



COSMETIC PHYSICIANS
COLLEGE
OF AUSTRALASIA

CPCA Updated Guidelines COVID19

1st June 2020

**Sharing of COVID19 Guidelines when, or if,
there is an intention to return to
cosmetic medical (non-surgical) procedures**

Executive Summary

The Cosmetic Physicians College of Australasia (CPCA) produced guidelines for members of the College (3rd May 2020) intending to return to practice Cosmetic Medicine. Again, this update is freely shared with other medical practitioners in preparation for return to cosmetic medicine (non-surgical). **Important additions to the CPCA's COVID19 guidelines now include recommendations on Telehealth and the use of Non-Ionising Radiation (NIR) devices.**

NOTE: The College notes that easing of community restrictions is likely to see COVID19 'hot-spots' occur which will require rapid responses to isolate breakouts. Therefore, it is essential that there is no 'easing' of managing safety of the patient and the community at large. The degree of vigilance and attention to detail in our practices should now be heightened, as the public mobilise within communities.

If you are a registered medical practitioner working from a dedicated medical facility, you may use these guidelines acknowledging authorship of the CPCA and on the understanding that the guidelines are subject to copyright and therefore faithfully reproduced as published here. You should read these guidelines carefully and be aware that the COVID19 situation remains fluid and it is the responsibility of every medical practitioner to interpret and observe any restrictions that are installed in their specific locality.

Preface: The following guidelines are suggestions only, concerning HOW not WHEN to return to your cosmetic medical practice. Importantly, the guidelines are essentially determined to prepare the return. It is highly recommended that you rehearse the processes you put into place prior to receiving patients

When selecting the appropriate PPE to use, consider the reason for its use. Simple surgical masks are primarily used to protect the patient with some protection to the person wearing it. If it is necessary to protect the practitioner or staff, consideration should be given to using an N95/P2 mask and/or a disposable gown. This decision should be based on a risk analysis taking into account the possibility of droplet contamination, airborne particles or plume.

Recommended Guidelines Recommencement of Cosmetic Medicine

The following recommended guidelines have been developed to assist doctors to conduct safe practice to the extent possible during the SARS-CoV-2 (COVID-19) pandemic when returning to

Cosmetic Medicine. Before implementing these guidelines, doctors should check the restrictions in place in their clinic's locality and their Medical Indemnity Insurer cover, and closely follow announcements that may affect these guidelines in the future. The College can accept no responsibility for errors and/or omissions regarding these guidelines, and those who implement the said guidelines do so at their own risk.

Assumption:

These guidelines apply to the practice of Cosmetic Medicine within dedicated medical facilities with a doctor on site, where universal precautions are being routinely applied. With the advent of the COVID-19 pandemic, extra measures are now required.

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1. The Cosmetic Medical Patient Journey

- 1.1: Telehealth has been broadly used as a temporary measure by General Practitioners during the pandemic for patients to 'stay home' wherever possible during previous COVID19 restrictions.

Should Telehealth be used in cosmetic medicine assessments, the College recommends following the **RACGP Telehealth Guidelines** principles:

- I) The patient should be known to the medical practitioner (not a new patient).
- II) Telehealth process provides screening to determine if face-to-face presence is required and not seen as an equal substitute for patient visits in all cases.
- III) Consultations should comply with Medical Board of Australia 'Technology-Based Consultations'

- <https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Technology-based-consultation-guidelines.aspx>
- <https://www.racgp.org.au/getmedia/53011161-bcf0-4174-b49e-ff3a7154f691/Guide-to-providing-telephone-and-video-consultations-in-general-practice.pdf.aspx>

Any Telehealth consultation, where the patient is not known to the prescribing medical practitioner should be used with caution, and **should not be used for remote prescribing without a subsequent face-to-face consultation**, in accordance with Best Practice Guidelines (Cosmetic Medical Alliance), 2019. In the event remote consultations are undertaken with the patient by video, the consultation should be followed according to the Medical Board of Australia 'Technology-Based Consultations'

- 1.2 Prior to attendance, the patient should be advised to call ahead to prevent the number of patients exceeding those permitted in common areas.

Point of entry should be controlled by a dedicated staff member while maintaining social distancing not less than 1.5m and the patient be provided with hand sanitisation and advised not to touch their face.

- 1.2.1 Questionnaire regarding COVID-19 should be provided (Appendix 1)

1.3 Exclusion Criteria: Relative Risk Score <10 require assessment by the on duty medical practitioner

1.3.1 Patients with **any** respiratory signs of coughing and sneezing should not enter the clinic

1.3.2 Temperature check upon entry.

Questionnaire requires 10 pts to be regarded as lowest relative risk

(NOTE: Temperature elevation is a relatively late sign and patients who are **afebrile** does not exclude the possibility of COVID19.

1.3.3 Patients may have previously been in warm surroundings of motor vehicles or direct sunlight. Patients who test above 37C should be directed, maintaining social distancing, to an isolated area and retested in five (5) minutes.

1.3.4 On second testing, if the patient is <37C the patient should be allowed to continue the patient journey, maintaining the category of low relative risk

1.3.5 Consistent temperature of >37C indicates an elevation of relative risk and the patient should be advised that they cannot be treated. The patient should then be requested to remain in the isolated area and a member of Medical (Doctor) staff should be notified immediately to assess the patient's circumstances

1.3.6 Medical staff should review the patient's questionnaire and assess the patient while maintaining social distancing. Medical advice to the patient should be subsequently provided which should include attendance to the patient's GP or, if clinically indicated, to a COVID19 testing facility. Medical staff should only consider physical examination such as by auscultation, if PPE is worn, including N95/2 mask (minimum requirement), face shield/goggles, gowned and gloved.

