



PRACTICE GUIDELINES

PROVISION OF THERAPEUTIC SKIN MANAGEMENT: COVID-19

JULY 2020

The Australian Society of Dermal Clinicians (ASDC)



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Practice Guidelines

Provision of therapeutic skin management: COVID-19

The following guidelines have been developed by the Australian Society of Dermal Clinicians to provide practice recommendations for Dermal Clinicians and Therapists providing therapeutic skin management services during the COVID-19 pandemic. These guidelines have been developed in alignment with resources provided by State and Commonwealth governments, national and global health organisations and collaboration with allied health and health professions. The recommendations within these guidelines are provided to assist the Dermal Therapy industry to prepare for, prevent and respond to COVID-19 risks as well as to recover from the impact on business operations.

Document produced on behalf of the Australian Society of Dermal Clinicians by ASDC General Committee Adapted from resources provided by the AHPA collaborative and publicly accessible health and medical professions guidelines

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Contents

1. About Us	4
1.1 Who are the Australian Society of Dermal Clinicians?	4
1.2 Our mission	4
2. About the industry	4
2.1 Dermal Clinicians and Therapists	4
2.2 Dermal therapy services	5
3. About these Practice Guidelines	6
3.1 Business and clinical operations during COVID-19.	6
3.2 How to use these Practice Guidelines	6
4. General regulatory framework for dermal therapy services	6
5. General COVID-19 regulatory framework	9
6. COVID-19 impacts on dermal therapy services	12
6.1 A summary of how COVID-19 changes businesses in the dermal therapy industry	12
6.2 A summary of the key practical changes required for individual Dermal Clinicians	13
6.3 Dermal therapy activities impacted by COVID-19	13
7. Clinic preparedness to manage COVID-19 associated risks	16
7.1 How to prepare your business and clinic to manage COVID-19 associated risks	16
7.2 Clinic Operational Considerations	16
7.2.1 Communication and Signage	16
7.2.2 Information for contact tracing purpose	16
7.2.3 Service Provision Models	17
7.2.4 Risk Assessment and Incident Management	17
8. Physical Distancing in the Clinic Environment	19
8.1 Nonclinical services	19
8.2 Bookings, admission to clinic	19
8.3 COVID-19 risk assessment upon booking.	19
8.4 Treatments	20
8.5 Discharge from Clinic	21
9. Cleaning and Disinfection	22
9.1 Standard Best practice Guidance Documents	22
9.2 COVID-19 Specific Recommendations	22
9.3 Other Helpful Resources	22
9.4 Summary of cleaning and disinfection recommendations	22
9.4.1 General	22
9.4.2 Patient Areas	22
9.4.3 Non-Patient Areas	23

10.	<i>Managing Clients</i>	24
10.1	Health and Wellbeing	24
10.2	COVID-19 Symptoms	24
10.3	Testing Information	24
10.4	Patient Management Procedures and Screening	24
10.5	COVID-19 Screening Recommendations	25
10.6	Wellness Screening Questions	25
10.7	Triaging of clients upon booking	26
10.8	Upon Arrival at the Clinic	26
10.9	If you suspect some-one has coronavirus	27
	If they are still at the clinic, you can follow the recommendations below based on Safe Work Australia guidelines.	27
11.	<i>Managing Staff</i>	28
11.1.1	Preventing Illness (Flu Vaccination)	28
11.1.2	Employee Illness	28
11.1.3	Flexible and remote work arrangements	29
11.1.4	Rostering of Staff	29
11.1.5	Mental Health	29
12.	<i>Personal Protective Equipment</i>	30
12.1.1	Rationale for PPE to mitigate risk of COVID-19 transmission	30
12.1.2	Preserving PPE levels	30
12.2	ASDC Recommendations for PPE use	30
12.3	PPE for Administration/Reception Staff:	32
12.4	PPE Considerations for Provision of Skin Management Therapies	32
12.5	Preventing complications associated with extended use of PPE	34
13.	<i>Legal and Insurance Considerations</i>	35
13.1	Informed Consent	35
13.2	Privacy	35
13.3	Insurance	35
14.	<i>Education and training</i>	36
14.1	Mandatory for ASDC members	36
14.2	Recommended for all Dermal Clinicians	36
15.	<i>Summary</i>	36
16.	<i>References</i>	38

1. About Us

1.1 Who are the Australian Society of Dermal Clinicians?

The Australian Society of Dermal Clinicians (**ASDC**) is a not-for-profit, professional association for Dermal Clinicians, Dermal Therapists and industry associates.

The ASDC is a collaborative professional community of practitioners, educators, researchers and industry representatives who specialise, or have a special interest in skin health, integrity and the clinical management of skin conditions, disorders and disease.

The ASDC is an affiliate member of Allied Health Professions Australia (**AHPA**) in recognition of our status as an emerging evidence based allied health profession.¹

1.2 Our mission

The ASDC encourages research and evidence based best practice, to achieve optimal outcomes for patients. We also advocate on behalf of our members, industry representatives, and consumers in maintaining standards of safety and ethical practice.

