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**A Publication by the
Indiana Society of Medical Assistants**

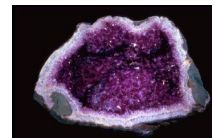
Dear ISMA Members,

It was very disappointing that we had to cancel our Annual Conference this year, but the good news is St. Joseph District agreed to delay hosting the conference until 2022, so the Southeast District will be hosting their conference April 9-11, 2021 at the Abe Martin Lodge. A copy of the Annual Business Meeting Book was e-mailed to all individuals registered for the conference and is available for anyone else who is interested in receiving a copy via e-mail.

Our membership is invited to join conference registrants for a Zoom ISMA Annual Business meeting which will be on May 9, 2020 beginning at 12:30 pm. All the usual business conducted during the pre and post conference meetings will also be completed. Please contact me via e-mail if you are interested in attending and did not register for the conference. During this meeting we will be electing our new officers and qualified members to represent the Indiana Society at the AAMA House of Delegates as a delegate or alternate. If you are interested in becoming a nominee, please contact me via phone, e-mail or text so your qualifications can be verified.

During these uncertain times, please take care of you and know that you are indeed "The Rock of Healthcare".

Jane Seelig, CMA-A (AAMA)
President, 2018-2020



- The Indiana Society of Medical Assistants, in affiliation with the American Association of Medical Assistants, strives to:
- Promote professional growth of and identify its membership through Education and credentialing
 - Inspire members to provide honest, loyal and efficient service to the public they serve and the Proficient:
 - Stimulate a feeling of fellowship and cooperation with the medical profession in Improving public relations;
 - Encourage and assist medical assistants in forming component chapters.

May/June 2020 Issue

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Medical Assistant Creed

I believe in the principles and purposes of the profession of medical assisting.

I endeavor to be more effective.

I aspire to render greater service.

I protect the confidence entrusted to me.

I am dedicated to the care and well-being of all people.

I am loyal to my employer.

I am true to the ethics of my profession.

I am strengthened by compassion, courage, and faith.



ISMA Mission Statement

The Indiana Society of Medical Assistants, in affiliation with the American Association of Medical Assistants, strives to:

- Promote professional growth of and identify its membership through education and credentialing**
- Inspire members to provide honest, loyal and efficient service to the public they serve and the proficient;**
- Stimulate a feeling of fellowship and cooperation with the medical professional in improving public relations;**
- Encourage and assist medical assistants in forming component chapters.**

ISMA Physician Advisors

2019-2020

Kristi Peck, M.D.
Evansville Surgical Associates
Evansville, IN
3 years

Jeff Stidam, M.D.
Jewish Hospital Louisville, KY
2 years

Scott Guenthner, M.D.
The Dermatology Center of Indiana
Plainfield, IN
1 year

ISMA Honorary Members

1980 Herbert Dixon*
1997 Bruce Johnson
Hubert Irwin*
2008 Earl Williams*
2013 Jack Begley
Kathy Heck

ISMA Life Members

1992 Bonnie Reidenbach, CMA-AC*
1994 Patricia Kennington, RN, CMA*
2005 Eva Irwin, CMA*
2011 Eulah Dearing, CMA (AAMA)
2012 June Brown, RMA
2015 Tammy Daily, CMA (AAMA)
2018 Marjorie Mikesell, CMA
(AAMA)

*Denotes Deceased



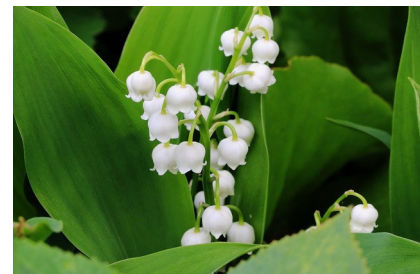
Leon Levi Award Recipients

1988 Patricia Kennington, RN, CMA*
Jane Seelig, CMA-A
Pauline Pinnick, CMA
1990 Bonnie Reidenbach, CMA-AC*
1991 Bettye Yard, CMA-C*
1998 Norma Harmon, CMA
2001 Eva Irwin, CMA*
2002 Eulah Dearing, CMA
2010 Marjorie Mikesell, CMA
2013 Tammy Daily, CMA (AAMA)
2014 Sandra Johnson, MS, CMA
(AAMA), CPC
2016 Rita Michel, CMA (AAMA)
2019 Pam Neu, CMA (AAMA), MBA

