AMERICAN ACADEMY of DERMATOLOGY | ASSOCIATION

9500 W Bryn Mawr Avenue, Suite 500, Rosemont, Illinois 60018-5216

CORRESPONDENCE
PO Box 1968, Des Plaines, Illinois 60017-1968
—
MAIN: (847) 330-0230
mrc@aad.org
www.aad.org

Everyday health and preparedness steps in clinic

In response to the COVID-19 outbreak, the Academy is highlighting some everyday health and preparedness steps that our members can take now

Note: this is not an all-inclusive list of actions that you can take to protect your patients, your staff and yourself – see the links below for detailed and current guidance from the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO). Also, we recommend deferring to your respective state, and local government guidance. This is a fluid situation and this document may be updated daily.

Screening recommendations to minimize chance for exposure:

Prior to Arrival

- Per current CDC guidance, **patients being seen for non-essential or elective medical/ surgical services should be rescheduled or offered telemedicine service irrespective of their exposure or symptom status (for guidance on the difference between non- essential and essential care see below).** These recommendations are intended to help in preserving PPE, hospital equipment, and hospital beds, and freeing up hospital, emergency room and urgent care hospital staff in the fight against COVID-19 and to minimize the risk of patient and staff infection in the office.

- Prior to arrival, assess the reason for the medical visit. Following this assessment, the patient should be seen based on the urgency and acuity of the condition. Limit non- essential or elective medical/surgical services for all patients, but especially those at high-risk of serious disease from COVID19 (e.g. 60 years and older, and patients with comorbidities including serious chronic medical conditions such as compromised respiratory system, cardiovascular disease, diabetes, severe hypertension, liver disease, kidney disease, internal malignancies, and immunosuppression as well as tobacco product users).[1-3]

- For patients who do need to be seen for urgent or essential visits, measures should be implemented to minimize chance of exposure to COVID-19 before patient arrival, upon arrival, throughout the duration of the patient's visit, and until the patient's room is cleaned and disinfected (using the tactics described later in this document).
    - o Prior to arrival for an appointment or on the day before the appointment, reassess the need for the visit to ensure it is urgent or essential.
    - o Check with the patient if he/she has developed any symptoms of a respiratory infection (e.g., cough, sore throat, fever or shortness of breath). Additionally, ask the patient if he/she has had any recent contacts with patients either diagnosed with or exposed to COVID-19, so that the team can be appropriately prepared. If the patient has symptoms or recent possible exposures, the patient should be encouraged to be rescheduled for non-urgent medical or surgical services (see the suggested script for screening patients below – **Attachment 1**).

- *Individual dermatology practices will need to make their own protocols for what constitutes urgent and/or essential dermatologic care during the COVID-19 pandemic*. Dermatologists should refer to relevant guidance from national, state, and local governments. The decision of which visits should be rescheduled, which can be transitioned to telemedicine, and which need to be in person should be made by the treating physician based on their own practice environment, in collaboration with the patient. Members may find the following guiding principles helpful in making these decisions for their practice. The following types of visits could be considered a priority:
    - The visit will mitigate the likelihood of the patient needing or seeking urgent or emergent care from an overburdened emergency system
    - The visit will mitigate the risk for poor outcome such as metastatic disease or other morbid conditions
    - The patient's condition requires an essential and/or urgent in-person diagnostic and/or therapeutic evaluation or procedure.

  See the *CMS Guidance on Adult Elective Surgery and Procedures* – **Attachment 2**.

Upon Arrival for patients needing urgent or essential dermatologic care:

- Options to consider for social distancing for essential medical services include:
    - Suggest patients arrive alone, unless a companion is required
    - Suggest the patient wait in their car and be notified by cell phone when they can be seen for their appointment without spending time in the waiting room
    - If unable to arrive alone suggest, the individual accompanying the patient could wait in the car for the duration of the appointment

  At the time of patient check-in, ask all patients about the presence of flu-like symptoms (cough, fever, sore throat or shortness of breath) and contact with possible COVID-19 patients. If the visit is not truly urgent, ask them to reschedule to a later date (although the patient should have been screened before arriving at the office as above).