1.3.7 Where the relative risk of COVID19 is low, the patient should ideally be escorted directly to an individual private consultation/treatment area. If a waiting area is to be used, it should conform to social distancing requirements with not more than 1 person per 4 square metres. Ideally, the waiting area should contain only one person at any one time. Magazines and brochures should be removed and cosmeceuticals should be placed in a locked display cabinet.

1.3.8 During face to face consultation the patient should be provided discretionary access to gloves, face mask and tissues. Special emphasis should be placed upon the potential for patients to cough or sneeze during treatment. Ready access of tissues for this purpose is highly recommended.

Removal of any mask worn by the patient may be required at the request from the practitioner if the area of examination includes the peri-oral region.

1.4 Examinations and/or treatments

1.4.1 Examinations and/or treatments in the patient's peri-oral region PPE including N95/2 mask (minimum), face shield/goggles, scrubs, hair cover, and single use gloves are recommended

1.4.2 Surgical masks (minimum) should be worn for all other procedures along with protective eye wear, clean single use gloves, and scrubs as a minimum requirement

1.4.3 All procedures should involve washing (>20 seconds) with soap or detergent and water. The patient should be instructed after this wash not to touch their face. The face or area of treatment should then be retreated with a suitable antiseptic. Antisepsis should be allowed to dry before proceeding with any treatment.

Please be mindful that both Chlorhexidine and Iodine alone are not effective against coronavirus so should not be relied upon solely as a skin preparation for patients.

1.4.4 Treatments should be of short-term duration, preferably not exceeding 30 minutes.

1.5 Procedures using non-ionising radiation

1.5.1 Procedures using light-based and other NIR devices should be in accordance with ARPANSA Consumer Guidelines (30/4/2020) with assessment prior to treatment by a doctor if the procedure is not carried out, or supervised by a registered medical practitioner (As there is a paucity of information regarding the behaviour of SARS-CoV-2 a high degree of caution needs to be exercised).

1.5.2 N95/2 masks are recommended using NIR treatments, including laser/IPL hair removal.

1.5.3 Ablative devices, or any device producing smoke plume, including cauterisation procedures should only be performed by trained and experienced registered medical practitioners with a background of a minimum of three (3) years continuous experience. N95/3 mask (minimum standard), in conjunction with an approved smoke-evacuation device in premises with adequate ventilation/circulation capability.

1.5.6 If assistant is required in 1.5.3 the assistant should wear identical PPE to the registered medical practitioner.

2. The environment:

2.1 After each treatment all surfaces should be sanitised and the room not re-used until at least the time taken for surfaces to completely dry has elapsed. This will require extra time to be allowed for each appointment. A log detailing sanitisation episodes should be held and be reviewed daily and available for audit at all times. All other duties of care should proceed and occur as previously practised.

2.2 One-way patient flow is highly desirable to the extent where possible. Arrow direction of patient flow should be clearly marked upon the floor. Where possible, patients should not exit from the point of entry.

2.3 High-touch points such as door handles, desks, examination couches, tabletops and toilets should regularly be sanitised and recorded for auditing.

2.4 Importantly, 1.5m social distancing between all persons except during active treatment should be maintained. Accompanying persons should ideally not be in attendance with the patient on the premises.

- 2.5 Staff should change into work clothing (scrubs) on-site and place used garments at the end of shift into a plastic bag for laundering.
- 2.6 The Five Moments of Handwashing <https://www.hha.org.au/hand-hygiene/5-moments-for-hand-hygiene> plus the Australian Government COVID-19 knowledge assessment and certification <https://www.health.gov.au/resources/apps-and-tools/covid-19-infection-control-training> using online assessment should be undertaken by every staff member.

3. COVIDsafe application

- 3.1 The College recommends the use of the COVIDsafe App. Consider using a dedicated device at the point of entry and to follow the instructions on the use of the App
- 3.2 In the event the COVIDsafe application recognises a COVID19 contact, the Department of Health will contact you. Your facility should be immediately closed and evacuated for deep cleaning by an approved service provider.

4. Frequently asked questions

- **How do I know if staff at the clinic, including the doctor has COVID-19?**
Staff who are known contacts of COVID-19 positive patients are required by law to self-isolate at home.

Staff with symptoms of fever, cough and fatigue are required to stay home until well.
- **Should I let the clinic know if I am unsure about people I have been in contact with?**
Yes, you should. A determination of each circumstance will be assessed by the medical practitioner.
- **Is it absolutely safe to have cosmetic medical procedures at this time?**
It is safe to the extent possible, comparable to going to the, hairdresser, dentist and other similar places where social distancing disciplines are observed
- **Will cosmetic injections make me more susceptible to COVID-19 virus infection?**
There is no evidence that cosmetic procedures make patients who are otherwise well more susceptible to disease processes, including COVID-19.
- **If I develop side effects from my cosmetic medical procedure, how do I know if they are not related to COVID-19?**
Side effects from cosmetic medical procedures are different to the effects of COVID-19 which are primarily shortness of breath, persistent cough, and fever.
- **Can I bring a friend with me when I attend the clinic?**
It is preferred that you come alone to your appointment, but if necessary, you may bring a member of your family if they reside with you.
- **My children are at home so is it ok if I bring them with me to the clinic?**
Children should NOT attend with you.
- **If I develop a fever, a cough or feel unwell after visiting the clinic, what should I do?**
It is essential that you advise the clinic should these symptoms develop as soon as they occur after your attendance.

- **Will I be able to contact someone at the clinic after my procedure if I have any questions?**

Yes. You will have contact details, including after-hours contacts, provided to you, or simply call the office number and a recorded message will provide information on contact details.

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