

esherskin

Patient Information

theskinclinics

at RASA Academy for Facial Aesthetics

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Contact Details

At Esher Skin we run our sessions at the Esher Groves - 13-17 Church Street, Esher, KT10 8QS

The general contact details during working hours are:

Tel: 01483 937774 / 0345 11 22 300

Our receptionist will take any queries and one of our clinicians will contact you shortly after

E-mail: info@theskinclinics.co.uk

For out of hours please e-mail – info@theskinclinics.co.uk

Accessibility

Please note that the clinic is in a refurbished Victorian building and does not, unfortunately, provide disabled access. Visitors must also be able to manage two flights of stairs.

Directions and Instructions for your visit

The building is located at 13-17 Church Street, Esher, KT10 8QS, and the clinic is located at the end of the terraced buildings on Church Street, opposite 'The Hair Gallery'. Look for the podiatrist, and then follow the paved area around the side to the 'Esher Groves' glass reception doors at the rear.

The nearest parking is next to the Elmbridge Borough Council offices, just off the High Street, from where it is a ten-minute walk to our building. The rates are around £1.20 per hour, and the payment systems accept cards and Ringo.

If you're coming from the A3 northbound, here are the specific directions:

- When coming north on the A3 from the M25 junction, please take the second exit – it's signposted Esher/Leatherhead A244
- Follow the signs into Esher – it's couple of miles or so
- You'll go through one set of traffic lights, and then at the next set, stay right
- Turn right on to the High Street, signposted as the A307 to London.
- On the High Street, go through one set of traffic lights, and at the next set, turn right, at the Costa.
- Go to the mini roundabout next to the Elmbridge Borough Council offices, and then go right into the pay-and-display park.

YOUR NEXT VISIT WITH US



As you have an imminent appointment we would be very grateful if you could follow the steps below, which outline some changes we have made.



1 PRE-APPOINTMENT

We will contact you to discuss the following before your appointment:

- 1) Your medical history
- 2) A Covid-19 screening questionnaire
- 3) A Covid-19 consent

2 BEFORE LEAVING HOME

Before you leave your home to come to the clinic:

- Please use the toilet if required to avoid use at the clinic unless absolutely necessary
- Please avoid bringing additional belongings (e.g. big coats, bags etc.) as these will not be permitted into the clinical area and will have to be stored
- Please wear a mask making sure it covers both your nose and mouth (please let us know if you do not have access to a mask)
- Please make sure you come alone unless the appointment is for someone who needs assistance/accompanying
- Please bring a card as this is the only form of payment we are currently accepting
- Please do not forget to bring your mobile phone (if you have one) and keep it on, just in case we need to contact you
- Please bring a pen to fill/sign any documents you may have to
- Please bring tissues so that if you sneeze/cough you can use these to cover your mouth to prevent any aerosols from being spread to the surrounding areas



3 ARRIVING AT THE CLINIC

Please aim to arrive at the clinic at least 10 minutes before your appointment. If you are late there is a chance you may not get seen as we have to time the entry and exit of each patient very carefully. Please take into account time to find parking and walking to the clinic.



4 WAIT OUTSIDE THE BUILDING

When you arrive at the clinic please wait in your outside the building and contact the Receptionist on 0345 112 2300. The Receptionist will ask you a few Covid-19 related questions, invite you in, request for you to sanitise your hands with the alcohol gel provided and then direct you to the clinical room.

5 SOCIAL DISTANCING

2m social distancing rules will be observed as make your way to the clinical room where the clinician will be present to greet you.



6 MINIMISING TIME IN THE CLINIC

The clinician will have an allocated slot of time and will need to refrain from exceeding this to ensure that patients are being entering and leaving the clinic in a coordinated fashion.

7 AFTER YOUR APPOINTMENT

Having completed the appointment, you will be requested to make payment with a debit/credit card. You will be requested to use the alcohol gel prior to this. On completion of this you will be escorted out of the building. 2m social distancing rules will be observed.



Important information about treatment with Botulinum Toxin

INSTRUCTIONS

This is a document that has been prepared to help inform you about AZZALURE (Botulinum Toxin Type A) injections, its risks and alternatives treatments.