ASDC Mission	
–	Ongoing Education
–	Advocacy
–	Support
–	Industry and Public Awareness
–	Career and Professional Development
–	Safety

2. About the industry

2.1 Dermal Clinicians and Dermal Therapists

Dermal Clinicians and Dermal Therapists are unregistered health care workers providing services for the assessment and management of skin health and integrity. In providing dermal therapy services, both Dermal Clinicians and Dermal Therapists manage common skin conditions by specialising in non-surgical, therapeutic management strategies to assist with acute and chronic skin conditions, disorders and diseases.

The education of Dermal Clinicians and Dermal Therapists is broad with studies undertaken at various levels of qualification of subjects including skin and wound biology, dermatological conditions and management, physics, chemistry, psychology and general anatomy and physiology.

ASDC recognises that there is a wide variety in scope and level of education for dermal therapies. To assist the industry, the wider health community and the consumer to understand the difference in level of qualification, subjects studied, specialisation and therefore the most suitable scope of practice

¹ <https://ahpa.com.au/our-members/australian-society-dermal-clinicians/>.

of the professional who is providing particular dermal therapies, the ASDC approves the use of the following titles:

Dermal Clinician, being an allied health professional with a bachelor's degree from an ASDC endorsed institution.; and

Dermal Therapist, being a vocational graduate qualification from an ASDC endorsed institution.

2.2 Dermal therapy services

The scope of practice for Dermal Clinicians and Dermal Therapists includes providing skin health education and therapeutic skin management strategies. This can include minimally invasive, non-surgical procedures working either independently from or collaboratively with general and specialist medical and allied health professionals.

Dermal therapies assist with managing various acute and chronic skin conditions such as those associated with diabetes, vascular disease, cancer, post-operative skin health, oedema, scars, burns, photodamage and skin changes associated with medications or medical interventions such as radiation and chemotherapy.

In Australia, dermal therapy services are regulated by various Commonwealth, State and Territory laws. Dermal Clinicians are required to comply with these laws and regulations as applicable in each State or Territory including but not limited to codes of conduct for unregistered health practitioners, public health orders and infection control^{3 4 5 6 7 8 9 10 11}

² <https://www.health.nsw.gov.au/phact/Pages/code-of-conduct.aspx>

³ <https://www2.health.vic.gov.au/health-workforce/health-workforce-regulation/regulation-of-unregistered-health-professions#lp-h-5>

⁴ https://hcc.vic.gov.au/sites/default/files/code_of_conduct_full_text_a3_poster.pdf

⁵ <https://hcc.vic.gov.au/node/42/devel/render>

⁶ <https://www.hcsc.sa.gov.au/code-of-conduct-for-unregistered-health-practitioners/>

⁷ <https://www.health.qld.gov.au/system-governance/policies-standards/national-code-of-conduct>

⁸ http://www.hcsc.nt.gov.au/wp-content/uploads/2017/11/National_Code_of_Conduct_NT_Information_Paper.pdf

⁹ https://www.hadSCO.wa.gov.au/docs/HaDSCO_National%20Code%20Consultation%20Paper_December%202017.pdf

¹⁰ <https://www.oho.qld.gov.au/health-consumers/what-can-i-complain-about/registered-and-unregistered-health-practitioners/>

3. About these Practice Guidelines

3.1 Business and clinical operations during COVID-19.

In 2020, the COVID-19 pandemic is affecting businesses globally. These Practice Guidelines (**Guidelines**) provide Dermal Clinicians and Dermal Therapists with information on clinical preparedness and safe practice regarding the COVID-19 pandemic. Commonwealth, State and Territory governments across Australia require all businesses to develop a 'COVID-19 Plan' that includes steps on how to prevent, recover and respond if necessary, to incidents of COVID-19 as part of business operations and practices.^{12 13 14 15 16 17 18 19}

3.2 How to use these Practice Guidelines

These Guidelines are prepared by the ASDC for members of the ASDC, referring to the various Commonwealth, State and Territory directions and regulations current at the time of publication. These Guidelines aim to combine COVID-19 specific business practices with existing and widely accepted dermal therapy industry practices.

ASDC will endeavour to update these Guidelines from time to time, however with the constant change in circumstances regarding COVID-19, ASDC does not guarantee that these Guidelines are accurate or fully comprehensive of all laws, regulations and business requirements regarding COVID-19.

Readers should not solely rely on these Guidelines as a compliance resource for Commonwealth, State and Territory laws. Rather, readers may use these Guidelines as a source of information for best practice during the COVID-19 pandemic.

Readers are responsible for taking their own actions to confirm the correct and most up-to-date information at any time. For specific guidance on compliance with applicable laws, readers should seek their own independent legal advice.

