**Risk assessment for Freshfaced (Edinburgh) in relation to Covid-19**

Reasons for safety guidelines for an aesthetic clinic

Multiple factors could lead to transmission of COVID-19 from a patient to the healthcare worker and vice versa, especially in an aesthetic clinic.

• Coughing or sneezing by patients and accompanying persons in the

waiting areas. Speaking loudly or deep breaths also generate aerosols.

• Small procedure rooms with limited natural ventilation

* Inadequate distance between the patient and treating clinician
* Repeated handling of equipment like touch screen, desktop, patient chairs by clinician and handling of, cash, credit card by the front office staff

Guidelines for scheduling of patients

Scheduling is a critical step for the safety of patients, clinicians, and clinic support staff. Sticking to the guidelines for “social distancing” will ensure safety for everyone present in the clinic. Advance scheduling should be made compulsory and walk-in patients should be discouraged. The booking is to be done on the phone or online by the trained clinic staff. The time gap between the appointments can vary in different clinics as per the size of the waiting area/space between waiting chairs, the number of treatment rooms, the number of clinicians to man the consultation/treatment rooms, type/duration of procedures and turn-around time of a patient from the time of arrival to time of exit.The patient should be encouraged to visit the clinic alone or with only one attendant to avoid crowding in the clinic as carriers might be asymptomatic, and therefore, it would be wise to presume that every person walking in the clinic can be a potential source of infection. Most of the countries also have “contact tracing apps” which work on Bluetooth. Ensuring that the patients coming to the clinic have this app downloaded on their phone, and both internet connection and Bluetooth are switched on would make for effective use of this technology. Orthodontic patients will be scheduled last thing in the morning and/or last thing in the afternoon to allow adequate time for surgery cleaning and fallow time.

Patient evaluation and triaging

When patients book their appointment they receive a text message and/or email to confirm their appointment date and time. It also has bullet points of important information specific to Covid-19 and a Web link to a form that must be completed prior to their visit. The form includes their medical history information, consent for treatment, before and after instructions, and a Covid-19 declaration which the patient needs to complete and sign. This can be completed online only as we are now paperless. It can be done on the patients phone remotely or at the clinic on our ipad if they are unable to complete it remotely. This has reduced the need for any paperwork in the practice, limited the amount of interaction between reception and patients which all goes to reduce the chance of inadvertently transmitting Covid-19.

The procedures performed in an aesthetic clinic have been categorised as low-risk, moderate-risk, and high-risk based on the likelihood of transmission of the SARS-CoV-2 virus from the patient to the treating clinician while performing the procedure. This categorisation is based on the assumption that all the patients seen in the aesthetic clinic could be asymptomatic carriers until proven otherwise. This assumption has to be made until the time COVID-19 testing of all patients coming to aesthetic clinics is done as part of the initial screening process. The factors taken into account for the risk categorisation of the procedures (Table 1) were—the type of procedure (aerosol-generating procedure vs non aerosol generating procedure), body part on which the procedure is being performed (face/body), and the duration of the procedure. Contact with mucosa/saliva, body secretions during the procedure, minimally invasive or noninvasive nature of the procedure, and ability of the patient to be masked or not were also considered as important factors for risk categorisation. We do not provide high risk aerosol producing procedures, and we do not provide long duration procedures as this increases the risk due to longer contact time with the patient. Similarly, procedures involving the middle and lower part of the face would not allow the patient to be masked at the time of the procedure, thus increasing the potential for transmission to the treating clinician. Based on the categorisation, guidelines for PPE were also produced (Table 2).The general guidelines for aesthetic procedures also included minimum conversations with the patient during the procedure, not allowing the patient attendant to be in the procedure room, and also avoid the helping staff/nurse to be in the procedure room while the procedure is being performed, if possible. Try to minimise the duration of the procedure where possible to reduce exposure time. Cleaning of surfaces (procedure chair/bed, inspection lights, instrument tray/trolley, mirror, door handle) and the apparatus being used with sterilising solution should be done after each procedure.

As per fgdp guidance orthodontic treatments will be viewed as moderate risk and no high speeds will be used for debonding or otherwise, only slow speeds. This will dictate the ppe required.

Table 1:

|  |  |  |
| --- | --- | --- |
| Low risk | Moderate risk | High risk |
| Injectables (botulinum toxin, dermal fillers) for upper third face and extra facial sites | Injectables (botulinum toxin, dermal fillers) for middle and lower third face | Aerosol generating procedures from dental treatment |
|  | Thread lifting of the face and extra facial sites |  |
|  | Non aerosol generating procedures from dental treatment |  |

Table 2

|  |  |  |  |
| --- | --- | --- | --- |
| Equipment  | Low risk  | Moderate risk | High risk |
| Disposable gloves | Yes | Yes | Yes |
| Surgical cap | No | No | Yes |
| Eye protection  | Yes | Yes | Yes |
| Face shield | No | No | Yes |
| 3 ply surgical mask | Yes | Yes | NA |
| FFP3 mask | No | No | Yes |
| Fluid resistant gown/apron  | No | No | Yes |

Staff rotation and training in the clinic

None of our staff are from elderly or at risk group (co-morbidities), therefore we do not need to accommodate reduced hours or shielding staff. Staff are provided with all the necessary ppe and instructed on how to use it and dispose of it.

General housekeeping in the clinic

* A glass partition has been installed at reception to reduce exposure of the staff to the covid 19 virus
* Hand sanitiser is provided on entry to the clinic and several bottles are situated throughout the building for ease of use
* Seating arrangements: only 3 chairs are in the waiting room and are spaces 2m from each other
* Waiting area decongestion: Waiting area congestion can be avoided by scheduling appointments with appropriate turnaround time between patients. The clients could also be asked to wait in their vehicles if they arrive before the appointed time or until the clinician is ready to see them.
* Non-essential material: Care must be taken to remove all non-essential material like brochures, magazines, and newspapers from the offices and waiting rooms, as these could be a potential source of contamination. The staff should be trained to use electronic modes of information sharing like e-mail, air-drop, and WhatsApp.
* Cleaning guidelines: the cleaning protocol should be followed as this includes between patient, daily, weekly and monthly cleaning.
* Waste bins: pedal operated bins are in each treatment room and are lined with disposable liners

AGP protocol

* The only agp performed will be moderate risk agp’s which include debonding orthodontic appliances, repairs to orthodontic appliances and any other dental treatment which does not require the use of a high speed hand piece.
* The dentist and nurse will be wearing the correct Ppe according to the table above
* The regular in between patient sanitisation of the chair and environment will be undertaken
* The room (spare surgery) shall be left vacant with the window open to allow circulation
* As we only see a small number of orthodontic patients, we will never book orthodontic patients back to back we will schedule one orthodontic patient per session excluding emergencies