POSITION STATEMENT ON COVID-19

INTRODUCTION

The International Society of Plastic and Aesthetic Nurses (ISPN) recognizes that risk for infection is a concern for all healthcare providers, including those in the aesthetic industry (Hotta, 2018). There is currently an outbreak of coronavirus disease-2019 (COVID-19) that has been classified as a global “pandemic” by the World Health Organization (American Nurses Association (ANA), 2020; Centers for Disease Control (CDC), 2020a; Ghebreyesus, 2020). The “key goals for the U.S. healthcare system” when responding to this crisis include reducing mortality and morbidity, minimizing transmission of the disease, protecting healthcare providers, and preserving the functioning of the healthcare system (CDC, 2020a). In order to achieve these goals, plastic and aesthetic nurses must review current evidence and consider how they must adjust their practices to prevent the spread of COVID-19 in the community (ANA, 2020; CDC, 2020a).

RATIONALE

Integrating current evidence and research findings into one’s plastic and aesthetic nursing practice is consistent with the mission of ISPN (ISPN, 2018); when practice decisions are developed based on current evidence, these decisions will yield “positive healthcare consumer outcomes” (Melnyk, Gallagher-Ford, Long, & Fineout-Overholt, 2014, as cited in ANA, 2015, p. 18). Research confirms that COVID-19 is spread from person-to-person via respiratory droplets transmitted by close contact and from contact with mucous membranes after touching contaminated surfaces (ANA, 2020; CDC, 2020b). The transmission of COVID-19 can be slowed with techniques such as performing effective hand hygiene; practicing social distancing; avoiding non-urgent visits to healthcare facilities; rescheduling elective surgical procedures; and developing and educating staff on protocols for identifying, containing, and caring for patients who are displaying symptoms consistent with COVID-19 (ANA, 2020; CDC, 2020a; CDC, 2020b). Plastic and aesthetic nurses are responsible for providing care that “protects providers and patients from the spread of organisms,” and this will necessitate compliance with current evidence-based guidelines (Hotta, 2018, p. 17).
**ISPN RECOMMENDATIONS**

The plastic and aesthetic registered nurse should:

- Perform hand hygiene with alcohol-based hand sanitizer or soap and water (if hands are visibly soiled) “before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE [personal protective equipment]” (CDC, 2020b).
- Implement standard and transmission-based precautions when providing care for patients with possible or confirmed diagnosis of COVID-19 (CDC, 2020b).
- Consider “alternatives” to face-to-face, on-site appointments (ANA, 2020; CDC, 2020a).
- Reschedule appointments, procedures, treatments, and surgeries of a non-urgent or elective nature (CDC, 2020a; CDC, 2020b; Thiersch, 2020).
- Encourage “at risk” patients (individuals with medical comorbidities, those at increased risk for complications from respiratory disease, the elderly) to contact the provider by phone if they feel ill (CDC, 2020a).
- Isolate symptomatic patients from other patients in the healthcare facility (ANA, 2020).
- Educate all patients on symptoms and signs of COVID-19 infection and request that patients contact their primary care physician with any concerns regarding potential exposure or illness (“AAD [American Academy of Dermatology] issues guidance,” 2020).
- Develop policies and protocols that comply with current CDC guidelines pertaining to COVID-19 (ANA, 2020; CDC, 2020a).
- Provide training for all healthcare providers related to isolation and screening procedures (ANA, 2020; CDC, 2020b).
- Ensure that all treatment areas are regularly cleaned with hospital-grade disinfectant products and in accordance with CDC guidelines (CDC, 2019; CDC, 2020b; Hotta, 2018).

**REFERENCES**


**DISCLAIMER**

These clinical practice guidelines and/or recommendations and/or other guidance published herein are provided by the International Society of Plastic and Aesthetic Nurses to assist practitioners in clinical decision-making. The information should not be relied upon as being complete and should not be considered inclusive of all proper treatments, methods of care, or as a statement of the standard of care. All guidelines and recommendations require periodic revision to ensure that clinicians utilize appropriate procedures, and that the materials encompass the recent critical review of
literature and expert opinion. The reader must realize that clinical judgment may justify a course of action outside of the recommendations contained herein.

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