4. General regulatory framework for dermal therapy services

While Dermal Clinicians and Therapists are not registered health professionals, they are commonly recognised as providers of health services. In 2015 the Council of Australian Governments (since 29 May 2020, reformed as the National Federation Reform Council (**NFRC**)) established a National Code of Conduct for Non-Registered Health Care Workers³ (**Code of Conduct**). It is accepted that the aim of this was to protect the public by setting a minimum standard of practice to ensure health services are provided by competent, and ethical practitioners.

Since the establishment of the Code of Conduct, it has been implemented and adapted within each state and territory. At the present time the Code of Conduct is regulated in QLD, NSW, Victoria and

¹¹ <https://www.covid19.qld.gov.au/government-actions/roadmap-to-easing-queenslands-restrictions>

¹² <https://www.nsw.gov.au/covid-19/safe-workplaces>

¹³ <https://www.dhhs.vic.gov.au/victorias-restriction-levels-covid-19>

¹⁴ <https://www.covid-19.sa.gov.au/recovery>

¹⁵ <https://www.wa.gov.au/organisation/department-of-the-premier-and-cabinet/covid-19-coronavirus-wa-roadmap#public-gatherings>

¹⁶ https://coronavirus.nt.gov.au/roadmap-new-normal#/stage_2_friday_15_may_current

¹⁷ <https://www.covid19.act.gov.au/resources/canberra-recovery-plan>

¹⁸ <https://www.covid19.act.gov.au/resources/canberra-recovery-plan>

South Australia. The following laws, regulations and standards also apply to those providing Dermal Therapy services these and include consumer protection laws, employment law, criminal law, tort law (negligence), law of contracts, health complaints law, and laws that regulate medicines, therapeutic goods and equipment.

Commonwealth	<p>Work Health and Safety²</p> <p>Australian Consumer Law³⁴</p> <p>Therapeutic Goods Act 1989⁵</p> <p>Therapeutic Goods Regulations 1990⁶</p> <p>The Privacy Act 1988⁷</p>
Queensland	<p>Information Privacy Act 2009⁸</p> <p>Workplace Occupational Health and Safety Act and Regulations⁹</p> <p>National Code of Conduct for Health Care Workers (Queensland)¹⁰</p>
New South Wales	<p>Privacy and Personal Information Protection Act 1988¹¹</p> <p><u>Code of conduct for unregistered health professionals</u></p> <p>Workplace Occupational Health and Safety Act and Regulations¹²</p>
Australian Capital Territory	<p>Information Privacy Act 2014¹³</p>

¹⁹ <https://www.comcare.gov.au/scheme-legislation/whs-act>

²⁰ <https://consumerlaw.gov.au/australian-consumer-law/legislation>

²¹ <https://www.accc.gov.au/consumers/consumer-rights-guarantees>

²² <https://www.legislation.gov.au/Details/C2019C00066>

²³ <https://www.legislation.gov.au/Details/F2019C00136>

²⁴ <https://www.oaic.gov.au/privacy/the-privacy-act/>

²⁵ <https://www.oic.qld.gov.au/about/privacy>

²⁶ <https://www.worksafe.qld.gov.au/laws-and-compliance/workplace-health-and-safety-laws/laws-and-legislation>

²⁷ <https://www.health.qld.gov.au/system-governance/policies-standards/national-code-of-conduct>

²⁸ <https://www.oic.qld.gov.au/about/privacy>

²⁹ <https://www.safework.nsw.gov.au/legal-obligations/legislation>

³⁰ <https://www.oaic.gov.au/privacy/privacy-in-your-state/privacy-in-the-act/>

	Workplace Occupational Health and Safety Act and Regulations ¹⁴
Victoria	<u>Regulation of unregistered health professions</u> ¹⁵ Privacy and Data Protection Act 2014 ¹⁶ Health Records Act 2001 ¹⁷ Workplace Occupational Health and Safety Act and Regulations ¹⁸
Tasmania	Personal Information Protection Act 2004 ¹⁹ Workplace Occupational Health and Safety Act and Regulations ²⁰
South Australia	Code of Conduct for Certain Health Care Workers ²¹ Freedom of information act 1991 ²² Workplace Occupational Health and Safety Act and Regulations ²³
Western Australia	Freedom of information act 1992 ²⁴ Workplace Occupational Health and Safety Act and Regulations ²⁵
Northern Territory	Information Act 2002 ²⁶ Workplace Occupational Health and Safety Act and Regulations ²⁷

³¹ https://www.accesscanberra.act.gov.au/app/answers/detail/a_id/2198/~/worksafe-act

³² <https://www2.health.vic.gov.au/health-workforce/health-workforce-regulation/regulation-of-unregistered-health-professions>

³³ <https://www.legislation.vic.gov.au/in-force/acts/privacy-and-data-protection-act-2014/025>

