COVID-19

Running Dermatology Practices During COVID-19

Running your practice safely during the ongoing COVID-19 pandemic

With the current COVID-19 pandemic, many dermatology practices are operating differently. These recommendations should help you keep your practice operating safely during the pandemic. Based on the CDC definition of COVID-19 risk exposure, most dermatology practices fit into the low risk category.

Additional guidance is available at:

- CMS guidance to facilities on providing non-emergent care (PDF download)
- CDC has released guidance for office buildings
- AMA has created a guide to reopening practices (PDF download)
- AAD has assembled links to guidance from other specialty societies (PDF download)

Step 1: Understand your community's rate of COVID-19 prevalence

Communities with greater prevalence will require more stringent procedures, while those with a lower incidence of COVID-19 may function in a different manner.

1. The federal government has stated that a downward trajectory of documented cases over a 14-day period should occur before opening practices to elective visits and procedures. However, most states have "opened" to various degrees in spite of rising case numbers, allowing elective visits and procedures to proceed.

2. Consult with your local and state public health department for local requirements. The AMA has developed a helpful chart (PDF download) summarizing each state's directives on elective, non-urgent, or non-essential procedures. The situation is changing with some regularity as "hotspots" crop up around the country.

3. Have a plan in place for patients who appear with COVID-19 symptoms and may need testing. Consider finding testing locations in your area where you can recommend patients can go for testing, or refer the patient to their primary care physician. Consult the CDC's guidance on Covid-19 testing.

Step 2: Clean your practice

It is important to properly prepare your clinic space to ensure you, your staff, and patients continue to remain healthy and safe while practicing.

1. Clean and disinfect your entire practice according to World Health Organization (WHO) standards:

a. 70% ethyl alcohol to disinfect small areas between uses, such as reusable dedicated equipment (for example, thermometers); OR

b. Sodium hypochlorite at 0.5% (equivalent to 5000 ppm) for disinfecting surfaces; OR

c. Any disinfectant products that meet the EPA's criteria for use against SARS-CoV-2.

d. If your practice has been closed for more than seven days, you can perform your normal routine cleaning procedures as the virus that causes Covid-19 has not been shown to survive on surfaces longer than this time, according to the CDC.

2. Using the WHO recommended standards above, wipe exam tabletops, countertops, exam beds/tables, doorknobs, and exam light buttons/handles between each patient during the clinic day.

3. Using the WHO recommended standards, wipe all common high-touch areas at the end of the day, including but not limited to:

a. Exam room: exam tabletops, countertops, exam beds/tables, doorknobs, and exam light buttons/handles, chairs, and faucet handles.

b. Bathroom: all bathroom surfaces, urine-sample pass through areas/trays, and toilets.

c. Reception: all countertop surfaces and chairs.

d. Offices: all surfaces and chairs.

e. Lab, kitchen, and break room: all surfaces and countertops.

f. Empty all trash cans.

Step 3: Reorganize your practice to minimize patient contact and increase sterilization

1. Put up signs to notify patients of COVID-related precautions and add markings where necessary to maintain appropriate social distance (e.g. tape marking in front of reception for patients to maintain distance from staff and each other). Use the Academy's sign template.

2. Reduce the number of chairs in waiting rooms and appropriately space them apart.

3. Remove magazines and other reading materials from patient care areas.

4. If pens are required for patients to fill out forms, clean them between each patient (use one penholder for clean pens and another for used pens).

5. Place additional hand sanitizers and wipes in the waiting room for patients as well as in high-traffic areas for staff.

6. Have hand sanitizer and/or a place to wash hands with soap and water in each exam room.

7. Consider keeping all doors open on the patient path from the entrance through the office to the exit, to minimize the need to touch surfaces.

8. Determine if physical barriers would be helpful to protect staff from patients exposed to COVID-19. For example, is there a sneeze guard that could be installed to limit contact between front desk staff and patients?

