POSITION STATEMENT ON COVID-19 RESUMPTION OF PRACTICE

INTRODUCTION

The International Society of Plastic and Aesthetic Nurses (ISPAN) 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), 2020c; Ghebreyesus, 2020). This pandemic has necessitated many adjustments to plastic and aesthetic nursing practices; in some instances, this has meant a complete halt to direct patient care in order to minimize the transmission of disease and reduce mortality and morbidity (ISPAN, 2020). As plastic and aesthetic nurses continue to consider the “key goals for the U.S. healthcare system” throughout this pandemic, they must review current evidence and consider how they will adjust their practices to mitigate the spread of COVID-19 in the community while also preserving the functioning of the healthcare system (ANA, 2020; CDC, 2020c).

RATIONALE

Integrating current evidence and research findings into one’s plastic and aesthetic nursing practice is consistent with the mission of ISPAN (ISPAN, 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, 2020d). The transmission of COVID-19 can be slowed with techniques such as performing effective hand hygiene; practicing social distancing; 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, 2020c; CDC, 2020d). Plastic and aesthetic nurses are responsible for providing care that “protects providers and patients from the spread of organisms” (Hotta, 2018, p. 17). Additionally, plastic and aesthetic nurses provide nursing care that can positively impact a patient’s body image and overall well-being; with the stabilization of a decreased number of COVID-19 cases in a particular geographical area, it is important to resume care that will address non-urgent healthcare needs (Centers for Medicare & Medicaid Services (CMS), 2020; ISPAN, 2013).
ISPAN RECOMMENDATIONS

The plastic and aesthetic registered nurse should

- Understand that current evidence and recommendations, including those provided by ISPAN, are continuing to evolve as more research becomes available; this will necessitate regular and frequent review of the most up-to-date guidelines to ensure compliance (CDC, 2020c).
- Refrain from resuming elective/non-urgent care until a “sustained reduction” in new COVID-19 cases, for the immediate geographic area, has been established for at least 14 days (American College of Surgeons (ACS) et al., 2020).
- Participate in the development and/or implementation of a clinical algorithm that will promote patient safety with regard to minimizing cross-contamination among healthcare providers and patients (Kaye et al., 2020).
- Consider resuming elective/non-urgent care only if authorized by health authorities at the state, county, municipal, and institutional level (ACS et al., 2020; CMS, 2020).
- Ensure that any patient undergoing an elective/non-urgent procedure or treatment is asymptomatic (ASPS, 2020).
- Confirm that staffing of healthy providers will be sufficient to accommodate the scheduling of elective/non-urgent procedures without compromising provider well-being or patient safety (ACS et al., 2020).
- Avoid scheduling staff who are not essential to the care being provided during a particular day (American Society of Plastic Surgeons (ASPS), 2020).
- Provide training for all healthcare providers related to COVID-19 protocols and procedures (ANA, 2020; CDC, 2020d). Rehearse the implementation of these protocols and procedures prior to resuming patient care.
- Verify that all necessary supplies, including personal protective equipment and medications, are available to perform elective/non-urgent patient care; this verification process must include consideration for a resurgence in COVID-19 cases (American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF), 2020; ACS et al., 2020).
  - Adhere to CDC, state, local, and institutional guidelines related to personal protective equipment (ASPS, 2020).
  - Wear eye protection upon entry to patient care areas (ASPS, 2020).
  - Utilize N95 or “other FDA/NiOSH approved” mask, gloves, eye protection/face shield, and gowns for procedures involving instrumentation in the head and neck, injectables, and other procedures/treatments involving close patient contact (ASPS, 2020; CDC, 2020c).
- Adhere to all applicable Occupational Safety and Health Administration (OSHA) regulations both federal and state (American MedSpa Association (AmSpa), 2020).
- Implement a policy pertaining to COVID-19 testing for healthcare providers and patients; this policy should include guidelines for frequency of testing (ACS et al.,
Screen all healthcare providers at the beginning of each shift for signs/symptoms of COVID-19, including chemosensory dysfunction as manifested by alterations in taste and/or smell, and/or fever (CDC, 2020c; Yan et al., 2020).

Prioritize COVID-19 testing for healthcare providers who exhibit signs/symptoms of COVID-19 (CDC, 2020c).

Comply with CDC, state, and institutional guidelines regarding return-to-work policies (ASPS, 2020). State, local, and institutional guidelines may adapt the following guidelines from the CDC to best respond to local conditions (CDC, 2020b).

- Symptomatic with confirmed or suspected COVID-19:
  - Symptom-based guidelines: refrain from working until a minimum of 10 days has passed since the initial presentation of symptoms and a minimum of 72 hours (3 days) has passed since recovery. Parameters for recovery include improvement of respiratory symptoms and resolution of fever in the absence of anti-pyretic medications (CDC, 2020b).
  