It is important that you read this information carefully and completely.

INTRODUCTION

AZZALURE (BOTULINUM TOXIN TYPE A) injections involve a series of small injections in order to reduce the activity of the chosen muscles for example on the brow or the forehead. Reducing the activity of the injected muscles begins to be apparent after 2-3 days with the peak effect being reached after 7 days. Results can last 3-6 months. The procedure can be repeated after 3 months; however, injections given less than 3-month intervals may reduce the efficacy of the injections. Therefore we do not encourage "top-ups".

It is important to note that we will sometimes work off license with some patients because product licenses are very limited, both in terms of dosing and site of use.

ALTERNATIVE TREATMENTS

Alternative forms of non-surgical and surgical management for the appearance of wrinkles and lines in the skin consist of topical creams, laser treatment, microdermabrasion, microneedling, chemical peels and dermal fillers. Risks and potential complications are associated with alternative forms of treatment.

RISKS OF AZZALURE (BOTULINUM TOXIN TYPE A) INJECTIONS

Every procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo a procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with one of our clinicians to make sure you understand the risks, potential complications, and consequences of AZZALURE (BOTULINUM TOXIN TYPE A) injections.

Bleeding - It is possible, though unusual, to experience a bleeding episode during or after the procedure.

Bruising - Following this procedure, it is not uncommon to bruise at the injection site.

Infection - Infection is unusual. Should an infection occur, additional treatment including antibiotics may be necessary.

Unsatisfactory results - There is a possibility of an unsatisfactory result from the procedure. The procedure may result in unacceptable visible deformities, loss of function and/or loss of sensation.

Allergic reactions – In rare cases, local allergies to topical preparations have been reported. Systemic reactions, which are more serious, may result from drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

Drooping of the eyelids (Ptosis) – This is rare but transient complication occurring in 1-2% of patients..

Additional treatment required - In some situations, it may not be possible to achieve optimal results with a single procedure. Should complications occur, other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with AZZALURE (BOTULINUM TOXIN TYPE A) injections. The practice of medicine and surgery is not an exact science. Although good results are expected, there cannot be any guarantee or warranty expressed or implied on the results that may be obtained.

Consent

Informed-consent documents are used to communicate information about the proposed treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your clinician may provide you with additional or different information, which is based on all the facts in your particular case and the state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

Important information about treatment with Dermal Fillers

INSTRUCTIONS

This is an informed consent document that has been prepared to help inform you concerning Dermal Filler injections, its risks and alternatives treatments.

It is important that you read this information carefully and completely.

INTRODUCTION

Treatment with Juvederm, and other dermal fillers can smooth out folds and wrinkles, add volume to the lips, and contour facial features that have lost their fullness due to aging, sun exposure, illness, etc. Facial rejuvenation can be carried out with minimal complications. Dermal fillers are injected into the skin with a very fine needle. The products produce a natural volume under the wrinkles, which is lifted up and smoothed out. The results can often be seen immediately and usually last 12-18 months.

It is important to note that we will sometimes work off license with some patients because product licenses are very limited, both in terms of dosing and site of use.

ALTERNATIVE TREATMENTS

This is strictly a voluntary cosmetic procedure and no treatment is necessary or required. Other alternative treatments, which vary in sensitivity, effect and duration, include animal-derived collagen filler products, dermal fillers derived from the patient's own fat tissues, synthetic plastic permanent implants, Botulinum toxins that can paralyze muscles that cause some wrinkles or surgery.

RISKS OF DERMAL FILLER INJECTIONS

Every procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo a procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with the clinician to make sure you understand the risks, potential complications, and consequences of dermal filler injections.

- Although a very thin needle is used, common injection-related reactions could occur. These could include: some initial swelling, pain, itching, discoloration, bruising or tenderness at the injection site. These reactions generally lessen or disappear within a few days but may last for a week or longer.