9. Limit visitors to essential vendors and suppliers. Consider having virtual meetings whenever possible, such as with pharmaceutical reps.

10. For Mohs surgery, have the patient stay in their assigned room through all stages and repair. They should only leave the room for restroom breaks. Snacks can be brought to the patient in the room as needed.

11. COVID-19 transmission has not been documented through blood or tissue fluid. Therefore, for ablative laser procedures, no change is needed in current practice. Specifically, continue wearing the same type of personally protective equipment (PPE) as before the COVID-19 pandemic and using smoke evacuators to protect the operator and assistants from bloodborne and tissue pathogens and carcinogens in the laser plume. Similarly, for dermabrasion, masks and face shields are a reasonable measure to protect the operator and assistants from bloodborne pathogens.

12. Implement digital tools to assist your practice in maximizing social distancing where appropriate:

a. Connections must be compliant with HIPAA and use web browsers with encrypted communications, such as Chrome, Firefox, or Safari.
b. If you have an electronic health record (EHR), contact your vendor to determine if there are any applications you can install to reduce in-person contact. Examples include patient portals, online bill pay, electronic orders for staff, electronic prescriptions, and electronic lab orders.
c. Visit the Academy's Health IT resource center for specific guidance on digital tools to adapt in your practice during this time.
d. Continue using teledermatology for appropriate patients. It is important to consider that relaxed regulations may revert to pre-national health emergency rules after the emergency is over.

Step 4: Maintain appropriate PPE for staff

1. Check OSHA's PPE standards (29 CFR 1910 Subpart I) and ensure there is enough appropriate PPE for all your staff. The Academy offers a way for members to purchase PPE through the AAD Member Buying Program. Review CDC guidance and some state guidelines on how to optimize the supply of face masks.

2. Masks and eye protection should be worn by all staff interacting with patients and patients should come into the office wearing a mask.

3. Whenever a staff member needs to remove or adjust their PPE, they should first wash their hands with soap and water for 20 seconds or rub them with an alcohol rub. They should then again wash their hands with soap and water for 20 seconds or rub them with an alcohol rub after they have touched and/or adjusted their PPE.

4. Consider the necessity of conserving PPE during the pandemic. The same mask may be worn for several days and either sterilized or put aside for 5-7 days and reused.

Step 5: Set your patient schedule including telemedicine visits

The treating dermatologist should make the decision of which visits should be transitioned to telemedicine and which need to be done in person. Here are some guidelines to help you schedule patients:

1. Consider priority scheduling of patients that were the most urgent during the time the practice was closed or limited to essential services only but could not be seen in person.
2. Continue offering telemedicine (if waivers are still in effect) during downtime in your practice. Use this workflow (PDF download) to help you implement telemedicine in your practice while seeing patients.
3. Minimize in-person follow-up visits by using absorbable or buried sutures for surgical procedures. Consider doing teledermatology follow-up visits whenever practical.
4. If you don't offer online appointments, consider enrolling in an online platform so patients can schedule appointments in an easier manner and staff aren't overwhelmed with phone calls from the pent-up demand.
5. Let patients know of the steps your practice is taking to keep them safe at the office in your communications with them.
6. Consider making your cancellation policy more flexible as patients may fear visiting practices during this time.

Step 6: Organize your staff

Follow CDC updates and check with your state and local public health departments on regulations concerning group gatherings. Try to limit the number of staff per room in your practice and consider the following guidance:

1. Educate staff on social distancing in break rooms or lunch areas so they sit at least six feet apart. Staff should wear PPE for office staff meetings or sit at least 6 feet apart.
2. Instruct staff not to share workstations or computers. If equipment must be shared, staff should be trained on properly cleaning between each use.
3. Practice social distancing with patients. Train staff to greet patients with a nod, smile, and/or wave. Do not shake hands or hug.

