How to Run a Safe AWB Community Acupuncture Healing Circle (aka Mobile Field Clinic) During CoVid-19
# How to Run a Safe AWB Community Acupuncture Healing Circle (aka Mobile Field Clinic) During CoVid-19

## INTRODUCTION

| PART 1: AWB PROTOCOLS FOR MOBILE FIELD CLINICS | 4 |
| ROLES OF TEAM MEMBERS IN A MOBILE CLINIC | 4 |
| GENERAL SAFETY GUIDELINES | 7 |
| Personal Safety for Team Members | 7 |
| Clinic Safety Guidelines | 8 |
| CLINIC SET-UP AND CLINIC FLOW PROTOCOLS | 9 |
| Before The Clinic | 9 |
| During The Clinic | 9 |
| After The Clinic | 10 |
| WORKING AS A TEAM IN THE FIELD | 10 |

## PART 2: ADDITIONAL PROTOCOLS FOR SETTING UP A CLINIC IN A PANDEMIC/EPIDEMIC

| PLANNING THE CLINIC (THINGS TO DO AHEAD) | 11 |
| DAY OF THE CLINIC | 13 |
| CLINIC FLOW IN A PANDEMIC-SAFE CLINIC | 14 |
| POST-IT SYSTEM | 15 |

## SUPPLY LIST - TREATMENT & OTHER SUPPLIES

| 16 |
INTRODUCTION

Momentous events of the past year, including the CoVid pandemic and deepening racial, economic and social injustice, are creating heightened stress and trauma around the world. While everyone is affected by these disasters, the heaviest trauma burden is carried by healthcare and essential workers, indigenous communities, people of color, and those without economic, educational, and social resources.

Community acupuncture and Chinese Medicine can help prevent and reduce trauma. AWB's goal is to support this healing work in as many communities as possible, in collaboration with local practitioners and service organizations.

This document was developed by Acupuncturists Without Borders (AWB) as a guide to setting up safe community acupuncture clinics “in the field,” during the CoVid pandemic, and the trauma pandemic that will last much longer than the infection.

“In the field” means: Healing circles, or clinics, that are discreet, mobile treatment opportunities, offered in temporary settings, safe for practitioners and patients.

“Safe” means: Places for people to experience healing with one another, where they are respected and cared for by skilled practitioners that live in their communities, with minimal exposure to the spread of infection.

This guide is designed for practitioners who are already familiar with AWB mobile clinic protocols, and/or for those who are able to take AWB training before setting up clinics.

It is based on AWB’s work since 2005 in the US and internationally, delivering group ear acupuncture (and other CM services) in disaster situations and conflict regions. Mobile clinics and field acupuncture in chaotic, under resourced settings require planning, structure, and smooth teamwork to be effective and safe. Mobile field clinic work is different from individual clinical practice, and even different from working in a community acupuncture setting, because field conditions are often unpredictable and volatile.

If you have not already taken an AWB Healing Community Trauma training course, we encourage you to do so, not because you will need greater clinical skill than you already have, but because AWB training provides a guide to the planning, structural clinic model, and team preparation that you’ll need to work well in the field.
The training helps you create short and long-term community trauma healing projects, details all the supplies you’ll need (medical and “administrative”), as well as documents for patient education and informed consent. The course prepares you to offer trauma-informed care and supports you to take care of yourself as you work with trauma survivors. You can take the online version of AWB field training, called Healing Community Trauma in Times of Crisis, by registering here: https://acuwithoutborders.org/healing-community-trauma-in-times-of-crisis/<p></p>Additionally, this manual is a written companion to AWB’s online course “How to Set Up a Safe Mobile Field Clinic in a Pandemic/Epidemic,” available here: https://acuwithoutborders.org/safe-clinics/<p></p>Not every field team will use all these suggestions. We tried to include the most important elements in this guide, and we welcome feedback and additional suggestions! Thank you for your consideration and all that you do to help heal our communities during this critical time.<p></p><h3>Part 1: AWB PROTOCOLS FOR MOBILE FIELD CLINICS</h3><p><i>This section outlines AWB mobile clinic protocols in a community acupuncture setting as presented in our basic field course “Healing Community Trauma in Times of Crisis.” These protocols were developed BEFORE the CoVid-19 pandemic and do not include safety recommendations particular to a pandemic situation. Nonetheless, this section outlines the basic safety elements required in ALL mobile community clinics in field settings. Part 2 adds to this foundation by outlining additional safety precautions to be followed in a pandemic-epidemic situation.</i></p><h4>ROLES OF TEAM MEMBERS IN A MOBILE CLINIC</h4><p>Disaster or trauma-relief services are best provided by a team, including licensed practitioners and non-licensed providers who are trained and know their roles. This ensures safety for practitioners, volunteers and patients, and is a more effective way of working in chaotic situations. Here are the roles on an AWB field team, and the purpose of each role. Note: Aside from Team Leader, there are usually multiple people in each team role, depending on size of the clinic.</p>
TEAM LEADER - Responsible for overall safety of the team and clinic patients; should be a licensed practitioner

