

COMING OUT OF LOCKDOWN.

A UK and Ireland perspective on re-opening aesthetic clinics post COVID-19 lockdown.



This fact sheet is sponsored by Merz Aesthetics and is a consensus of the Merz Innovation Partners and Board. The team was represented by:

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1 INTRODUCTION

The COVID-19 pandemic necessitated the shutdown of most non-essential businesses within the UK in order to reduce the transmission of the virus and prevent a catastrophic overburdening of the NHS. It is recognised that standard infection control procedures (SICPs) will not be sufficient to protect ourselves, staff or our patients from potential transmission of the virus if aesthetic practices return to work as normal. Advanced hygiene procedures or transmission based precautions (TBPs), patient management and clinic flow protocols will all have to be developed and implemented pre-opening.

This document is a consensus review created after a round table discussion with several UK and Ireland key opinion leaders in aesthetic medicine, as well as reviewing the current guidance from various bodies including the BCAM - British College of Aesthetic Medicine, JCCP - Joint Council for Cosmetic Practitioners, BACN - British Association of Cosmetic Nurses and PHE - Public Health England. This document is intended for use as guidance only, and should help as a tool when considering changes to your processes and policies when re-opening your clinical practice. Practitioners should consider the specifics of their individual places of work and comply with all relevant regional and national legislation.

The transmission of COVID-19 is believed to occur through respiratory droplets, or contact with contaminated surfaces (WHO review).

Contact with contaminated surfaces is currently thought to be the main route of transmission (PHE). As aesthetic practitioners, we will be expected to employ TBPs in addition to SICPs required when treating our patients.



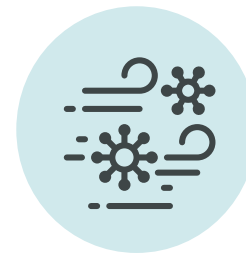
Additional TBPs necessary will depend on the level of precaution required. This will depend on the level of contact and the procedures carried out at each location within the clinic. They can be broadly categorised into;

Contact Precautions

To prevent transmission via contact with surfaces. These will be essential throughout the entire clinic. Precautions will include a touchless environment, several disinfection stations and regular surface cleaning and disinfection.

Droplet Precautions

To prevent transmission over a short distance from one individual to another. This will be essential throughout the entire clinic. It is currently expected that the maximum distance for cross contamination is two metres. Social distancing is key to disruption of this type of transmission. Visors, face coverings and perspex barriers will be beneficial.



Airborne Precautions

To prevent the transmission of COVID-19 via a generated aerosol. This TBP will only be necessary where aerosol generating procedures (AGPs) are delivered. Virus and fluid resistant PPE will be required to stop this transmission. Adequate ventilation will be required, and possible air filtration systems may be considered.

It is important to remember that employers are under legal obligation to protect their staff from harm under the Health and Safety at Work etc. Act 1974, and to adequately control the risk of exposure to hazardous substances where exposure can not be prevented (COSHH). Appropriate PPE has been accepted to protect staff and patients from COVID-19. Therefore, adequate PPE in combination with staff training must be key in re-opening any aesthetic business. It should also be made clear to all staff that they are obliged to use these control measures, and use them correctly.

2 | GENERAL CLINIC CONSIDERATIONS - STAGE 1 PREPARATIONS

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In order to provide a safe working environment for our patients and our staff a number of general considerations were suggested by the panel, these included;



A Touch-less Practice

As COVID-19 can be transmitted by contact with viral particles on surfaces, we should be aiming to work towards a “touch-less” approach for staff and patients. We would advise removing all retail items from display, or placing them in a display area that is visible but not accessible to the patient. Magazines, fliers and brochures should be removed from any patient waiting areas. Clear surfaces also allow for easier, efficacious decontamination in-between patient episodes.

Perspex Screens

Perspex screens may be appropriate if your clinic post-COVID-19 environment requires that patients approach a reception desk to speak to a staff member.

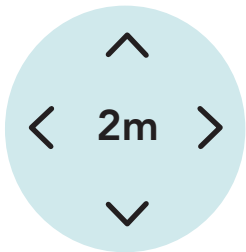
Social Distancing

A two metres distance should be maintained between all staff and between staff and patients at all possible times. It is clear that social distancing is a key factor in reducing the transmission of COVID-19.



