Carbon Blush - Restricted Service COVID-19 Operational Protocol

Introduction

As government guidelines ease, the national goal remains clear. We must facilitate a safe environment and practice with caution in all aspects of life in order to slow and prevent the spread of the virus. While lighter measures mean we can re-open, our full service cannot resume as of yet and we approach this decision with thought and thorough risk assessment.

We have taken the time over lockdown to plan and prepare appropriate methods for re-opening with the global pandemic in the forefront of our minds, listening closely to government advice as well as making decisions that are right for both our business and our patients.

This policy will be likely be adapted in line with government protocol following its release but is in addition to routine infection control, health and safety measures and professional standards.

We must make clear to patients and staff that these measures are intended to manage risk and cannot be assumed to completely eliminate any risk involving the virus.

COVID-19 Infection Prevention and Control Policy

1. Understanding transmission and principles of infection control

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

The incubation period is from 1 to 14 days (median 5 days). Assessment of the clinical and epidemiological characteristics of COVID-19 cases suggests that, similar to SARS, most patients will not be infectious until the onset of symptoms. In most cases, individuals are usually considered infectious while they have symptoms; how infectious individuals are, depends on the severity of their symptoms and stage of their illness.

The median time from symptom onset to clinical recovery for mild cases is approximately 2 weeks and is 3 to 6 weeks for severe or critical cases. There have been case reports that suggest possible infectivity prior to the onset of symptoms, with detection of SARS-CoV-2 RNA in some individuals before the onset of symptoms.

Further study is required to determine the frequency, importance and impact of asymptomatic and pre- symptomatic infection, in terms of transmission risks.

From international data, the balance of evidence is that most people will have sufficiently reduced infectivity 7 days after the onset of symptoms.

To read more government guidance on ‘Transmission characteristics and principles of infection prevention and control’ click here: https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/transmission-characteristics-and-principles-of-infection-prevention-and-control

2. Risk assessment for patients and staff

We are aware that the personal circumstances of both patients and staff differ. Anyone who feels unsafe, uncomfortable or at risk by coming into the clinic is asked to remain at home or take the actions that they personally see fit to reduce their risk.

We have asked all staff to consider their personal circumstances, family circumstances and their own social behaviours and how those might impact risk to the client. Equally, we are helping to reduce our own exposure and risks to patients as far as is possible.

Staff with individual circumstances will need to be risk assessed and taken into account when considering how and when to deploy. Staff should feel that the measures taken and roles allocated are appropriate and safe for them to undertake. Additional training will be provided where necessary.

Patients will be screened over the telephone - in addition to the usual medical, social and psychological history, specific risks for COVID-19 will need to be identified.

Some exclusion criteria are common sense and all risks Carbon Blush have identified will be appropriately addressed with additional precautions.

Risk factors to be included in the screening questionnaire include:

2.1 Medical History

- System diseases such as cardiac disease, respiratory disease, liver disease or kidney disease
- Diabetes
- Immunodeficiency
- Currently being treated for cancer
- Obesity
- Age 65 or over
- Ethnicity (black and asian higher risk)
- Any patient that has been advised to shield at home
- Any seasonal allergies which cause spontaneous coughing or sneezing

2.2 Recent symptoms

- Fever or cough
- Additionally any symptoms that are not 'normal' such as (but not limited to);
  fatigue, body aches, headache, sore throat, loss of smell or taste, nausea or diarrhoea.

2.3 Social factors

- Living with vulnerable family members (elderly or shielding)
- Recent contact (within 14 days) with someone diagnosed with COVID-19
- Current employment and social distancing measures at work
- Living with family who continue to work without adequate social distancing

- Uses public transport to work

Any staff with symptoms must self-isolate and close contacts advised and act as per government guidelines

3. Infection Control Measures

3.1 The environment we practice in

- All non-essential clutter, decoration, magazines or brochures will be removed
- Soft furnishings will be out of use
- Decommissioned door knockers & buzzers
- Call or text message system for entry
- Appropriate signage or screens/cordons may be necessary to support the new systems
- The patient 'journey' through the clinic will be well established, asking patients to avoid touching any surfaces, open doors etc for them, and inviting them to wash their hands on arrival

3.2 Cleaning

3.2.1 Common Areas

All common areas will be cleaned daily. All hard surfaces, including door handles, light switches etc. will be wiped using household bleach diluted as per brand instructions, or detergents which confirm they are effective against COVID-19. Once wiped with detergent, surfaces should be left for 10-15 minutes (or as per instructions). 70% alcohol wipes, sprays or gels are known to be effective within 30 seconds. Steam or fogging can be used on soft furnishings that cannot be removed such as carpets in common thoroughfares.