- As with all injections, this procedure carries the risk of infection. The syringe is sterile and standard infection control precautions associated with injectable materials will be taken.
- Some visible lumps may occur temporarily following the injection.
- Some patients may experience additional swelling or tenderness at the injection site and in rare occasions, pustules might form. These reactions might last for as long as approximately 2 weeks, and in appropriate cases may need to be treated with oral corticosteroids or other therapy.
- Dermal Fillers should not be used in patients who have experienced this hypersensitivity, those with severe allergies, should not be used in areas with active inflammation or infections (e.g. cysts, pimples, rashes, or hives).
- If you are considering laser treatment, chemical skin peeling or any other procedure based on a skin response after dermal filler treatment, or you have recently had such treatments and the skin has not healed completely, there is a possible risk of inflammatory reaction at the implant site.
- Most patients are pleased with the results of dermal fillers use. However, like any cosmetic procedure, there is no guarantee that you will be completely satisfied. There is no guarantee that wrinkles and folds will disappear completely, or that you will not require additional treatment to achieve the results you seek. While the effects of dermal fillers use can last longer than other comparable treatments, the procedure is still temporary. Additional treatments will be required periodically, generally within 4-6 months to one year, involving additional injections for the effect to continue.
- After treatment, you should minimize exposure of the treated areas to excessive sun or UV lamp exposure and extreme cold weather until initial swelling or redness has gone away.
- Other possible risks include but are not limited to:
 - 1) Post treatment discomfort, swelling, redness, bruising, and discoloration;
 - 2) Post treatment infection associated with any transcutaneous injection;
 - 3) Allergic reactions;
 - 4) Reactivation of Herpes (cold sores);
 - 5) Lumpiness, visible yellow or white patches
 - 6) Granuloma formation;

7) Localized Necrosis and/or sloughing, with a scab and/or without scab if blood vessel occlusion occurs. In extremely rare circumstances vascular occlusion can lead to blindness.

AZZALURE (Botulinum Toxin) PRE & POST-TREATMENT INSTRUCTIONS

Pre-Treatment Instructions

7 DAYS BEFORE treatment (to prevent bruising):

- AVOID blood thinning over-the-counter medications such as Aspirin, Ibuprofen, and Aleve. Also avoid herbal supplements, such as Garlic, Vitamin E, Ginkgo Biloba, St. John's Wort, and Omega-3 capsules. Please note: If you have a cardiovascular history, please check with your doctor prior to stopping use of Aspirin.
- Do not drink alcoholic beverages 24 hours before (or after) your treatment to avoid extra bruising.
- Do not use AZZALURE® if you are pregnant or breastfeeding, are allergic to any of its ingredients, or suffer from any neurological disorders. Please inform your provider if you have any questions about this prior to the treatment.

3 DAYS BEFORE treatment:

- AVOID topical products such as Tretinoin (Retin-A), Retinols, Retinoids, Glycolic Acid, Alpha Hydroxy Acid, or other "anti-aging" products. Also AVOID waxing, bleaching, tweezing, or the use of hair removal cream on the area to be treated.

Day of Treatment

- Arrive to the Practice with a "clean face". Please do not wear makeup or wear make up for at least 12 hours after treatment.
- You may experience a mild amount of tenderness or a stinging sensation following injection.
- Redness and swelling are normal. Some bruising may also be visible.
- You may experience some tenderness at the treatment site(s) that can last for a few hours or a few days. You may have bruises in the areas treated.

Immediately After Treatment

- It is best to try to exercise your treated muscles for 1-2 hours after treatment (e.g. practice frowning, raising your eyebrows, and squinting). This helps to work AZZALURE® into your muscles.
- Stay in a vertical position for four hours following injection. DO NOT "rest your head" or lie down; sit upright.
- You may apply an ice or cold gel pack to the area(s) treated (avoiding pressure) as this helps reduce swelling and the potential for bruising.
- AVOID placing excessive pressure on the treated area(s) for the first few days; when cleansing your face or applying makeup, be very gentle.
- AVOID exercise or strenuous activities for the remainder of the treatment day; you may resume other normal activities/routines immediately.
- You may take Paracetamol if you experience any mild tenderness or discomfort.

- AVOID extended UV exposure until any redness/swelling has subsided. Be sure to apply an SPF 30 or higher sunscreen.
- Wait a minimum of 24 hours (or as directed by your provider) before receiving any skin care or laser treatments.