Waiting/Reception Areas

A patient decontamination station should be available immediately upon entry. Patients should be encouraged to disinfect their hands with an alcohol gel on arrival. Depending on the size of your waiting area you may wish to consider zoning the area to relate to patient flow and facilitate disinfection. You may wish to consider separating chairs or placing dividers between seating areas. For a single handed practice you should consider having one patient at a time on the premises. Consider having longer appointment times to allow for cleaning of both clinical and common areas in between appointments. For larger or multi-handed practices staggered appointment times will help reduce crowding in a communal waiting area.



Office Environments

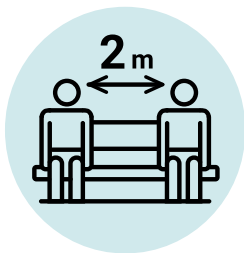
Office areas should be reorganised to ensure social distancing can be implemented. Separating desks and creating wider corridors between work areas should be considered. Floor markings to identify two metre distances, and also arrows to direct staff movement where appropriate should be used. Staff should be adopting a clean desk policy, leaving only a computer at the end of the working shift. Time should be allocated at the beginning and end of each shift for decontamination of work area. Storage boxes for desk clearance should be used, and not shared between office staff members. Office staff should be encouraged to work from home where possible.

Toilets

Bathrooms should be cleaned after each use. Cleaning should cover all surfaces including seat, lid, handle, sink, taps, door handles and light switches. Please use touch-less or foot-bins where possible. Guidance posters should be placed in bathrooms. Clear signage should be used to indicate that a bathroom has been disinfected and is ready for use.

Treatment Rooms

Clinics with multiple treatment rooms could consider repurposing one or more of the rooms as additional waiting areas, staff changing areas or cleaning rooms. For clinics with multiple treatment rooms who will have multiple practitioners working, it is suggested that each practitioner remains within the one treatment room, in order to reduce the chance of transmission from one room to another. Unnecessary equipment should be removed and stored. Specific viral precautions in clinics such as the use of air purification systems or positive air pressure systems may be considered either for treatment rooms or for the clinic as a whole.



Changing Rooms/Lockers for Staff/Uniforms

Staff should change into their uniforms at work at the start of their shift, and change out of their uniform after their shift. We would advise that staff have their own individual locker, to prevent contact transmission between items of clothing and other personal belongings. Social distancing should be observed within the changing room. Uniforms should be taken home in a disposable bag and washed after every shift at a temperature of 60 degrees celsius or higher.



Staff Training and Education

Before opening, all staff must undergo appropriate training. Training should include donning and doffing of PPE, as well as all new procedures and policies. Situational training through role play would help staff become accustomed to the new patterns of patient flow through the clinic, as well as identify potential issues prior to treating patients. Appropriate posters should be displayed and clearly visible for donning and doffing PPE, as well as instructions for any advanced hygiene procedures. There are various on-line instructional videos and posters regarding the donning and doffing of PPE available from NHS England and also WHO.

<https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures>

<https://www.who.int/csr/resources/publications/putontakeoffPPE/en/>



Cleaning and Decontamination

Staff should be appropriately trained in cleaning and decontamination procedures. Cleaning should be performed with either 70% isopropyl alcohol or a chlorine based disinfectant with a minimum strength to 1000ppm. Public Health England (PHE) advises that a solution of household bleach diluted to 1:50 will also be effective. All contact surfaces must be disinfected. Cleaning should be carried out after every patient appointment, as well as a deep clean at the start and finish of every clinic day. A rota and checklist for cleaning should be developed.

Phased Return of Staff

Consider a phased return to work of staff, prioritising staff whose work is essential to the safe and effective working of the business in the first instance, and increasing the workforce as demand requires.

Staggered Hours of Staff

Clinics with multiple treatment providing staff may consider staggering start and finish times in order to facilitate social distancing and prevent crowding in communal areas. Creating staff bubbles who always work together should be considered.

Work Breaks/Communal Staff Areas

Staff work breaks should be staggered so that social distancing can be observed in communal staff areas. Communal areas should be cleaned and decontaminated after use, using the same procedures as for patient areas.