Golden Apple Recipients

2000 Eva Irwin, CMA*
2003 Sandra Johnson, MS, CMA
(AAMA), CPC
2004 Nancy Measell, CMA
2005 Cindy Abel, BS, CMA
2006 Pam Neu, CMA (AAMA), MBA
2009 Jennifer Weathers, CMA (AAMA)
2010 Rita Michel, CMA (AAMA)
2012 Nina Thierer, CM A (AAMA)
2019 Sherry Braye, CMA (AAM), BS

*Denotes Deceased



State Officers:

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DEADLINES

Membership Dues	December 31, 2019 to be eligible to vote at ISMA Annual Conference
Medical Assistant of the Year	Nominations by Chapters to President by January 1, 2020 and forwarded to Physician Advisors (3) by February 1, 2020 for judging. Award to be presented at Annual State Conference Banquet.
Leon Levi Award	Nominations to President by February 1, 2020 for judging. Award to be presented at Annual State Conference Banquet.
Golden Apple Award	Nominations to President by February 1, 2020. Award to be presented at Annual State Conference Banquet.
Nominating Slate (Officers)	Slate of Officers to be presented at the February 8, 2020 State Board Meeting.
Bylaws, Standing Rules, Resolutions	Any proposed changes to Bylaws, Standing Rules, Etc. must be provided to the membership 60 days prior to Annual State Conference (February 3, 2020)

MAY 9, 2020
12:30 p.m.
Zoom Meeting

Due to “social distancing” we are holding a meeting May 9, 2020, at 12:30 on zoom. If you email me a note that you would like to join us on your computer or phone I will respond with the instructions and link for you. Hope to “see” you there!

Pam
msneu@yahoo.com



ISMA Board of Directors

June or July 2020 Agenda

Call to Order Karen Pershing, CMA (AAMA), President

Invocation Joyce Edds, CMA (AAMA), CPT (ASPT), Chaplain

Medical Assistant Creed Dianne Wimsett, CMA (AAMA), Vice President

Introductions Karen Pershing, CMA (AAMA), President

Credentials Report Brandi Gaumer, CMA (AAMA), Chair

_____ registered _____ voting power ____7__ quorum _____ majority ____ 2/3

Secretary Report Motion to defer to next meeting

Treasurer Report Motion to defer to next meeting

Presentation of Bills Karen Pershing, CMA (AAMA), President

Correspondence Marjorie Mikesell, CMA (AAMA), Corresponding Secretary

Officer Report President – Karen Pershing, CMA (AAMA)

Vice President – Dianne Wimsett, CMA (AAMA)

Secretary – Heidi Sisson, CMA (AAMA)

Treasurer – Paula Schubert, CMA (AAMA), CPT (IAPS)

Med-A-Scoop/Website – Pam Neu, CMA (AAMA)

Immediate Past President – Jane Seelig, CMA-A (AAMA)

Committee Reports

Budget & Finance – Paula Schubert, CMA (AAMA), CPT (IAPS)

Bylaws & Stand Rules – Rita Michel, CMA (AAMA)

Certification – Marianne Hawker-Green, CMA (AAMA)

Continuing Education – Dianne Wimsett, CMA (AAMA)

Council of Past Presidents – Jane Seelig, CMA-A (AAMA)

Eva I Irwin CMA (AAMA) Medical Assistant Support Fund –

Sandra Johnson, MS, CMA (AAMA), CPC

Historian –

ISMA Liaison – Tammy Daily, CMA (AAMA)

Med-A-Scoop – Pam Neu, CMA (AAMA)

