

COVID-19 pandemic: safety recommendations for the dermatologist's return to practice

Pandemia da COVID-19: recomendações de retorno às clínicas dermatológicas

DOI: <http://www.dx.doi.org/10.5935/scd1984-8773.202012208>

ABSTRACT

The COVID-19 pandemic represents an unprecedented healthy global threat, leading dermatologist surgeons/aestheticians to interrupt or alter clinical practice and adjust to the necessary precautionary methods. This article aims to prepare dermatologists for the upcoming difficulties and precautions for conducting procedures in the midst of coronavirus pandemics, focusing on recommendations and best practices for reopening aesthetic practice while mitigating risks to practitioners, patients, staff, and the general public.

Keywords: COVID-19; Dermatology; Pandemic; Physicians' office, SARS-CoV-2.

RESUMO

A pandemia da COVID-19 trouxe inúmeros desafios aos profissionais da saúde. O objetivo das recomendações presentes neste artigo é dar diretrizes para promover o cuidado com a saúde de pacientes e equipe médica nas clínicas dermatológicas, minimizando o risco de contágio.

Dado o caráter eletivo dos procedimentos estéticos, cuidado adicional deve ser tomado de modo a proteger a saúde de todos. Por meio de medidas comportamentais e ambientais, é possível manter o funcionamento das clínicas com maior segurança e ajudar os pacientes a sentir-se seguros após um longo período de stress durante o isolamento.

Palavras-chave: Clínicas, SARS-CoV-2; COVID-19; Dermatologia; Pandemia.

How I do

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Received on: 25/05/2020

Approved on: 30/05/2020

Research performed at private clinics and Dermatology Services in the states of de Janeiro, de São Paulo e de Sergipe, Brazil.

Financial support: None.

Conflict of interest: None.



INTRODUCTION

The novel coronavirus (SARS-CoV-2) was first identified in Wuhan, China, in December 2019.¹ In March 2020, COVID-19, caused by the novel coronavirus, was officially declared a pandemic by the World Health Organization (WHO), representing an unprecedented global health crisis.²

The main transmission route is via respiratory secretions (aerosols or direct contact). Symptoms can appear two to 14 days after exposure, with an incubation period of four to seven days. The symptoms are fever (98%), anosmia (80%), cough (76%), dyspnea (50%), and myalgia or fatigue (44%), but many patients can be asymptomatic and still transmit the infection.³

Dermatology practice includes clinical, surgical, and cosmetic care. Assuming that aesthetic procedures are considered non-essential and non-emergency, it is imperative to prepare adequately for safe practice in dermatology.^{3,4}

To discuss the safest approach to dermatology practice in this new scenario, a group of Brazilian dermatologists developed a set of safety guidelines for outpatient care based on the guidelines issued by official bodies such as the Brazilian National Health Surveillance Agency (ANVISA) and WHO, as well as scientific publications.^{5,6}

Adjustments in clinics and private offices

Since asymptomatic individuals can transmit the virus, preparation of the clinical setting must be done carefully, considering every patient as a possible COVID-19 carrier.

The following measures are essential (Figure 1)^{1,5,6,7}

70% alcohol gel: dispensers at the clinic's entrance and in all the rooms, allowing easy hand sanitization.

Social distancing: the clinic or office should be prepared to maintain a minimum distance of 1.5 to 2m between persons. Removing or blocking off seats, marks on the floor, and acrylic barriers are some options for implementing this measure.

Disposable masks: all patients should be instructed to appear for their appointments wearing masks. If a patient comes without a mask, one should be provided at the clinic's entrance and only removed when so requested by the physician.

Sanitization of the environment: staff should be trained in the clinic's correct sanitization and disinfection processes. The clinic should be cleaned at the beginning and end of the day. Shared areas such as restrooms and consultation and procedure rooms should be cleaned before and after use by each patient. Some methods and substances can be used, such as ultraviolet light, 70% alcohol, sodium hypochlorite solution, and commercial solutions containing these substances.

Recommendations for adaptation of clinics and private offices

- 1** Availability of 70% alcohol gel in all rooms.
- 2** Spacing of 2 meters between chairs in the waiting room.
- 3** Disposable masks available in case the patient is not wearing one.
- 4** Sanitization of the environment, furniture, objects with 70% alcohol or 1% sodium hypochlorite.
- 5** Remove shared items such as magazines, objects, folders.
- 6** Beverages and snacks offered in disposable containers.
- 7** "New" pens for each patient, to be sanitized at the end of the day.
- 8** Staff rotation. Maintain 2-meter distance between staff members.
- 9** Wrap credit card machine in cling film wrap and sanitize with 70% alcohol.
- 10** Whenever possible, keep the clinic ventilated with doors and windows open.
- 11** Signage on coughing and hand hygiene etiquette.
- 12** Signage in restrooms on hand hygiene.
- 13** Valet service: sanitization of all the objects handled, with 70% alcohol.
- 14** Optional: use of disposable foot coverings and temperature measurement.
- 15** Training for the entire staff in the safety protocol.