- Assesses the unique situation for each clinic
- Assigns team roles or gains team consensus on roles
- Helps ground the team (can use Qi Gong, HeartMath, etc.)
- Divides clinic space into sections, gives each needler/greeter a section
- Checks on all team members periodically to see how they are doing
- Reminds team members to take breaks, drink water or eat
- Handles any emergency situations; i.e., fainting, etc.
- Makes sure requisite paperwork and follow up are completed
- Lets needlers know to move to a different section of the clinic space to assist other practitioners/patients if needed
- Calls the clinic time - lets needlers know when to take out needles
- “Closes” the clinic for patients
- Leads team debrief
- Liaisons with AWB staff, head of the treatment venue, and local community partners

NEEDLER—Must be licensed and carry malpractice in location of service

- Needles patients, remove needles
- Makes sure that patients are safe and comfortable
- Applies ear seeds
**GREETER**—Can be a non-licensed person as long as they are trained

- Stays at clinic entrance to say hello and welcomes people to the clinic
- Directs people to where they should go for next steps (either to sit, or to fill out documents)
- Makes sure patients receive patient information and sign consent forms

**DOCUMENTER**—Sometimes this role is combined with that of Greeter; can be a non-licensed person as long as they are trained

- Has binder or expanding file with all paperwork for clinic
- Gives team leader/translator the outline for patient Talk to read/summarize/translate at the beginning of the clinic
- Makes sure that all documentation is complete at the end of clinic

**HELPER**—Can be a non-licensed person as long as they are trained

- Is available to practitioners as needed
- Hands out alcohol swabs
- Collects trash as clinic is going along
- Holds hand gel for practitioners in between treatments if necessary
- Addresses patients in need of help
- Safely picks up dropped needles and marks with post-it notes
- Helps with documentation

**WATCHER**—Can be a non-licensed person as long as they are trained

- Responsible for watching patients at all times to see if anyone may be on verge of
fainting or requires other assistance

• Responsible for alerting others on team if there are practitioner or patient needs

• Never leaves the treatment space

• Does clean sweep at the end of clinic

• Handles Post-It note system

**CLINIC TALK PRESENTER** - For clinics when all patients start treatment together

Reads already prepared script (Clinic Talk) to inform patients about the treatment

**GENERAL SAFETY GUIDELINES**

**PERSONAL SAFETY FOR TEAM MEMBERS**

- Be personally trained and prepared to work safely in the field

- Know the public health rules and health-related laws of the county, state or nation in which you are working

- Dress safely with protective clothing and close-toed shoes

- Make sure you are aware of recommended immunizations and other medical requirements in the places you will be working

- Collaborate with your team for maximum safety

- Make sure you are healthy when you work-manage any personal health issues appropriately so that you, your team and your patients stay safe

- Make sure you are self-resourced with appropriate clothing, tools, food, medications, lodging, etc. or have worked out these items with your project team
leader if you are on a service trip

- Follow needle stick incident guidelines if applicable

**CLINIC SAFETY GUIDELINES**

- Use cleanable chairs; disinfect with FDA approved cleaner
- Clean chairs, especially armrests after all needles collected
- Change paper/sheet between each patient
- Establish clean field for clinic (can be tray, table, cart, apron)
- Use additional paper towel clean field for EACH patient (prepare ahead)
- Place only sterile/clean items on clean field (sealed needles, alcohol swabs, cotton, ear seeds, clean tweezers)
- Place trash, sharps, sanitizer off clean field
- Wash hands 15-20 seconds before each patient/setting up clean field
- Don’t touch needle shaft w/out sterile gauze
- No reinsertion of same needle on a patient
- Use new sealed needle packs for EACH patient, new guide tube for each patient
- Alcohol swab skin before needling
- Handle first into guide tube
- Remove needles one at a time
- Isolate needles immediately into Sharps containers
- Can cover skin where needle is removed with clean cotton or Q tip
- Do not put used needles, cotton, etc. on a clean field!
- Place non-saturated cotton or Q tips in regular trash (saturated cotton is placed in red infectious material bag)
- Wash hands thoroughly at end of clinic
CLINIC SET-UP AND CLINIC FLOW PROTOCOLS