Membership – Jane Seelig, CMA-A (AAMA)

Mentoring – Rita Michel, CMA (AAMA)

Procedure Manual – Joyce Edds, CMA (AAMA), CPT (ASPT)

State Conference Guide – Joyce Edds, CMA (AAMA), CPT (ASPT)

Ways & Means – Sandra Johnson, MS, CMA (AAMA), CPC

Website Development – Pam Neu, CMA (AAMA)

Committee Reports

2021 State Conference – Sandra Johnson, MS, CMA (AAMA), CPT (ASPT)

2022 State Conference – Brandi Gaumer, CMA (AAMA)

2023 State Conference – Jane Seelig, CMA-A (AAMA)

ISMA Board of Directors
June or July 2020 Agenda
continued

Chapter Reports East District
 First District
 St. Joseph District
 Southeast District
 Twelfth District
 West Central District

Unfinished Business

New Business

Announcements Med-A-Scoop Deadline is June 27, 2020
 Next meeting is August 15, 2020 at St. Francis Franciscan
 Health Education Center
 Executive Board 10:00 a.m.
 Meal 11:00 a.m.
 Workshop 12:00 (noon) – 3:00 p.m.
 Board of Directors meeting 3:15 p.m. to?
 Are there any other announcements?

Adjournment



ISMA CODING CORNER

2020 has certainly brought us a challenge like none other we have experienced in our lifetime. The coronavirus outbreak, or COVID-19, has changed our world. Although the annual publication of new, revised and deleted ICD-10-CM codes is released each October 1, the CDC, AMA, CMS, among other organizations, have been quick to provide ICD-10-CM and CPT codes to not only be used for correct reimbursement, but also to track the health care encounters and deaths related to this disease.

The following is a list of codes related to COVID-19:

- B97.29 – Coronavirus, as cause of disease elsewhere. Those diseases that would also be coded with the B97.29 are
 - Pneumonia – J12.89
 - Acute bronchitis – J20.8
 - Acute respiratory distress – J80

Note: The published code in the 2020 ICD-10-CM code book, B34.2, is no longer billable in the United States as we would now report the updated code B97.29. Remember: ICD-10-CM is an international publication used worldwide, so other versions may differ in the code used.

Other diagnosis codes used to identify COVID-19 –related conditions:

- Z20.818 – Possible exposure to COVID-19, but ruled out after evaluation/observation
- Z20.828 – Actual exposure to someone who is confirmed to have COVID-19
- Z20.828 is also reported in cases of “suspected,” “possible,” or “probable” COVID-19 which explains the reason for the medical encounter

There are also new pathology and laboratory CPT codes:

- 86318 – Infectious Agent Antibody
- 86328 – IA NFCT AB SARSCOV2 COVID-19
- 86769 – SARS-COV-2 COVID-19 Antibody
- 87635 – SARS-COV-2 COVID19 AMP PRB

And let’s not forget HCPCS! New HCPCS codes to identify specimen collection for COVID-19 testing used by independent labs when billing Medicare are:

- G2023 – Specimen collection for severe acute respiratory syndrome coronavirus (COVID-19), any specimen source
- G2024 – Specimen collection for severe acute respiratory syndrome coronavirus (COVID-19), from an individual in a skilled nursing facility or by a laboratory on behalf of a home health aide, any specimen source

Stay healthy and safe as many of you are on the frontlines of patient care!

Sandra Johnson, MS, CPC, CCS-P, CMA (AAMA)

DATES TO REMEMBER

2020-2021 ISMA STATE BOARD MEETINGS AND WORKSHOPS

**State Board Meetings will be held at
St. Francis Franciscan Health Education Center
421 N. Emerson Ave
Greenwood IN 46143**

Meeting Deadline

August 15, 2020
November 7, 2020
February 13, 2021
April 16, 17, and 18, 2021

Med-A-Scoop Deadline

June 27, 2020
September 26, 2020
December 18, 2020
February 26, 2021

Please e-mail all district news for publication directly to

Pam Neu, CMA (AAMA)
Email: msneu@yahoo.com

Website:

Insocmedasst.org


Find out what is going on within your Local and State Districts

National Website:

Aama-ntl.org

Find out what is going on Nationally!

Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes

This guidance is intended for all Americans, whether you own a business, run a school, or want to ensure the cleanliness and safety of your home. Reopening America requires all of us to move forward together by practicing social distancing and other [daily habits](#) to reduce our risk of exposure to the virus that causes COVID-19. Reopening the country also strongly relies on public health strategies, including increased testing of people for the virus, social distancing, isolation, and keeping track of how someone infected might have infected other people. This plan is part of the larger [United States Government plan](#)  and focuses on cleaning and disinfecting public spaces, workplaces, businesses, schools, and can also be applied to your home.



Cleaning and disinfecting public spaces including your workplace, school, home, and business will require you to:

- Develop your plan
- Implement your plan
- Maintain and revise your plan

Reducing the risk of exposure to COVID-19 by cleaning and disinfection is an important part of reopening public spaces that will require careful planning. Every American has been called upon to slow the spread of the virus through social distancing and prevention hygiene, such as frequently washing your hands and wearing face coverings. Everyone also has a role in making sure our communities are as safe as possible to reopen and remain open.

The virus that causes COVID-19 can be killed if you use the right products. EPA has compiled a list of disinfectant products that can be used against COVID-19, including ready-to-use sprays, concentrates, and wipes. Each product has been shown to be effective against viruses that are harder to kill than viruses like the one that causes COVID-19.

This document provides a general framework for cleaning and disinfection practices. The framework is based on doing the following:

1. Normal routine cleaning with soap and water will decrease how much of the virus is on surfaces and objects, which reduces the risk of exposure.
2. Disinfection using [EPA-approved disinfectants against COVID-19](#)  can also help reduce the risk. Frequent disinfection of surfaces and objects touched by multiple people is important.
3. When [EPA-approved disinfectants](#)  are not available, alternative disinfectants can be used (for example, 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions). Do not mix bleach or other cleaning and disinfection products together. This can cause fumes that may be very dangerous to breathe in. Keep all disinfectants out of the reach of children.

Links to specific recommendations for many public spaces that use this framework, can be found at the end of this document.

It's important to continue to follow federal, state, tribal, territorial, and local guidance for reopening America.

A Few Important Reminders about Coronaviruses and Reducing the Risk of Exposure:

- Coronaviruses on surfaces and objects naturally die within hours to days. Warmer temperatures and exposure to sunlight will reduce the time the virus survives on surfaces and objects.
- Normal routine cleaning with soap and water removes germs and dirt from surfaces. It lowers the risk of spreading COVID-19 infection.
- Disinfectants kill germs on surfaces. By killing germs on a surface after cleaning, you can further lower the risk of spreading infection. [EPA-approved disinfectants](#) are an important part of reducing the risk of exposure to COVID-19. If disinfectants on this list are in short supply, alternative disinfectants can be used (for example, 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions).
- Store and use disinfectants in a responsible and appropriate manner according to the label. Do not mix bleach or other cleaning and disinfection products together—this can cause fumes that may be very dangerous to breathe in. Keep all disinfectants out of the reach of children.
- Do not overuse or stockpile disinfectants or other supplies. This can result in shortages of appropriate products for others to use in critical situations.
- Always wear gloves appropriate for the chemicals being used when you are cleaning and disinfecting. Additional personal protective equipment (PPE) may be needed based on setting and product. For more information, see [CDC's website on Cleaning and Disinfection for Community Facilities](#).
- Practice social distancing, wear facial coverings, and follow proper prevention hygiene, such as washing your hands frequently and using alcohol-based (at least 60% alcohol) hand sanitizer when soap and water are not available.