DERMAL FILLERS: PRE & POST-TREATMENT INSTRUCTIONS

Pre-Treatment Instructions

7 DAYS BEFORE treatment (to prevent bruising):

- AVOID blood thinning over-the-counter medications such as Aspirin, Motrin, Ibuprofen, and Aleve. Also avoid herbal supplements, such as Garlic, Vitamin E, Ginkgo Biloba, St. John's Wort, and Omega-3 capsules. Please note: If you have a cardiovascular history, please check with your doctor prior to stopping use of Aspirin.
- Do not drink alcoholic beverages 24 hours before (or after) your treatment to avoid extra bruising.
- Do not use Dermal Fillers if you are pregnant or breastfeeding, are allergic to any of its ingredients, or suffer from any neurological disorders. Please inform your provider if you have any questions about this prior to the treatment.

3 DAYS BEFORE treatment:

- AVOID topical products such as Tretinoin (Retin-A), Retinols, Retinoids, Glycolic Acid, Alpha Hydroxy Acid, or any "anti-aging" products. Also AVOID waxing, bleaching, tweezing, or the use of hair removal cream on the area to be treated.

DAY OF TREATMENT:

- Arrive to the clinic with a "clean face". Please do not wear makeup or wear make up for the rest of the day.
- To maximize your comfort during the procedure, a topical anesthetic may be applied.
- You may experience a mild amount of tenderness or a stinging sensation following injection.
- To ensure a smooth and even correction, your provider may massage the area(s) treated, which may cause a temporary, minimal amount of redness to your skin.

Immediately After Treatment.

- Redness and swelling are normal. Bruising may also be visible.
- You may experience some tenderness at the treatment site(s) that can last for a few hours or a few days.
- Depending upon the area(s) treated and product(s) used, you may feel "firmness" in the treated area(s) for 1 to 2 weeks after treatment. Over time, the area(s) will soften and "settle".

Post-Treatment Instructions

- Apply an ice or cold gel pack to the area(s) treated (avoiding pressure) as this helps reduce swelling and the potential for bruising.
- Avoid wearing makeup for the rest of the day.
- AVOID placing excessive pressure on the treated area(s) for the first few hours and

- up to 2 to 3 days; when cleansing your face or applying makeup, be very gentle.
- AVOID exercise or strenuous activities for the remainder of the treatment day; you may resume other normal activities/routines immediately.
 - You may take Paracetamol if you experience any mild tenderness or discomfort.
 - AVOID extended UV exposure until any redness/swelling has subsided. Be sure to apply an SPF 30 or higher sunscreen.
 - Wait a minimum of four weeks (or as directed by your provider) before receiving any skin care or laser treatments.
 - Untreated bruising will generally fade in 5 to 14 days.

Treatment Areas and Price List

DERMAL FILLERS: Lips, nose-mouth lines (naso-labial folds), marionette lines, cheeks, tear trough, jaw line, nose (non-surgical nose job), chin

WRINKLE RELAXING INJECTIONS: Forehead, frown, smile lines (crows feet), large jaw muscle (square jaw), bunny lines, downturned smile, smokers lines, gummy smiles

CONSULTATION

Complimentary (£20 deposit which is refundable)

DERMAL FILLERS

Juvederm Volift/Volbella/Voluma - £150/ml

WRINKLE RELAXING INJECTIONS

Azzalure - (up to 3 areas) - £95.00 for 1 vial

We currently accept all major Debit/Credit cards only

NOTE: As we are a training academy all of your treatment will be carried out by either a trainer or a student under the 1 to 1 supervision of one of our trainers. All of our trainers and students are fully qualified medical professionals (Doctors, Dentists, Nurses, Pharmacists).

Confidentiality

The Practice is committed to complying with the requirements of the legislation governing patient confidentiality including: Access to Health Records 1990, Caldicott Guidelines 1997, Confidentiality Code of Practice 1998, Data Protection Act 1998 and the GDC Standards for Dental Professionals 2005 on Principles of Patient Confidentiality.

For the purpose of this policy confidential information is defined as personal information provided by an individual in confidence including, but not limited to, such details as name, age, address, personal circumstances, race, health, sexuality, etc. Note that even the fact that a patient attends the Practice is confidential. All staff members are aware of their responsibilities for safeguarding patient confidentiality and keeping information secure.