For additional guidance please read: Persistence of coronaviruses on inanimate surfaces and their inactivation with biocidal agents: https://www.journalofhospitalinfection.com/article/S0195-6701(20)30046-3/fulltext

3.2.2 In treatment rooms

Clinical work surfaces, treatment couches and anything used or touched during the treatment episode will be wiped with a detergent effective against COVID-19 e.g. bleach solution, diluted as per brand instructions, or 70% alcohol, after each patient treatment episode.
Staff should be allocated cleaning tasks associated with their designated role, ensuring all areas and risks are covered.

3.3 Ventilation

Rooms will be well ventilated, the quality of ventilation will be risk assessed according to the size of the room and what measures are possible to ventilate it between procedures.

To avoid patients and staff being irritated by cleaning fluids, time following cleaning will be allowed for any fumes to disperse and surfaces to dry. If windows can be opened, they will be.

If air conditioning is necessary to maintain the room at a comfortable temperature, the fan will be kept on low and the unit used to cool the room between treatments, rather than during.

3.4 Personal Hygiene

- Use of clean uniforms or scrubs will only be worn at work. These will not be worn to or from work and will be taken away in a specific bag and washed at 60 degrees between clinics.
- Hair will be kept clean and tied up if long as per infection control policy
- No sleeves or jewellery (except a wedding band) will be worn and nails will be naked and short, as per infection control policy.
- Hands will be washed as per infection control policy (For additional information please read: My 5 Moments for Hand Hygiene: https://www.who.int/infection-prevention/campaigns/clean-hands/5moments/en/)
- Avoiding touching eyes or face.
- Alcohol hand gels are not more effective than proper hand washing procedure and will not be substituted in a clinical environment.
- Patients will be invited to wash their hands on arrival. Alcohol hand gel is offered on departure, and will be dispensed by clinical staff wearing masks or from a hands free dispenser (**Alcohol is not as effective on soiled hands- they should be socially clean*).

3.5 Additional infection control

- Staff must bring in their own food (not go out to the supermarket for breaks), bring in their own utensils and mugs and take them home at the end of the day.

Patients will not be served refreshments.

4. Use of PPE

• Disposable gloves

• Disposable aprons

• Fluid resistant surgical face masks (as per government guidelines).

Fluid-resistant (Type IIR) surgical masks (FRSM) provide barrier protection against respiratory droplets reaching the mucosa of the mouth and nose. FRSMs are for single use or single session use and then must be discarded. The FRSM should be discarded and replaced and NOT be subject to continued use if they become soiled or damaged. The protective effect of masks against severe acute respiratory syndrome (SARS) and other respiratory viral infections has been well

established. There is no evidence that respirators add value over FRSMs for droplet protection when both are used with recommended wider PPE measures in clinical care, except in the context of AGPs.

Surgical masks should:

- Cover both nose and mouth
- Be worn once and then discarded – hand hygiene must be performed after disposal ? Be changed when they become moist or damaged
- Not be allowed to dangle around the neck after or between each use
- Not be touched once put on

A single face mask can be worn for a single task or session where you are going to be within a metre of the patients face. A single session refers to *'a period of time where a health care worker is undertaking duties in a specific care setting/exposure environment e.g. on a ward round; providing ongoing care for inpatients. A session ends when the health care worker leaves the care setting/ exposure environment'.*

Please refer to: Recommended PPE for primary, outpatient, community and social care by setting, NHS and independent sector: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878750/T2_poster_Recommended_PPE_for_primary__outpatient__community_and_social_care_by_setting.pdf

Sessional use will always be risk assessed. PPE will be disposed of after each session or earlier if damaged, soiled, or uncomfortable. It may not be necessary to change the mask between patients, providing we do not need to adjust it or remove it. If we need to take it off, we will remove it completely and dispose of it - Avoiding touching it, or your face.