  Note: The distinction between non-essential care and urgent and high acuity care is a practice specific question. The rationale of this guidance is to ensure that acute care facilities are not burdened with emergent dermatologic care during the pandemic and this goal should be considered as individual practices develop their protocol.
- Consider the necessity of conserving PPE during the pandemic. If you typically wear a mask for surgical procedures, consider wearing the same mask all day. If you don't typically wear PPE there is no current recommendation to do so while treating non symptomatic patients.
- Wearing masks and protective eyewear when taking care of patients may reduce touching facial mucous membranes for both physician and staff. Whenever the staff member needs to remove or adjust this PPE, they should first wash their hands with soap and water or rub them with an alcohol rub. (See: PPE Use Recommendations & Supply Chain Advice: https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare- supply-ppe.html; and WHO Guidance on rational use of PPE: https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov- IPCPPE_use-

2020.1-eng.pdf)

- If the patient with symptoms or possible COVID-19 exposure must be seen that day, apply droplet precautions, which includes providing the patient with a mask. Place the patient in an examination room with the door closed and notify all staff caring for the patient. Take care of their dermatologic condition and refer them for evaluation and testing as guided by your local health department guidance.
- For all patients regardless of symptoms, limit points of entry and ensure patients adhere to respiratory hygiene, cough etiquette, and hand hygiene.
- Proactively minimize the need for in person follow up visits (e.g. post-surgical visits by using absorbable skin sutures or buried skin sutures only).

Between each patient during a clinic day:

Using the WHO recommended products below, wipe exam tabletops, countertop, exam beds/tables, doorknobs, and exam light buttons/handles between each patient during a clinic day.

At the end of each clinic day:

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

- Exam room: exam tabletops, countertop, exam beds/tables, doorknobs, and exam light buttons/handles, chairs including arm rests, and faucet handles.
- Bathroom: all bathroom surfaces, urine sample pass through areas/trays, and toilets.
- Reception: all countertop surfaces and chairs including arm rests.
- Offices: all surfaces and chairs including arm rest.
- Lab: all surfaces and countertops.
- Kitchen/break room: all surfaces.
- Trash cans: empty all trash cans, then use cleaning cloths to wipe the inside and outside of the garbage can thoroughly.

For the COVID-19 virus, the WHO recommends the use of:

- 70% ethyl alcohol to disinfect small areas between uses, such as reusable dedicated equipment (for example, thermometers).
- Sodium hypochlorite at 0.5% (equivalent to 5000 ppm) for disinfecting surfaces.
- Disinfectant products that meet the EPA's criteria for use against SARS-CoV-2 can be accessed here: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use- against-sars-cov-2

Other steps to prevent virus spread include:

- Place additional hand sanitizers and wipes in the waiting area, exam rooms, bathroom, reception area, and throughout the clinic.

- Cleaning hands with soap and water or an alcohol-based hand rub between each patient and when in and out of the exam room (See **Attachment 3** & **4** : The World Health Organization's recommendations on how to handwash and handrub).
- Practice social distancing. Greet patients and staff with a nod, smile and/or wave. Do not shake hands or hug. Rotate staff if resourcing permits.
- Reduce chairs in waiting room and appropriately space them apart.
- Remove magazines and other reading materials from patient care areas.
- Educate patients on signs and symptoms of COVID-19 infection. Tell them to call their primary care physician or refer them to the appropriate agency in your community if he/she develops symptoms and has been in close contact with a person known to have the disease or if he/she has recently traveled from an area with widespread or ongoing community spread of the disease.
- Educate staff if they experience symptoms or exposure to a confirmed case to not come to work and be evaluated by their PMD or refer them to the appropriate agency for your community for COVID-19. If positive, follow CDC guidelines (https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return- work.html) for healthcare workers to refrain from coming in to work for the appropriate timeframe and inform your office of the result. Remaining office staff should also be tested, and the office potentially shut down as per state and local health department instructions.

