

# American Herbalists Guild Response to COVID-19



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As a health-focused professional organization, the AHG is committed to supporting the herbal community through this pandemic. The AHG is closely monitoring the quickly changing COVID-19 pandemic and constantly updating the [COVID-19 Resources](#) page with public health recommendations, general information, potential TCM and western herbal approaches, and helpful material for mental health and families.

We are grateful that AHG members are committed to rigorous protocols to ensure the safety of our communities and clients. AHG will strive to continually listen to herbal practitioners as well as medical colleagues in order to continually update our best standards of practice. As this crisis evolves daily, we value your feedback and information about how you are supporting your community as a professional clinical herbalist.

Within the context of COVID-19, our mission is to widely promote credible information regarding safe and effective herbal strategies, integrate and collaborate with conventional medical practices, dispel myths, claims, and false

facts about alternative therapeutics, and sustain and encourage the herbal community at large.

## 1. Current Guidelines and Recommendations for Herbal Practitioners

Adhere to local or national recommendations regarding social distancing, sheltering in place, and all basic sanitation and hygiene, including the usage of masks, proper hand-washing techniques, not touching one's face, and avoiding in-person contact with those who are sick if possible. When in doubt, review the constantly updated guidelines from the [CDC](#) and [WHO](#).

### A. Self-Monitoring Procedures

The [Herbalista Free Clinic COVID-19 Community Care Guide](#) states:

- “If you intend to serve, you must closely watch your own health! The team should have self-monitoring protocols in place. Here are CDC recommendations for healthcare workers. Since we are front line healthcare workers, we must make sure we don't ourselves become a vector.
  - Monitor daily for fever (note: do you have a thermometer?)
  - Notice and report to teammate symptoms of respiratory infection (dry cough, shortness of breath, sore throat)
  - Discontinue work if ill (if fever or symptoms emerge)
  - Implement basic recommendations in your personal lives of social/physical distancing (6 foot rule, avoiding crowded spaces i.e. public transit, etc. and maintaining appropriate hygiene to reduce risk.)”

If you have been ill, refer to the guidelines in this document before considering returning to work: [Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 \(Interim Guidance\)](#).

For more information on self-monitoring and best practices:

- [Guidance for Healthcare Worker Self-Monitoring and Work Restriction](#)
- [Safety Practices for COVID-19/Coronavirus Mutual Aid Projects](#)

### B. Masks and Gloves

The CDC has updated their guidelines to recommend that in addition to social distancing, those in public areas, especially where there has been community transmission of the virus, wear a cloth face covering of some kind. See [more information](#) on this recommendation and FAQs.

The CDC states that “Nonsterile disposable patient examination gloves, which are used for routine patient care in healthcare settings, are appropriate for the care of patients with suspected or confirmed COVID-19.” See gloves [FAQs](#). See this [poster](#) for guidance on how to safely remove gloves.

### **C. Essential vs. Non-Essential Visits**

It is important to use one’s highest clinical judgment when determining one’s approach to seeing either non-essential or essential clients right now. If possible, see clients virtually through video sessions or over the phone.

Main considerations in judging the need for in-person treatment must include (last two from the [SMAE Institute](#) in Maidenhead, UK):

- Does the patient presentation indicate that their health condition is currently within my scope of practice or would a referral/recommendation be pertinent?
- “How likely is it that a failure to provide treatment to this patient will likely stretch precious [public healthcare] resources further and unnecessarily?”
- Is the risk to the patients’ health of not treating demonstrably greater than the risk of them potentially contracting Covid-19?”

The [American Society of Acupuncturists](#) has published sound guidelines for those practitioners who are continuing to see clients.

“1. Non-essential visits from patients should very clearly be postponed, and group visits are ill-advised. The primary means of transmission of the coronaviruses is through close personal contact, especially among groups and in spaces that cannot be adequately cleaned and monitored. The more people that pass through your offices, the greater the chances that one will have coronavirus.

2. ALL patients should be prescreened by phone, before they come to their appointments, for any signs of illness, and for travel or exposure risks as outlined by public health authorities. No patient should arrive at your clinic ill. If a patient is ill on prescreening, they should remain home or be sent to the hospital if illness is severe. Patients arriving at the office with acute illness should be sent home and not treated by the [practitioner].

3. Counsel patients by phone regarding health maintenance, sick care, and use of herbal medicine...

4. Avoid having patients congregate in the waiting areas. Patients should be taken directly from the entryway to their treatment rooms if at all possible.

5. Stagger booking so that patients do not overlap, and wipe down any surfaces that may have been contacted during the visit with appropriate cleaning products. High volume clinics need to decrease their volume if they cannot assure patient separation.

6. Remove non-essential items that could be vectors for virus transmission from the waiting room, treatment rooms, and other common areas. Decreasing the number of points of contact for contaminants will decrease the risk of transmission and make cleaning procedures more effective."