Advanced Hygiene

Regular, effective hand washing with appropriate soap or alcohol disinfecting gel should be performed before and after each patient contact and after removal of PPE.

Reduced Initial Treatment Offering

At this point there is some concern that some procedures may pose a greater risk to patients or staff than others. Whilst the evidence with regards to COVID-19 and aesthetic treatments is lacking, you should consider the most up-to-date guidance when you open and decide which treatments to offer. It is probable that the longer the

patient is in contact with a clinician or staff member, the higher the risk of transmission. In accordance with the 'minimising patient contact time' approach it would be worth considering offering treatments that take less time to conduct in the first instance. Patient selection should be considered. Patients in high risks groups should be temporarily discouraged attending clinic and having unnecessary procedures carried out.



Minimising of Patient Contacts

The risk of COVID-19 transmission is increased when people remain in proximity to one another for longer periods of time. Given the current knowledge we have it would appear that the transmission of COVID-19 is thought to occur through respiratory droplets, or contact with contaminated surfaces (WHO review). Patients should be in the clinic for the minimal time necessary, with the fewest number of staff contacts possible.



Virtual Consultations and Follow-ups

Virtual consultations and follow-up appointments can reduce the absolute patient numbers entering the clinic and significantly reduces the total time spent at the clinic by each patient. Virtual appointments must be carried out via a GDPR compliant system.

Product Delivery Service

Visiting the clinic for the replenishment of skincare products should be discouraged. Online or telephone re-ordering and delivery services could be considered. Arrangements can also be made for patients to pick up orders at predetermined times from the clinic.

Payments

We would advise using cashless payment systems as physical money will be a vector for transmission. Where a card terminal has been used it should be decontaminated using 70% isopropyl alcohol.

3 | PRE-TREATMENT PREPARATIONS AND TRIAGE - STAGE 2

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PRE-TREATMENT TRIAGE

We now have prepared our clinical environment for re-opening. Our panel made the following suggestions for preparing to provide aesthetic treatments to our patients;

- Appointment times should be organised to allow adequate time for the clinical room and communal areas to be disinfected and set-up, the procedure to be performed and for post procedural cleaning and disinfection protocol to be implemented.
- Appointment times for multi-clinician clinics should be staggered to avoid potential patient to patient contact.
- Staff should be COVID-19 trained to use appropriate PPE, safely manage patient contact and in-cleaning and disinfection procedures and protocols.
- Bookings or pre-booking requests should be made by telephone or on-line. 'Walk in' patient visits for any reason should be discouraged.
- Patient registration details, medical history forms and a pre-appointment health screening questionnaire should be sent to, completed and returned electronically by the patient. If this is not possible, a trained member of staff may populate these forms via a telephone call.

PRE-TREATMENT TRIAGE

- Only after all forms have been completed and reviewed, a virtual consultation should be booked with a medical practitioner, using a GDPR compliant system. A telephone consultation may be booked if virtual is not possible.
- Contemporaneous notes should be taken during the consultation, including a provisional treatment plan for the patient. The practitioner may choose to send electronic consent forms during the consultation to be explained and virtually signed. These forms should be sent via a GDPR compliant system.
- An appointment may then be scheduled either by the practitioner or another member of staff. A virtual follow-up appointment should also be made. Online or telephone payment may also be taken before the appointment.
- Electronic confirmation of appointment details can be sent to the patient. Simple and clear information regarding what the patient should expect from the clinic visit, in addition to the patient's responsibilities, roles and expected behaviour at the clinic should also be sent. Instructions should include attending alone, not to bring any personal belongings such as handbags, shopping bags, books etc. Patient should wait outside and phone prior to entering the clinic. Photographs or a virtual walk through of the clinic would be a helpful way to convey this information.
- Patients should be contacted the day before their appointment for a pre-treatment screening questionnaire. The questioning should be directed at determining if the patient is currently symptomatic suggestive of COVID-19, or if they have been in contact with a suspected source of COVID-19 and therefore may be at risk of being an asymptomatic carrier at the time of appointment. Staff should offer the patient local information on COVID-19 testing.