Attachments: other resources for ensuring the safety of your clinic

- **Attachment 1**. Sample Script for Rescheduling Patients and Communication Templates to Staff and Patients
- **Attachment 5**. CDC – Get Your Clinic Ready for Coronavirus Disease (COVID-19).
- **Attachment 6**. Helpful Internet Resources

References

1. Wang T, Du Z, Zhu F, et al. Comorbidities and multi-organ injuries in the treatment of COVID-19. *Lancet.* 2020.
2. Yang J, Zheng Y, Gou X, et al. Prevalence of comorbidities in the novel Wuhan coronavirus (COVID-19) infection: a systematic review and meta-analysis. *Int J Infect Dis.* 2020.
3. Fang L, Karakiulakis G, Roth M. Are patients with hypertension and diabetes mellitus at increased risk for COVID-19 infection? *Lancet Respir Med.* 2020.

Attachment 1. Sample Script for Rescheduling Patients and Communication Templates to Staff and Patients

Sample Script for Rescheduling at Risk Patients

To the Patient:

Out of an abundance of caution and in response to the COVID-19 pandemic we are screening patients based on the urgency and acuity of your need for a face to face encounter. If your care is deemed a non-essential healthcare service, your appointment will be rescheduled to a safer time or you will be offered teledermatology service using your computer or smartphone.

If you will be coming to the office due to the essential or urgent nature of your skin condition, due to the necessity of social distancing, we are asking that patients wait in their car after checking in with the front desk. We will call or text your cell phone when the clinic is ready to receive you [In locations where this is a practical option]. If you are accompanied by a companion(s), we suggest that they wait in the car for the duration of the visit.

If you develop flu-like symptoms such as cough, fever and/or shortness of breath, contact your primary care doctor for management and reschedule your appointment with our office to a later date.

These steps protect you, your companion(s), and our clinic staff. Thank you for your cooperation during this challenging time.

Leadership Communication Template to Staff on COVID-19

Dear clinic colleagues,

At [   ], staff safety and health are our top priority and we appreciate everyone's efforts during this unprecedented time. We are currently updated daily on the status of the pandemic and changes in recommendations from the CDC, the FDA, the WHO, and OSHA. Our clinic is continually reviewing these recommendations to reflect the most current practice guidelines and any new federal and state actions. We will meet [daily/weekly] to provide you any updates on COVID-19.

Please note that for your safety and health, [   ] has implemented extra sanitary precautions in response to the COVID-19 outbreak. Our cleaning service will continue to clean every day and will perform more stringent daily cleaning to provide a deeper cleaning to all surface areas, restrooms, and exam and waiting rooms. However, we would like to ask you to clean and sanitize your desk, phone, and keyboard regularly during the day to further minimize the spread of the disease.

We value your partnership in this effort to maintain a healthy workspace for all our staffs and we will continue to keep you updated.

Please contact me if you have any questions, concerns, or need any assistance.

I hope you and your loved ones stay healthy and well in the coming weeks.

Sincerely,

[   ]

Communication Template to Patients on COVID 19

Dear patients and families,

We are committed to protecting the safety of our patients, staff, and the general public while maintaining high-quality care at our clinic and would like to update you on recent steps that we have implemented in response to the Coronavirus (COVID-19) outbreak.

1. If you currently have non-essential or elective medical/surgical services scheduled, our staff will reach out to you to reschedule it to a later date. This is in accordance with the current Centers for Disease Control and the Centers for Medicare & Medicaid Services guidance – *"all patients being seen for non-essential or elective medical/surgical services should be rescheduled or offered telemedicine service irrespective of their exposure or symptom status"*.

2. We are asking screening questions prior to your scheduled appointment and if you or anyone in your family meets certain criteria, we will reschedule your appointment to a later date.

3. We have a visit restriction in place. To protect you, other patients, and their families, no significant others, children or other family, or friends will be permitted in the office during your visit, unless necessary (e.g., a support person or supported decision maker for patients with disabilities who require assistance).

As a reminder, the best prevention you can take is to follow the [Stay at home/Shelter at home] order currently in place. If you must go out, remember to practice social distancing and frequently wash your hands or use alcohol-based hand sanitizer. Please contact your primary care physician or [   ] County Department of Public Health's main line at [   ], if you are experiencing symptoms and think you need to be tested.