FIGURE 1: Adaption of clinics and private offices

Removal of shared materials: all material with shared use, such as magazines, newspapers, and pamphlets should be removed from the reception area. Beverages should be served in disposable containers. Pens should be discarded in a recipient for subsequent sanitization, and offered already sanitized.

Decrease the circulation of persons: encouraged by staff rotation, restriction of accompanying persons, and adjustments to appointment scheduling. The authors' suggestion is a minimum 40-minute interval between consultations, which can be longer in case of aesthetic and surgical procedures.

Ventilated and airy rooms: windows and doors should remain open to disperse suspended viral particles. Whenever possible, rotate consultation rooms to facilitate cleaning.

Signage: orientation on coughing etiquette, hand hygiene, and physical distancing.

Disposable foot coverings and temperature measurement: Before patients enter the clinic, their temperature can be taken and they can be offered disposable foot coverings.

Pre-consultation recommendations

It is essential to adopt clear and transparent communi-

cation between the clinic and the patient. With resumption of activities during COVID-19, this will facilitate triage of individuals who are fit to appear at the clinic. It will also create an atmosphere of trust, demonstrating the entire staff's concern in maintaining the clinic as safe as possible,⁷ according to the flow-chart of care in Figure 2.

Telemedicine should be promoted for medical consultations, definition of treatment protocols, and other clarifications.^{1,7,8} This will help reduce patient flow, time in the clinic, and risk of infection on route.

If face-to-face consultation is necessary, the patient should answer a questionnaire in advance on risk situations and COVID-19 symptoms, described in Figure 3.^{7,8} In case of any symptom, the appointment should be postponed by at least 20 days.

If the individual is fit for a face-to-face consultation, a second contact should be made a day in advance, investigating the appearance of COVID-19 symptoms in the patient or family members. If no such symptoms are reported, the person should receive a text message or e-mail with safety instruction, as described in Figure 4.

For patients at high risk for complications of COVID-19, such as the elderly, immunocompromised individuals, and those

