The Aesthetic Society®

Recommendations from:

THE AESTHETIC SOCIETY COVID-19 SAFETY TASK FORCE

Reopening Office and Resuming Elective Procedures

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The Aesthetic Society Statement: Recommendations for Reopening Office and Resuming Elective Procedures

As we anticipate moving from Phase 1 (Slow the Spread) to Phase 2 (Reopening State by State), the members have asked the Society to make recommendations to help them navigate this uncharted territory. Plastic surgeons are reminded that these are recommendations and guidance for the best and safe practices based on our current knowledge of the pandemic, and *not meant to be abiding policies* set forth by The Society. Our recommendations may be adjusted and modified as the knowledge evolves and the conditions of the COVID-19 landscape changes. These recommendations are not mandatory, they do not establish a new standard of care, and they are not a substitute for your judgement as a physician and a surgeon. All surgeons must comply with regulations provided by their hospital, their local, regional, and state regulatory bodies and accreditation agencies, as well as the federal government, all of which will supersede these Recommendations. These recommendations are based on the Mission Statement of The Aesthetic Society:
"... to advance the science, art, and safe practice of aesthetic plastic surgery and cosmetic medicine through education, research, and innovation while maintaining the highest standards of ethical conduct."

The goal of the guidance provided in this document is to: 1) mitigate the risk of spreading COVID-19 to patients, staff, and physicians; 2) mitigate the risk of patient harm by performing a procedure on an individual who is actively infected, even if asymptomatic.

Guiding Principles:

- Consider local prevalence, isolation vs exposure, and testing to ensure that the risk of a patient being COVID-19-positive is low.
- Use universal precautions to protect ourselves and our staff, preoperatively to minimize the risk of a patient being positive.
- Understand and follow the changes in our local community. Each community has a different prevalence for the disease and therefore different level of stress on their health care system. Should there be a resurgence of the disease, we may have to return to Phase 1.
- Always put the safety of our patients, staff, and ourselves above all considerations.
- Remain flexible, ready to change processes to optimize efficiency and efficacy, and to use best current practices.

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STEP 1: COVID-19 Prevalence

1. **Consider:** Guidance from your state government and state medical board on recommendations for opening practices and resumption of elective procedures.
2. **Consult:** your local, state and national public health departments for additional recommendations.
3. **Track:** public health department updates on the transmission of COVID-19 cases. If cases begin to increase in your area, consider whether your practice will need to reduce services.
4. **Plan:** for your patients with COVID-19 symptoms and refer to infectious disease or internal medicine consultants for further evaluation and guidance.
5. **Confirm:** your local hospital's adequate capacity for emergency room services, hospital beds, and COVID-19 testing protocols.
6. **Poll:** your colleagues and share best practices.
7. **Remember:** you are representing not just yourself or your practice, but all of plastic surgery.

STEP 2: Preparing Your Practice

Have a leadership meeting in your office or surgical facility staff and discuss the process of reopening based on national/state/local regulations. Make sure you have a good understanding of your environment, starting at the local/regional level.

1. **Practice Protocols:** Establish updated protocols (with your colleagues and local organizations) based upon your region.
2. **COVID Consent:** Update your COVID-19 consent forms both for patient visits and procedures and develop a protocol on how to verbally review this with patients. (https://www.surgery.org/sites/default/files/ASAPS-COVID-19-Consent-2020-04-28.doc).
3. **Staff Training:** Hold and document staff meetings (virtual and/or on-site) to review and practice the protocols. It will take a TEAM to implement the necessary safety changes.
4. **Patient Education:** Develop COVID-19 protocols to be sent to the patient prior to their visit.
5. **Office Disinfection:** Clean and disinfect your office according to World Health Organization standards:
    a. Ethyl alcohol (70%) to disinfect small areas between uses, such as reusable dedicated equipment e.g. thermometers; or
    b. Sodium hypochlorite (0.5%) for disinfecting surfaces; or
    c. Any disinfectant products that meet the EPA's criteria for use against SARS-CoV-2 (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)
6. **Office Reorganization:** Modify your physical office and routines.
    a. **Office Signage:** Place signs in visible locations notifying patients of COVID-19-related precautions and add necessary markings to maintain appropriate social distance (e.g. tape marking in front of reception for patients to maintain social distance from staff and each other).
    b. **Patient Spacing:** Reduce or remove chairs in the reception area and appropriately space them apart.
    c. **Reception Room:** Convert your waiting room into a "non-waiting room" or reception room where the patients walk straight through to their designated appointment room/treatment area.
    d. **Office Paraphernalia:** Remove all magazines, brochures, and other non-essential materials from the reception area and patient care areas.
    e. **Shared Equipment:** Disinfect all shared writing utensils, tablets, and signature pads.
    f. **Sanitizing Supplies:** Place additional hand sanitizers and wipes in the reception room for patients as well as in high traffic areas.
    g. **Sanitizing Rituals:** Wash hands upon entering the exam room and instruct patients to do the same. Hand sanitizers include ethyl alcohol (Purell), fragrance free alcohol (Sterillium), and chlorhexidine gluconate (Avagard).
    h. **Patient Traffic:** Keep all doors open on the patient path from the entrance to the exam room.
    i. **OSHA Standards:** Maintain OSHA's PPE standards (29 CFR 1910 Subpart I) and ensure there is enough appropriate PPE for all your staff. Review CDC Review guidance on how to optimize the supply of face masks: (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html).