Complaints process

If you have a complaint or concern about the service you have received from us or any of the staff working in this practice, please let us know either verbally or in writing (e-mail: contact@rasaacademy.co.uk). We operate a complaints procedure in our practice.

We take complaints very seriously and try to ensure that all our patients are pleased with their experience of our service. When patients complain, they are dealt with courteously and promptly so that the matter is resolved as quickly as possible. This procedure is based on these objectives.

Our aim is to react to complaints in the way in which we would want our complaint about a service to be handled. We learn from every mistake that we make and we respond to customers. If you would like a detailed version of the complaints procedure please request it from Dr. Jalpesh Patel.

Appendix 1 - COVID-19 Re-Entry Plan/Standard Operating Procedures

This document outlines the protocol and procedures in place for implementation prior to re-commencement of aesthetic services. This document is subject to change in accordance with any/all updated regulations and guidelines providing by our governing bodies.

Patient flow and Clinic layout

Aims

- Arrangements will be made to comply with social distancing measures throughout the clinic.
- To separate and minimise patient numbers in practice at any one time
- Have single entry and exit points for patients, with alcohol-based hand gel available for use
- Reception interactions to minimise reception use. For example, digital appointment

Reception:

- Allow for 2m distancing, ideally marked on the floors
- Consider measures to limit patient presence at the reception area
- Set up contactless card payment where possible
- Ask patient to use their own pen
- Toilets - avoid using toilets unless emergency

Waiting areas:

- Remove unnecessary items, such as magazines, toys and tv remotes
- Consider measures to limit the use of waiting areas. For example, protocols for patients to wait outside until the time of their appointment
- Space chairs 2m apart

Methods/Patient Journey

- Only patients with appointments to be in the premises at any time. Only the patient with the due appointment is allowed inside the premises
- Patients must attend alone, unless it is a translator, guardian, carer, or legal representative
- Reception area to have a distance marker at the desk.
- Reception staff must wear PPE appropriately.
- Reduce clutter at reception

Step 1 – Pre-appointment

- Review appointment scheduling to allow enough time between appointments to

comply with all guidelines and to this SOP.

- Review remote risk assessment, triage and consultation
- Patient will be screened remotely via telephone or an online form for Covid-19 and for those who are shielded or at an increased risk at a maximum of 24 hours before their appointment booking.
- Patient to be sent a welcome back pack containing all the information about the changes in their patient journey as well as any other relevant processes and procedures.

A clinician will contact the patient prior to the appointment to discuss the following (Appendix 2):

- 1) Patient medical history
- 2) A Covid-19 screening questionnaire
- 3) A Covid-19 consent

Step 2

Before the patient leaves their home to come to the clinic they would have verbally and/or via written communication be advised of the following:

- 1) Please use the toilet if required to avoid use at the practice unless absolutely necessary
- 2) Please avoid bringing additional belongings (e.g. big coats, bags etc.) as these will not be permitted into the clinical area and will have to be stored
- 3) Please wear a mask if you have access to one making sure it covers both your nose and mouth
- 4) Please make sure you come alone unless the appointment is for someone who needs assistance/accompanying
- 5) Please bring a card as this is the only form of payment we are currently accepting
- 6) Please do not forget to bring your mobile phone (if you have one) and keep it on, just in case we need to contact you
- 7) Please bring a pen to fill/sign any documents you may have to
- 8) Please bring tissues so that if you sneeze/cough you can use these to cover your mouth to prevent any aerosols from being spread to the surrounding areas

Step 3

Patients will be advised to arrive at the clinic at least 10 minutes before their appointment. If they are late there is a chance they may not get seen as entry and exit of each patient has to be very carefully coordinated.

When the client arrives at the clinic, they will be requested to wait in their car /outside until they are contacted by the clinic. This is to ensure that there is no cross over with the previous patient.

Step 4

Once they have been contacted, a member of staff will come to collect the patient from the entrance.

Step 5

The member of staff will request that the patient gels their hands with the alcohol gel at the entrance and depending on the guidelines at the time, will take a contactless temperature.