4 | DAY OF APPOINTMENT CONSIDERATIONS - STAGE 3



DAY OF APPOINTMENT CONSIDERATIONS

We have now made all possible pre-opening preparations and are ready to meet and treat our patients. Our panel made the following suggestions on how we can safely provide a service with patient and staff safety as our main priority;

- Only trained and necessary staff should be in the clinic.
- Staff should feel informed and confident in their ability to be safe, keep other members of staff and patients safe.
- Clinical rooms should be disinfected and treatments should be prepared for before the arrival of each patient.
- Patients should travel to and from the clinic avoiding public transport if possible. They should come alone, without personal belongings, with the exception of their phone. Patients should arrive without makeup and wearing a face covering. Face masks may be provided on arrival if the patient does not have a face covering.
- It may be worthwhile asking the patients to travel direct to the clinic from their residence where possible, and not to attend after shopping trips or similar where they may not have been able to maintain social distancing.

DAY OF APPOINTMENT CONSIDERATIONS

- Patients should arrive at the clinic at their appointment time only, and call the clinic prior to entering the clinic.
- A trained member of staff will open the front door for the patient and will lead the patient to a safe waiting zone or directly into a treatment room, following the prescribed route to meet with medical practitioner.
- Consider the use of contactless thermometers to test the patient's body temperature on arrival at the clinic.
- Social distancing should be maintained throughout the appointment. The only exception to this will be the physical provision of the treatment.
- Patient details, medical history, treatment plan and consent should all be validated by the medical practitioner.
- The treatment should be carried out, respecting TBPs relevant to the treatment. The treatment plan agreed during the consultation will be carried out. Additional treatments required should be carried out at another appointment time.
- After the treatment is completed and the clinic's post procedural protocol has been followed, the patient will be escorted via the prescribed route to the exit by a member of staff.
- Post procedural and emergency contact information should be virtually sent to the patient.



5 | PERSONAL PROTECTIVE EQUIPMENT (PPE)

In the context of pandemic COVID-19, there will be high rates of transmission in the general community, and accordingly will be a higher risk to healthcare workers due to repeated episodes of close patient contacts. Regardless of the use of screening and triage tools we cannot eliminate the risk of asymptomatic transmission within the clinic environment. The use of appropriate PPE reduces the risk to the healthcare worker (the staff) and service users.

Gloves and Aprons

Gloves and aprons are part of SICPs and are single use. They reduce the risk of surface contact transmission of viruses and should be used for every procedure.



Face Masks

As COVID-19 is spread by respiratory droplets, the risk will increase the closer you are to a patient, and also increase in accordance with the duration of the exposure. Face masks covering the nose and mouth are accordingly advised for all procedures. The basic requirement for all procedures would be a Fluid Repellent Surgical Mask (FRSM) type IIa. Whilst it has been traditional practice to dispose and replace masks in between cases, where necessary, these masks can be considered sessional (morning or afternoon) and accordingly used for multiple patients.

It should be strongly encouraged for patients to wear face coverings in the waiting room as well as in the clinical areas. FRSM IIa masks could be offered to patients who attend the clinic and are not wearing face coverings. If the area to be treated or examined is obscured by the mask then it should be removed for the process, and replaced as soon as is reasonably practical afterwards.

The use of enhanced PPE during AGPs (Aerosol generating procedures) is required. A list of procedures currently considered to be potentially AGPs for coronavirus is available on the PHE website. Examples include intubation, tracheal suction, tracheostomy. When performing an AGP on a potential coronavirus patient PPE would include goggles or visor, FFP3 (Filtering face piece class 3) mask and a full sleeve disposable fluid repellent gown. At the point of writing, lip filler injections and dental nerve blocks are not considered to be AGPs by PHE but are by the JCCP. We would advise reviewing the latest published national guidance to inform your risk assessment and standard operating procedure documents.

If staff feel more comfortable using FFP3 or similar face masks there is no reason to discourage their use. They can be considered sessional in the same way as FRSM IIa.



Visors/Goggles

COVID-19 can transmit through exposure to mucous membranes and surfaces, including the cornea. Accordingly full face visors or goggles are recommended for all clinicians and any other staff who have contact with patients within the 2m social distance guide. Full face visors and goggles are sessional use and can be cleaned/decontaminated after each session.