³⁴ http://www6.austlii.edu.au/cgi-bin/viewdb/au/legis/vic/consol_act/hra2001144/

³⁵ <https://www.worksafe.vic.gov.au/all-acts-and-regulations>

³⁶ <https://www.legislation.tas.gov.au/view/html/inforce/current/act-2004-046>

³⁷ <https://worksafe.tas.gov.au/topics/laws-and-compliance>

³⁸ https://www.legislation.wa.gov.au/legislation/statutes.nsf/law_a290.html

³⁹ https://www.legislation.wa.gov.au/legislation/statutes.nsf/law_a290.html

⁴⁰ <https://www.safework.sa.gov.au/law-compliance/laws-regulations/legislation#accordion-2>

⁴¹ https://www.legislation.wa.gov.au/legislation/statutes.nsf/law_a290.html

⁴² <https://www.commerce.wa.gov.au/worksafe/legislation>

⁴³ <https://legislation.nt.gov.au/en/Legislation/INFORMATION-ACT-2002>

⁴⁴ <https://worksafe.nt.gov.au/laws-and-compliance/workplace-safety-laws>

5. General COVID-19 regulatory framework

During the COVID-19 Pandemic, the Australian Health Protection Principal Committee (AHPPC), comprising all the state and territory Chief Health Officers and Australian Health Ministers' Advisory Council (AHMAC), work together to provide advice on health protection matters and national priorities including infectious disease, the environment and natural or man-made disasters. The AHPPC works with states and territories to develop and adopt national health protection plans, policies, standards and guidelines.





Due to the rapidly changing situation relating to COVID-19, ASDC advises members to monitor advice and statements as well as updates and laws, to ensure up-to-date and current advice is followed.^{28 29} The table below includes specific information on regulation, recommendations and guidance on meeting requirements to operate during the COVID-19 pandemic at the date of publishing these Guidelines.

Commonwealth	<p><u>Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Emergency Requirements) Determination 2020</u> ²⁸ (18 March 2020)</p> <p><u>Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Overseas Travel Ban Emergency Requirements) Determination 2020</u> ²⁸ (25 March 2020)</p> <p><u>Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Emergency Requirements – Retail Outlets at International Airports) Determination 2020</u> ²⁸ (28 March 2020)</p> <p><u>Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Emergency Requirements for Remote Communities) Determination 2020</u> ²⁸ (16 April 2020) amended by <u>Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Emergency Requirements for Remote Communities) Amendment (No. 3) Determination 2020</u> ²⁸ (24 May 2020)</p> <p><u>Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Emergency Requirements) Amendment Determination (No. 2) 2020</u> ²⁸ (20 May 2020)</p> <p><u>Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Emergency Requirements for Cruise Ships) Determination 2020</u> ²⁸ (21 May 2020)</p>
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⁴⁵ <https://www.health.gov.au/committees-and-groups/australian-health-protection-principal-committee-ahppc#statements>

⁴⁶ <https://coronavirus.fairwork.gov.au/coronavirus-and-australian-workplace-laws/other-government-information-assistance/list-of-enforceable-government-directions-during-coronavirus>

	<p>General Covid-19:</p> <p>https://www.australia.gov.au/</p> <p>Business Resources</p> <p>https://www.australia.gov.au/covidsafe-resources</p>
Queensland	<p>Queensland Health – Chief Health Officer public health directions</p> <p>GeneralCovid-19:</p> <p>https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19</p> <p>Business Resources:</p> <p>https://www.covid19.qld.gov.au/government-actions/roadmap-to-easing-queenslands-restrictions</p> <p>Downloadable Print Out for Business</p> <p>https://www.covid19.qld.gov.au/data/assets/pdf_file/0021/127236/COVID-Safe-Checklist-Beauty-Salons.pdf</p>
New South Wales	<p>NSW Health - public health orders</p> <p>General Covid-19:</p> <p>https://www.nsw.gov.au/covid-19</p> <p>Business Resources:</p> <p>https://www.nsw.gov.au/covid-19/businesses-and-employment</p> <p>Downloadable Print Out for Business:</p> <p>https://www.nsw.gov.au/sites/default/files/2020-05/covid-19-safety-plan-beauty-salons-and-hairdressers_0.pdf</p>
Australian Capital Territory	<p>ACT Government - Public Health Directions</p> <p>General Covid-19</p> <p>https://www.covid19.act.gov.au/</p> <p>Business Resources</p> <p>https://www.covid19.act.gov.au/business-hub/restrictions-and-advice</p>
Victoria	<p>Victorian Department of Health and Human Services – State of Emergency</p> <p>General Covid-19:</p> <p>https://www.vic.gov.au/coronavirus</p> <p>Business Resources</p> <p>https://www.dhhs.vic.gov.au/business-sector-coronavirus-disease-covid-19</p>