Step 6

The member of staff will take any items the patient carrying for storage (i.e. there will not be any space for any items to be placed in the clinical rooms).

Step 7

2m social distancing rules will be observed as the member of staff, who will escort the patient directly to the clinical room where the clinician will present to greet them. The clinician will have an allocated slot of time and will need to refrain from exceeding this to ensure that patients are being entering and leaving the practice in a coordinated fashion.

Step 8

Having completed the appointment, the patient will be advised to make their way to the reception to sign any forms/make payment. They will be requested to use the alcohol gel prior to this.

On completion of this the nurse/receptionist will escort the patient out of the building. 2m social distancing rules will be observed.

Staff Screening

- Screening will take place for staff on their return to work, and on a daily basis thereafter
- A risk assessment available for staff to protect them and identify potential COVID-19 cases.

Supplies

- Check stock
- Check process for future procurement (contact contracted suppliers)
- Order appropriate and additional supplies that reduce the spread of COVID-19

- in advance
- Consider availability of PPE fit-testing

Patient communications

Aims

Consideration of how new ways of working will be communicated with patients.

Methods:

- Putting together a 'welcome back' communication in the form of a letter, email or text. This should be ready to send once national policy allows for clinics to reopen.

Patient Screening

Following the remote patient screening process, a risk assessment will be carried out and each patient will be categorised as either high, medium or low risk. The clinician will determine the suitability of whether the patient should visit based on the following factors:

- The patient's concern/problem
- The patient's risk status*
- The Covid Alert level

Based on this information the patient will or will not be advised to attend.

*People at high risk (clinically extremely vulnerable)

- have had an organ transplant
- are having chemotherapy or antibody treatment for cancer, including immunotherapy
- are having an intense course of radiotherapy (radical radiotherapy) for lung cancer
- are having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors)
- have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma)
- have had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine
- have been told by a doctor they have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD)
- have a condition that means they have a very high risk of getting infections (such as SCID or sickle cell)
- are taking medicine that makes them much more likely to get infections (such as high doses of steroids or immunosuppressant medicine)
- have a serious heart condition and are pregnant

*People at moderate risk (clinically vulnerable)

- are 70 or older
 - are pregnant
 - have a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis)
 - have heart disease (such as heart failure)
 - have diabetes
 - have chronic kidney disease
 - have liver disease (such as hepatitis)
 - have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)
 - have a condition that means they have a high risk of getting infections
 - are taking medicine that can affect the immune system (such as low doses of steroids)
 - are very obese (a BMI of 40 or above)
- Patients with head and neck cancer / post radiotherapy/ chemotherapy may also be more vulnerable although they were not officially included in the patient

Infection Control

Respiratory secretions and cough hygiene

Patients and staff should be encouraged to minimise potential COVID-19 transmission through good respiratory hygiene measures which are:

- Disposable, single-use tissues should be used to cover the nose and mouth when sneezing, coughing or wiping and blowing the nose – used tissues should be disposed of promptly in the nearest waste bin.
- Tissues, waste bins (lined and foot operated) and hand hygiene facilities should be available for patients and staff
- Hands should be cleaned (using soap and water if possible) after coughing, sneezing, using tissues or after any contact with respiratory secretions and contaminated objects.
- Encourage patients to keep hands away from the eyes, mouth and nose.

The best method to minimise transmission is to, where possible, avoid contact. Patients should be Covid-19 screened prior to face to face contact. However, should a patient attend clinic and display symptoms they should be candidly questioned and in cases of a new cough, fever, myalgia or recent infection must be asked to reschedule and promptly requested to leave the site.

Should there be a situation where there is belief that a suspected COVID-19 +ve patient has been in the clinical area the clinician must:

- Immediately stop all activity.
- Ensure no other patients are admitted to the waiting room.

- Doors should be kept closed with windows open to improve airflow and ventilation.
- Use disposable cloths/papers/mop attachments and either a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl) or a neutral purpose detergent followed by disinfection (1000ppm av.cl)
- Dispose of all cleaning cloths/wipes as well as all waste associated with suspected positive patient into a waste bag. If clinical waste is collected at your facility ensure it is disposed of in the clinical waste; if this is not possible seal the bag tightly in another bag and store for 72 hours and dispose of in the standard waste, ensuring adequate PPE and hygiene before and after contact.

