COVID-19 OPERATIONAL PROTOCOL

PERFECT IMAGE CONSULTANTS

Updated – May 2021

Contents

Table of Contents

1.Covid-19 infection prevention and control policy 4

Understanding transmission and principles of infection control..... 4

2. Risk assessment for patients and staff 5

2.1 Staff..... 5

2.2 Patients 5

2.3 Medical History..... 6

2.4 Recent symptoms 6

2.5 Social factors 6

3. Infection control measures 7

3.1 The environment 7

3.2 Cleaning..... 7

3.2.1 Common Areas 7

3.2.2 In treatment rooms 7

3.3 Ventilation..... 7

3.4 Personal Hygiene 8

3.5 Additional infection control 8

3.2 Cleaning in case of a Coronavirus case at the clinic..... 8

4. Use of PPE 9

4.1 The appropriate PPE will be provided for staff 9

4.2 Surgical masks should: 9

4.3 Eye protection or full-face visors..... 9

4.4 Other points to note 10

4.5 Patient guidance..... 10

5. Social distancing..... 12

5.1 Changes to practice/ Premises 12

5.2 Staff deployment 12

6. Risk assessing procedures..... 13

6.1 Injectables 13

6.2 Treatments requiring prolonged contact time..... 13

6.4 Treatments requiring a staged course or more than one treatment at intervals..... 13

6.5 Plume generating procedures (laser, ablative plasma or diathermy) 13

7. Suspected, confirmed case if Covid-19..... 14

7.1 Patient cases..... 14

7.1.1.Suspected patient case 14
7.1.2 Suspected patient case upon arrival 14
7.1.3 Confirmed patient case following an appointment 14
7.2 Staff Cases 14
8. Complaints and concerns management strategy and terms 16
9. Reassuring and educating patients 17
10. The Patient Journey 18
11. Patient screening Questionnaire 19

1. Covid-19 infection prevention and control policy

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 whilst 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.

Guidance - Transmission characteristics and principles of infection prevention and control
https://www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information/wuhan-novel-coronavirus-epidemiology-virology-and-clinical-features#transmission

(accessed May 2021)

2. Risk assessment for patients and staff

2.1 Staff

- Consider their personal circumstances, family circumstances and social behaviours and how those might impact risk to patients.
- Reduce their own exposure and risks to patients as far as is possible.
- Individual circumstances will need to be assessed and taken into account when considering how and when to deploy each member of staff.
- Should feel that the measures taken and roles allocated are appropriate and safe for them to undertake.
- Please alert Dr. Silva as soon as possible if you have any concerns or information that may risk the clinic staff and/or its patients.

2.2 Patients

- Will be screened over the telephone before the appointment, in addition to the usual medical history, specific risks for Covid-19 need to be identified.

In Addition

Some exclusion criteria are common sense, some Dr. Silva may decide upon himself. Some risks will be appropriately addressed with additional precautions.

Risk factors to be included in the screening questionnaire include;

2.3 Medical History

Due to updated government guidance, medical history will not affect a patients ability to book and appointment. Latest government advise no longer includes shielding.

2.4 Recent symptoms

- Fever
- New and continuous cough
- Loss or change in taste or smell

Additionally any symptoms that are not 'normal' such as (but not limited to);

- Fatigue
- Body aches
- Headache
- Sore throat
- Nausea
- Diarrhoea.

2.5 Social factors

- Recent contact (within 14 days) with someone diagnosed with Covid-19.
- Any patient returning from abroad must follow the isolation criteria for that country at the time of returning. If this requires isolation at home or in a hotel, no appointments may be given until this period is over.

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

  Any patients with the symptoms above may not be given an appointment and therefore refused treatment

3. Infection control measures

3.1 The environment

- Ensure that non-essential clutter, decoration, magazines or brochures are removed from the clinic
- Any soft furnishings are removed
- Decommission door knockers or buzzers and substitute with call or text message system for entry
- Signage or screens/cordons may be installed where necessary to support the new systems
- Established patient 'journey' through the clinic.

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

70% alcohol wipes, sprays or gels are known to be effective within 30 seconds. For additional guidance.

3.2.2 In treatment rooms

Clinical work surfaces, treatment couches and anything used or touched during the treatment episode will be wiped with Clinnell wipes.

Staff will 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 should 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

Clinical staff should ensure they use clean clothes or scrubs that are only worn at work. These should not be worn to or from work and will be taken away in a specific bag and washed at 60^0 between clinics.

Keep hair clean and tied up, if long, as per infection control policy.

Do not wear sleeves, jewellery (except a wedding band) and keep nails naked and short, as per infection control policy.

Wash hands as per infection control policy. For additional information please read: My 5 Moments for Hand Hygiene – Infection Control Policy.

Avoid touching eyes or face.