	<p>Downloadable Print Out for Business</p> <p>https://www.business.vic.gov.au/disputes-disasters-and-succession-planning/coronavirus-covid-19/beauty-and-personal-care-facility-guidelines-for-coronavirus-covid-19</p>
Tasmania	<p>Tasmanian Government Coronavirus disease (COVID-19) Resources  (under the heading 'Current Directions')</p> <p>General Covid-19</p> <p>https://coronavirus.tas.gov.au/</p> <p>Business Resources:</p> <p>https://coronavirus.tas.gov.au/business-and-employees/business-restrictions</p> <p>Downloadable Print Out for Business</p> <p>https://worksafe.tas.gov.au/topics/Health-and-Safety/safety-alerts/coronavirus/covid-safe-workplaces-framework</p>
South Australia	<p>SA Emergency Declarations and Directions </p> <p>General Covid-19:</p> <p>https://www.covid-19.sa.gov.au/</p> <p>Business Resources:</p> <p>https://www.covid-19.sa.gov.au/business-and-work/support-for-businesses</p> <p>Downloadable Print Out for Business:</p> <p>https://www.covid-19.sa.gov.au/recovery/create-a-covid-safe-plan</p>
Western Australia	<p>Western Australian Government  – State of Emergency Declarations</p> <p>General Covid-19:</p> <p>https://www.wa.gov.au/government/covid-19-coronavirus</p> <p>Business Resources:</p> <p>https://www.wa.gov.au/organisation/department-of-the-premier-and-cabinet/covid-19-coronavirus-business-and-industry-advice</p> <p>Downloadable Print Out for Business:</p> <p>https://www.wa.gov.au/government/document-collections/covid-19-coronavirus-beauty-and-personal-care-services</p>
Northern Territory	<p>Northern Territory Government  - Chief Public Health Officer directions</p>

	<p>General Covid-19:</p> <p>https://coronavirus.nt.gov.au/</p> <p>Business Resources:</p> <p>https://coronavirus.nt.gov.au/roadmap-new-normal/business</p> <p>Downloadable Print Out for Business:</p> <p>https://coronavirus.nt.gov.au/community-advice/resources</p>
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6. COVID-19 impacts on dermal therapy services

6.1 A summary of how COVID-19 changes businesses in the dermal therapy industry

The overarching aim of the response plan for COVID-19 as recommended by the Australian Government is to minimise the number of people becoming sick with the virus at the same time and to reduce the burden on the health system, to protect the most vulnerable people within our population. In Australia the response by state and territory leaders has been to limit and prevent transmission of the virus, as well as to detect and isolate infectious cases as early as possible.

Strategies to limit the spread of COVID-19 include advice for physical distancing, self-isolation and testing for those individuals with symptoms of COVID-19. *There have also been recommendations to preserve Personal Protective Equipment (PPE) for frontline healthcare workers, as well as restrictions affecting non-essential business services, including the personal services industry.

As widely publicised, restrictions are constantly under review and subject to change in response to infection rates, various levels of restrictions may also be implemented as required in response to local, state and federal jurisdictions at varying points in time.³⁰

Restrictions implemented in order to slow the spread of COVID-19 within the community has had significant financial impact on the Dermal Therapy sector. As the infection rates decrease and the economy is reopened, the general aim of states and territories is to have businesses responsible for managing staff and customer behaviours in a way that limits contact and risks an increase or spike in community transmission of COVID-19.

Businesses should consider alterations to normal operations and clinical practice in order to safely and responsibly return to practice in alignment with state and federal COVID-19 roadmaps for recovery. The following must be considered within new business models and activities:

- Monitoring and compliance with public health orders
- Altered service provision and business models based on current government restrictions or shortages of PPE
- Ensuring all reasonable steps have been taken to provide a safe and healthy environment for staff and clients
- Identifying and responding to COVID-19 incidents

⁴⁷ <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/government-response-to-the-covid-19-outbreak>

- Compliance with legal, ethical requirements or insurance considerations that may result in alterations to practice due to COVID-19

6.2 A summary of the key practical changes required for individual Dermal Clinicians and Dermal Therapists

Skin assessment and management can require working in close proximity to clients for prolonged periods, in most cases more than 30 minutes. Therefore, in many clinical interactions with clients there will be considerable risks associated with COVID-19.

Beauty and cosmetic medical treatments are generally considered elective procedures, as most often such procedures are not medically necessary. This means that dermal therapies are likely to be considered as elective procedures.

Dermal therapy procedures often require the use of PPE in response to risk mitigation associated with occupational hazards and standard infection control practices. Therefore, supply shortages of PPE this will affect provision of these therapies.

To prevent further impact of COVID-19 on individual businesses and the industry more widely, the following business practices should be assessed to minimise risks associated with COVID-19:

- Clinic operations
- Managing staff
- Managing clients
- Managing the clinic environment
- Rational use of PPE
- Physical distancing
- Clinical decision-making regarding provision of therapy

6.3 Dermal therapy activities impacted by COVID-19

In response to the COVID-19 pandemic, the ASDC is providing additional guidance for members and the wider dermal therapy industry. The ASDC have been communicating regularly with the state and federal governments, including the respective health departments, to advocate for ASDC members and the dermal therapy industry.