Staff are classified into two types:

Staff who work mainly in the reception area and not involved with direct patient care and secondly, staff that are in direct contact with patients.

People that are not involved in direct patient care

Regular cleaning of keyboards, phones and other frequently used items using cleaning solutions. A sufficient supply of cleaning products will be made available.

As teamwork and environmental awareness is highly important, the receptionist will be designated as the principal 'rule enforcer' of the new safety 'regime'.

As each patient leaves the clinic, reception staff must leave the reception area, and clean the seating area with an appropriate product and then return immediately to the reception area and clean their hands.

Hand washing definition: hand hygiene measures should be undertaken with soap and water. This is the most important measure to reduce the risks of transmission and must be carried out frequently (before putting on gloves, after removing gloves, and after each contact with the patient whether or not gloves have been used). Normal liquid soap will be used for hygienic washing for over 20 seconds each time. Hands must be dried with disposable towels. Another option is to use hand sanitiser, but it is not as a substitute for frequent hand washing. Practitioners should avoid touching their faces.

If reception staff are at risk of not maintaining 2 metre distancing, they should wear a surgical mask and consider eye protection at all times.

Staff working directly with patients

Clothing

Staff will use a simple uniform (scrubs) which is put on at the clinic and removed at the end of the day. On removal it should be placed in a laundry bag alone and washed at 60°C. This should not be worn to and from work and should be washed on a daily basis.

Before any clinical interaction practitioners should be 'bare below the elbows', All hand and wrist jewellery should be removed, barring a single band plain ring which should be navigated during hand hygiene moments.

Fingernails should be clean, short and free of artificial nails or adhesive nail products. Breaks in skin should be covered with a transparent occlusive dressing.

Uniforms must not be worn on the journey in to or from work.

On a daily basis, staff should carry their uniform and shoes in a disposable bag. Allowing for the two- metre distancing rule, uniform should be changed into on site in the designated changing room. Handbags and personal possessions such as phone/iPad etc. should be safely stored in a locker or other safe place.

Procedure-appropriate PPE should be donned prior to the treatment.

Staff should avoid returning to the changing place, except to change out of their uniform at the end of the day.

At the end of the shift, staff should wash their hands thoroughly and place their uniform and shoes into a designated storage bag. Uniforms should be washed on a daily basis separately from other household linen at a temperature exceeding 60°C.

Treatment specific Risk assessment and access to appropriate Personal Protective Equipment.

Personal Protective Equipment

It is assumed that gloves will be worn for all procedures in the normal manner.

	ASPIRATIONAL	BASIC	CONDITIONAL
High alert level / high risk AGE	FFP2/FFP3/PAPR mask, visor, gown, hat & shoe covers	FFP2/FFP3/PAPR masks, visor, gown	
High alert level / low risk AGE	FFP2/FFP3/PAPR mask, visor, gown, hat & shoe covers	FRSM, visor, apron	FFP2 / FFP3 mask / PAPR, visor, gown, hat & shoe covers if deemed appropriate in view of risk to operator / nurse (see page 7)
Low alert level / high or low risk AGE		FRSM, appropriate eye protection	FFP2 / FFP3 / PAPR mask, visor, gown, hat & shoe covers if deemed appropriate in view of risk to operator / nurse (see page 7)

Reusable masks with appropriate filters are available, however, it is important that doffing and disinfection of these masks is carried out following a strict protocol to prevent contamination.

There is a need to regard perioral treatments, lip fillers and intraoral treatments, such as dental blocks, as potentially aerosol generating procedures (AGP's), requiring the use of 'FFP 3' face masks. These masks will have to be fit tested and evidence of this kept.

Patients should be viewed as being 'potentially' Covid-19 positive. Practitioners should not routinely perform these elective procedures. Rather, practitioners should undertake a risk assessment before proceeding to undertake any aesthetic procedure which considers factors such as relative need and benefit against 'weighed' risk.

Aprons and gloves are subject to single use as per Standard Infection Control Precautions (SICPs), with disposal and hand hygiene after each patient contact. Respirators, fluid-resistant (Type IIR) surgical masks (FRSM), eye protection and disposable fluid repellent coveralls or long-sleeved disposable fluid repellent gowns can be subject to single sessional use.

