SUGGESTED OPERATIONAL PLAN GUIDELINES FOR COVID-19
REINTEGRATION OF MEDICAL AESTHETIC SERVICES

British Association of Cosmetic Nurses | 18th May 2020
Introduction ......................................................................................................................... 3
1. Clinic Environment – General Guidance ........................................................................ 4
2. Appointments and Consultations ..................................................................................... 5
3. Wellness Check ................................................................................................................ 6
4. Clinical Rooms .................................................................................................................. 6
5. Treatments ........................................................................................................................ 7
6. Consent .............................................................................................................................. 8
7. Payments ........................................................................................................................... 8
8. Disinfection ......................................................................................................................... 8
9. Personal Protection Equipment (PPE) and Hygiene ....................................................... 9
10. Mobile Working ............................................................................................................... 10
11. Insurance ........................................................................................................................ 10
12. Tips .................................................................................................................................. 11
References .............................................................................................................................. 12
Additional Reading ............................................................................................................... 12
Appendices .............................................................................................................................. 13
  • Donning and Doffing PPE - Posters
  • Recommended PPE Chart for those in Primary Care, Outpatient, Community and Social care by setting, NHS and Independent Sector
  • Best Practice How to Hand-wash - Poster
  • A Visual Guide to PPE – Poster
  • Additional Patient Consent for Treatment During COVID-19 Pandemic Template
  • Pre-Appointment Wellness Screening Checklist Template
  • Routine Decontamination of Reusable Non-Invasive Patient Care Equipment
The British Association of Cosmetic Nurses recognizes that the risks associated with delivering a medical aesthetic treatment and services is a concern for all practitioners during the global “pandemic” of Covid-19.

The pandemic will necessitate many adjustments to this medical practice in order to minimize the transmission of the disease. As aesthetic nurses we must continue to review and integrate current evidence and consider how we will adjust our practices to mitigate the spread of COVID-19 in the community.

Our goal is to focus on protecting our staff, our patients and ourselves and deliver appropriate and safe treatments.

Each practitioner must carry out a risk assessment for each procedure and their working environment.

These Guidelines are for practitioners to adapt for their individual practice and use in conjunction with relevant Government guidelines and the individual’s governing professional body.

**NMC: The Code**

Professional standards of practice and behaviour for nurses, midwives and nursing associates

19.4 - take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public.

Distancing is as important to the safe operation of a medical aesthetics practice as to any other business, household or community. It will remain so for the foreseeable future, from the moment of initial patient scheduling through to post-procedure checkout, and the workflow from staff arrival in the morning until clinic closure. Limiting the number of individuals in a particular setting and space at a given time is fundamental to minimizing transmission.

Government regulations require employers to take reasonable measures so that workers can maintain 2 metres distance from one another. (Ref 1)

The government recognises there will be circumstances in which it is not possible to take reasonable measures and the nature of measures that are reasonable will be specific to the individual workplace, will reflect the physical environment and the nature of the business being conducted.
1. CLINIC ENVIRONMENT – GENERAL GUIDANCE

Ensure you and your staff are trained and familiar with your clinic’s Covid-19 protocols.

- Current advice is proper distancing between patients and non-clinical staff of 2 metres.
- Consider the size of your clinic, numbers of treatment rooms and number of staff to patients.
- Consider staggering start times and breaks for staff in order to maintain distancing in offices/lunchrooms/changing facilities.
- Staff seating and workstations should be configured to respect physical distancing.
- Set up a sanitizing station where incoming patients can disinfect hands or provide a hand-washing facility.
- Remove all paper and reading material from waiting area, including promotional leaflets.
- Remove beverage facilities from waiting area and do not offer beverages.
- Clean used chairs / tables in the waiting area between patients.
- Clean keyboards, telephones etc. between staff use.
- Clean surfaces, counters, door handles, taps and any touch points between patients and staff.
- Clean card payment terminals if used between patients.
- Perspex Screen shields should be in position at reception desk between patient and staff.
- Consider Perspex partition screens or physical barriers and floor marking in other areas to promote social distancing and to control exposure.
- Consider only allowing staff to use clinic toilet facility to minimise cross infection. Inform patients of this measure beforehand. Any toilet facility used must be thoroughly cleaned after use.
- Toilet facilities ideally locked and if used flushed with seat lowered and cleaned after use.
- Keep treatment room doors closed and, if possible, use signage to indicate in use.
- Patients to be taken directly into treatment room on arrival if possible.
- Reorganize waiting rooms by either removing chairs or spacing 2 metres apart.
- Do not use circulating air fans.
2. APPOINTMENTS AND CONSULTATIONS

**TRIAGE**

Before each consultation the practitioner will assess the request for their treatment and necessity and make further contact with the patient if necessary.