On 15 March 2020, the ASDC released a public announcement on the ASDC Covid-19 ASDC response and recommendations³¹, setting out recommendations for the dermal therapy industry in preparing for possible closures of non-essential services. This was followed with the ASDC Shutdown Advice for Members³², released on 23 March, after the government announcement on 22 March, in closing non-essential activities to curb the spike in COVID-19 cases.

⁴⁸ <https://www.dermalclinicians.com.au/post/covid-19-asdc-response-and-recommendations>

⁴⁹ <https://shoutout.wix.com/so/1eN44kBpK?cid=86789af9-ddf3-4476-8522-f426e33e9b31#/main>

During this time, the ASDC conducted a broad risk assessment of dermal therapy practices, in order to propose to state and federal governments, recommendations for a safe return to work strategy. The aim of this was to get the industry back to work as soon as was safe and practical. The ASDC developed a proposal that was forwarded to the federal health minister, as well as all state premiers and health ministers, to inform government COVID-19 recovery plans.

The ASDC proposed the following levels of alterations to the provision of service and therapy based on possible scenarios in response to the initial reopening of the industry and for the future. The levels of alterations recommended by the ASDC respond to potential, future clusters or spikes in COVID-19 cases, as well as access to necessary standard precautions for infection control such as PPE, cleaning and disinfection supplies.

With the industry applying and providing feedback on the ASDC's recommended levels of restriction, the ASDC will be able to continually assess and respond to further changes regulated by state or territory governments reacting to local COVID-19 cases.

6.4 ASDC recommended dermal therapy practice adaptations (**ASDC Levels of Activities**)

ASDC Level 4 Activities

Under level 4 alterations for dermal therapy services, the provision of all face to face therapy is prohibited in line with government lockdown directives to prevent community transmission of COVID-19. Provision of client care is only through non-contact methods. This includes telehealth and provision of client facilitated self-management techniques such as online and non-contact click and collect or postage. Clients experiencing a skin health emergency should be referred for medical management.

ASDC Level 3 Activities

Level 3 alterations suggest that only essential services for high risk patient groups are provided face to face if clinically required by allied health (dermal) professional. Examples of high-risk groups are outlined below. These groups are a high priority due to the psychological impact and/or health risks associated that can result without adequate management. Therefore, these health services can be provided face to face with respect to observing social distancing to the extent possible and clinical decision-making regarding provision of treatments modalities to preserve PPE within the context of clinical need.

- (a) Dermoscopy for detection of Skin Cancer
- (b) Prevention and management of chronic oedema (skin management and manual lymphatic drainage)
- (c) Management of post-operative clients and provision of scar minimisation therapies
- (d) Management of clients with dermatological conditions resulting from a skin disorder/disease, medical/chronic health condition or use of medication or medical intervention.
- (e) Hair reduction for clients with PCOS, hirsutism or transgender.

For all other cosmetic/aesthetic treatments that are not medically necessary, clients should be managed with telehealth and skin management strategies facilitated by the client at home.

ASDC Level 2 Activities

Under level 2 alterations, health and cosmetic/aesthetic services can be provided face to face with respect to observing social distancing to the extent possible. ASDC also emphasises the need to assess clinical needs in treatment planning to ensure the rational use of PPE, considering increased clinical needs and limited access for health professionals responding to COVID-19. assessment criteria include preferring treatment modalities wherever clinically indicated that will not result or will limit exposure of the client and therapist to aerosols, plume, particulate, bodily fluids and mucous membranes. The only exception to this is in the management of clients stated under Level 3 alterations who require these treatments to continue their critical health management plans. Modalities that are to be reconsidered and restricted due to generation of particulate, plume, vapour or aerosols include but are not limited to:

- (a) Laser hair reduction
- (b) Laser tattoo removal
- (c) Laser skin resurfacing
- (d) Micropigmentation/tattooing
- (e) Microdermabrasion
- (f) Skin needling
- (g) Procedures on the face where droplet inhalation is a risk should be limited in duration to no more than 40 minutes in duration

To minimise the physical contact time between therapists and clients during treatments, ASDC recommends that all initial visit histories, education and treatment follow ups are conducted by telehealth methods. Face to face appointments are reserved for physical skin assessment and provision of clinically necessary face to face management strategies.

ASDC Level 1 Activities

If it is determined by the National Cabinet Advisory Committee that PPE for frontline health care providers is no longer limited and is in sufficient reserves, all procedures may be performed with respect to observing local social distancing directives as required and ensuring that all infection control and clinic operational procedures limit possibility of transmission of COVID-19. It is advisable to utilise telehealth where clinically safe and appropriate to limit clinic visit frequency and duration.

No alterations related to COVID-19

At such time that COVID-19 community transmission and infection is no longer applicable in your local region. Clinical operations continue to focus on hygiene and preventing transmission of infection through observing standard infection control policies and procedures related to OHS exposure risk levels in alignment with OHS guidelines.