  OR

  - Test-based guidelines: refrain from working until a minimum of 72 hours (3 days) has passed since recovery; parameters for recovery include improvement of respiratory symptoms and resolution of fever in the absence of anti-pyretic medications and negative results for 2 consecutive FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA (2 consecutive respiratory specimen collected at least 24 hours apart) (ASPS, 2020; CDC, 2020b).

- Asymptomatic with confirmed COVID-19:
  - Refrain from working until a minimum of 10 days has passed since the date of the initial positive COVID-19 diagnostic test. If the provider develops symptoms, guidelines for Symptomatic with Confirmed COVID-19 should be followed (CDC, 2020b).
  
  OR

  - Refrain from working until confirmation of negative results for 2 consecutive FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA (2 consecutive respiratory specimen collected at least 24 hours apart) (CDC, 2020b).

- Perform hand hygiene with alcohol-based hand sanitizer (when hands are not visibly soiled) 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, 2020d).

- 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, 2020c).
- Modify policies pertaining to appointment cancellations and/or missed appointments as appropriate (ASPS, 2020; CDC, 2020c).

- Develop policies that will comply with current CDC guidelines pertaining to COVID-19 and incorporate evidence-based techniques to mitigate infection transmission while promoting the provision of elective/non-urgent patient care and procedures; these techniques include restricting access to care areas, streamlining workflow, and promoting distancing processes (ACS et al., 2020; ANA, 2020; ASPS, 2020; CDC, 2020c).
  - Screen all individuals for fever prior to entry into the facility (CDC, 2020c).
  - Ensure that the patient screening health questionnaire specifically asks about signs of infection including fatigue, cough, fever, skin rash, sore throat, anosmia, and gastrointestinal symptoms (e.g. anorexia, nausea, vomiting, diarrhea, gastrointestinal bleeding, and abdominal pain) (Kaye et al., 2020).
  - Require all patients and visitors to wear a face mask or cloth face covering when inside the facility (CDC, 2020a; CMS, 2020).
  - Adhere to and communicate the “no handshake” policy with patients, visitors, and vendors (AmSpa, 2020).
  - Restrict patient visitors and individuals who accompany patients to appointments, including children (ASPS, 2020; CDC, 2020c).
  - Limit visits from industry representatives in the clinical setting (ASPS, 2020).
  - Minimize time spent in waiting areas (CMS, 2020).
  - Arrange seating in facility to promote social distancing of at least 6 feet (CMS, 2020).
  - Install partitions or physical barriers to promote social distancing and to control exposure of patients (CDC, 2020c).
  - Remove “self-service hospitality stations” from waiting rooms (ASPS, 2020).
  - Schedule patients to promote low volume of patients in the facility at any given time (CMS, 2020).

- Develop a payment procedure that promotes social distancing and mitigates exposure to potential pathogens (CDC, 2020c). Ensure that all treatment areas are regularly cleaned with hospital-grade disinfectant products (CDC, 2020d; Hotta, 2018).
  - Disinfect facilities and equipment prior to resuming elective/non-urgent patient care (CMS, 2020).
  - Provide additional disinfection of “frequently touched” objects and surfaces
Adhere to contact time or “wet” time as stated on the container of disinfectants in order to be effective against all listed germs (AmSpa, 2020).

• Communicate with patients regarding the initiatives that have been implemented to promote their safety (ASPS, 2020).
  o Educate patients regarding the importance of refraining from receiving elective/non-urgent care if they are displaying symptoms of COVID-19 or any illness (ASPS, 2020; CDC, 2020c).
  o Ensure that the informed consent process emphasizes that zero-risk of exposure to COVID-19 as a patient cannot be guaranteed (Kaye et al., 2020).
  o Notify patients that their elective/non-urgent care appointment may be cancelled or postponed if they are displaying symptoms of COVID-19 or any illness (ASPS, 2020).
  o Post signage reminding patients to maintain social distancing and wear a mask (ASPS, 2020).
  o Keep a log of all people who care for or enter the treatment rooms (AmSpa, 2020).

• Maintain awareness of and vigilance for the potential for reactions in the host tissue of immune-reactive individuals (including individuals who have been infected with COVID-19 virus) when administering medications and filler products (De Boulle & Heydendrych, 2015; Mogensen & Paludan, 2001; Turkmani et al., 2019).

• Adhere to standards of laser safety, particularly as pertaining to the use of lasers more powerful than low-powered. Recall that “hazardous particles,” including virus particles, can be released via surgical plume (Emadi & Abtahi-Naeini, 2020, para. 4; Ravishankar et al., 2019).

REFERENCES


like symptoms. *International Forum of Allergy and Rhinology*. doi: 10.1002/alr.22579

**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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