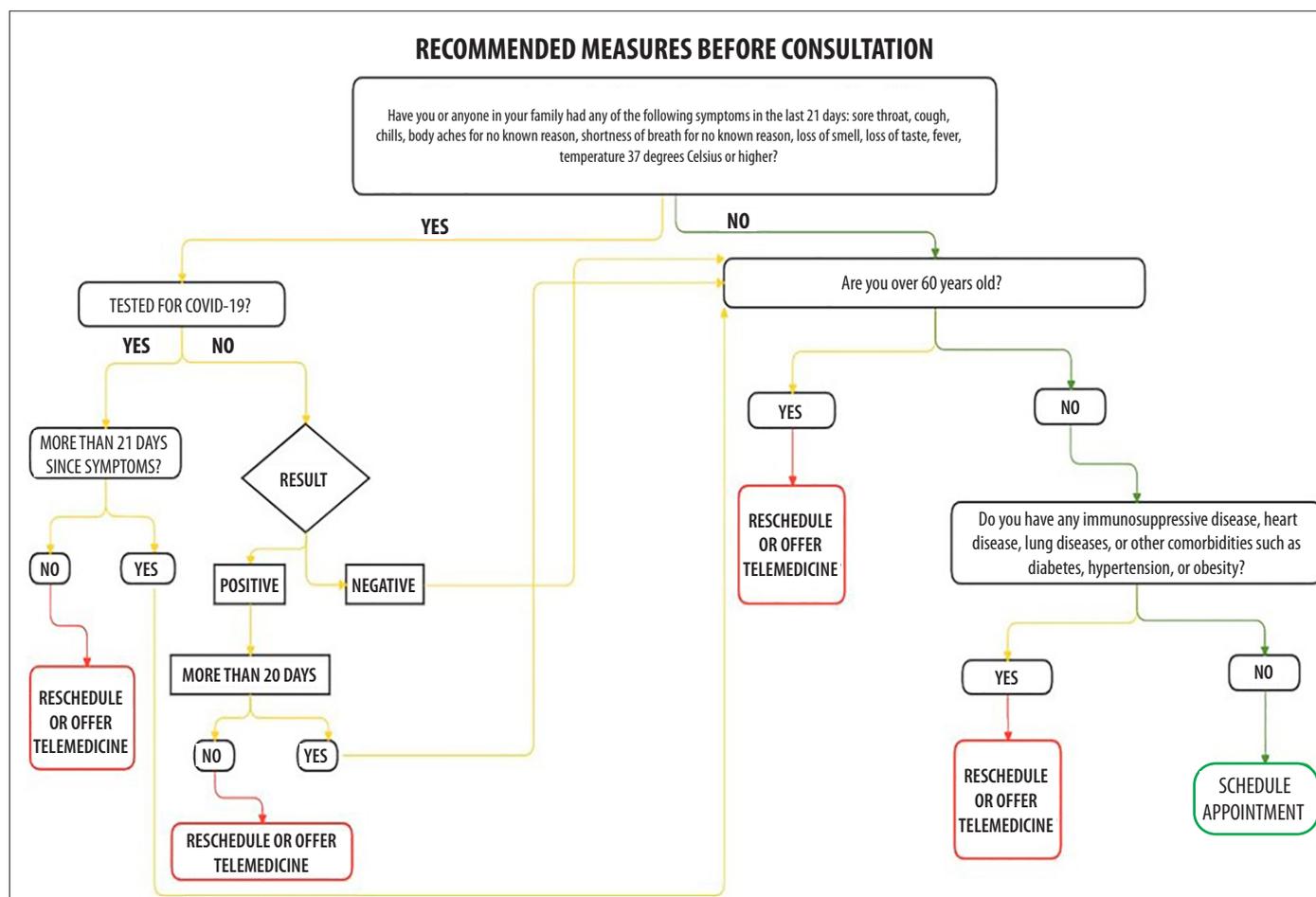


FIGURE 2: Flowchart of patient care during the COVID-19 pandemic

Patient's Name: _____ Date: _____
COVID-19 QUESTIONNAIRE

PATIENT'S SYMPTOMS

	YES	NO
1. Have you had any of the following symptoms in the last 14 days?		
• Fever	<input type="checkbox"/>	<input type="checkbox"/>
• Cough	<input type="checkbox"/>	<input type="checkbox"/>
• Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
• Flu symptoms such as fatigue, nausea, diarrhea, chills, muscle pains, headache, sore throat	<input type="checkbox"/>	<input type="checkbox"/>
• Loss of smell and taste	<input type="checkbox"/>	<input type="checkbox"/>
• Red spots on skin	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been diagnosed or suspected of having coronavirus?		
• If yes, when?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been tested for coronavirus?		
• If yes, when and with which method?	<input type="checkbox"/>	<input type="checkbox"/>
FAMILY MEMBERS AND CLOSE CONTACTS		
1. Has any family member gotten sick or had fever, cough, shortness of breath, or flu symptoms?		
2. Has any family member been diagnosed with COVID-19?		
• If yes, when?	<input type="checkbox"/>	<input type="checkbox"/>
RECENT TRAVEL		
1. Have you traveled recently? Inside Brazil or abroad?		
• If yes, when and where?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has any family member traveled recently?		
• If yes, when and where?	<input type="checkbox"/>	<input type="checkbox"/>
OBSERVATIONS		

FIGURE 3: Health questionnaire

with cardiac or pulmonary diseases or other comorbidities such as diabetes, hypertension, or obesity, the postponement of non-essential procedures should be considered.⁷

Personal protective equipment

The Brazilian Society of Infectious Diseases recommends wearing a surgical mask while the professional is inside the office, clinic, or hospital, changing the mask regularly. The World Health Organization (WHO) recommends N95 masks. Cloth masks should not be used by health professionals, including physicians and clinical staff, and their use is only allowed for patients

(Figure 5).⁹

During the physical examination or procedure, a disposable gown should be worn, changed after each patient. In situations involving proximity to the patient's face, the recommendation is to wear an N95 mask and protective goggles or face shield.³ Gloves are only necessary during procedures.³

Recommendations during patient care

Whenever possible, the care should be performed with the windows open to optimize air circulation. The air conditioner may or may not remain on. While taking the patient history, the physician and patient should both be wearing masks.¹⁰

Pre-appointment recommendations

- COVID-19 symptoms in the last 72 hours
- Be at the clinic at the scheduled time, preferably without an accompanying person
- Come to the clinic wearing a mask, and avoid touching it
- Wash hands or clean with alcohol gel sanitizer upon entering the clinic
- Keep a physical distance of at least 2 meters from others



Hello, Maria,
here is some important information before your appointment

FIGURE 4: Pre-appointment instructions

Personal protective equipment

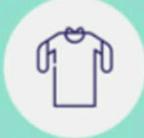
Wear disposable gown	Use of masks and protective goggles	Use of disposable gloves	
01	03	05	
			
Who should wear: all physicians and clinic staff	Who should wear: physicians during the procedure	Who should wear: physicians during the procedure	Who should wear: physicians during the procedure
Who should wear: physicians for each procedure	02	04	
	Use of surgical masks	Who should wear: physicians during the procedure	

FIGURE 5: Personal protective equipment

Hand washing/sanitization is recommended before and after contact with the patient, and the face should not be touched with contaminated hands.