OSHA RISK EXPOSURE LEVEL	
Low Exposure Risk	Tasks or job functions that do not require contact with people known or suspected of being infected with COVID-19; do not require frequent close contact with general public (i.e. within 6 feet).
Medium Exposure Risk	Tasks or job functions that require frequent and/or close contact with (i.e. within 6 feet) people who may be infected with COVID-19, but who are not known or suspected COVID-19 patients; may have contact with the general public and high-population-density work environments (i.e. schools, high-volume retail settings).
High Exposure Risk	High potential for exposure to known or suspected sources of COVID-19; includes healthcare delivery and support staff (i.e. hospital-based physicians, nurses and other hospital staff and medical transport workers).
Very High Exposure Risk	High potential for exposure to known or suspected sources of COVID-19 during specific medical or laboratory procedures; includes healthcare workers (i.e. physicians, nurses, dentists, paramedics) performing aerosol-generating procedures (i.e. intubation, cough induction, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients.

https://www.osha.gov/Publications/OSHA3990.pdf

j. **Physical Barriers:** Protect staff from potentially exposed patients (e.g. plexiglass sneeze guard between front desk and patient).
k. **Patient Flow:** Establish a "no patient exposed to another patient" policy.
    i. Arrange for patients to wait in the car or outside the office until called or texted. Consider enrolling in a texting service to minimize staff cell phone use.
    ii. Deliberately direct the traffic flow inside your office.
    iii. Employ strategic scheduling in group practices (e.g. schedule only one doctor per clinic day)
    iv. Plan on longer clinic hours with fewer patients.
l. **Patient Status:** See patients alone unless they need a caregiver (or parent for children) to physically assist them at the visit. Other companions should wait in the car or outside the office.
m. **Personnel Protection:**
    i. Masks: Office staff should wear 3-ply surgical masks or earloop masks. Clinical staff should wear 3-ply surgical masks in most settings but use N95 masks for all aerosolizing procedures. For any procedure above the clavicle, use of N95 mask should be considered ***IF AVAILABLE***. As per CDC guidelines above, 3-ply surgical masks should be worn by all staff with protective eyewear or face shields, especially for facial procedures.
    ii. Glasses: All staff who would otherwise use contact lenses, should be encouraged to use eyeglasses instead.

STEP 3: Virtual Consultations

Employ telemedicine and/or virtual consults. The decision of which visits should be transitioned to virtual consults or remain as in-person consults should be made by the treating surgeon(s). Consider priority scheduling for cases requiring the most urgency during the time the practice was closed.

1. **Virtual Consults:**
    a. Virtual consult platforms should be HIPAA approved including Zoom, GotoMeeting, and others. Web browsers should be encrypted such as Safari, Chrome, or Firefox.
    b. Electronic Health Record (EHR) applications can be used to reduce in-person contact. Contact your vendor to determine if there are applications you can use to reduce in-person contact. Examples include patient portals, online bill pay, electronic orders for staff, electronic prescriptions, and electronic lab orders. Consider touchless credit-card systems.
2. **Online Scheduling:** Online scheduling can be an important adjunct to your current practice, patients can schedule appointments in a more timely fashion; therefore, staff will be less burdened with phone calls from pent-up demand.
3. **Safe Environment:** Notify patients of safety protocols emphasizing the concept of a "SAFE HAVEN." Print and post signs to designate recently sanitized areas. Make sure to follow your state regulations on requirements to be posted in the office.
4. **Cancellation Policy:** Make this flexible as patients may fear visiting practices during this time.