- Eye protection or full-face visors

Eye and face protection provides protection against contamination to the eyes from respiratory droplets, aerosols arising from AGPs, from plume generating procedures and from splashing of secretions (including respiratory secretions), blood, body fluids or excretions.

Eye and face protection can be achieved by the use of any one of the following:

- Surgical mask with integrated visor
- Full-face shield or visor
- Polycarbonate safety spectacles or equivalent
- Regular corrective spectacles are not considered adequate eye protection.

Since we are not treating confirmed, suspected cases or symptomatic patients (though we cannot know), we may or may not choose to wear based on risk assessment. Such protection should be worn if there is a risk of splashing with blood, respiratory or bodily fluids or if we are performing plume generating procedures which include laser and ablative plasma.

Staff will be trained on how to don, doff and dispose of PPE safely. (Please refer to: Guide to donning and doffing standard Personal Protective Equipment (PPE): https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877658/Quick_guide_to_donning_doffing_standard_PPE_health_and_social_care_poster__.pdf)

- Wash hands after removing and disposing of PPE as per policy
- Staff wearing PPE should take regular breaks and maintain hydration
- For additional information please refer to the Government Guidelines on COVID-19 personal protective equipment (PPE): https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe%23section-10
- When requiring signatures, we will risk assess and use alternative methods.
  For example:
  - Consent forms can be sent to the patient electronically in advance, and confirmation of reading and agreement sent by email. We may then sign on the patients behalf in clinic.
  - Considering the functions on electronic platforms that may be used, such as recording.
  - Have paper copies in clinic, the patient may use their own pen to sign, take a photograph for the
    record, then the patient may take the hard copy with them.
  - If using paper records, the patient may sign with their own pen and place the record face down in a tray. These records can stored securely, for filing 72 hours later and not touched in the meantime.
  - Pens/ stylus can be disinfected between use with alcohol wipes and used immediately following hand washing.
- No hugging, hand shaking, keep talking to a minimum.
- Patients (and staff) with seasonal allergies who are prone to sneezing or coughing should take antihistamines and if symptoms are not managed, wear masks which may limit the treatment options. (This risk should be identified at pre appointment screening). It is important to minimise the dispersal of respiratory secretions, reduce both direct transmission risk and environmental contamination.
- If either a member of staff or a patient does need to cough or sneeze, then the ,'Catch it, bin it, kill it' process must be applied. Disposable tissues will be available, used covering nose and mouth, then disposed of promptly in a lined, pedal operated bin and hands washed immediately.
- Patient's skin will be disinfected with either hypochlorous products such as Clinisept+ or Natrasan or 70% alcohol.
- How patients access the clinic will be assessed - Can we see them at the door? Is there a buzzer, if yes it should be decommissioned and a call or text message system put in place.
- If for the patient, cash payment is necessary, then additional precautions will be taken; gloves worn, the cash bagged, and hands washed following the exchange.

- Patients will be asked not to bring unnecessary belongings with them, essentials must be placed on a surface or in a container which can be disinfected or disposed of between patients.

5. Social distancing

Minimise contact time.

Consultations, assessments, consent and routine follow up will be conducted by video call, or meeting apps to avoid unnecessary visits and keep 'exposure' time in the clinic to an absolute minimum. We aim to use high security and privacy platforms.

Appointments will be scheduled to ensure only one patient comes in and out at a time. The reception area will be decommissioned and patients will be taken straight to the treatment room, maintaining a 2 metre distance from any staff until the procedure commences.

When seating is necessary, furniture will be moved to ensure a distance of 2 metres or more between staff and patients except during treatments.

Staff will also observe the 2 metre social distancing rule at all times and take breaks separately.

Payments will be taken remotely if possible to avoid the use of a card machine. Patients will be advised in advance.

Staff will be partnered and rotated to minimise exposure, and should a member of staff develop symptoms, the numbers exposed are limited and easily identifiable.

