GSN PHARM|AESTHETICS

COVID-19 OPERATIONAL PROTOCOL

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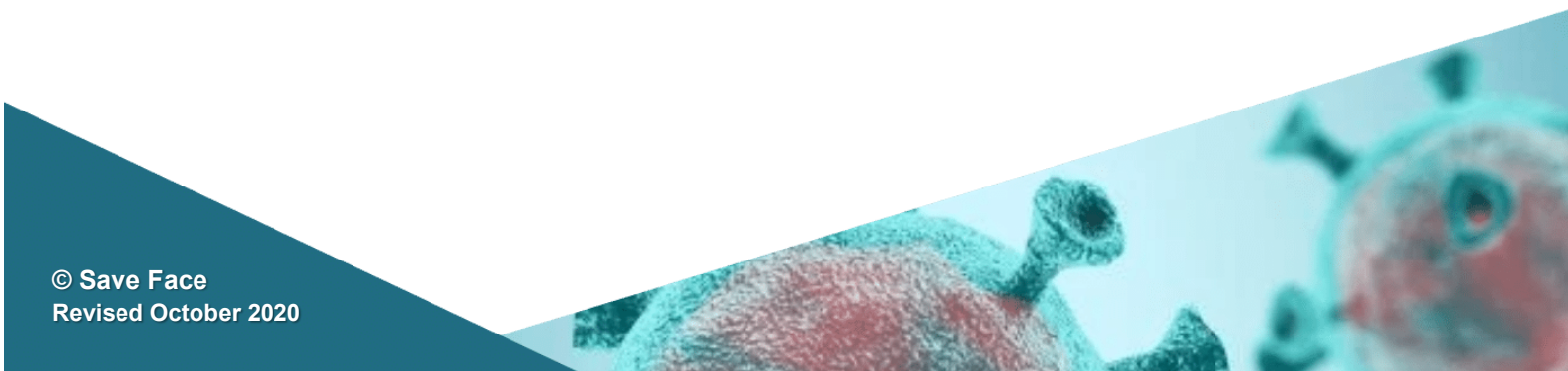


Revised October 2020

THE NATIONAL GOAL REMAINS CLEAR, WE MUST AS A SOCIETY, SLOW THE SPREAD OF THE VIRUS AND PROTECT THE NHS FROM BEING OVERWHELMED.

Introduction

We are all looking forward to lighter lock-down measures and a time when we can resume services for our patients. However, we cannot return to business as usual. We must take extra care to protect both patients and staff from contracting the virus and promote safe treatment in a safe environment.

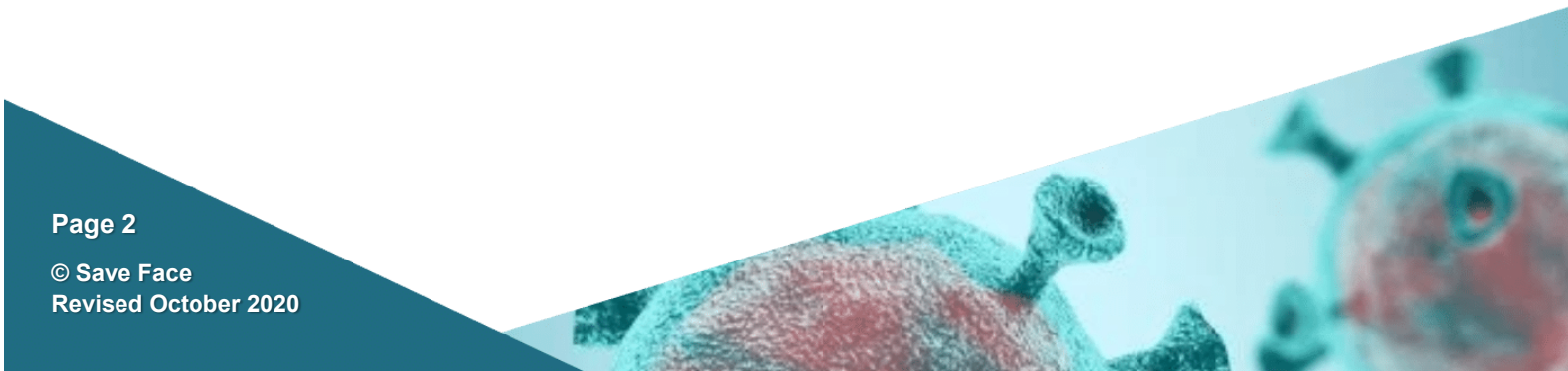
Once government has determined services such as ours can resume, the decision to open or remain closed is ultimately one that you must personally take and will be dictated by your own risk and feasibility assessment.

It seems sensible to begin preparing and planning for reopening once national and/or devolved governments gives that permission.

As the course of the pandemic evolves, new evidence is likely to emerge and government advice may change. This policy template will not supersede government advice and thus must be reviewed and adapted accordingly.

This policy is in addition to routine infection control, health and safety measures and professional standards.