A single session refers to a period of time where a practitioner is undertaking duties in a specific clinical care setting or exposure environment. Once the PPE has been removed it should be disposed of safely. The duration of a single session will vary depending on the clinical activity being undertaken.

PPE should not be subject to continued use if damaged, soiled, compromised, and uncomfortable and a session should be ended. While the duration of a session is not specified here, the duration of use of PPE items should not exceed manufacturer instructions. Appropriateness of single versus sessional use is dependent on the nature of the task or activity being undertaken and the local context

Hand Hygiene

Hand hygiene will be performed immediately before every episode of direct patient care and after any activity or contact that potentially results in hands becoming contaminated, including the removal of personal protective equipment (PPE), equipment decontamination and waste handling.

When managing the same patient between activities the practitioner can use an alcohol-based hand rub Refer to 5 moments for hand hygiene. The following link should be used as reference:

<https://www.who.int/infection-prevention/campaigns/clean-hands/5moments/en/>

Cleaning and Waste Management

Staff should receive training and information on the proper cleaning methods required.

A thorough cleaning and disinfection of surfaces and areas of contact with the patient should be carried out after every procedure.

Staff should inform the patient of the disinfection of the treatment room between patients and to explain the cleaning procedure to the patient for their own piece of mind.

Cleaning in common zones

At the end of the working day, all common areas should be subjected to a thorough cleaning and disinfection regime. This should be carried out with either:

A combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.)

Or

A neutral purpose detergent followed by disinfection (1000ppm av.cl.)

All door and window knobs, possible handrails, tables, armrests for chairs and armchairs, switches, telephones, should be cleaned and disinfected, Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants.

For items that cannot withstand chlorine-releasing agents, the manufacturer's instructions will be consulted for a suitable alternative to use following, or combined with, detergent cleaning.

Cleaning in treatment rooms

All surfaces including work surfaces and treatment couch must be wiped down with a cleaning solution at the end of every treatment.

Room ventilation

Clearance of infectious particles is dependent on the mechanical/natural ventilation within the room. A single air change is estimated to remove 63% of airborne contaminants; after 5 air changes, less than 1% of airborne contamination is thought to remain.

Cleaning solutions

The SARS-Cov-2 virus is contained within a lipid envelope and therefore is susceptible to inactivation with detergents.

Evidence recommends the use of alcohol solutions at 70% or sodium hypochlorite solutions at 0.1%. Sodium hypochlorite 0.1% may be obtained by diluting household bleach, which is typically at concentrations of 5%. Therefore, a solution of 1:50 will provide 0.1%. However, it will be important to confirm the initial concentration of the product as it may vary across brands.

Audit

A cleaning timetable with named responsible staff member should be maintained for each clinic area.

A self-assessment audit should be completed on a monthly basis to ensure the clinic is adhering to the stated policy, to confirm that the policy is effective and responsive to changing demands and new advice provided by government agencies. Practitioners should engage in a process of continuous quality improvement to enhance public protection and patient safety standards.

Risk assessment

It is important to highlight the necessity of risk assessment. In general terms, all practitioners should consider the need to perform a risk assessment as it relates to products, to premises and to self- management.

For commercial premises that operate with a shared reception area, this will form an additional part of the risk assessment which must be conducted in co-operation with other premises users or responsible persons.

Medical emergencies

- No different from the pre- COVID time except for situations that involve the airway and breathing (cardiac arrest, asthma and choking) which will generate a significant risk of AGE. In the event of a cardiac arrest the current Resuscitation Council (UK) guidance is as follows.
- "Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing.
- Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth. If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
- "Make sure an ambulance is on its way. If COVID 19 is suspected, tell them when you call 999.
- "If there is a perceived risk of infection, rescuers should place a cloth/towel over the victims mouth and nose and attempt compression only CPR and early defibrillation until the ambulance (or advanced care team) arrives. Put hands together in the middle of the chest and push hard and fast.
- Some patients who are medically compromised should be advised to wear simple face coverings whilst waiting for their appointment in open reception areas.