Hands should be washed with soap and water or cleaned with 70% alcohol, which are capable of dissolving the lipid membrane of the virus and inactivate it.^{3,10,11} If soap and water are used, hands should be washed for approximately one minute. When 70% alcohol gel is used, the hand hygiene should last approximately 20 seconds.

The exam table should be covered with disposable sheets, which should be removed and discarded after use by each patient, always maintaining proper care to avoid self-contamination. All the equipment and instruments that may have been used in direct contact with the patient should be sanitized with 70% alcohol.^{3,11}

During physical examination, the patient's mask may be removed to examine the face and oral mucosa.¹⁰ Since there is risk of transmission via droplets at this moment, we suggest the use of protective goggles or a face shield, besides an N95 surgical mask, to increase protection.^{5,6,10} Figure 6 includes safety recommendations for specific dermatologic procedures.

After each consultation, all the surfaces touched by the patient or accompanying person should be sanitized with 70% alcohol or 1% sodium hypochlorite, including the exam table, chair, scale, sphygmomanometer, thermometer, etc.^{3,10,11}

Laboratory tests

COVID-19 tests can be classified as follows:

Test for the virus: RT-PCR/COVID-19.

Antibody or serological tests: for detection of IgM, IgA, IgG, which can be performed by various methods, such as ELISA, chemo fluorescence, and immunofluorescence.

In medical practice, thus far there is no consensus on the testing protocol for COVID-19.¹²

A positive test is highly suggestive of COVID-19, while a negative test does not rule out the disease. Patients and health professionals should assume they have the disease if they have signs or symptoms, even if they test negative.¹³

Indication for COVID-19 testing should follow figures 7 and 8, while Figure 9 shows the lab tests' interpretation.

PROCEDURE	APPROACH
Anesthesia and analgesia	Apply topical anesthesia in the procedure room itself. Patient keeps mask on while waiting. If ice bags are used, discard or sanitize with 70% alcohol after use.
Photographs	Photos preferably taken in the procedure room itself. Photographer should wear an N95 mask and face shield.
Injectables	Recommended PPE: N95, protective goggles, gown, gloves, face shield. Vials and syringes prepared in advance. Patient should put mask back on immediately after the procedure.
Non-invasive physical procedures (cryolipolysis, radiofrequency)	Patient and professional wearing masks. Sanitize tape measures and equipment/instrument tips according to manufacturer's instructions. Use disposable or sanitized sheets and cushions.
Laser ablation on head and neck region	These are considered non-respiratory procedures that generate aerosol. The use of coolers increases the risk. PPE should include N95 and face shield. After the procedure, the room and equipment should be sanitized. The patient should wear a new mask, since the procedure with epidermal lesion increases the susceptibility to infections.
Other treatments (facial masks, peelings, non-ablative laser, micro-needling)	N95 + face shield. Reduce the number of professionals in the room. Pain control without coolers. New mask for the patient at the end of the procedure.