Refer to the [OSHA COVID-19 Workplace Preparedness Handbook](#) and the CDC fact sheet [Use Personal Protective Equipment \(PPE\) When Caring for Patients with Confirmed or Suspected COVID-19](#) for more.

## 2. Medicine Making Best Practices

In light of [data](#) showing that active COVID-19 particles can last several days on various surfaces, there are many aspects of apothecary distribution safety that must be considered. Medicine makers and remedy distributors should consider implementing similar protocols to those listed above for practitioners, i.e. actively self-monitoring their own health and discontinuing work if symptoms emerge, maintaining social distancing and proper hygiene, and implementing extra sanitation practices when working with herbal remedies, including: routine disinfecting of the work space, wearing a mask and gloves if available, and minimizing contact between workers.

In addition, integrating the following additions into working with fresh or dried herbal preparations of any kind is pertinent.

- Thoroughly clean cylinders, jars, mixing bowls, measuring cups, and any other implements and utensils used with soap and water or sterilize with a high-heat dishwasher if possible.
- Due to asymptomatic shedding of the virus and its ability to persist on various materials for up to three days (per a [recent study](#) published in the New England Journal of Medicine), consider a three-day delay between remedy preparation and distribution to ensure that any potential virus particles are no longer viable.
- When receiving supplies or material deliveries, consider a simple 24-hour isolation of the box before opening.

### **3. Language and Claims**

While the AHG supports education pertaining to herbal therapies as a valid approach to supporting the body's defense and healing mechanisms and potentially addressing symptoms related to COVID-19, we emphasize the novelty of this virus and do not make or associate with any claims in regards to the diagnosis, prevention, treatment, or cure of this (or any other) disease.

As reflected by the significant spike in the public's interest and use of herbal products and services during this time, herbalism as a viable adjunct to conventional therapies is in the spotlight right now. Now more than ever, the rhetoric herbalists use to describe herbs and their uses should reflect sound information, sensitivity, and a lack of sensationalism.

The AHG is dedicated to promoting access to credible evidence-based and tradition-based information particularly during this time when the spread of misinformation is rampant. It is the individual herbalist's or product maker's responsibility to be compliant with FDA-approved language in regards to structure/function claims, client testimonials, and anecdotes.

For more information on claims, refer to the FDA's [Label Claims for Conventional Foods and Dietary Supplements](#). Refer to [Herbal Language - Tips for Western Herbalists During COVID-19](#) for examples of what language is acceptable and what is not.

### **4. Resources**

For resources ranging from public health guidelines to herbal perspectives, check out our [COVID-19 Resources page](#).

### **5. Data Collection**

This unprecedented global health crisis is a potential opportunity for clinical herbalism to excel. As a community, there are a number of methods we can employ to build on our mutual knowledge base and methodically aggregate client data to create a database of COVID-19 case studies.

The National University of Natural Medicine Helfgott Research Institute is currently requesting submissions of client data to the Traditional, Complementary and Integrative Health and Medicine [COVID-19 Support Registry](#). This database is for practitioners aggregating information from anonymous patients/clients who have been treated for either COVID-19 exposure or prevention.

## **6. Mission and Statement of Ethics**

The American Herbalists Guild promotes clinical herbalism as a viable profession rooted in ethics, competency, diversity, and freedom of practice. The American Herbalists Guild supports access to herbal medicine for all and advocates excellence in herbal education.

During this pandemic, it is critical that herbal practitioners adhere to ethical guidelines and recognize their own scope of practice. Below are key highlights from the AHG Code of Ethics which are most relevant to the COVID-19 crisis. Download the American Herbalists Guild full [Code of Ethics](#).

- Referrals
  - AHG Members shall recognize their own limitations of practice. When they believe a condition is beyond their scope of expertise as an herbalist, or when it is clear that a client is not responding positively to therapy, they will encourage clients to seek further support from other qualified professionals.
- Avoiding Needless Therapy
  - Recommendations shall be based solely on the specific needs of the client, avoiding excessive or potentially needless supplementation.
- Informed Consent/Full Disclosure
  - AHG Members will provide their clients, potential clients and students with truthful and non-misleading information about their experience, training, services, pricing structure and practices, as well as disclosure of financial interests if they offer a conflict in practice; and will inform their clients that redress of grievances is available through the American Herbalists Guild or through the appropriate agency where the member is operating under a state license.
- Professional Courtesy
  - AHG Members shall present opinions about and experiences with other practitioners and healing modalities in an ethical and honorable manner.
- Humanitarian Service

- o AHG Members are ready to be open and willing to attend to those in need of help without making monetary compensation the primary consideration.
- Practitioner as Educator
  - o Practicing AHG Members shall assume the role of educators, doing their best to empower clients in mobilizing their own innate healing abilities and promotion the responsibility of clients to heal themselves.