If you oversee staff in a workplace, your plan should include considerations about the safety of custodial staff and other people who are carrying out the cleaning or disinfecting. These people are at increased risk of being exposed to the virus and to any toxic effects of the cleaning chemicals. These staff should wear appropriate PPE for cleaning and disinfecting. To protect your staff and to ensure that the products are used effectively, staff should be instructed on how to apply the disinfectants according to the label. For more information on concerns related to cleaning staff, visit the Occupational Safety and Health Administration's website on

[Control and Prevention](#).

Develop Your Plan

Evaluate your workplace, school, home, or business to determine what kinds of surfaces and materials make up that area. Most surfaces and objects will just need normal routine cleaning. Frequently touched surfaces and objects like light switches and doorknobs will need to be cleaned and then disinfected to further reduce the risk of germs on surfaces and objects.

- First, clean the surface or object with soap and water. Then, disinfect using an [EPA-approved disinfectant](#)^{external icon}. If an EPA-approved disinfectant is unavailable, you can use 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions to disinfect. Do not mix bleach or other cleaning and disinfection products together. Find additional information at [CDC's website on Cleaning and Disinfecting Your Facility](#).

You should also consider what items can be moved or removed completely to reduce frequent handling or contact from multiple people. Soft and porous materials, such as area rugs and seating, may be removed or stored to reduce the challenges with cleaning and disinfecting them. Find additional reopening guidance for cleaning and disinfecting in the [Reopening Decision Tool](#)^{pdf icon}.

It is critical that your plan includes how to maintain a cleaning and disinfecting strategy after reopening. Develop a flexible plan with your staff or family, adjusting the plan as federal, state, tribal, territorial, or local guidance is updated and if your specific circumstances change.

Determine what needs to be cleaned

Some surfaces only need to be cleaned with soap and water. For example, surfaces and objects that are not frequently touched should be cleaned and do not require additional disinfection. Additionally, disinfectants should typically not be applied on items used by children, especially any items that children might put in their mouths. Many disinfectants are toxic when swallowed. In a household setting, cleaning toys and other items used by children with soap and water is usually sufficient. Find more information on cleaning and disinfection toys and other surfaces in the childcare program setting at [CDC's Guidance for Childcare Programs that Remain Open](#).

These questions will help you decide which surfaces and objects will need normal routine cleaning.

Is the area outdoors?

Outdoor areas generally require normal routine cleaning and do not require disinfection. Spraying disinfectant on sidewalks and in parks is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19 to the public. You should maintain existing cleaning and hygiene practices for outdoor areas.

The targeted use of disinfectants can be done effectively, efficiently and safely on outdoor hard surfaces and objects frequently touched by multiple people. Certain outdoor areas and facilities, such as bars and restaurants, may have additional requirements. More information can be found on FDA's website on [Food Safety and the Coronavirus Disease 2019 \(COVID-19\)](#)^{external icon}.

There is no evidence that the virus that causes COVID-19 can spread directly to humans from water in pools, hot tubs or spas, or water play areas. Proper operation, maintenance, and disinfection (for example, with chlorine or bromine) of pools, hot tubs or spas, and water playgrounds should kill the virus that causes COVID-19. However, there are additional concerns with outdoor areas that may be maintained less frequently, including playgrounds, or other facilities located within local, state, or national parks. For more information, visit CDC's website on [Visiting Parks & Recreational Facilities](#).

Has the area been unoccupied for the last 7 days?

If your workplace, school, or business has been unoccupied for 7 days or more, it will only need your normal routine cleaning to reopen the area. This is because the virus that causes COVID-19 has not been shown to survive on surfaces longer than this time.

There are many public health considerations, not just COVID-19 related, when reopening public buildings and spaces that have been closed for extended periods. For example, take measures to ensure the [safety of your building water system](#). It is not necessary to clean ventilation systems, other than routine maintenance, as part of reducing risk of corona viruses. For healthcare facilities, additional guidance is provided on [CDC's Guidelines for Environmental Infection Control in Health-Care Facilities](#)^{pdf icon}.