It should be made clear to patients and staff that these measures are intended to manage risk and cannot be assumed to completely eliminate any risk of contracting 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.

Guidance - Transmission characteristics and principles of infection prevention and control
(accessed May 2020)

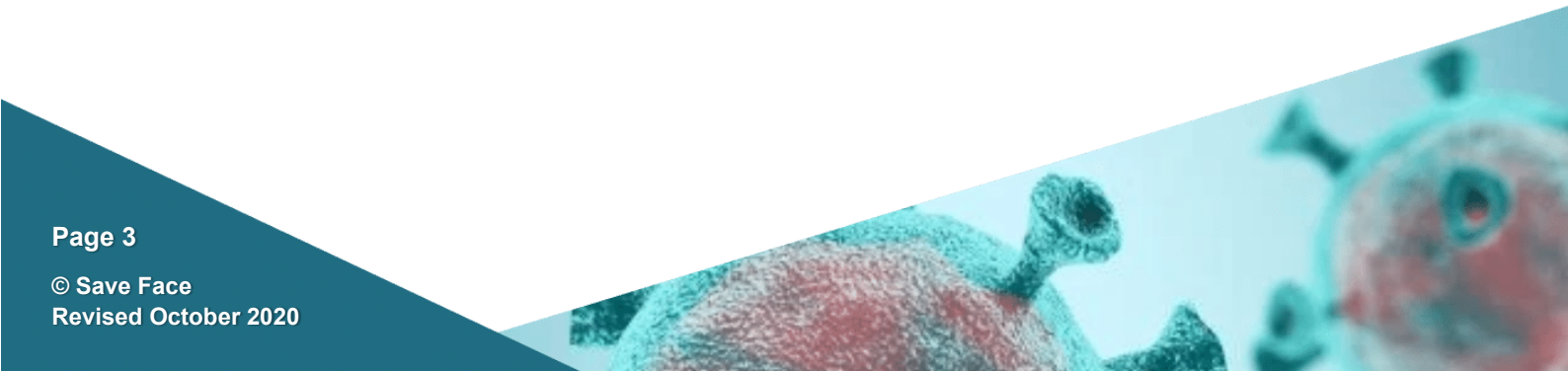
2. Risk assessment for patients and staff

Include yourself and your staff; consider your personal circumstances, family circumstances and your own social behaviours and how those might impact risk to clients. Reduce your own exposure and risks to patients as far as is possible.

If you have staff, 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 should be provided where necessary.

Screen patients over the telephone, in addition to the usual medical, social and psychological history, specific risks for Covid-19 need to be identified.

Some exclusion criteria are common sense, some you may decide upon yourself. Some risks you might appropriately address 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) Please refer to the following guidance for additional information; OpenSAFELY: factors associated with COVID-19-related hospital death in the linked electronic health records of 17 million adult NHS patients.
- 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 you practice in;

- Remove all non-essential clutter, decoration, magazines or brochures
- Take soft furnishings out of use
- Decommission door knockers or buzzers and substitute with call or text message system for entry
- Consider what signage or screens/cordons may be necessary to support the new systems
- Establish patient 'journey' through the clinic, asking them to avoid touching any surfaces, open doors etc for them, and invite them to wash their hands on arrival

3.2 Cleaning

3.2.1 Common Areas

All common areas should be cleaned daily. All hard surfaces, including door handles, light switches etc. should 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. For additional guidance please read: Persistence of coronaviruses on inanimate surfaces and their inactivation with biocidal agents. Steam or fogging can be used on soft furnishings that cannot be removed such as carpets in common thoroughfares.

3.2.2 In treatment rooms

Clinical work surfaces, treatment couches and anything used or touched during the treatment episode should 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 should 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 should be allowed for any fumes to disperse and surfaces to dry. If windows can be opened, they should be.

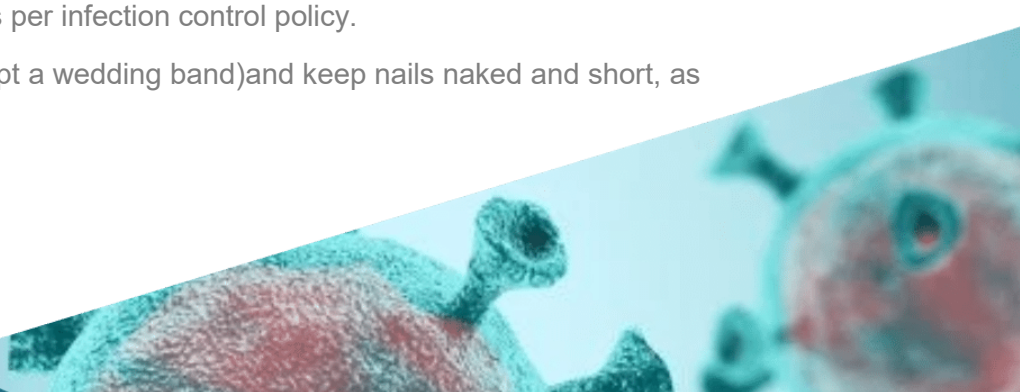
If air conditioning is necessary to maintain the room at a comfortable temperature, the fan should be kept on low and the unit used to cool the room between treatments, rather than during.