- Ideally booking should be made via the telephone, electronically or an online booking system.
- Staff trained to ask health-screening questions over phone or electronically.
- Patient Covid-19 Pre-Appointment wellness questionnaire can be sent electronically. *(See Appendix Template)*
- Pre-Consultation Medical questionnaire forms should be sent and returned electronically.
- Staff trained to inform patients of new clinic policies.
- Consider confirmation emails with additional information on new clinic policies.
- Patients should be advised that in the absence of returning their completed questionnaires their treatment may be delayed.
- Treatment Information sheets may be sent electronically.
- Ideally offer online virtual consultations using GDPR protected software.
- Consider a paperless practice.
- Manage appointments to allow for adequate spacing between patients in order for sanitisation of the treatment rooms and other areas.
- Stagger appointments ensuring patients are not waiting or crossing in the reception area.
- If available then patients to leave via a different exit than entry. Consider a floor plan, which clearly defines entrance and exit into clinic.
- Allow a generous amount of time for each treatment and try not to overrun or perform additional unscheduled treatments.
- Avoid walk-in patients. Only allow those persons with an appointment into the clinic and notify patients beforehand not to attend clinic with friends, family or children.
- Discourage patients from calling in to the clinic to make an appointment or to purchase products, these can be posted out to patients or collected when they attend their appointment.
- Ask patients not to arrive before the appointment time.
- On arrival, if possible, ask the patient to ring the bell and wait to be let in. Or call them when you are ready.
- On arrival the patient must use a hand sanitizer, or wash their hands with liquid soap.
- Consider the patients wearing a mask for additional protection - ask to bring their own or provide one.
• Patients should not attend appointment with shopping or excess belongings. Patients should be informed of this when booking appointment.
• Adhere to and communicate the “no handshake” policy.
• Limit or discourage visits from industry representatives.
• If operating from a rented space within another business, try to limit contact in communal areas.
  • Extra care should be taken where patients need to climb stairs or use a lift, and handrails and lift call buttons will also need to be decontaminated

3. WELLNESS CHECK

Carry out a Pre-Appointment screening check in advance of appointment. (See Appendix template)

• Temperature screen using a non-touch thermal or tympanic (ear) thermometer using disposable ear covers. Do not treat if patient temperature over 37.3°C.
• Recognise that a normal temperature does not preclude the risk and may be masked.
• Advise patients not to attend if feeling unwell, has members of household unwell, has a temperature or any other symptoms of Covid-19.
• Adopt a 15-day restriction on treating patients who have travelled overseas, across the UK or have attended an event.

4. CLINICAL ROOMS

Clearance of infectious particles after an Aerosol Generating Procedure (AGP) is dependent on the mechanical/natural ventilation and Air Change per Hour (ACH) 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. (Ref 2) Page 24

Whilst most practitioners will not have the capability of assessing the Air Change Rate it is reasonable to recommend a ventilated room such as a room with windows or mechanical ventilation.

Clinical rooms should be as empty as possible.

• Treatment couch to have disposable couch roll only.
• Pillows use disposable covers.
• Do not use blankets and any non-disposable cover for patient.
• Clean treatment couch, counters, trolleys, mirrors, handles, ipads etc., between patients.
• Remove all unnecessary items equipment from room and countertops.
• Remove product sales and products from counter tops.
• All disposable items must be disposed of using NHS England COVID-19 waste management standard operating procedure. (Ref 3)
• A foot-operated bin should be used for disposal.

5. TREATMENTS

• Full Medical questionnaire and Pre-Appointment Wellness Check complete.
• Consider which treatments you are going to carry out and perform a risk assessment for each.
• Minimise the number of people in treatment room and avoid the necessity of an assistant where possible.