4. Tell staff not to come into the practice if they exhibit any flu-like illness, loss of taste or smell, other known COVID-19 symptoms, or if they have been in close contact with a COVID-19 infected individual. Staff should follow the CDC's Return to Work Criteria.
5. Screen staff each day prior to seeing patients for the presence of flu-like symptoms (cough, fever, sore throat, runny nose, nausea, diarrhea, or shortness of breath), loss of taste or smell, or close contact with individuals who may be infected with COVID-19. Consider non-contact temperature screening (the CDC defines 100.0+degree F as fever). If the screen is positive, consistent with possible COVID-19 infection, or there was close contact with an infected individual, the staff member should be sent home and instructed to follow CDC's Return to Work Criteria.
6. Summary of CDC's Return to Work Criteria
    a. Except for rare situations, in symptomatic staff, a test-based strategy is not recommended to determine when staff should return to work.
    b. The CDC defines health care worker close contact as being within about 6 feet of an infected person for a total of 15 minutes or more while not wearing recommended PPE. If staff wear PPE throughout the workday and socially distance at other times, they would not be considered at high risk of exposing their co-workers/patients or of being exposed to COVID-19 by them.
    c. Staff with mild to moderate symptoms should not go to work and should self-isolate for 10 days from symptom onset and at least 24 hours fever-free without fever-reducing medication with other symptoms improved. Staff who were suspected of having COVID-19 and had it ruled out based on a clinical decision that COVID-19 is not suspected and testing is not indicated should be able to return to work (without other suspected or confirmed diagnoses).
    d. If a physician evaluating a symptomatic staff member for COVID-19 decides that antigen testing is indicated and the test is negative, that would indicate that the staff member likely did not have active COVID-19 infection at the time the sample was collected. A second antigen test may be performed at the discretion of the evaluating physician, particularly when a higher level of clinical suspicion for COVID-19 infection exists. Staff who were suspected of having COVID-19 and had it ruled out with at least one negative test should be able to return to work (without other suspected or confirmed diagnoses).
    e. Staff with severe or critical illness should not go to work and should isolate for 20 days from symptom onset and at least 24 hours fever-free without fever-reducing medication with other symptoms improved.
    f. A staff member that has been exposed to a COVID-19 infected individual, should either not go to work and self-quarantine for 10 days or have a COVID-19 test done at 5-7 days after exposure and not go to work and self-quarantine until the result is known. If negative, they can return to work 7 days after exposure. If positive they should not go to work and self-quarantine for 10 days from the date of the test. If symptoms develop, follow the symptomatic healthcare worker algorithm above. If the staff member previously had COVID-19 within the past three months and remains without symptoms they do not need to quarantine and should not have a COVID-19 test done.

   g. Asymptomatic staff without known exposure who decided to get a COVID-19 test and the test came back as positive should not go to work and should self-quarantine for 14 days. If symptoms develop, follow the symptomatic health care worker algorithm above.
   h. Check with your local and state health department for any additional requirements for management of staff that are suspected of having COVID-19.
7. The CDC has created guidance regarding how to handle health care personnel who may have been exposed to COVID-19. The AAD has also assembled information about the status of risks to personnel in health care facilities (PDF download) and will be updating it frequently. OSHA has also provided guidance on how to keep practices safe during a pandemic (PDF download).
8. If findings suggest the possibility of COVID-19 infection, consider referring staff to their primary care physician or local urgent care center for evaluation.
9. Follow HIPAA protocols if staff are diagnosed with COVID-19. You may inform patients and staff they have encountered someone who has tested positive for COVID-19, however you cannot identify the staff without their consent.
10. Be flexible and accommodating with staff whenever possible. Childcare and schooling options may be limited during this time.
11. Make sure you communicate all new procedures with staff in advance of any changes/updates to your office procedures.
12. Check with your state's requirements on employee travel. Some state and local governments require people who have recently traveled to certain high COVID-19 prevalence areas to quarantine for 14 days.
13. Understand the employment-related legal considerations during the pandemic by reviewing the following *Dermatology World* articles:

    A. Employment-related legal considerations during the COVID-19 public health crisis

    B. Employment-related legal considerations during COVID-19, Part II

    C. COVID-19 impact on employed dermatologists: Part 1

    D. COVID-19 impact on employed dermatologists: Part 2

Step 7: Patient screening

1. Prior to arrival for an appointment or on the day before the appointment, check with the patient if they have developed any symptoms of a respiratory infection (e.g., cough, sore throat, fever, runny nose, or shortness of breath), diarrhea, nausea, or loss of taste or smell. Additionally, ask the patient if they have had any recent close contacts with others either diagnosed with or exposed to COVID-19. Consider using a screening tool. If COVID-19 is suspected, refer the patient to their primary care physician for evaluation and reschedule their appointment to a later date. If a primary care physician is unavailable, refer the patient to an urgent care center. It may be prudent to receive written clearance from the treating physician as to when the patient can be seen in your practice and is clear of COVID-19

symptoms. Contact your malpractice carrier to consult on COVID-19 related care including expectations on patient pre-screening.

2. Instruct the patient to come to your practice alone unless they need a caregiver (or parent for children) with them at the visit. If unable to arrive alone, suggest the individual accompanying the patient wait in the car or outside the office for the duration of the appointment. Also, advise the patient that face masks are now highly recommended by the CDC for all persons, except for young children under age 2, anyone who has trouble breathing, or unable to remove the mask without assistance when they go out in public. Due to additional screening activities, allow extra time upon arrival.
3. Once the patient arrives, consider having them wait in their car or outside the office until called or texted on their cellphone. Ask about the presence of flu-like symptoms (cough, fever, sore throat, or shortness of breath), loss of taste or smell, and/or contact with potentially infected persons . Consider non-contact temperature screening (the CDC defines 100.0+ degrees F as fever). If findings suggest possibility of COVID-19 infection, refer the patient to their primary care physician or local urgent care center for evaluation and reschedule their appointment to a later date. Screen any accompanying individuals who visit the practice as well.
4. Consider creating as much of a paperless check-in process as you can. Ask the patient to complete all their required pre-visit paperwork online through your patient portal, or securely email forms in advance.
5. Practice social distancing when you greet patients and staff with a nod, smile, and/or wave. Do not shake hands or hug.
6. Determine if any procedures being done that day will require additional PPE such as ablative laser procedures or dermabrasion. Most dermatologic procedures are NOT believed to generate aerosols or droplets.
7. Some states may restrict procedures requiring PPE, so you may need to assess with your state public health agency as to which procedures are permitted during the pandemic. For example, cryotherapy is considered a procedure but does not deplete PPE.
8. Some hospitals and ambulatory surgery centers require COVID-19 testing (antigen) of patients undergoing procedures in those facilities. If you operate in such an environment, follow the requirements. Patients undergoing such preoperative testing must quarantine between the time they get the test and admission to the facility.
9. Despite screening patients, all patients should be treated as potentially being infectious with COVID-19. Patients known or suspected to have COVID-19 that need treatment for a dermatologic condition related to or exacerbated by COVID-19 should be seen by telemedicine whenever appropriate. If an in-person visit is required, all safety precautions in the office should be followed carefully. In addition, the patient should interact with only one dedicated staff member plus the physician. They should stay in one exam room throughout the encounter, with the door closed. After the encounter, thoroughly disinfect all surfaces.

Step 8: Keep communicating with patients

1. Inform patients of the steps your practice is taking to prevent COVID-19 infections through social media, your practice website, and other marketing channels. See the Academy's sample scripts (PDF download).
2. Try different patient schedules to maximize social distancing. Consider extending office hours to keep patient visits from overlapping with each other.
3. Consider gathering patient preferences for communication channels (e.g. text, email) so they can stay informed of your practice's changes through the pandemic.
4. Be prepared to take any necessary steps if there is a resurgence of cases in your community or clinic once you have reopened. Keep communication channels with patients open so you can inform them of any changes.