Determine what needs to be disinfected

Following your normal routine cleaning, you can disinfect frequently touched surfaces and objects using a product from [EPA's list of approved products that are effective against COVID-19](#)^{external icon}

These questions will help you choose appropriate disinfectants.

Are you cleaning or disinfecting a hard and non-porous material or item like glass, metal, or plastic?

Consult [EPA's list of approved products for use against COVID-19](#)^{external icon}. This list will help you determine the most appropriate disinfectant for the surface or object. You can use diluted household bleach solutions if appropriate for the surface. Pay special attention to the personal protective equipment (PPE) that may be needed to safely apply the disinfectant and the manufacturer's recommendations concerning any additional hazards. Keep all disinfectants out of the reach of children. Please visit [CDC's website on How to Clean and Disinfect](#) for additional details and warnings.

Examples of frequently touched surfaces and objects that will need routine disinfection following reopening are:

tables,
doorknobs,
light switches,
countertops,
handles,
desks,
phones,
keyboards,
toilets,
faucets and sinks,
gas pump handles,
touch screens, and
ATM machines

Each business or facility will have different surfaces and objects that are frequently touched by multiple people. Appropriately disinfect these surfaces and objects. For example, transit stations have specific guidance for application of cleaning and disinfection.

Are you cleaning or disinfecting a soft and porous material or items like carpet, rugs, or seating in areas?

Soft and porous materials are generally not as easy to disinfect as hard and non-porous surfaces. EPA has listed a limited number of products approved for disinfection for use on soft and porous materials^{external icon}. Soft and porous materials that are not frequently touched should only be cleaned or laundered, following the directions on the item's label, using the warmest appropriate water setting. Find more information on CDC's website on [Cleaning and Disinfecting Your Facility](#) for developing strategies for dealing with soft and porous materials.

Consider the resources and equipment needed

Keep in mind the availability of cleaning and disinfection products and appropriate PPE. Always wear gloves appropriate for the chemicals being used for routine cleaning and disinfecting. Follow the directions on the disinfectant label for additional PPE needs. In specific instances, personnel with specialized training and equipment may be required to apply certain disinfectants such as fumigants or fogs. For more information on appropriate PPE for cleaning and disinfection, see CDC's website on [Cleaning and Disinfection for Community Facilities](#).

Implement Your Plan

Once you have a plan, it's time to take action. Read all manufacturer's instructions for the cleaning and disinfection products you will use. Put on your gloves and other required personal protective equipment (PPE) to begin the process of cleaning and disinfecting.

Clean visibly dirty surfaces with soap and water

Clean surfaces and objects using soap and water prior to disinfection. Always wear gloves appropriate for the chemicals being used for routine cleaning and disinfecting. Follow the directions on the disinfectant label for additional PPE needs. When you finish cleaning, remember to wash hands thoroughly with soap and water.

Clean or launder soft and porous materials like seating in an office or coffee shop, area rugs, and carpets. Launder items according to the manufacturer's instructions, using the warmest temperature setting possible and dry items completely.

Use the appropriate cleaning or disinfectant product

[EPA approved disinfectants](#)^{external icon}, when applied according to the manufacturer's label, are effective for use against COVID-19. Follow the instructions on the label for all cleaning and disinfection products for concentration, dilution, application method, contact time and any other special considerations when applying.

Always follow the directions on the label

Follow the instructions on the label to ensure safe and effective use of the product. Many product labels recommend keeping the surface wet for a specific amount of time. The label will also list precautions such as wearing gloves and making sure you have good ventilation during use of the product. Keep all disinfectants out of the reach of children.

Maintain and Revise Your Plan

Take steps to reduce your risk of exposure to the virus that causes COVID-19 during daily activities. [CDC provides tips](#) to reduce your exposure and risk of acquiring COVID-19. Reducing exposure to yourself and others is a shared responsibility. Continue to update your plan based on updated guidance and your current circumstances.