Take into account the following:
• Type of procedure (aerosol generating/non aerosol generating)
• Procedure area – Face (lower/upper/lips etc.) Body, Skin.
• Contact with Mucosa.
• Patient able to wear mask.
• Procedure time.
• Level of invasiveness.
• Consider reducing/limiting the amount and type of treatment you carry out in one appointment to minimise time and risk.

The following treatments should be considered as higher risk and you may wish to refrain from offering until such a time that safety can be assured, as there is a possibility that these treatments can create a plume, spray or aerosol.

• Microdermabrasion
• PRP - platelet rich plasma
• CO2 laser resurfacing and other ablative devices
• PlexR and other plasma sublimation devices
• Other treatments which may create airborne particles

Consider the increased risk of airborne particles from saliva when treating lips, treatments around the oral cavity and nostrils, and treatments where the patient may not be able to wear a mask, and consider the additional PPE which may be required to accompany this procedure.

Saliva plays an important role in the transmission of infection between persons by contact with the droplets expressed. (Ref 4)
Delayed reactions after facial hyaluronic acid injection are known. Their cause may be infectious or immune-mediated in origin, and their outbreak can be triggered, for example, by an influenza-like illness. *(Ref 5)*

### 6. CONSENT

- Consider using an electronic format.
- Aftercare advice sheets can be sent electronically.
- Ensure the patient is fully aware of any increased risk relating to individual treatments.
- It is recommended that patients sign an additional specific Covid-19 consent. *(See Appendix Template)*
- Consider including in consent the implications of a further lockdown on managing complications and immunological reactions.
- Consider including in consent that a face-to-face follow up/review appointment may not be possible if either practitioner or patient needs to self isolate or if there is a further lockdown.

### 7. PAYMENTS

- Card payments preferable.
- Consider remote payment systems where patients can pay by an email or SMS link instantly or pre pay.
- Accept all major debit and credit cards.
- Request prepayment via a BACS transfer.
- Shield your payment/reception desk and staff with a Perspex partition screen.

### 8. DISINFECTION

Based on the transferrable nature of COVID-19, enhanced frequency of disinfecting surfaces throughout the day and between patients is critical in protecting the health of patients and staff members. Developing a protocol and cross-training individual staff with responsibilities for managing and monitoring cleaning may be helpful in the adoption and consistent execution of these new processes.

The Covid-19 virus is contained in a lipid envelope and therefore is susceptible to inactivation with detergents.

Appoint a staff member as the responsible officer for a Cleaning Rota.
• Create a cleaning checklist and schedule - display it on treatment room doors and other utilized areas. It can serve as a reminder for staff and demonstrates to patients that rooms are being consistently disinfected before their particular treatment.
• When disinfecting surfaces, staff should wear disposable gloves and any additional protection based on the cleaning products being used and the potential risk of exposure.

Public Health England has guidance re: infection control, disinfections and solutions (Ref 6)
• Sodium Hypochlorite 0.1% solution may be obtained by diluting household bleach. Typically, household bleach is 5% and therefore a dilution of 1:50 will provide 0.1%.

General-purpose disinfectant wipes or 70% isopropyl alcohol wipes
• An alternative disinfectant can be used if effective against enveloped viruses.
• Routine decontamination of reusable patient care items poster. (Ref 12 & Appendix)