We thank you for your understanding if we may need to reschedule your appointment in accordance with the recommendations set forth by different agencies. For more information, please visit the Centers for Disease Control, World Health Organization, or [   ] County Department of Public Health websites.

Sincerely,

[   ]

Attachment 2. CMS Guidance on Elective Surgery and Procedures Recommendations

CMS Adult Elective Surgery and Procedures Recommendations:

Limit all non-essential planned surgeries and procedures, including dental, until further notice

To aggressively address COVID-19, CMS recognizes that conservation of critical resources such as ventilators and Personal Protective Equipment (PPE) is essential, as well as limiting exposure of patients and staff to the SARS-CoV-2 virus. Attached is guidance to limit non-essential adult elective surgery and medical and surgical procedures, including all dental procedures. These considerations will assist in the management of vital healthcare resources during this public health emergency.

Dental procedures use PPE and have one of the highest risks of transmission due to the close proximity of the healthcare provider to the patient. To reduce the risk of spread and to preserve PPE, we are recommending that all non-essential dental exams and procedures be postponed until further notice. A tiered framework is provided to inform health systems as they consider resources and how best to provide surgical services and procedures to those whose condition requires emergent or urgent attention to save a life, preserve organ function, and avoid further harms from underlying condition or disease. Decisions remain the responsibility of local healthcare delivery systems, including state and local health officials, and those surgeons who have direct responsibility to their patients. However, in analyzing the risk and benefit of any planned procedure, not only must the clinical situation be evaluated, but resource conservation must also be considered.

These recommendations are meant to be refined over the duration of the crisis based on feedback from subject matter experts. At all times, the supply of personal protective equipment (PPE), hospital and intensive care unit beds, and ventilators should be considered, even in areas that are not currently dealing with COVID-19 infections. Therefore, while case-by-case evaluations are made, we suggest that the following factors to be considered as to whether planned surgery should proceed:

- Current and projected COVID-19 cases in the facility and region
- Consider the following tiered approach in the table below to curtail elective surgeries. The decisions should be made in consultation with the hospital, surgeon, patient, and other public health professionals.
- Supply of PPE to the facilities in the system
- Staffing availability
- Bed availability, especially intensive care unit (ICU) beds
- Ventilator availability
- Health and age of the patient, especially given the risks of concurrent COVID-19 infection during recovery
- Urgency of the procedure.

Tiers	Action	Definition	Locations	Examples
Tier 1a	Postpone surgery/ procedure	**Low acuity surgery/healthy patient**-outpatient surgery Not life threatening illness	HOPD* ASC** Hospital with low/no COVID- 19 census	-Carpal tunnel release -EGD -Colonoscopy -Cataracts
Tier 1b	Postpone surgery/ procedure	**Low acuity surgery/unhealthy patient**	HOPD ASC Hospital with low/no COVID- 19 census	-Endoscopies
Tier 2a	Consider postponing surgery	**Intermediate acuity surgery / healthy patient** Not life threatening but potential for future morbidity and mortality, requires a hospital stay.	HOPD / ASC Hospital with little or no COVID-19 Census	-Low risk cancer -Non urgent Spine and ortho including hip and knee replacement and elective spine surgery -stable ureter colic -elective angioplasty
Tier 2b	Postpone Surgery surgery/unhealthy patient	**Intermediate acuity**	HOPD ASC Hospital with little or no COVID-19 Census	
Tier 3a	Do not postpone	**High acuity / Healthy patient**	Hospital	-Most cancers -Neurosurgery
Tier 3B	Do not postpone	**High acuity / Unhealthy patient**	Hospital	-Transplants -Trauma -Cardiac with symptoms -limb threatening vascular surgery

*Hospital Outpatient Department
** Ambulatory Surgery Center
Created by: Sameer Siddiqui MD (used with permission) Version
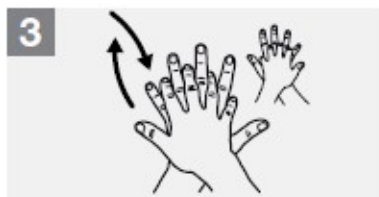3.15.20