BEFORE THE CLINIC

• Have the necessary documents copied and ready to go (informed consent, patient information sheets, data collection forms, outline for Clinic Talk for translator if possible)

• Set up clean chairs, documents and clean treatment fields. Put out AWB banner

• Make sure all team members know their roles

• Be sure that volunteers are familiar with protocols and documents, and have signed volunteer waivers

• Pull out a Data Collection Sheet for each new clinic. Record start and end time

• Prepare team to hold space and be grounded

DURING THE CLINIC

• If all treatments starting at once, ground group with breathing or HeartMath and do Clinic Talk

• Make sure all patients have signed a consent form

• Allow patients to swab their own ears with alcohol

• Create additional clean field for each patient (paper towel segment prepared ahead is great)

• Use only clean, sterile, single use .5 inch ear needles (no shorter)

• Use needles from a pack of needles on ONE patient only

• Use guide tube from a pack of needles on ONE patient only

• Be sure the “watcher” has their eyes on those receiving treatment

• Treatments should last 30-45 minutes (discretion of watcher important)
• If you pick up a dropped needle please note its status on Post-It

• Keep a Q-tip in hand when removing needles in case of bleeding

• Use a paper bag for trash, a zip lock for trash containing blood and a biohazard bag if there is an excessive amount of blood

• Wash hands or use hand sanitizer between each participant

• If entire group ending at the same time, “close” clinic (e.g. HeartMath, deep breathing, feeling one’s body in the chair)

• Clean chairs after each patient

AFTER THE CLINIC

• Organize paperwork and prepare post-treatment clinic documentation

• Have the watcher do a “visual sweep” of the area to ensure that there are no stray needles on the ground, floor or chairs—all needles must be accounted for!

• Be sure that your biohazard containers are tightly closed and ready to be transported (Duct tape around Sharps)

• Debrief clinic with team

WORKING AS A TEAM IN THE FIELD

• Be on time to daily team meetings at the agreed upon time

• Have your personal needs met so that you are ready to work

• If problems arise with misunderstandings or communication among team members, please try to solve it with the individuals involved. If that’s a problem, bring it to the Team Leader or debrief meetings

• Debrief after the clinic (this is an important habit to make in the beginning as it will
become increasingly essential as time goes on)

• Provide feedback and suggestions to each other, the Team Leader and to AWB on how to improve the system

• Do self-care daily!!!!!!

**Part 2: ADDITIONAL PROTOCOLS FOR SETTING UP A CLINIC IN A PANDEMIC/EPIDEMIC**

*This section builds on the foundation of Part 1 and describes additional safety guidelines and protocols that apply to running clinics during a pandemic/epidemic such as CoVid 19.*

**PLANNING THE CLINIC (THINGS TO DO AHEAD)**

• Know and follow the public health regulations in your state and county

• Take the *Healing Community Trauma in Times of Crisis* online course if you don’t already have AWB training

• Ask AWB for a list of practitioners/students in your region that have participated in *Healing Community Trauma* field trainings

• Form a team of practitioners/helpers to provide healing circle treatments

• Integrate awareness of the 3 C’s into all your planning. Studies reveal that there are three C’s that increase CoVid infection rates: Crowds, Closed Environments, Close Human Contact

• Avoid crowding, closed spaces, closer than recommended physical distance between patients, minimize team/patient physical closeness by defining team tasks clearly (see below)

• At this time, AWB is recommending outdoor clinic venues (parking lots; large outdoor church patios; outdoor athletic spaces; etc.) When AWB does disaster relief work, we often work outside because indoor conditions are not available.

*Exceptions to this recommendation* would include providing ear-seeds to health
workers in a hospital setting.

• In addition to regular mobile clinic supplies (detailed later in this manual), gather additional CoVid-era supplies including:

1. plastic boxes that act as a clean field, and contain treatment supplies for each practitioner (right).

2. hand sanitizer and other FDA-approved disinfectant supplies for wiping surfaces/chairs

3. N95 masks for practitioners

4. visor helmets for practitioners

5. treatment gloves (optional)

6. surgical masks for patients in case they do not have masks

• Make sure your team signs AWB volunteer waivers and each participant has appropriate licenses/malpractice insurance

• Prepare patient documentation (large sign with informed consent info posted at venue is good or put information in plastic sleeves that can be wiped with disinfectant wipes)

• Reach out/market to let people know about the circle!