9. PERSONAL PROTECTION EQUIPMENT (PPE) AND HYGIENE

• Ensure that there is adequate PPE suitable for carrying out each individual treatment.
• Government guidance sets out clear and actionable recommendations on the use of PPE as part of safe systems of working, for health and social care workers relative to their day-to-day work. (Ref 8)
• Staff should be trained in donning and doffing PPE. (Ref 8) (See Appendix for donning and doffing posters)
• Donning and Doffing video link. (Ref 9)
• Standard infection control precautions (SICPs) should be used by all staff, in all care settings, at all times, for all patients. This advice is not a substitute for carrying out your own risk assessment based upon your own clinic or place of practice, staff and treatments.
• Eye and face protection provide protection against contamination to the eyes from respiratory droplets, aerosols arising from AGPs and from splashing of secretions (including respiratory secretions), blood, body fluids or excretions. Regular corrective spectacles are not considered adequate eye protection.
• The selection of the most appropriate face shield model(s) will depend on the circumstances of exposure, other PPE used concurrently, and personal vision needs. Face shields with single Velcro or elastic straps tend to be easiest for donning and doffing. In order to be efficacious, face shields must fit snugly to afford a good seal to the forehead area and also to prevent slippage of the device. (Ref 11)
• Fluid repellent hospital gowns or coveralls are indicated for use for the care of patients in high-risk areas, where AGPs are being performed. (Ref 10)
• Gloves, plastic aprons and gowns involved in treatment should be single-use, as per SICPs, and safely disposed after each patient procedure.
• Eye protection and visors should be cleaned and sanitised after each treatment.
• Single use Fluid Resistant (Type IIR) surgical masks (FRSM) provide barrier protection against respiratory droplets reaching the mucosa of the mouth and nose and these are adequate for short appointment non-AGP procedures.
• Face protection in the form of a Visor or Goggles with the FRSM or FFP2 (N95/kN95) non-valve respirators are to be used for all AGPs. (Ref 8)
• FRSM masks are single use, fitted securely over nose and mouth, and discarded after each patient.
• Consider the length of time the masks are effective and consider the length of your appointments which may need to incorporate a change of mask during the appointment.
• The FFP2 (N95/kN95) non-valve respirator mask offers a more extended period of usage time.
• Wear masks at all times to protect colleagues and patients.
• Consider providing 3 ply masks for office staff.
• Consider providing non-clinical staff with scrubs/uniforms. (Ref 2)
• All clinical staff uniforms should be bare below the elbows, unless sterile surgical gowns are used.
• Disposable gowns, gloves and aprons must be changed and discarded between patients.
• Hand washing should be extended to include both forearms. Wash forearms first then hands.
• Hair must be tied back at all times.
• Remove jewellery.
• Wear scrubs/uniform and change daily in clinic in a designated room.
• Uniforms can be placed in a plastic disposable (or cotton drawstring bag) and washed in bag at highest heat possible (60°C) and ideally laundered in facility if possible. (Ref 2)

10. MOBILE WORKING

There is no risk assessment that can demonstrate fully all the stringent measures required to carry out a cosmetic medical aesthetic treatment in the home. The environment does not lend itself to all that is necessary to ensure adequate patient and practitioner safety of treating a patient in that setting, and therefore this practice is not recommended.

11. INSURANCE

You must take advice from your own medical insurance provider to determine that you are covered to deliver treatments during this time.
12. TIPS

- Your Cleaning Rota should include - Room, Date, Time, and Signature when cleaned and consider a wipe off board or a rota on laminated paper with wipe off pen attached.
- Minimise unnecessary equipment in clinic and treatment rooms.
- Remove skincare products from areas where public can touch product packaging.
- Have instructional hand-washing laminated posters in clinical rooms, staff rooms and patient hand-washing facilities.
- Appropriate signage and laminated advice and directional sheets in clear view.
- Consider disposable hair cover caps for both practitioner and patient.
REFERENCES


5. https://www.researchgate.net/publication/332729677_Delayed_hypersensitivity_reaction_to_hyaluronic_acid_dermal_filler_following_influenza-like_illness


9. https://www.youtube.com/watch?v=GncQ_9w&i=30s


11. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5015006/


ADDITIONAL READING


# Putting on personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: [https://youtu.be/-GncQ_ed-9w](https://youtu.be/-GncQ_ed-9w)

<table>
<thead>
<tr>
<th>Pre-donning instructions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ensure healthcare worker is hydrated</td>
</tr>
<tr>
<td>• Tie hair back</td>
</tr>
<tr>
<td>• Remove jewellery</td>
</tr>
<tr>
<td>• Check PPE in the correct size is available</td>
</tr>
</tbody>
</table>

1. Perform hand hygiene before putting on PPE.
2. Put on apron and tie at waist.
3. Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.
4. With both hands, mould the metal strap over the bridge of your nose.
5. Don eye protection if required.
6. Put on gloves.