FIGURE 6: Safety recommendations for specific dermatologic procedures

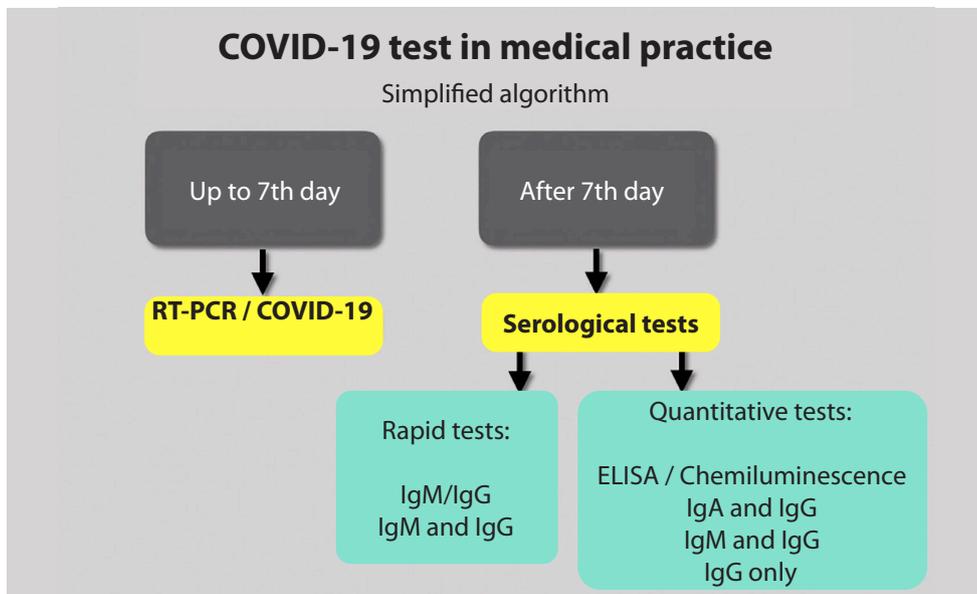


FIGURE 7: Indication for COVID-19 laboratory tests

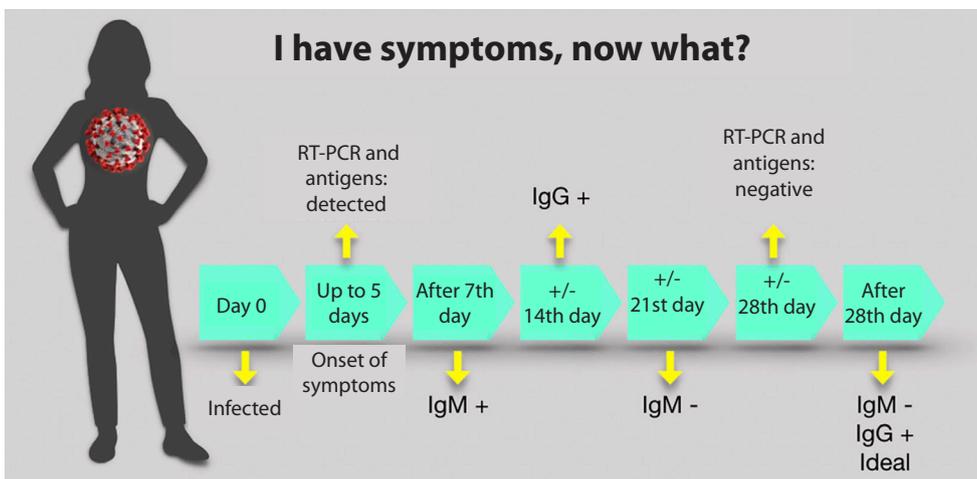


FIGURE 8: Indication for COVID-19 laboratory tests

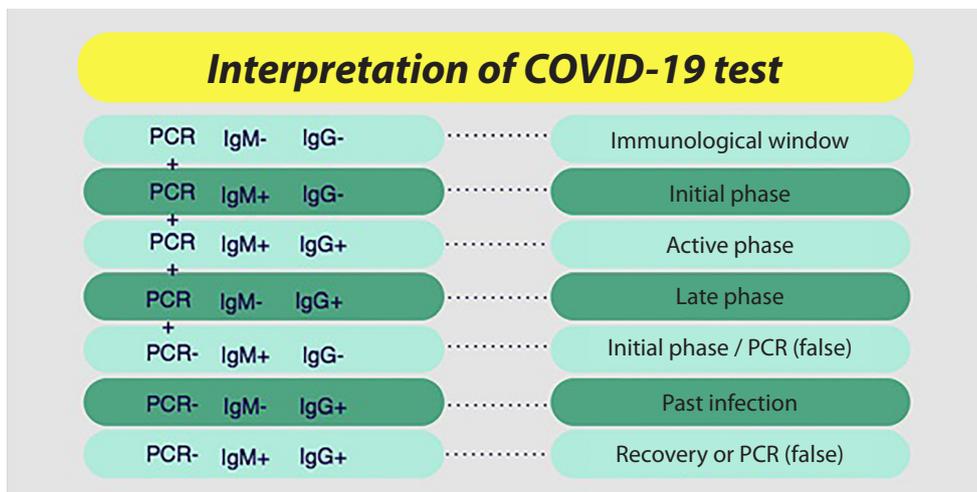


FIGURE 9: Interpretation of COVID-19 laboratory tests

CONCLUSION

The COVID-19 pandemic has raised unimaginable challenges. Constant discovery of new information means that health professionals face the additional challenge of keeping

up-to-date with the best practices.

Adaptations must be made to mitigate risks and guarantee safety for the patient and all professionals involved. ●

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