**MASKS:** Since we know that the coronavirus is transmitted through aerosol exposure, it is extremely important that all AWB clinic participants, including practitioners and patients, wear protective masks at all times, even if the clinic is outside. Again, we recommend N95 masks for practitioners.

New York State Department of Health suggests that providers wear double masks, one N95 and one cloth or surgical over the N95. This saves the N95’s and you can dispose of the surgical or wash the cloth daily (must be daily) N95’s can be stored in a zip lock until the next use. Another option is a surgical mask covered by a cloth mask.

Patients can wear their own masks or surgical masks provided by the team.
DAY OF THE CLINIC

• Set the circle(s) up with chairs eight feet apart

• Place extra supplies in an easy to access location (clean field table)

• Disinfect chairs/surfaces with FDA approved disinfectant

• Divide the clinic circle into sections

• Assign practitioners/greeters/helpers/watchers to each section to reduce chaos and practitioner movement so that each person knows exactly what section of the circle they are working in AHEAD OF TIME

• It is best practice to have separate pens, clean and dirty, not attached to clipboard. A box or jar can be used to identify each, and cleaned with FDA approved cleaner at the end of the clinic.

• Make sure there is a portable hand washing station or plenty of 70 percent alcohol hand sanitizer at the clinic entrance and in multiple locations throughout the venue so that patients can wash their hands before they enter the circle

• Be prepared to screen all clinic participants with a no-touch thermometer and CoVid symptom checklist (one of the greeters can do this at clinic entrance)

• Make sure everyone on the team knows their role and who is doing what:

  1. **Team leader** is responsible for overall safety and all troubleshooting. Team members agree to check in with team leader if problems arise before working outside of their circle section

  2. **Greeters** check team member and patient temperatures with no touch temp scanner before they enter the circle and screen all participants with CoVid S/S checklist; supervise patient entry, seating and exit; make sure informed consent is completed for each patient in their section of the circle

  3. **Needlers** insert and take out needles/ear seeds

  4. **Watchers/Helpers** watch patients for safety, dropped needles; assist practitioners as needed
Clinic Talk Presenter tells the group about the treatment and what will happen (unless it’s a “rolling” clinic)

- Figure out how patient flow will go before the clinic begins so that people remain physically distanced (Suggestion: Mark the clinic circle entrance and exit with bright duct tape arrows on the ground. Greeters bring patients to their section one by one, and guide patients to leave one by one a one-way exit direction)

- Post signage in the venue to provide basic directions (Please wash hands, wear your mask, etc., exit here, etc.)

- Ground the team and affirm your intention! HeartMath, Qi gong, breathing...

**CLINIC FLOW IN A PANDEMIC-SAFE CLINIC**

*Besides setting up the clinic outside, with chairs 8 feet apart, one of the primary differences between a “regular” mobile clinic and a pandemic-safe clinic is that practitioners and patients are pre-screened before participating in the clinic. This means that all team members should be screened by the team leader. A registration-check in table should be set up outside the clinic space so that patients can be screened, complete informed consent documents, and clean their hands BEFORE entering the clinic circle. We suggest that one or more of the greeters for the clinic be responsible for patient screening and sign in. Another greeter can direct patients to their place in the circle.*

- Make sure patients do not wait for the clinic to start in an enclosed space that cannot incorporate proper distancing

- Once team is ready and grounded, greeters begin checking in patients

- **Check in consists of:**
  1. **temperature scan** (refer patients with elevated temps to medical provider)
  2. **symptom checklist** (have a list ready and ask person to read and tell you if they have any of the symptoms-if so, refer to medical provider)
  3. **providing a mask** for each patient to wear if patient does not have one (patient should wear this for entire treatment)
  4. **patient hand wash** before sitting in circle
  5. **documentation** - obtaining informed consent from patients

- Patients enter circle **one at a time, greeter indicates the seat**
• Helpers give alcohol swabs to patients and ask them to clean ears, helpers collect refuse

• Watchers stand outside circle

• Once everyone is seated, clinic talk presenter gives talk (N/A if it is a rolling clinic)

• Clinic talk presenter or team leader does breathing/grounding/HeartMath

• Greeters can “hold energy” around the circle

• Needlers insert needles. **Wash hands between each patient**

• **Practitioners must hand wash or sanitize if they touch anything that is not “clean” (i.e. their hair, mask, another person etc) during treatment.**

• Do not let people walk around with needles in their ears!