7. Clinic preparedness to manage COVID-19 associated risks

7.1 How to prepare your business and clinic to manage COVID-19 associated risks

To keep staff and clients of dermal therapy businesses as safe as possible while continuing to operate, businesses need to be proactive, flexible and adaptive. This means differences in how as clinical practitioners, employers and employees conduct themselves in business. The National COVID-19 Coordination Commission provided a generic planning tool to assist businesses to develop their COVID safe plan³³. ASDC Members should check their local state and territory requirements and ensure they are aligning with relevant stages and timelines for state COVID recovery plans. The following business operations will require some alterations to normal clinical practice:

- Service Provision Models (Online and Remote)
- Physical Distancing in the Clinic Environment
- Cleaning and Disinfection Protocols
- Client Management and Communication
- Staff Management and Work from Home Arrangements
- Personal Protective Equipment
- Legal and Insurance considerations
- Ongoing Education

7.2 Clinic Operational Considerations

7.2.1 Communication and Signage

Transparent and effective communication is paramount in ensuring the safety of patients, staff, clinic reputation and as a result the profession overall. Providing information and education as to any changes in clinic procedure and protocols, operating hours, hygiene and etiquette should be placed on digital forums (website and social media) as well as using personal communication (emails and phone scripts) and clinic signage. It is advisable to provide this communication on the clinic frontage, in reception/waiting areas, staff areas, treatment rooms and bathrooms. Examples and resources are provided in the following links:

[Signage and Posters-COVID-19 Safe Work Australia](#)

[Coronavirus COVID-19 Resources Australian Government Department of Health](#)

7.2.2 Information for contact tracing purpose

All businesses are should keep a register of individuals entering and exiting the premises for contact tracing purposes. It is also recommended to encourage the use of government issued [COVID SAFE APP](#) to staff and clients to assist quick and effective contact tracing in the event of a positive COVID-19 case at the premises.

⁵⁰ <https://pmc.gov.au/nccc/resources/planning-tool-help-businesses-reopen-and-be-covidsafe>

7.2.3 Service Provision Models

The COVID-19 pandemic and closure of non-essential services has required allied health and health professionals in the aesthetic industry to move to online or remote models of service provision to maintain continuity of client care. Many clinics have adapted and innovated to create online education and sales platforms as well as optimising self-management strategies for clients to maintain skin health at home.

Other strategies implemented widely by industry professionals is the use of tele communications to interact with clients and provide skin health management over a distance including consultation, assessment, education and management strategies. Broadly, telehealth is the use of technology such as telephone, email, video conferencing or web and app-based communication as methods used in the management of clients.

Telehealth has many reported benefits including increasing accessibility of services as well as skin health professionals to the public, cost effectiveness and timely management in situations where it is clinically appropriate. However, there are also many considerations to providing skin health services by telehealth in order to mitigate risks that are related to the use of telehealth in client management. This includes practical, legal and ethical reasons to ensure that client care maintains a client centred focus. It must also be evidence based in implementation and comply with legal, regulatory, jurisdictional, institutional and professional requirements, regulations and policies.³⁴

The benefits of re-evaluating dermal therapy service provision to include online and telehealth models may have benefits long after COVID-19. These strategies provide for businesses to reach a demographic of clients not limited to their geographical location and could also potentially assist with shortages of health care workforce in rural and remote areas. However, while telehealth has many benefits, it is still necessary to assess each client individually and assess the appropriateness of their case and needs as suitable for telehealth management.

See the following resources for information on telehealth platforms and considerations as well as regarding consent for telehealth. These can be adapted from medical and allied health models with advice from your own legal and insurance providers, as to any specific requirements for coverage. Things to consider are ensuring that the client is aware of what is involved, confirming identity, privacy and protection of information and any costs that will be involved.

[ACCRM- Australasian College of Rural and Remote Medicine](#)

[Hoxton MPM- Telehealth road test what platform is best for your practice?](#)

[Australasian Telehealth Society and ACCRM: Organising telehealth services in your practice](#)

7.2.4 Risk Assessment and Incident Management

These Guidelines provide general recommendations for returning to face to face operations in the COVID-19 pandemic. However, all clinics and therapists must conduct their own risk assessment registers and assessments, as well as implement clinical decision making for their own individual circumstances. Government announcements have directed clinics to develop a [COVID Safe Plan](#).

⁵¹ https://ahpa.com.au/wp-content/uploads/2020/06/AHPA-Telehealth-Guide_Allied-Health-Professionals-May-2020.pdf

Once risk assessment has been conducted, it is vital that clinics have a clear policy and decision-making process for screening clients and staff for symptoms of coronavirus, for managing ill clients and staff, and also incident management and notification. Below are some resources to assist business and therapists with meeting their obligations to ensure public and workplace safety.