STEP 4: Organizing Your Staff

Follow CDC updates and check with your state and local public health departments on regulations concerning group gatherings, and apply them to your practice. Have no more staff per room than necessary, and consider the following guidance:

1. **Social Distancing:** Educate staff about social distancing, including break rooms, lunch areas, and lockers. In tight spaces, remote meetings may be considered.
2. **Work Clothing:** Consider all staff wear clean scrubs. Follow state and local regulations on wearing of scrubs outside the office. Consider encouraging staff to not wear scrubs home but to change prior to leaving the office.
3. **PPE Protocols: WHERE AVAILABLE**, wear appropriate PPE, including during office staff meetings. Schedule proper education on the application and wearing of N95 masks with "Fit Test." Train all staff, surgical and non-surgical to correctly don and doff PPE.
4. **Hand Washing:** Encourage frequent washing with soap and water for at least 20 seconds. Use hand sanitizer as a second alternative.
5. **Surface Sanitizing:** Establish regular sanitizing of all hard surfaces and fomites with disinfectant wipes.
6. **Daily Temperatures:** Take staff temperatures at the start of the day and record in a COVID-19 log. Test staff for COVID-19 when their temperature trends upward or is above 100.0°F, the CDC minimal temperature for flu. Refer to an infectious disease consultant as necessary. Consider taking staff temperatures at the end of the day. And when necessary they should:
    a. Report to their supervisor, urgently, any classic COVID-19 symptoms (see list, STEP 5) and/or contact with possible COVID-19 patients.
    b. Visit their primary care physician, if exhibiting flu-like signs or symptoms, and get tested for COVID-19.
    c. Notify their supervisor if symptoms develop during the work day, and follow the protocol in STEP 4.7. COVID-19-positive staff would not be considered at high risk of exposing or infecting co-workers/patients if wearing PPE and socially distancing.
    d. Return to work following the CDC's Return to Work Criteria, after testing negative and symptoms have resolved.
7. **COVID-19 protocols:** should be handed out and posted on the first day of work.
8. **Patient Communication:** Inform patients of the practice's reopening through social media, the practice website, e-blast, and other marketing channels.

STEP 5: COVID-19 Screening

If the patient has any of the following symptoms or recent possible exposures, they should be rescheduled for non-urgent medical or surgical services and consider testing. Communicate with your pathologist about testing information and with your infectious disease consultants about pertinent COVID-19 issues.

1. **Screening questions:**
    a. **Travel:** Have you traveled within the US or internationally within the past 2 months, or had close contact with anyone who has traveled in the past 2 months?
    b. **Close Proximity:** Have you had close proximity > 5 minutes to a lab-proven COVID-19-positive or Person Under Investigation within the last 14 days?
    c. **Family:** Has anyone in your family or close work associates had confirmed, possible or suspected COVID-19 in the last 14 days?
    d. **Occupation:** Do you work in a higher-risk occupation, such as health care worker, first responder, front-line service worker, or grocery store/airline/airport/cruise-ship worker? (If yes, keep a higher index of suspicion.)
    e. **Symptoms:** Appear 2-14 days after exposure to the COVID-19 virus.
        i. Fever (100.0°F)
        ii. Dyspnea, cough or other respiratory symptoms
        iii. Shortness of breath
        iv. Muscle aches/pain
        v. GI symptoms (nausea, vomiting, diarrhea)
        vi. Loss of appetite
        vii. Loss of taste or smell
        viii. Conjunctivitis
        ix. Chills / repeated shaking with chills
        x. Extreme fatigue
        xi. Blue discoloration/ blisters of toes
        xii. Age > 65 confused, dizzy, falls, mental status changes

        Seek immediate medical attention with the following warning signs:
        i. Trouble breathing
        ii. Persistent pain or pressure in the chest
        iii. New confusion or inability to arouse
        iv. Bluish lips or face
2. **Face Masks:** Advise the patient to wear a face mask (per CDC). If the patient does not have a mask, offer them an ear-loop mask. Hair bonnets and shoe covers are optional.
3. **Temperature Screening:** Use an infrared thermometer. If this is not available, use a temporal scanning thermometer. If a patient is febrile, refer to their primary care physician for evaluation and reschedule their appointment. Screen any accompanying individuals.
4. **Gatekeeper-Greeter:** Greet the patient with a gatekeeper donned with mask, gloves, and surgical scrubs. A protective isolation gown, shoe coverings, N95 respirator mask, hair covering, and gloves are necessary for an aerosolizing procedure such as testing. Staying six feet away, the gatekeeper can quickly remove their mask and smile at the patient. N95s should not be removed and replaced to smile at the approaching patient as that action breaks the fit “seal” and each time the face is touched risk of contamination increases. Do not shake hands, hug, or elbow bump.