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Taking off personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off. Hold the removed glove in the remaining gloved hand. Slide the fingers of the un-gloved hand under the remaining glove at the wrist. Peel the remaining glove off over the first glove and discard.</td>
</tr>
<tr>
<td>2</td>
<td>Clean hands.</td>
</tr>
<tr>
<td>3</td>
<td>Apron. Unfasten or break apron ties at the neck and let the apron fold down on itself. Break ties at waist and fold apron in on itself – do not touch the outside – this will be contaminated. Discard.</td>
</tr>
<tr>
<td>4</td>
<td>Remove eye protection if worn. Use both hands to handle the straps by pulling away from face and discard.</td>
</tr>
<tr>
<td>5</td>
<td>Clean hands.</td>
</tr>
<tr>
<td>6</td>
<td>Remove facemask once your clinical work is completed. Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.</td>
</tr>
<tr>
<td>7</td>
<td>Clean hands with soap and water.</td>
</tr>
</tbody>
</table>

Recommended PPE for primary, outpatient, community and social care by setting, NHS and independent sector

<table>
<thead>
<tr>
<th>Setting</th>
<th>Content</th>
<th>Disposable Gloves</th>
<th>Disposable Plastic Apron</th>
<th>Disposable Liquid-resistant Coverall/gown</th>
<th>Surgical mask</th>
<th>Fluid-resistant Type 3B Surgical mask</th>
<th>Filtering face piece respirator</th>
<th>Eye/face protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any setting</td>
<td>Performing an aerosol-generating procedure on a possible or confirmed case*</td>
<td>✓ single use</td>
<td>X</td>
<td>X</td>
<td>✓ single use</td>
<td>✓ single use</td>
<td>✓ single use</td>
<td>✓ single use</td>
</tr>
<tr>
<td>Primary care, ambulatory care, and other non-emergency outpatient and other clinical settings (e.g. ophtalmology, dental, maternal, mental health)</td>
<td>Direct patient care or possible or confirmed case* within 2 metres</td>
<td>✓ single use</td>
<td>✓ single use</td>
<td>X</td>
<td>X</td>
<td>✓ single or seasonal use</td>
<td>X</td>
<td>✓ single or seasonal use*</td>
</tr>
<tr>
<td></td>
<td>Working in reception/concierge area with possible or confirmed case* and unable to maintain 1 metre social distance*</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Individuals over home (e.g. nursing or care homes)</td>
<td>Direct care to any member of the household who is a possible or confirmed case*</td>
<td>✓ single use</td>
<td>✓ single use</td>
<td>X</td>
<td>✓ single use</td>
<td>✓ single or seasonal use</td>
<td>✓ single or seasonal use*</td>
<td>✓ single or seasonal use*</td>
</tr>
<tr>
<td></td>
<td>Direct care to any individual in the extremely clinically vulnerable group who is a member of the household or within the extremely clinically vulnerable group e.g. shielding*</td>
<td>✓ single use</td>
<td>✓ single use</td>
<td>X</td>
<td>✓ single use</td>
<td>✓ single or seasonal use</td>
<td>✓ single or seasonal use*</td>
<td>✓ single or seasonal use*</td>
</tr>
<tr>
<td>Community and social care, home care, mental health settings and other settings (e.g. learning disability, hospices, prisons, healthcare)</td>
<td>Facility with possible or confirmed case* – and direct resident care (within 2 metres)</td>
<td>✓ single use</td>
<td>✓ single use</td>
<td>✓ single use</td>
<td>✓ single use</td>
<td>✓ single or seasonal use</td>
<td>✓ single or seasonal use*</td>
<td>✓ single or seasonal use*</td>
</tr>
<tr>
<td>Any setting</td>
<td>Collection of non-physiological waste*</td>
<td>✓ single use</td>
<td>✓ single or seasonal use</td>
<td>✓ single use</td>
<td>✓ single use</td>
<td>✓ single or seasonal use</td>
<td>✓ single or seasonal use*</td>
<td>✓ single or seasonal use*</td>
</tr>
</tbody>
</table>