Continue routine cleaning and disinfecting

Routine cleaning and disinfecting are an important part of reducing the risk of exposure to COVID-19. Normal routine cleaning with soap and water alone can reduce risk of exposure and is a necessary step before you disinfect dirty surfaces.

Surfaces frequently touched by multiple people, such as door handles, desks, phones, light switches, and faucets, should be cleaned and disinfected at least daily. More frequent cleaning and disinfection may be required based on level of use. For example, certain surfaces and objects in public spaces, such as shopping carts and point of sale keypads, should be cleaned and disinfected before each use.

Consider choosing a different disinfectant if your first choice is in short supply. Make sure there is enough supply of gloves and appropriate personal protective equipment (PPE) based on the label, the amount of product you will need to apply, and the size of the surface you are treating.

Maintain safe behavioral practices

We have all had to make significant behavioral changes to reduce the spread of COVID-19. To reopen America, we will need to continue these practices:

- social distancing (specifically, staying 6 feet away from others when you must go into a shared space)
- frequently washing hands or use alcohol-based (at least 60% alcohol) hand sanitizer when soap and water are not available
- wearing cloth face coverings
- avoiding touching eyes, nose, and mouth
- staying home when sick
- cleaning and disinfecting frequently touched objects and surfaces

It's important to continue to follow federal, state, tribal, territorial, and local guidance for reopening America. Check this resource for [updates on COVID-19](#)^{external icon}. This will help you change your plan when situations are updated.

Consider practices that reduce the potential for exposure

It is also essential to change the ways we use public spaces to work, live, and play. We should continue thinking about our safety and the safety of others.

To reduce your exposure to or the risk of spreading COVID-19 after reopening your business or facility, consider whether you need to touch certain surfaces or materials. Consider wiping public surfaces before and after you touch them. These types of behavioral adjustments can help reduce the spread of COVID-19. There are other resources for more information on [COVID-19](#)^{external icon} and how to [Prevent Getting Sick](#).

Another way to reduce the risk of exposure is to make long-term changes to practices and procedures. These could include reducing the use of porous materials used for seating, leaving some doors open to reduce touching by multiple people, opening windows to improve ventilation, or removing objects in your common areas, like coffee creamer containers. There are many other steps that businesses and institutions can put into place to help reduce the spread of COVID-19 and protect their staff and the public. More information can be found at [CDC's Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission](#)^{pdf icon}.

Conclusion

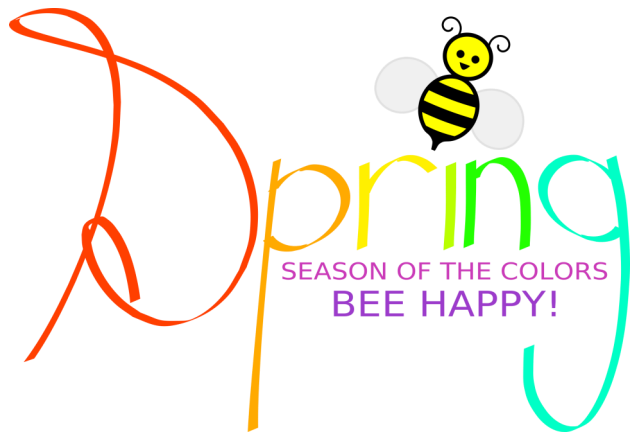
Reopening America requires all of us to move forward together using recommended best practices and maintaining safe daily habits in order to reduce our risk of exposure to COVID-19. Remember: **We're all in this together!**

Reference: [Cdc.gov](#)



**Official Newsletter of the
Indiana Society of
Medical Assistants, Inc.**
*An Affiliate of the American
Association of Medical Assistants*

Pam Neu, CMA (AAMA), Editor



**NOTICE– If you have a name or address
change **PLEASE NOTIFY**
National AAMA at
1-800-ACT-AAMA or www.aama-ntl.org**

Our next meeting is May 9 on Zoom!

**If you would like an invite to attend let me
know and I will email you the instructions.**

Msneu@yahoo.com