Disposal of PPE

Clinics should ensure there are adequate disposal facilities for PPE. Pedal operated bins are advised in all cases. We recommend contacting manufacturers/suppliers of PPE as well as waste management companies for advice regarding appropriate disposal routes.

6 | CPR STATEMENT

The New and Emerging Respiratory Threats Advisory Group (NERVTAG) April 2020, advised chest compressions or defibrillation is not currently recognised as a high risk event or an AGP. Staff may wear AGP PPE to perform CPR, however, there should be no potential delay in delivering this life saving intervention.

7 | TESTING

Two types of tests are currently available. One tests for the presence of the virus (PCR). PCR tests are performed with nasopharynx and oropharynx swabs and are assessed in a laboratory. At the time of writing, the UK government advises that these tests are available to anyone over the age of 5 yrs with suspected COVID-19 or has had potential exposure to the virus. The second test is for antibodies, indicating recovery post virus. This can be done as a finger prick, lateral flow test or a blood lab test. No currently available test is currently 100% sensitive or specific. Staff should be able to direct patients to government advised routes to access necessary tests. Employers may also consider the regular testing of staff and publication of the data from results. At time of writing this article, tests are limited and going forward elective tests may not be free. Given the extremely fluid nature of the situation we advise keeping up to date with current local and national policies regarding testing.

8 | INSURANCE

It is vital that you ensure your insurance is valid before you re-open. Please verify the validity of your insurance cover with your provider. Most insurance policies will require that you inform them of any temporary or permanent changes made to your practice.

9 | MOBILE OR VISITING PRACTITIONERS AND DOMICILIARY VISITS

Practitioners that utilise shared space in another practice should be responsible for considering all of the available guidance and performing an appropriate risk assessment. Consideration should be given to whether the premises you will practice from is able to meet the recommended guidelines. For practices in existing medical facilities this should be more easily achievable than in a non-medical setting.

The opinion of the consensus panel was that it would likely be extremely difficult to perform satisfactory risk assessments, and to be able to maintain SICPs and TBPs in the domiciliary environment. For patient and practitioner safety we would suggest considering alternatives to treating patients at their homes, for example renting temporary space in a facility that is able to meet the criteria for a satisfactory risk assessed and guidance compliant patient treatment journey.

10 | OPERATIONAL SUMMARY CHECKLIST

PREPARING TO OPEN

- Order necessary additional PPE, disinfectants and disinfection stations.
- Decide on what staff are required to work and organise staff training including PPE, Cleaning and disinfection and new policies and protocols.
- Decide on the opening hours of the clinic and prepare rotas. Pay attention to the creation of team bubbles and staggering starting and break hours. Allocate times for cleaning and disinfection.
- Prepare audits for SCIPS and TBPs.
- Create and clearly sign post patient flow routes and hang necessary signages through out the clinic.
- Remove all soft furnishings, products, magazines and leaflets. Create a clean surface environment throughout the clinic. Reorganise seating and reception facilities to maintain 2m social distancing.
- If consults and follow ups will be virtual, prepare and train staff to use a GDPR compliant system.
- Amend any patient information, screening or consent forms as appropriate, either virtually or on printed format.
- Contact regulatory bodies (eg.HIS in Scotland) and insurance companies to inform them of your reopening date. Also advise them of any changes to the structure or SOPs of the business.
- Find out local and national updated information regarding working during the COVID-19 pandemic and follow guidelines for your own specific clinic and region.
- Know where patients may get help or testing for COVID-19 in your local area.
- Be confident that you can treat your patients, ensuring their safety and the safety of your staff when you are ready to open.

OPENING

- Follow protocols and procedures that you have implemented.
- Ensure that rules are respected by all staff and patients.
- Ensure staff are confident and competent in their role within the clinic.
- Maintain social distancing at all times when possible.
- Be confident that you can offer treatment to your patients safely.
- Embrace this new normal way of working and care for your patients as you have always done in the past.

To Do:

[illegible]

Any information provided to you by Merz Pharma UK Limited ("Merz") in relation to COVID-19 is for information purposes only and is intended to be a guide to the current third party resources and information available to support your business during the pandemic. Given the changing market conditions, it should not be interpreted as business or legal advice from Merz or the partners we work with. Merz cannot guarantee the accuracy of the content and assumes no responsibility for any reliance on the information provided.

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