STEP 6: Scheduling Surgery

1. **Scheduling Considerations**
    a. A pre-symptomatic COVID-19 positive surgical patient could face recovery challenges due to experiencing COVID-19 symptoms and quarantine.
    b. It is possible, though the data is unclear at the time of this publication, the surgery itself might worsen a patient's postoperative clinical course of COVID-19, or increase their risk for complications, hospitalization or death.
    c. A COVID-19 infected patient could expose health care workers, including you!
    d. Lower risk surgical procedures should be considered when first re-starting.
    e. Patient risk factors: consider these patient risk factors thought to exacerbate a COVID-19 infection:
        i. Increasing Age (esp. age>65)
        ii. Male sex
        iii. Obesity (BMI>35)
        iv. Diabetes Mellitus
        v. Autoimmune Disease
        vi. Blood transfusion
        vii. Cardiovascular Disease (Hypertension, Coronary Artery Disease, CHF)
        viii. Hypercoagulable conditions
        ix. Immunosuppressive medications (steroid use / DMARDS & biologics** / transplant medications)
        x. Kidney Disease (Glomerulonephritis / Renal Impairment, etc.)
        xi. Length of surgery
        xii. Lung Diseases (e.g. COPD, interstitial lung diseases, pulmonary fibrosis, pulmonary hypertension)
        xiii. Obstructive Sleep Apnea
        xiv. Smoking and vaping

**DMARD = disease modifying anti-rheumatic drugs, such as azathioprine, methotrexate, leflunomide
**Biologics = Humira, Enbrel, Remicade and others.

2. **Surgical factors of note:**
    a. Site: Nose & septum / sinus / intra-oral surgery
    b. Surgical effect on post-op pulmonary function (e.g. abdominoplasty)
    c. Consider scrub tech's & surgeon's own co-morbidities from the above list.
3. **Preoperative Work-up**
    a. No changes need be made to routine lab testing, medical consults and clearance policy as indicated for age and medical history. If the patient has recovered from previous documented COVID-19 infection, consult your local infectious disease expert.
    b. WHERE AVAILABLE pre-operative COVID-19 testing (see STEP 7).

STEP 7: Testing for COVID-19

If not already mandated by federal, state, local governments, the policies of accreditation agencies or the facility itself, The Aesthetic Society's current recommendations for preoperative screening and testing are as follows:

1. **Symptom Screening:** Symptom screening should be employed as the first step for all patients, regardless of procedure or anesthesia type, at the preoperative visit (ideally 10-14 days prior) and on the day of surgery (see, STEP 5). Patients who answer "yes" to any of the questions require further consideration or workup, and possible postponement of their procedure.
2. **Vitals Documentation:** Vitals should be taken in order to confirm that:
    a. The patient is afebrile by thermometer check. (<100.0°F)
    b. The patient has an oxygen saturation of 93% or greater on room air.
    c. The patient has a respiratory rate of less than 20/min.
3. **Social Distancing Confirmation:** The patient has diligently continued careful social distancing between the date of the preoperative visit and surgery.
4. **Testing:** Follow all state and local guidelines for testing as well as any facility requirements. Due to the seriousness of COVID-19, **routine preoperative testing WHEN AVAILABLE IS RECOMMENDED.**

There are many different types of tests for COVID-19 currently available. There is no consensus on which testing protocol is best. There are no standards of care for testing for COVID-19 preoperatively. HOWEVER, most infectious disease specialists recommend that if preoperative testing for COVID-19 is performed, RT/PCR testing be considered. Ideally, this test should be within 72 hours of surgery. As further information emerges regarding testing, recommendations may change.

RT-PCR test results are reviewed by the surgeon before procedure.

