

Guidance and Support in Re-Opening Your Aesthetic Business Frequently Asked Questions:

What Personal Protective Equipment (PPE) and masks do you recommend?

According to government regulation, PPE should be worn during any patient contact, especially when community transmission is high.

The PPE, Public Health England advises be worn in non-emergency outpatient clinics, is plastic aprons, fluid-resistant (Type IIR) surgical masks (FRSM), eye protection and gloves. This should be worn for any direct contact, regardless of the patient's COVID-19 status. Hand hygiene still remains the best defence against the spread of the virus.

For those health care staff working in reception and communal areas but not directly involved in patient care, social distancing of 2 metres must be maintained. When 2 metres cannot be maintained then FRSMs should be worn.

Is lip augmentation classified as an Aerosol Generating Procedure (AGP)? Will I need to wear a Filtering Facepiece (FFP) mask and gown?

Public Health England considers the following procedures as Aerosol Generating Procedures (AGPs) for COVID-19:

- intubation, extubation and related procedures, for example, manual ventilation and open suctioning of the respiratory tract (including the upper respiratory tract)
- tracheotomy or tracheostomy procedures (insertion or open suctioning or removal)
- bronchoscopy and upper ENT airway procedures that involve suctioning
- upper gastro-intestinal endoscopy where there is open suctioning of the upper respiratory tract
- surgery and post mortem procedures involving high-speed devices
- some dental procedures (for example, high-speed drilling)
- non-invasive ventilation (NIV); Bi-level Positive Airway Pressure Ventilation (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP)
- High Frequency Oscillatory Ventilation (HFOV) induction of sputum
high flow nasal oxygen (HFNO)

For these a long-sleeved disposable fluid repellent gown (covering the arms and body) or disposable fluid repellent coveralls, a filtering face piece class 3 (FFP3) respirator, a full-face shield or visor and gloves are recommended.

In a contradictory stance, the Joint Council for Cosmetic Practitioners (JCCP), have urged practitioners to regard perioral treatments, lip fillers and intraoral treatments, such as dental blocks, as potentially aerosol generating procedures, despite them not appearing on PHE's list. Practitioners should perform a risk assessment of all procedures and determine whether

they consider such treatments to be AGPs, and take steps to wear the appropriate PPE for each treatment's designation.

What systems do you use for electronic signatures?

Electronic signatures can be a way of eliminating touch points in your clinic, but online consents are not compulsory. Clinics that can provide safe consent taking procedures on tablets or paper are still able to do so.

Many of the online aesthetic clinic management systems have the ability to send and receive documents and attach signatures. Any system can be used, but ensure you review the cyber security around the product and check that it is GDPR compliant before investing in the system. Your patient demographic may not be able to complete online forms and this needs to be considered before adopting new procedures.

What are the Increased risks of hour long facial treatments, if practitioners are unable to wear a mask?

The transmission of COVID-19 is thought to occur mainly through respiratory droplets generated by infected people coughing and sneezing. The predominant modes of transmission are assumed to be droplet and contact.

The maximum distance for cross-transmission from droplets has not been definitively determined, although a distance of approximately one metre (3 feet) around the infected individual has frequently been reported in the medical literature as the area of risk. However, a precautionary approach is recommended and 2 metres (approximately 6 feet) has been defined as the area of risk. Distancing of 2 metres should be facilitated wherever this is possible.

As aesthetic treatments are performed within a one metre distance, there is an increased risk of transmission of the virus for all procedures, irrespective of duration. All practitioners coming into close contact with patients are therefore advised to take the infection control precautions as advised by Public Health England. If adequate PPE is not available, then the aesthetic procedures should be postponed, as they are deemed elective procedures.

When should we open, some clinics are opening already or in the next couple of weeks?

Each clinic will need to make this decision based on advice from their governing body, their insurance company, their affiliated associations and government guidance.

Patient safety should underpin these decisions and risk assessments must be performed prior to opening. Clinics must develop adequate policies and procedures that meet the governments advice on safe working environments that minimise the risk of the virus spread.

Do nurses still need to do a face to face consultation for a patient requiring a prescription for anti-wrinkle treatments?

The rules for nurse prescribers are open to interpretation and may be evolving in light of the global pandemic. Until such a time as clear cut guidance is issued, you should consider whether your prescribing is compliant with the medicines act, whether your prescribing is in keeping with the guidelines of your regulator, whether your prescribing is in keeping with your insured practice and whether your prescribing is in the best interests of your patient.

What is the inflammatory risk with COVID-19 and dermal fillers?

An excessive, pro-inflammatory immune response has been postulated as the underlying cause of the rapidly developing lung pathology seen in patients infected with SARS-CoV-2. Such an excessive response has raised concerns about the possibility of chronic inflammatory responses to filler placed in a patient who has had or who is recovering from COVID-19.

There is previous research indicating that there is a low risk for patients to experience late onset adverse reactions with hyaluronic acid fillers after an influenza-like-illnesses. The incidence of delayed onset nodules is also considered to be low but they are complex and difficult to treat. BELOTERO® Balance and BELOTERO® Intense fillers have been shown to induce an inconspicuous immune response in clinical studies, with histomorphologically normal findings, free of inflammation on biopsy specimens. However, there is currently no specific data on dermal fillers and COVID-19 infection.

If you choose to perform fillers then you should perform a thorough consultation and examination, choose your fillers based on clinically proven safety, perform the procedure using an aseptic technique and monitor your patients for any concerns after treatment.

Can we still see patients at our home if that is where we have our clinic?

To determine whether your clinic, wherever it may be situated, is safe for re-opening you must perform a risk assessment. A risk assessment must include identifying what work activity or situations might cause transmission of the virus; who could be at risk; how likely it is that someone could be exposed and how to remove the activity or situation, or if this isn't possible, control the risk. The government is also in the process of issuing mandatory COVID-19 advice for all types of business as these undergo a phased reopening.

If your clinic is in your home, but not separated from your family space, you should assess the risk of transmission to your family and way this up against government social distancing advice that applies to your area at the time you wish to open.

What % of normal capacity do you think you will be able to operate at under the new measures?

Clinics will not be able to function at full capacity when they first reopen. Suggested measures such as spacing appointments to allow for cleaning, minimising waiting room numbers to implement social distancing and leaving some clinic rooms fallow will all impact a clinics patient capacity in different ways.

There is also a limit on the number of patients an independent clinician can see in one day and if they become unwell then patient capacity may be zero. Similarly, larger clinics may work in teams to preserve staffing numbers, if team members are taken ill, but transmission to all staff cannot be excluded. Therefore, all clinics will be at risk of not operating at full capacity during the pandemic.

Patient appetite for treatments may also be altered during the pandemic. Some may want treatments immediately while others may choose to wait until other restrictions are lifted. Clinics should review the measures they have put in place, correlate this against available appointment numbers and patient sentiment to be able to effectively plan clinic foot fall.

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Adverse events should be reported. Reporting forms and information for United Kingdom can be found at www.mhra.gov.uk/yellowcard. Reporting forms and information for Republic of Ireland can be found at <https://www.hpra.ie/homepage/about-us/report-an-issue/mdiur>. Adverse events should also be reported to Merz Pharma UK Ltd by email to UKdrugsafety@merz.com or on +44 (0) 333 200 4143.

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