Table 2

1. The use of reusable or reusable-look protective FFP2 face masks is recommended.
2. The use of surgical grade surgical masks is recommended.
3. The use of liquid-resistant coveralls is recommended.
4. The use of eye/face protection (e.g. goggles or face masks) is recommended.
5. The use of fluid-resistant Type 3B surgical masks is recommended.
6. The use of disposable gloves is recommended.
7. The use of disposable plastic aprons is recommended.
8. The use of surgical masks is recommended.
9. The use of liquid-resistant coveralls is recommended.
10. The use of eye/face protection (e.g. goggles or face masks) is recommended.
11. The use of fluid-resistant Type 3B surgical masks is recommended.
12. The use of disposable gloves is recommended.
13. The use of disposable plastic aprons is recommended.
14. The use of surgical masks is recommended.
15. The use of liquid-resistant coveralls is recommended.
16. The use of eye/face protection (goggles or face masks) is recommended.
17. The use of fluid-resistant Type 3B surgical masks is recommended.
18. The use of disposable gloves is recommended.
19. The use of disposable plastic aprons is recommended.
20. The use of surgical masks is recommended.
Best Practice: how to hand wash

Steps 3-8 should take at least 15 seconds.

1. Wet hands with water.
2. Apply enough soap to cover all hand surfaces.
3. Rub hands palm to palm.
4. Right palm over the back of the other hand with interlaced fingers and vice versa.
5. Palm to palm with fingers interlaced.
6. Backs of fingers to opposing palms with fingers interlocked.
7. Rotational rubbing of wet, thumbs clasped in right palm and vice versa.
8. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.
9. Rinse hands with water.
10. Dry thoroughly with towel.
11. Use elbow to turn off tap.
12. Steps 3-8 should take at least 15 seconds.

*Any skin complaints should be referred to local occupational health or GP.

COVID-19 Safe ways of working

A visual guide to safe PPE

General contact with confirmed or possible COVID-19 cases
- Eye protection to be worn on risk assessment
- Fluid resistant surgical mask
- Disposable apron
- Gloves

Aerosol Generating Procedures or High Risk Areas
- Eye protection eye shield, goggles or visor
- Filtering facepiece respirator
- Long sleeved fluid repellent gown
- Gloves

Clean your hands before and after patient contact and after removing some or all of your PPE
Clean all the equipment that you are using according to local policies
Use the appropriate PPE for the situation you are working in (General / AGPs or High Risk Areas)
Take off your PPE safely
Take breaks and hydrate yourself regularly

For more information on infection prevention and control of COVID-19 please visit:
Additional Patient Consent for Treatment During COVID-19 Pandemic

I ______________________ _______________________________ (patient name)
understand that I am opting for an elective medical consultation/treatment/procedure.

I understand that the novel coronavirus, the World Health Organization has declared COVID-19, a
worldwide pandemic and that COVID-19 is extremely contagious and is believed to spread by person-
to-person contact; and, as a result, social distancing is recommended. This is not entirely possible
with my proposed treatment, however, I am satisfied that safety measures are in place to minimise
risk as much as possible, and patient contact will be kept to an absolute minimum in line with medical
need. ______ (initials)

I understand the Management and Clinical Staff are closely monitoring the COVID-19 situation and
have put in place reasonable preventative measures aimed to reduce the spread of COVID-19.
However, given the nature of the virus, I understand there is an inherent risk of becoming infected
with COVID-19 by virtue of proceeding with treatment. I hereby acknowledge and assume the risk of
becoming infected with COVID-19 through this elective consultation/medical treatment/procedure,
and I give my express permission to proceed. ______ (initials)

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may
not show symptoms and still be highly contagious. I understand that COVID-19 can cause additional
health risks, some of which may not currently be known at this time, in addition to those risks
associated with the medical consultation/ treatment/procedure itself. ______ (initials)

I have been given the option to defer my medical consultation/treatment/procedure to a later date.
However, I understand all the potential risks, including but not limited to the potential short-term and
long-term complications related to COVID-19, and I would like to proceed with my desired medical
treatment/procedure____ (initials)

I confirm that I am not presenting with any of the following symptoms of COVID-19 listed below:
• Fever
• Shortness of Breath
• Loss of Sense of Taste or Smell
• Dry Cough
• Runny Nose
• Sore Throat
• ____________ (Initials)

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-
19 virus. I confirm that I have not travelled in the past 15 days ________ (initials)

