605  
919.821.3008  
Fax 919.833.5743



found [here](#). The online directory for County Health Department for North Carolina is found [here](#).

Other resources are listed at the end of this document. They are provided for informational purposes only as the NCALB cannot make individual treatment and care recommendations.

**If you elect to stay open:**

1. Determine whether visits to your clinic are considered essential activities under “shelter in place” or other similar isolation orders from your municipality, county or state. Non-essential visits from patients and all group visits should be postponed. The primary means of transmission of COVID-19 appears to be through close personal contact in spaces that cannot be adequately cleaned and monitored. More people through your practice increases the possibility of spread. We recommend you have and use the appropriate personal protective equipment (PPE) that will help inhibit the transmission of the virus.<sup>1</sup>

2. Prior to their arrival in your clinic, prescreen ALL patients, staff and practitioners by phone for signs of illness, and for travel or exposure risks as outlined by public health authorities within 24 hours of their appointment. No one should come to your clinic if they are exhibiting the [symptoms](#) of COVID-19 as described by the CDC – **note:** the CDC’s listing is not exhaustive. If anyone is exhibiting COVID-19 symptoms on prescreening, they should remain home or be sent to the hospital if illness is severe. Anyone arriving at the clinic with acute illness should be sent home or to a hospital.

3. Should you elect to care for patients who are confirmed or suspected to have COVID-19, we recommend caring for or counseling these patients by telephone or telemedicine regarding health maintenance, sick care, and use of herbal medicine, if you use herbs. If you are treating patients who have or are suspected of having COVID-19, we highly recommend that you and all staff use properly fitted and appropriate PPE.<sup>2</sup>

4. Patients, staff and practitioners should not congregate in the waiting or other areas. Patients should be taken directly from the entryway to treatment rooms if at

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<sup>1</sup> It is the practitioner’s responsibility to stay abreast of CDC guidelines regarding the use of PPE and incorporate these guidelines into their practice accordingly.

<sup>2</sup> It is the practitioner’s responsibility to stay abreast of CDC guidelines regarding the use of PPE and incorporate these guidelines into their practice accordingly.



all possible. For every arriving patient, have them wait in their car until there is space for them to be placed directly into a treatment room

5. Stagger appointment bookings to avoid patient overlap and to provide additional time to properly disinfect any surfaces that may have been contacted during the visit with appropriate cleaning products. High volume clinics will likely need to decrease volume to assure patient separation.

6. Remove non-essential items that could become vectors for virus transmission from treatment rooms and other common areas. Decreasing the number of points of contact for contaminants decreases the risk of transmission and makes disinfecting procedures more efficient and effective.

7. Detailed guidance on workplace preparedness is found online from OSHA [here](#).

8. On March 25, 2020, the United States Department of Labor published a workplace notice for covered employers (including some [federal employers](#) and all [private employers](#) with less than 500 employees) which must be provided to all employees in accordance with the Families First Coronavirus Response Act (FFCRA). The notice provides information to employees regarding their rights under the Emergency Family and Medical Leave Expansion Act (EFMLA)<sup>3</sup> and the Emergency Paid Sick Leave Act (EPSLA) of the FFCRA. Covered employers are required to post the notice conspicuously on their premises. In addition and in recognition of isolation measures already underway, covered employers can meet the notice requirement by email or direct mail of notice to employees or posting it on an employee information website. Currently, the notice is only available in English and there is no requirement to post in other languages, however it must be provided to all current employees and subsequently hired employees. As of this writing, there is no requirement that the notice be given to job applicants or workers who have recently been laid off. The FFCRA goes into effect on April 1, 2020.

9. Regardless of whether your clinic stays operational, it is imperative to adhere to the following basic, recommended protocols:

- Avoid close contact with people who are sick.

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<sup>3</sup> It does not appear that Licensed Acupuncturists and their clinical staff meet the definition of “health care provider” under the Act and thus, may not be excluded from eligibility for leave benefits under the Act. Please clarify with your legal counsel.



- ❑ Avoid touching your eyes, nose, and mouth with unwashed hands.
- ❑ Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains 60%-90% alcohol if soap and water are not available. COVID-19 can transmit through both respiratory droplets and via stool, so thorough handwashing is critical.
- ❑ Cover coughs and sneezes with a tissue, discarding used tissues immediately. Cough or sneeze into your elbow instead of your hand if tissues are not available. If you contaminate your hand and then touch other objects, the virus will likely spread.

Sincerely,

Emmylou “Junie” Norfleet, Chair  
North Carolina Acupuncture Licensing Board  
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**Links to Other COVID-19 Related Resources:**

- American Society of [Acupuncturists](#).
- International College of Integrative [Medicine](#).
- [ACAOM](#).
- [CCAOM](#).
- [NCCAOM](#).

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