Non-clinical staff will be redeployed in pre-appointment screening and ensuring patients receive all necessary information and advice in advance and appropriate remote follow-up.

Non-clinical staff will also be helpful in escorting and supervising patients from entry to treatment room, allowing the clinician to remain in and prepare the treatment area between patients.

If practical, specific tasks will to be allocated, for example, a single person answering the telephone/using the computer/taking before and after photos - to avoid/minimise the risk of cross contamination.

6. Risk assessing procedures

Some treatments present a higher degree of risk than others, either because of the site (close to the nose or mouth) or because they may generate aerosol, splash or plume.

Each treatment will be risk assessed and determined which require specific and additional measures and which treatments cannot be offered.

Any concerns staff might have will be considered and measures to satisfy their need to feel safe undertaken.

<u>6.1 Dermal fillers</u>

Whilst dermal fillers do not impact risk of contracting or recovery from any viral infection, there is some evidence to suggest viral or bacterial infections can trigger immunogenic reactions in the

implants, which may be delayed. We will ensure this risk is specifically addressed in your consent and documented. Should this complication arise, management may be challenging as steroids cannot be used, and should lock down recur, face to face treatment such as HyalaseTM (hyaluronidase) cannot be administered. The symptoms may be inconvenient, but will not be life threatening and may settle spontaneously.

6.2 Treatments requiring prolonged contact time

Subject to patient specific risk assessment, we aim to plan procedures to minimise contact time. Multiple procedures in one session will be avoided.

6.3 Lip treatments and non-surgical rhinoplasty

In infected patients a viral load is present in the nose and throat. The decision to include lip and nose treatments on our treatment list is subject to our own and patient specific risk assessment.

Hypochlorus solutions such as Clinisept+ or Natrasan may be used as a mouth wash and gargle (15 mls for 30 seconds) and also as a nasal spray. We may use this as a sensible additional precaution for all facial dermal filler treatments where the patient cannot wear a facial covering.

If mouth washes are provided then single use medicine cups will be used, patients instructed not to spit out, but to gently expel back into the cup. Cardboard receivers may be used to prevent spillage. The cup and contents can be disposed of in the clinical waste bin.

The patient should not be talking during the procedure.

6.4 Treatments requiring a staged course or more than one treatment at intervals

Global circumstances may change rapidly. Should you require a treatment that will need frequent treatment or an evenly spaced course, patients must personally consider whether deferring until a full service can re-open will be better for treatment results. Should lock down measures shift backwards instead of forwards Carbon Blush will not be liable to for any missed treatments or impact on treatment results.

7. Adverse events and outcome dissatisfaction

All treatments carry some risk of adverse reaction or complications. Carbon Blush will employ a higher risk versus benefit threshold and discuss the implications with our patients. Each patient and procedure will be risk assessed and an appropriate strategy for managing said treatment will be decided on. If we cannot employ a strategy to support our patient, we will not proceed and defer treatment.

8. Complaints and concerns management strategy and terms

Should any complication arise and a lock down is enforced, face to face consultations will not be possible and any assessment, management and support can only be provided by telephone or

video call, remotely. Corrective procedures will not be possible until lockdown is released. If this risk is unacceptable to the patient, they should not proceed.

No refunds or financial compensation can be offered for circumstances beyond our control.

By booking a treatment patients are accepting these risks and terms.

9. Reassuring and educating patients

It is understandable that patients will be anxious.

As part of pre-appointment screening and consultation, we will explain all the steps we are taking to manage risk. We will Identify and address any specific concerns a patient might have and if a patient seems especially anxious, we will reassure them they can defer treatment until they feel safer.

All staff will be appropriately trained in talking to patients appropriately during this time.

This protocol has been modelled from the Save Face COVID-19 Operational Protocol. You can visit their website to see the validity of this information.

Following your appointment you will be contacted again to follow up as advised by your practitioner and as agreed with you.

Should you have any concerns, questions, or any other reason to contact us, then please do not hesitate to get in touch via phone, email, or social media platforms. Please refrain from visiting the clinic without pre-planning and appropriate screening and risk-avoidance measures having been undertaken prior.