Reopening Your Dermatology Practice from COVID-19

With the current COVID-19 pandemic, many dermatology practices have closed to non-essential patient in-person visits. These recommendations should help you prepare your practice for when you are ready to re-open to all patients. Based on the CDC definition of COVID-19 risk exposure, dermatology practices would fit into the low risk category. CMS has also provided additional guidance to facilities on providing non-emergent care and the CDC has released guidance for office buildings. The AMA has also created a guide to reopening practices.

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

Communities with greater prevalence will require opening practices later while those with a lower incidence of COVID-19 may open earlier.

1. The federal government has noted that a downward trajectory of documented cases over a 14-day period should occur before opening practices to elective visits and procedures.

2. Consult with your local and state public health department for additional requirements. The AMA has developed a helpful chart summarizing each state's directives on elective, non-urgent, or non-essential procedures (https://www.ama-assn.org/system/files/2020-04/state-elective-procedure-chart.pdf).

3. Keep track of public health department updates on transmission of COVID-19 cases. If cases begin to increase, have a strategy in place to determine whether your practice will need to, again, temporarily reduce services.

4. Have a plan in place for patients who appear with COVID-19 symptoms and require 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.

Step 2: Prepare 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 reopening.

1. Clean and disinfect your entire practice according to World Health Organization 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 (https://www.epa.gov/pesticide-registration/list-n-disinfectants-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 CDC notes the virus that causes Covid-19 has not been shown to survive on surfaces longer than this time.

2. Re-organize your practice to minimize patient contact and increase sterilization:

   a. Put up signs in visible locations 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). Download a sign template the Academy has created (https://www.aad.org/practice-sign-template).

   b. Reduce chairs in waiting room and appropriately space them apart.

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

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

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

   f. Consider keeping all doors open on the patient path from the entrance through the office to the exit.

   g. Check OSHA's PPE standards (29 CFR 1910 Subpart I) and ensure there is enough appropriate PPE for all your staff. Review CDC guidance (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html) on how to optimize the supply of face masks.

   h. 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?

   i. Screen patients for flu-like symptoms, loss of taste or smell and history of COVID-19 exposure; consider non-contact temperature screening as well. If COVID-19 is suspected, refer the patient to their primary care physician for evaluation and reschedule their appointment to a later date. Consider using a screening tool (https://www.apple.com/covid19/). Contact your malpractice carrier to consult on COVID-19 related care including expectations on patient pre-screening.

   j. Consider having patients wait in their car or outside the office until called or texted on their cellphone.

   k. Patients should be seen alone unless they need a caregiver (or parent for children) with them at the visit. Other companions should wait in their car or outside the office.

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

   m. Limit other visitors to the practice such as vendors or suppliers. Only allow essential staff and patients into the practice and consider having virtual meetings when available.

3. 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 Safari, Chrome, or Firefox.

   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: https://www.aad.org/member/practice/telederm/hit.

Step 3: Set your patient schedule including telemedicine visits.

The decision of which visits should be transitioned to telemedicine or need to be seen in person should be made by the treating dermatologist. Here are some guidelines to help you schedule patients:

1. Consider priority scheduling for cases that required the most urgency 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.

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 4: Organize your staff.

Depending on the size of your practice, the number of staff could vary significantly. 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 six feet apart.

2. Inform staff of not coming into the practice if they exhibit any flu-like illness, or loss of taste or smell and to follow the CDC's Return to Work Criteria. Staff with symptoms and those who have been in close contact with them should not go to work and should self-isolate following CDC and local guidelines. If staff wear PPE throughout the work day and socially distance at other times, they would not be considered at high risk of exposing their co-workers/patients or being exposed to COVID-19 by them.

3. Ask staff each day prior to seeing patients about the presence of flu-like symptoms (cough, fever, sore throat, or shortness of breath), and loss of taste or smell and/or contact with possible COVID-19 patients. Consider non-contact temperature screening (CDC defines $100.0+_{o}F$ as fever). If findings suggest the possibility of COVID-19 infection, refer staff to their primary care physician for evaluation. Follow HIPAA protocols if staff are diagnosed with Covid-19. You may inform patients and staff they have come into contact with someone who has tested positive for COVID-19, however you cannot identify the staff without their consent. The AMA has developed helpful FAQs on privacy and confidentiality concerns with staff (https://www.ama-assn.org/system/files/2020-05/physican-guide-reopening-practices-covid-19.pdf).

4. Be flexible and accommodating with staff when possible. Childcare and schooling options may be limited during this time.

5. Make sure you communicate all of these new procedures with staff in advance of opening or re-ramping up the practice.

6. 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: https://www.aad.org/dw/monthly/2020/may/employment-related-legal-considerations-covid-19
   b.   Employment-related legal considerations during COVID-19, Part II: https://www.aad.org/dw/monthly/2020/june/employment-related-legal-considerations-covid-19-part-2

Step 5: Determine your pre-visit workflow along with COVID-19 screening questionnaire and steps to minimize patient contact.

1. Prior to arrival for an appointment or on the day before the appointment, 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), or loss of taste or smell. Additionally, ask the patient if he/she has had any recent close contacts with patients either diagnosed with or exposed to COVID-19. If the patient has symptoms or recent possible exposures, the patient should be rescheduled for non-urgent medical or surgical services. Consider using a screening tool (https://www.apple.com/covid19/).

2. Instruct the patient to come to your practice alone. 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 cloth face coverings are now highly recommended by the CDC for all persons when they go out in public. Due to additional screening activities, allow extra time upon arrival.

3. Once the patient arrives, ask about the presence of flu-like symptoms (cough, fever, sore throat, or shortness of breath), or loss of taste and smell and/or contact with possible COVID-19 patients. Consider non-contact temperature screening (CDC defines $100.0+{}_0F$ as fever). If findings suggest possibility of COVID-19 infection, refer the patient to their primary care physician 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. Securely email HIPAA notice of privacy practice forms in advance to the patient or ask the patient to complete all their required pre-visit paperwork online through your patient portal.

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.

7. Some states may restrict procedures requiring PPE, so you may need to assess with your state public health agency which procedures are permitted during the pandemic. For example, phototherapy is normally considered a procedure but does not deplete PPE so you may want to prioritize phototherapy visits.

Step 6: Communicate to patients when you are re-opening and your schedule.

1. Inform patients of your re-opening or re-expansion to elective procedures date through social media, your practice website, and other marketing channels.

2. Communicate the steps you are taking to prevent COVID-19 infections in your practice.

3. Try to start off with fewer patients than normal to adjust to the increased steps you are taking for patient and staff safety until it becomes routine.

4. Be prepared to take any necessary steps if there is a resurgence of cases in your community or clinic once you have re-opened.

For more information, see: **aad.org/coronavirus**

American Academy of Dermatology Association