Attachment 3: How to Handwash (WHO 2009 [1]):
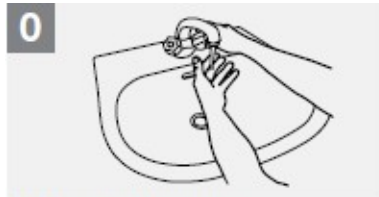
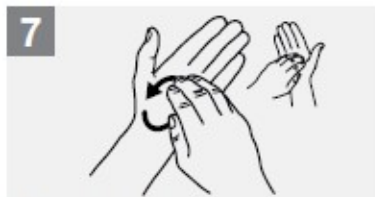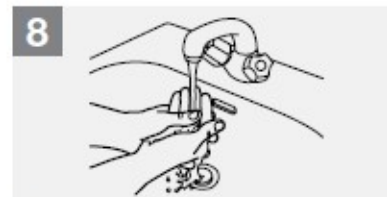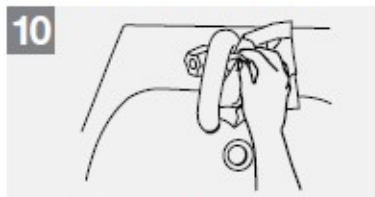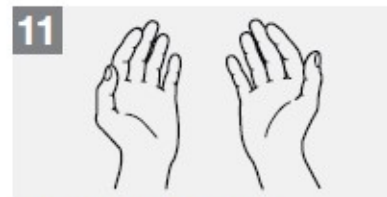|		
0 Wet hands with water;	**1** Apply enough soap to cover all hand surfaces;	**2** Rub hands palm to palm;
3 Right palm over left dorsum with interlaced fingers and vice versa;	**4** Palm to palm with fingers interlaced;	**5** Backs of fingers to opposing palms with fingers interlocked;
6 Rotational rubbing of left thumb clasped in right palm and vice versa;	**7** Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;	**8** Rinse hands with water;
9 Dry hands thoroughly with a single use towel;	**10** Use towel to turn off faucet;	**11** Your hands are now safe.

[1] World Health Organization, *Hand Hygiene: Why, How & When?* 2009. Available from:
https://www.who.int/gpsc/5may/Hand_Hygiene_Why_How_and_When_Brochure.pdf.
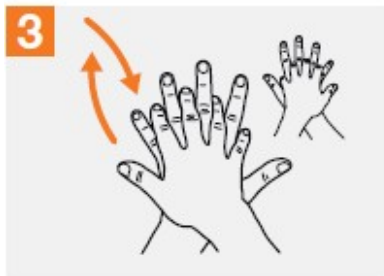
Attachment 4: How to Use Alcohol-based Hand Rub (WHO 2009 [1]):

1a
1b
Apply a palmful of the product in a cupped hand, covering all surfaces;

2
Rub hands palm to palm;

3
Right palm over left dorsum with interlaced fingers and vice versa;
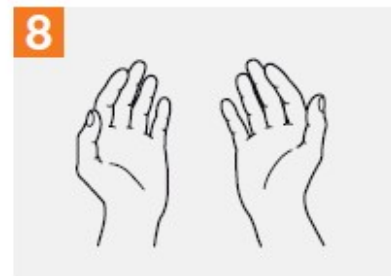
4
Palm to palm with fingers interlaced;

5
Backs of fingers to opposing palms with fingers interlocked;

6
Rotational rubbing of left thumb clasped in right palm and vice versa;

7
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8
Once dry, your hands are safe.

[1] World Health Organization, *Hand Hygiene: Why, How & When?* 2009. Available from: https://www.who.int/gpsc/5may/Hand_Hygiene_Why_How_and_When_Brochure.pdf.

Attachment 5. CDC – Get Your Clinic Ready for Coronavirus 2019 (COVD-19)

Get Your Clinic Ready for Coronavirus Disease 2019 (COVID-19)

A new respiratory disease—coronavirus disease 2019 (COVID-19)—may impact your community.
Get ready! Steps you take to prepare your clinic for flu can also help protect your patients and healthcare workers from COVID-19:

Before Patients Arrive

- **Prepare the clinic.**
  - Know which of your patients are at higher risk of adverse outcomes from COVID-19.
  - Consider and plan for providing more telemedicine appointments.
  - Know how to contact your health department.
  - Stay connected with your health department to know about COVID-19 in your community. Step up precautions when the virus is spreading in your community.
  - Assess and restock supplies now and on a regular schedule.

