



Chiropractor Guidance for COVID-19

Frequently Asked Questions (FAQs)

Is a chiropractor considered health care personnel (HCP)?

Yes, according to [CDC](#), a chiropractor falls into the HCP category.

Is a chiropractor considered an essential HCP?

In Wisconsin, chiropractic care falls under the essential benefits required by insurance companies for participation under the Affordable Care Act, making chiropractors essential HCP. However, “essential businesses” as part of the Wisconsin Safer at Home order are no longer deemed as such since that order was overturned.

Are chiropractic clinic staff included in the [HAN 18](#) guidance for early return of quarantined HCP?

No, the intent of HAN 18 is for personnel working in hospitals, outpatient medical clinics, skilled nursing facilities, and assisted living residential facilities.

What personal protective equipment (PPE) recommendations should chiropractors follow?

Chiropractors should follow the [HCP PPE recommendations](#). HCP should wear face masks while in the clinic. Eye protection should be added for patient care encounters if there is moderate to substantial community transmission. During patient treatments, HCP may want to wear gloves to minimize transmission risks. If additional close contact with the patient is anticipated, a gown can be worn to protect clothing and minimize transmission risks from those patients that may be asymptomatic positives or unknowingly in their infectious period.



What exposure follow up would be used for chiropractors?

Chiropractors would use the [CDC HCP work exposure guidance](#) to determine follow up for contact with positive patients or other HCP.

Body contact with the patient (e.g., rolling the patient) without gown or gloves may impart some risk for transmission, particularly if hand hygiene is not performed and HCP then touch their eyes, nose, or mouth, but this type of contact is not considered a high-level exposure. The specific factors associated with these exposures should be evaluated on a case-by-case basis. Interventions, including restriction from work, can be applied if the risk for transmission is deemed substantial.

For potential exposures from a positive HCP to a patient (see example scenarios in the [CDC FAQs](#)), anyone who had prolonged close contact (i.e., within 6 feet for at least 15 minutes) should be considered potentially exposed. Factors such as facemask use by the patient, type of interaction, PPE use by the HCP, and current patient status, should be weighed when determining those at higher risk for transmission if evaluation and testing needs to be prioritized.

[Community contact tracing](#) guidelines are recommended for patients in this situation, as the patients will not be wearing appropriate PPE. When used by HCP and workers who have received competency-based training for selection and use, PPE can protect the wearer from exposure to SARS-CoV-2. However, there is no evidence provided on the reverse for protection to others.

Additional Guidance

Utilize infection prevention and control recommendations to minimize exposure in the clinic.

Inform patients of COVID-19 precautions while scheduling appointments and tell them to cancel their appointment if they are experiencing [any COVID-19 symptoms](#).

- Actively screen HCP, patients, and anyone who enters the facility for all COVID-19 symptoms, any close contact with a known positive, and any pending COVID-19 test results. Do not admit any of those that would be positive for any of these criteria and reschedule the patient's visit without penalty or consequences.
- Practice social distancing for HCP and patients, including setting up the waiting room to allow for distancing, scheduling appointments to minimize the number of people in the building at one time, and reminding staff to socially distance both at work and in the community.
- Require everyone entering the clinic to wear masks and remind them that they should remain masked for their entire visit, if able. Patients can wear cloth masks and the clinic should provide masks if patients do not bring one. HCP should wear medical-grade PPE face masks at all times in the building. If they need to be removed for any reason, appropriate hand hygiene must occur and social distancing guidelines must be followed.



- Perform, and remind others to perform, hand hygiene using alcohol-based hand sanitizer with at least 60% alcohol after each patient encounter.
- Clean and disinfect all equipment and rooms after each patient encounter with a disinfectant from the [EPA's List N](#) that is effective against the SARS-CoV-2 virus. Appropriate wet contact times as defined by the EPA List N and manufacturer's guidelines, whichever is longer, need to be followed. All staff using the product should be educated with this process.

Risk factors for determining close contacts

[Prolonged close contact](#) determinations depend on several factors, including:

- Proximity (closer distance likely increases exposure risk)
- Duration of exposure (longer exposure time likely increases exposure risk)
- Whether the infected individual was symptomatic (the period around onset of symptoms is associated with the highest levels of viral shedding)
- Whether the infected person was likely to generate respiratory aerosols (e.g., was coughing, singing, shouting)
- Other environmental factors (e.g., crowding, adequate ventilation, indoor versus outdoor exposure)

Because the general public has not received training on proper selection and use of respiratory PPE, such as an N95, determining close contact should generally be made regardless of whether the contact was wearing respiratory PPE. At this time, close contact determinations are not altered by the use of fabric face coverings.

Additional Resources

Staffing shortages in case of HCP exposures

[Strategies to Mitigate Healthcare Personnel Staffing Shortages](#), CDC