Alcohol hand gels are not more effective than proper hand washing procedure and should not be substituted in a clinical environment.

Patients will be invited to wash their hands upon arrival.

Alcohol hand gel is offered on departure, this will be dispensed by clinical staff wearing masks or from a hands-free dispenser.

3.5 Additional infection control

Patients will not be served refreshments.

3.6 Cleaning in case of a Coronavirus case at the clinic

A company will be contacted to deep clean the clinic in the event a confirmed coronavirus virus case has been to the clinic.

4. Use of PPE

4.1 The appropriate PPE will be provided for staff

- **Disposable gloves**
- **Disposable aprons** and
- **Fluid resistant surgical face masks**
- **Facial visors**
- (accessed September 2020)

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.

4.2 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 patient's face. A single session refers to *'a period of time where a practitioner is undertaking duties in a specific care setting/exposure environment. A session ends when the practitioner leaves the care setting/exposure environment'.*

Sessional use should always be risk assessed. PPE should 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 you do not need to adjust it or remove it. If you need to take it off, remove it completely and dispose of it. Avoid touching it or your face.

4.3 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.

4.4 Other points to note

- Since we are not treating confirmed, suspected cases or symptomatic patients (though we cannot know), such protection should be worn if there is a risk of splashing with blood, respiratory or bodily fluids or you are performing plume generating procedures which include laser and ablative plasma.
- Staff should be dispose of the PPE correctly and in the appropriate manner
- Wash hands after removing and disposing of PPE as per hand washing guidelines.
- Staff wearing PPE should take regular breaks and maintain hydration
- When requiring signatures, risk assess and use alternative methods.
  For example;

- Pens/ stylus can be disinfected between use with alcohol wipes and used immediately following hand washing.
- Avoid hugging and hand shaking.
- 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. 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 must be available, used covering nose and mouth, then disposed of promptly in a lined, pedal operated bin and hands washed immediately.
- Patient's skin should be disinfected with either hypochlorous products such as Clinisept+ or Natrasan or 70% alcohol.

4.5 Patient guidance

Consider how patients will access the clinic. Can you 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 should 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.

Patients are asked to attend their appointments wearing a face covering. The face covering to be worn at all times if possible.

5. Social distancing

5.1 Changes to practice/ Premises

Minimum contact time should be maintained

Appointment schedule has changed to ensure only one patient is in and out the clinic at any one time.

The reception area and consultation room has been decommissioned, patients will be taken straight to the treatment room, maintaining a 2 metre distance from any staff until the procedure commences.

Payments – Cash payments should be avoided. Where possible patients should pay by Bank transfer, if this is not possible the card machine will be available to use, but will be wiped down before and after each use.

5.2 Staff deployment

Other than Dr. Silva there may be only one other practitioner on any given day.

Non-clinical staff may 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 may 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.

Staff members will be restricted to their own area of work, with their specific duties. There should be no overlap in staff for example sharing computers, pens etc.

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.

Risk assess and determine which treatments require specific and additional measures and which treatments cannot be offered.

6.1 Injectables

Whilst injectables 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. 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, procedures are now planned to minimise contact time.

Multiple procedures should be avoided.

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

Circumstances may change rapidly.

Treatment may be deferred depending on the length and the number of treatments required.

6.5 Plume generating procedures (laser, ablative plasma or diathermy)

For General information can be found at :
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf

7. Suspected, confirmed case of Covid-19

7.1 Patient cases

7.1.1.Suspected patient case

All patients must answer a Covid-19 questionnaire over the telephone prior to booking an appointment.

In the event that a patient is suspected, due to having recognised symptoms, of having contracted Covid-19 or has had it confirmed by test then Perfect Image Consultants Ltd. will not be able to treat the patient and will decline to book an appointment until 2 weeks after the symptoms subside. We will advise the patient to self-isolate and, if the patient has not had a test, to request one via the NHS website.

If, during completion of the questionnaire, we are made aware that the potential patient has come into contact with someone who has had a confirmed case of Covid-19 we will decline an appointment and ask the patient to call back in 2 weeks.

7.1.2 Suspected patient case upon arrival

When a patient arrives their temperature is taken. If the temperature is 37.5 degrees C or more then the patient will be advised to return home, self isolate for 14 days and if the patient has not had a test, to request one via the NHS website.

7.1.3 Confirmed patient case following an appointment

If, following an appointment, we are advised by official contact tracers that one of our patients has a confirmed case of coronavirus then all staff who have been in the clinic since the infected patient will be advised to self-isolate for 14 days. The names and contact details of all patients who have been in the clinic since that point will be given to the contact tracers.

The clinic will be closed and undergo a deep clean before any further staff or patients are allowed to enter the premises.