- **Communicate with patients.**
  - Ask patients about symptoms during reminder calls.
  - Consider rescheduling non-urgent appointments.
  - Post signs at entrances and in waiting areas about prevention actions.

- **Prepare the waiting area and patient rooms.**
  - Provide supplies—tissues, alcohol-based hand rub, soap at sinks, and trash cans.
  - Place chairs 3–6 feet apart, when possible. Use barriers (like screens), if possible.
  - If your office has toys, reading materials, or other communal objects, remove them or clean them regularly.

When Patients Arrive

- **Place staff at the entrance to ask patients about their symptoms.**
  - Provide symptomatic patients with tissues or facemasks to cover mouth and nose.
  - Limit non-patient visitors.

- **Separate sick patients with symptoms.**
  - Allow patients to wait outside or in the car if they are medically able.
  - Create separate spaces in waiting areas for sick and well patients.
  - Place sick patients in a private room as quickly as possible.

After Patients are Assessed

- **After patients leave, clean frequently touched surfaces** using EPA-registered disinfectants—counters, beds, seating.
- **Provide at-home care instructions** to patients with respiratory symptoms. Consider telehealth options for follow up.
- **Notify your health department** of patients with COVID-19 symptoms.

Train and prepare your staff now

- Ensure that clinical staff know the right ways to put on, use, and take off PPE safely.
- Recognize the symptoms of COVID-19— fever, cough, shortness of breath.
- Implement procedures to quickly triage and separate sick patients.
- Emphasize hand hygiene and cough etiquette for everyone.
- Ask staff to stay home if they are sick.
- Send staff home if they develop symptoms while at work.

CS315899-A 03/15/2020

For more information: **www.cdc.gov/COVID19**

Attachment 6. Helpful Internet Resources

General Information & Patient Communication Resources:
CDC FAQs: https://www.cdc.gov/coronavirus/2019-ncov/faq.html
CDC Fact Sheets: https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html
Information for Exposed Patients: https://www.cdc.gov/coronavirus/2019-ncov/about/steps-when-sick.html
Information for preparing Households for COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/community/home/get-your-household-ready-for-COVID-19.html
WHO COVID-19 Advice for the Public: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public
What is COVID-19 One-pager: https://asm.org/ASM/media/Press-Releases/2019/COVID-19-One-Pager-Global.pdf
Practice Preparation:
CDC Steps to prepare healthcare facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html
WHO guides on preventing the spread of COVID-19 in your practice/facility:
https://iris.wpro.who.int/bitstream/handle/10665.1/14482/COVID-19-022020.pdf
Personal Protection Equipment:
CDC Recommended Infection Prevention & Control Practices: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
PPE Use Recommendations & Supply Chain Advice: https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe.html
Strategies for Optimizing the Supply of N95 Respirators: https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Frespirator-supply-strategies.html
WHO Guidance on rational use of PPE: https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE_use-2020.1-eng.pdf
What to do if you have been exposed:
CDC Guidance for exposed healthcare workers: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
Diagnosing Patients:
Criteria for testing & accessing testing: https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html
IDSA Testing Resources: https://www.idsociety.org/globalassets/idsa/public-health/covid-19-idsa-testing-intro.pdf
Managing Patients Diagnosed with COVID-19
WHO Patient Management Technical Guidance: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/patient-management
CDC Management Guidance**:** https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html
Reporting a Suspected COVID-19 Case:
Find your state health department contact: https://www.cste.org/page/EpiOnCall
Coronavirus Education Resources:
Accredited Continuing Education Activities about Coronavirus: https://www.accme.org/coronavirus-resources
NEJM COVID-19 Resources: https://www.nejm.org/coronavirus

The Lancet COVID-19 Resource Center: https://www.thelancet.com/coronavirus?dgcid=etoc-edschoice_email_tlcoronavirus20
John Hopkins Map of Coronavirus Global cases:
https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6