STEP 8: The Day of Surgery

Review the following suggestions with your anesthesiologist:

1. **Preoperative Patient Communication:** Have the anesthesiologist or nurse anesthetist communicate with the patient the **day before surgery**:
    a. **Ensure** the patient follows all preoperative instructions.
    b. **Screen** patients for COVID-19 symptoms (STEP 5.1.e).
2. **PPE recommendations** are stratified, based on the risk category of the patient and procedure. Follow state and local guidelines as well as facility requirements. No-valve N95 respirators are preferred for use in a sterile field.
3. **Aerosol-generating:** For all patients undergoing procedures that are aerosol-generating and/or the patient or procedure is considered moderate or high risk, PPE decisions must be appropriate for this high-risk status. N95 or N99 respirators, gowns, gloves, and eye shields are recommended for all OR personnel. Follow appropriate donning & doffing procedures. Do not operate without adequate PPE.
4. **General anesthesia:** For all other patients undergoing any procedures under general anesthesia:
    a. **Intubation and extubation** (and all assistance with such) requires use of N95 respirators, gloves, and eye protection.
    b. **The surgical team waits outside the OR** for a required full turnover of air based on the specific ventilation system of the operating room, after which the surgical team may proceed using routine surgical masks and protection. If they enter the OR prior to the completion of the required air exchange period, then N95 respirators and eye protection are required. The surgical team should leave the room for extubation.
    c. **Local anesthesia or IV sedation, surgical site above clavicle:** For all procedures that are above the clavicle (but not otherwise aerosol-generating): the surgeon and all OR staff should use, where available, N95 respirators and eye protection as part of their PPE.
5. **Local anesthesia or IV sedation, surgical site below clavicle:** For all that are below the clavicle, but not otherwise aerosol generating, standard PPE can be used.
6. **Cases** that are likely to require heavy IV sedation should be re-considered for performance under general anesthesia, to avoid the possibility of loss of airway and the need for sudden intubation without enough time for donning PPE's.
7. **Anesthesia Machine Protection:** Have anesthesia consider the following:
    a. **Adding** a 99% or greater viral efficiency filter on the expiratory limb
    b. **Adding** a HEPA filter placed just distal to the elbow of the circuit
    c. **Placing** the gas sampling line (CO_2) distal to the HEPA filter or risk contaminating trap on gas analyzer
    d. **Not reusing** gas sampling lines, filters, etc.
    e. **Reviewing** the following recommendations https://www.apsf.org/faq-on-anesthesia-machine-use-protection-and-decontamination-during-the-covid-19-pandemic/#filter
8. **Protecting the staff**
    a. **All** patients considered POSITIVE as a universal precaution.
    b. **Intubation/extubation** precautions in aerosolizing procedure.
    c. **All personnel** present for intubation/extubation should wear N95 mask (or equivalent) and face shield, WHERE AVAILABLE.
    d. **PPE** recommendations as per STEP 8.2.
    e. **Staff** who clean rooms/instruments use N95 mask/face shield, WHERE AVAILABLE.
    f. **Proper** training in donning and doffing of PPE.

g. **During** intubation/extubation only the anesthesiologist/nurse anesthetist are present. All other staff required to be in the room during extubation should wear N95 masks (WHERE AVAILABLE), eye wear, and PPE.
h. **All staff** other than the cleaning crew should follow the OSHA & CDC recommendation of waiting for 99.9% removal of airborne contaminants before doors to room are re-opened and allowed to re-enter without N95 masks. Calculations of this process can be researched at: https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1
i. **Adjust** schedules with expectations of delays.

9. **Post Anesthesia Care Unit (PACU)**
    a. **N95 Mask Use:** aerosolizing procedures in PACU which require use of N95s, WHERE AVAILABLE, include:
        i. Use of BiPaP or CPAP
        ii. Nebulizer administration
        iii. Induction of sputum
        iv. Bag valve mask ventilation
        v. Chest compression / CPR
    b. **Surgical Mask Use:** low-aerosol generating procedures in PACU, which require use of surgical masks, include:
        i. High flow oxygen > 6L/min
        ii. Chest physical therapy
        iii. Oropharyngeal suctioning by Yankauer or respiratory suction
        iv. High flow oxygen by face mask or nasal cannula > 6L/min
        v. Intra-nasal medication use
    c. **No visitors** in PACU. Perform necessary education at an earlier time.

STEP 9: Post-Operative Care

1. **Office visits:** Limit the number of office visits by utilizing virtual consults for post-operative checks, when possible.
2. **Patient companions:** Limit post-operative visits to patients and, if necessary, a single caretaker.
3. **Temperature monitoring:** Instruct all patients to monitor their temperature twice daily and keep a log of symptoms. Any COVID-19 symptoms should be reported. (STEP 5.1.e)
4. **COVID-19 positive:** Immediately refer all patients or staff with a positive COVID-19 test to an infectious disease specialist. The entire staff should be evaluated appropriately thereafter.

The Aesthetic Society values our members' feedback and comments. If you have questions or concerns about these recommendations please fill out this form:

Your feedback will be distributed to the COVID-19 Safety Task Force for consideration.