I confirm that if I develop COVID-19 symptoms following my medical
consultation/treatment/procedure or a known contact of mine develops symptoms, I will
immediately inform the practitioner to enable appropriate measures to be put in place and contact
tracing to commence _____ (initials)

Patient name ..........................................                         Clinician name .................................
Signature ...........................................                           Signature ...........................................
Date .................................                                           Date .................................
PRE - APPOINTMENT WELLNESS SCREENING CHECKLIST

Patient Name__________________________________________ DOB_______________________

SYMPTOM CHECK:

1 Have you experienced ANY of the following symptoms within the last 14 days?

- Temperature of feeling feverish
  - YES ☐ NO ☐
- New cough
  - YES ☐ NO ☐
- Sore throat
  - YES ☐ NO ☐
- Shortness of breath
  - YES ☐ NO ☐
- Flu-like symptoms such as fatigue, headache
  - YES ☐ NO ☐
- Nausea or Diarrhoea
  - YES ☐ NO ☐
- Chills or shivering
  - YES ☐ NO ☐
- Muscle pains or rash
  - YES ☐ NO ☐
- Loss of taste OR smell
  - YES ☐ NO ☐

2 Have you been diagnosed or suspected of having COVID-19
  - YES ☐ NO ☐

- Have you had a throat and nasal swab?
  - _______________________
- Did you test Positive or Negative?
  - _______________________
- Date Of Test
  - _______________________
- Have you had an antibody blood test?
  - _______________________
- Was it Positive or Negative?
  - _______________________
- Date of Test
  - _______________________

FAMILY AND CLOSE CONTACTS:

1 Are any of your family members or immediate/close contacts currently sick or experiencing:

- Fever, Cough, Shortness of breath or Flu-like symptoms?
  - YES ☐ NO ☐
- Sore throat, Muscle aches, Fatigue, Nausea & Diarrhoea?
  - YES ☐ NO ☐

2 Have any of your family members or immediate/close contacts been diagnosed with COVID-19?
  If yes, when? ________________________________

RECENT TRAVEL:

1 Have you recently travelled internationally, travelled within the UK or attended a public event in the last 15 days?
  If yes, where and when? ________________________________

2 Has any of your family or close contacts recently travelled internationally, travelled within UK or attended an event in the last 15 days?
  If yes, where and when? ________________________________

PATIENT NAME (PRINT) ________________________________

PATIENT SIGNATURE: ________________________________ DATE ____________________
Routine decontamination of reusable non-invasive patient care equipment

☐ Check manufacturer’s instructions for suitability of cleaning products especially when dealing with electronic equipment
☐ Wear appropriate PPE e.g. disposable, non-sterile gloves and aprons

Is equipment contaminated with blood?

☐ Immediately decontaminate equipment with disposable cloths/paper roll and a fresh solution of detergent, rinse, dry and follow with a disinfectant solution of 10,000 parts per million available chlorine (ppm av Cl°)°* rinse and thoroughly dry
☐ Or use a combined detergent/chlorine releasing solution with a concentration of 10,000 ppm av Cl°°* rinse and thoroughly dry
☐ If the item cannot withstand chlorine releasing agents consult the manufacturer’s instructions for a suitable alternative to use following or combined with detergent cleaning.

Is equipment contaminated with urine/vomit/faeces or been used on a patient with known or suspected infection or colonisation?

☐ Immediately decontaminate equipment with disposable cloths/paper roll and a fresh solution of general-purpose detergent and water or detergent impregnated wipes.
☐ Rinse and thoroughly dry.
☐ Disinfect specific items of non-invasive, reusable, communal care equipment if recommended by the manufacturer e.g. 70% isopropyl alcohol on stethoscopes

Follow manufacturer’s instructions for dilution, application and contact time.
☐ Clean the piece of equipment from the top or furthest away point
☐ Discard disposable cloths/paper roll immediately into the healthcare waste receptacle
☐ Discard detergent/disinfectant solution in the designated area
☐ Clean, dry and store re-usable decontamination equipment
☐ Remove and discard PPE
☐ Perform hand hygiene

* Scottish National Blood Transfusion service and Scottish Ambulance Service use products different from those stated in the National Infection Prevention and Control Manual