7.2 Staff Cases

No staff member should enter the clinic if they:

- have coronavirus (COVID-19) symptoms or have tested positive for coronavirus
- are told to self-isolate (stay at home) by a government test and trace service, because they've been in close contact with someone who's tested positive
- need to self-isolate because someone in their household has symptoms or has tested positive
- need to self-isolate because they've returned to the UK after being abroad

If they're already at work, they should:

- advise Dr Silva immediately and go home
- avoid touching anything and wash their hands
- cough or sneeze into a tissue and put it in a bin, or if they do not have tissues, cough and sneeze into the crook of their elbow
- avoid using public transport to travel home, if possible

If a member of staff with coronavirus comes to work, the clinic does not necessarily have to close, but should follow the clinic cleaning guidance.

In the event that any individual staff members need to self isolate then cover is as follows :

Karen Burke covered by Charandip Bansal
Julie Wilson covered by Charandip Bansal
Charandip Bansal covered by Karen Burke or Julie Wilson
Dr Silva to be covered by Shannon Lister or Sarah Curtis-Hicks
Shannon Lister covered by Dr Silva
Sarah Curtis- Hicks covered by Dr Silva or Shannon Lister
Dr. Katarina Bennet covered by Dr Silva, or Shannon Lister

In the event that no cover is available or numerous staff are absent and the clinic has temporarily closed for a deep clean, then patients' appointments will be rearranged.

Ensure that:-

- Temperatures to be taken each day upon arrival. Anyone with a temperature of 37.5 degrees C or higher will be advised to return home, self isolate for 14 days and if the patient has not had a test, to request one via the NHS website.
- All staff must wash their hands using the NHS hand hygiene technique upon entering the clinic and wear a mask.
- Surfaces are to be regularly wiped down with Clinell wipes.
- All staff members are to inform Dr Silva immediately of any changes to their health or contact with anyone who has Covid-19.

8. Complaints and concerns, management strategy and terms

Generally patients will be advised in advance and in writing that should a complication (any complication described in consent) 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 they are accepting these risks and terms.

9. Reassuring and educating patients

Patients will be anxious.

Staff will identify and address any specific concerns a patient might have. If a patient seems especially anxious, avoid persuading them, but rather reassure them they can defer treatment until they feel safer.

Patients can ask for an email to help understand the patient journey.

10. The Patient Journey

Step 1 : Patient to make an appointment by telephone. No walk in appointments

Step 2: Patient to be asked the patient COVID 19 screening questionnaire.

Step 3: If the patient passes the screening questionnaire- appointment to be made for 1 hours and the patient journey explained. If the patient does not pass the screening, the appointment will be refused until circumstances change.

Step 4: Patient to arrive for appointment on time – not early or late. If the patient arrives late, they maybe be asked to rebook their appointment. Patients to arrive wearing a facial covering and told to avoid bringing personal belongings to the appointment. Patient should attend appointment unaccompanied, if possible.

Step 5: Patient to call the clinic, to alert staff of their arrival,- staff will allow entry.

Step 6: Patients will be escorted directly to the treatment room, patients not to wait or sit in the reception area.

Step 7: Patients will be invited to wash their hands- Dr Silva will over see this and ensure patients are washing hands according to the guidance.

Step 8: Patients temperature will be taken and recorded

Step 9: Patient consultation – patient should wear a mask at all times if possible. Staff will maintain a safe distance.

Step 10: Patient Treatment

Step 11: Patient escorted to reception to make payment if they cannot pay by bank transfer.

Step 12: Patient leaves the clinic.

Step 13: Appropriate staff to ensure all surfaces are wiped down, change PPE.

11. Patient screening Questionnaire

Coronavirus Patient Questionnaire For Perfect Image Consultants
Please note, as a safety measure, we require the following information:

SURNAME	FIRST NAME
APPT	REPEAT PATIENT?

Have you travelled abroad in the last 14 days?	YES	NO

Have you experienced any of the coronavirus symptoms in the last two weeks? If yes, please circle.	
NEW AND CONTINOUS COUGH	HIGH TEMPERATURE
LOSS OF SMELL / TASTE	CHANGE TO SMELL / TASTE

Have you had or been in contact with anyone who has had a confirmed case of coronavirus?	YES	NO

PLEASE NOTE:- • **Patients must attend their appointment wearing a face covering** • **Patients must attend their appointments alone where possible** • **Patient temperature will be taken & must wash hands on arrival** • **Patient must maintain a safe distance from others at the clinic**	YES	NO

Date of questionnaire		Completed by	

Please confirm – • **The above is correct as at today's date.** • **You understand that whilst we have done all we can to protect both patients and staff from Covid-19, you are aware that you are here by choice and the clinic cannot be held responsible in the event that you contract Covid-19.**	YES	NO

PATIENT SIGNATURE:	DATE:

Temperature on arrival	Time Taken	Taken By (Name and Sign)
Please ask patient to wash hands as per guidelines		