3.4 Personal Hygiene

Use clean uniforms or scrubs you only wear at work. These should not be worn to or from work and should 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

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 should be invited to wash their hands on arrival. if alcohol hand gel is offered on departure, this should 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** and
- **As from 24/09/20 advice is to wear masks AND visors or goggles during close contact services**
- Please refer to: Recommended PPE for primary, outpatient, community and social care by setting, NHS and independent sector(accessed May 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.

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'.*

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.

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.

Staff should be trained how to don, doff and dispose of PPE safely. Please refer to: Guide to donning and doffing standard Personal Protective Equipment (PPE)

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)

When requiring signatures, risk assess and use alternative methods.

For example;

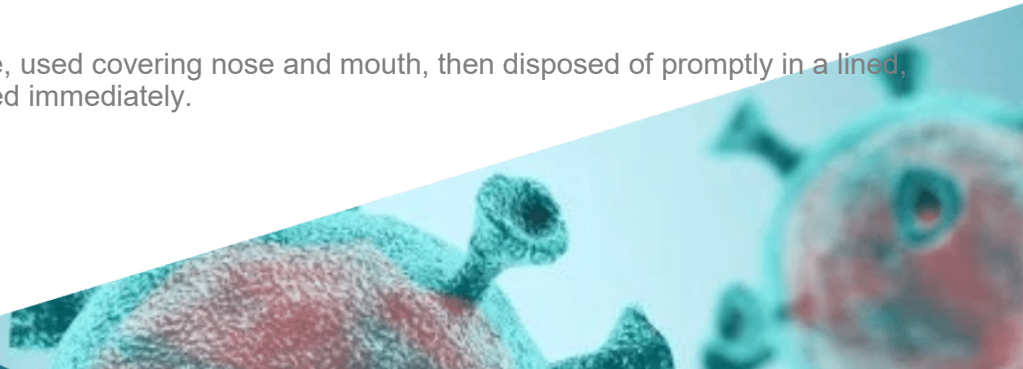
- Consent forms can be sent to the patient electronically in advance, and confirmation of reading and agreement sent by email. You may then sign on the patients behalf in clinic.
- Consider the functions on electronic platforms that may be used, such as recording.
- Have paper copies in clinic, the patient 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 and no laughing.

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 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.

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.

5. Social distancing

Minimise contact time.

Conduct consultations, assessments, consent and routine follow up by video call, or meeting apps to avoid unnecessary visits and keep 'exposure' time in the clinic to an absolute minimum. Consider security and privacy of the platforms used.

Schedule appointments to ensure only one patient in and out at a time. In larger clinics risk assessment may identify ways more than one patient can attend at any time, without passing each other. However numbers of staff and patients in and out of the building in any one day may increase risk.

Decommission the reception area, patients should be taken straight to the treatment room, maintaining a 2 metre distance from any staff until the procedure commences.

When seating is necessary, move furniture to ensure a distance of 2 metres or more between you and patients except during treatments.

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

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

When card payments are necessary, use an appropriate disinfectant on the machine between use.

5.1 Consider how best to deploy staff

Staff should 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 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.

If practical, specific tasks should 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.

Risk assess and determine which treatments require specific and additional measures and which treatments cannot be offered. Consider also the concerns staff might have and ensure measures satisfy their need to feel safe.

6.1 Dermal fillers

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. 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 Hyalase™ (hyaluronidase) cannot be administered. *except for emergency treatment. 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, aim to plan procedures to minimise contact time. Multiple procedures in one session should 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 your menu will be subject to your 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. You may consider 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 helpful 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

Circumstances may change rapidly. Consider deferring such treatments to ensure patients can comply and achieve optimum results should lock down measures shift back.

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

Save Face does not feel the benefit justifies the risk at this time.

With particular reference and consideration of section 5.13 of the following guidance: Lasers, intense light source systems and LEDs

For further information please review: The UK Council for Surgical Plumes

7. Adverse events and outcome dissatisfaction

All treatments carry some risk of adverse reaction or complications. Employ a higher risk versus benefit threshold and discuss the implications with your patients. Risk assess each patient and procedure yourself and decide upon your strategy for managing, worse-case scenario. If you cannot employ a strategy to support your patient, do not proceed. Defer treatment.

8. Complaints and concerns management strategy and terms

Be clear about your strategy and terms should an adverse outcome occur.

Generally, patients must 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.

As part of pre-appointment screening and consultation, explain all the steps you are taking to manage risk. 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.

- ☑ Provide written advice and instructions electronically, to support the verbal explanation.
- ☑ Include an explanation of how payment will be taken.
- ☑ Identify and risk assess any individual issues or concerns that may compromise safety.

9.1 Template patient information.

Template patient information is available in your Save Face Dashboard Area named ***'Save Face Template Information for Reassuring and Educating Patients During Covid-19'.***

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