• Watchers WATCH!

• Needlers withdraw to hold energy of the circle

• Team leader calls the time

• Needlers withdraw needles. **Wash hands between each patient**

• Ear seeds can be done at separate station if desired or if needlers have time to do this in the circle

• Greeters guide patients one at a time out of the circle

• Watchers make sure all needles are accounted for with needlers (do a ground swipe for any needles)

• Chairs and surfaces are disinfected for next circle

• Team debrief

**POST-IT SYSTEM**

• Assumption (standard) is 5 needles in each ear

• If fewer than 5 needles in an ear, write number on Post-It, place on patient's chair or
floor (Example: 4 put in, Right)

- If needle drops, AND you pick it up, note how many remain to be collected (Example: 4 put in, Right; 1 picked up; 3 remaining to pick up)
- Can use post-it for staggered treatment times

**SUPPLY LIST - TREATMENT & OTHER SUPPLIES**

*All supplies can be kept in one or two medium sized tackle or file boxes. These boxes become your “mobile clinics”. We have found that plastic file boxes with handles and small compartments in the lid work the best because they are large enough to hold paperwork, biohazard containers and small items as well. We suggest printing a copy of this list and keeping it in your mobile clinic supply boxes as a checklist.*

**TREATMENT SUPPLIES**

- Alcohol swabs
- Anti-germicidal soap
- Antimicrobial hand wipes or other 70 percent alcohol hand sanitizer
- Biohazard bag (only use for a lot of blood)…must be disposed of as medical waste
- Cotton swabs/cotton balls and Q-tips
- Disposable gloves
- Ear seeds or beads (if you plan to use them)
- Eye wash kit (can be purchased at a drugstore)
- Face shields for practitioners
- FDA-approved disinfectant for chairs and surfaces in spray bottle
- First aid kit with band-aids, betadine scrubs (check re: iodine allergy before use)
- Hard plastic boxes that can be used as a practitioner's clean field-kit
- Kleenex
● Masks (N95’s for practitioners, surgical masks for patients)
● No-touch thermometer
● Paper towel segments, folded and placed in zip lock for individual patient clean fields
● Paper towels (for cleaning and to tape down for clean field)
● Sharps containers – (we recommend having multiple hard containers, with screw-on lids for safe transport, Shuttle Sharps, Sharps; needle disposal should be handled by a biohazard disposal company)
● Single-use, sterile, disposable needles (.5 or .25 cun, 36-38 gauge ear needles in 5 or 10 packs)*
● Small trash bags (brown paper bags)
● Small Ziploc bags (for blood on cotton balls)
● Telescoping magnet for finding lost needles (can be found at most auto supply stores) – make sure to wipe bottom w/ alcohol after picking up needles
● Tweezers

ADDITIONAL SUPPLIES
• File box for backup supplies/paperwork
• Clinic documents in laminated sleeves (easy to clean)
• Headlamp
• Apron, tool belt, fishing vest with pockets (aprons available through AWB office)
• AWB T-shirt (available through AWB office)
• AWB banner (available through AWB office)
• Business cards
• Signs, marker boards, markers
• Post-It notes (for noting dropped needles on patients)
• Three to five clipboards

AWB Apron & Shirt (available on AWB website)
• Hand mirror (in case someone wants to see needles in ear)
• Barrett's or bobby pins
• Rubber bands
• Pens
• Tape (blue masking tape that doesn't mark up things is good)
• Scissors
• Several energy food bars
• Water
• Donation box
• Expandable file case for documents
• Notepads or books to track expenses, donations etc.
• Paperclips
• Name tags for team members
• Plastic ear models can be put out with needles inserted in 5NP positions for people to see.
• Music if you want to have it!
• Essential oils can be nice to have

Tip from Melissa Hammesfahr, L.Ac.:

I use one of those rolling tiered utility carts outside and one of the simplest things I’ve set up is just having an empty bin designated for stowing contaminated objects that have been used & need to be wiped down/disinfected after the session, e.g. forehead thermometer, ear probe, buzzer, etc. Also, cutting up the plastic sheets that hold ear seeds and putting out a few at a time so I’m not constantly touching the same ear seed sheet for multiple people. And spraying a gravity chair with 3% hydrogen peroxide solution & left to dry is so much easier than using a ton of wipes to wipe it down.