Risk assessment Resources

[Safe Work Australia Key Considerations for Undertaking a Risk Assessment-COVID 19](#)

[Example of risk assessment/register](#)

[WHO Coronavirus disease \(COVID-19\) Outbreak: Rights, roles and responsibilities of health workers, including key considerations for occupational safety and health](#)

COVID-19 Incident management

[Safe Work Australia Incident notification](#)

[WHO health workers exposure risk assessment and management in the context of COVID-19 Virus](#)

8. Physical Distancing in the Clinic Environment

One of the main strategies to limit transmission of COVID-19 has been through people maintaining a physical distance of at least 1.5 metres between each other, as well as the number of people congregating together within indoor spaces. This applies regardless of whether it be in the community, in the home or in a business setting. However, with regard to a profession where physical contact is required, it is important to consider all the interactions where social (physical) distancing can be applied. The aim is to reduce the contact time and frequency between therapist and client to only those that are therapeutic interactions. How to facilitate social distancing in a clinic environment should address staff rostering and workflow, client scheduling, admission to the clinic and waiting areas as well as treatment, post treatment and use of shared clinic spaces as suggested below:

8.1 Nonclinical services

- (a) Deliveries and contractors- limit the number of deliveries or days and drop off points so that cleaning and disinfection can occur. Inform contractors not to visit if unwell. Paperless documentation for deliveries is preferable.
- (b) Limit how many people will be in the clinic at any time based on current government requirements and regulations.
- (c) Retail only purchases ordered over phone or online, posted out or picked up as click and collect arrangements for a pre-determined and advertised days/times.

8.2 Bookings, admission to clinic

- (a) Consider not permitting walk-in clients and providing services by appointment only, particularly if segregation of reception/retail areas are not possible.
- (b) Telehealth consultations for all interactions where it is safe, ethical and clinically applicable to do so.
- (c) Send clients a pre-admission telehealth information sheet and consultation form.
- (d) Consider going paperless to reduce handling of documents and clients encouraged to bring their own pens.

8.3 COVID-19 risk assessment upon booking.

- (a) If treatment visits are required for skin assessment and management, consider spacing and staggering of clients to allow cleaning of treatment rooms, waiting areas and bathrooms between clients.
- (b) Consider altering work hours to allow stretching of clients over a longer period, having split shifts for staff and booking a mixture of face to face and online bookings for staff to limit face to face contact.
- (c) Consider strategies to minimise reduce risk of community transmission particularly for clients that may be immune compromised or vulnerable due to age. Strategies may include booking these clients face to face clients in the morning before other clients.

- (d) Inform clients to arrive prior to their appointment and alone, unless they are a minor, are elderly and need assistance, require a translator or have disabilities.
- (e) Consider having clients and anyone accompanying them wait in their car and arrange communication such as a call or text once treatment can proceed.
- (f) Consider removing seating from waiting areas, so that 1.5 metre spacing can be observed, or using physical barriers to discourage congregating in one area.
- (g) Have a marked-out area for clients or physical barrier such as a clear screen to provide.
- (h) 1.5 metre spacing between administration staff and arriving clients.
- (i) Use non-physical contact gestures for greeting and communication techniques such as smiling and waving.
- (j) Remove any possible transmission risks in the waiting such as reading materials.
- (k) Ensure that there is access to hand sanitiser, tissues and non-touch bins for disposal.
- (l) Discontinue providing beverages and snacks in the waiting area. If these are required, they should be stored in a non-public area to be provided when needed.
- (m) Remove other items from waiting and reception areas that may be a source of cross contamination such as reading materials and testers

8.4 Treatments

- (a) Ensure that therapist/clinician and client ratio adhere to current indoor gathering regulations. As much as possible, ensure that only one client and one therapist are in the treatment room at any point in time.
- (b) Have a space of 1.5 between where the client and therapist may be seated for non-therapy interactions.
- (c) Keep treatment room doors closed.
- (d) Use signs to indicate that rooms, surfaces, furniture and equipment have been cleaned and disinfected.
- (e) Consider using digital methods of documenting treatment information to reduce handling of documents.
- (f) Remove any unnecessary items from treatment rooms, especially items that may harbour micro-organisms and be difficult to clean. Particularly if they are not required for the treatment undertaken, including pillows, robes and blankets.
- (g) Limit items on countertops and trolleys to only what is required for the treatment performed.
- (h) Ensure that there are easily accessible hand hygiene facilities before entering and within the treatment rooms.
- (i) If possible, take clients directly into treatment rooms to eliminate congregating in waiting areas.

8.5 Discharge from Clinic

- (a) Consider limiting points of entry and exit and aiming for one-way traffic if possible.
- (b) Clean and disinfect any clipboards and pens.
- (c) Consider implementing remote payment options (online) or cashless payment as often as possible.
- (d) Have clients tap on and off and hand hygiene is paramount if handling money. Devices to be cleaned regularly between clients.

Resources

- [Safe Work Australia Physical Distancing Checklist](#)
- [Safe Work Australia Health and hygiene and facilities checklist](#)

9. Cleaning and Disinfection

When providing dermal therapies in a any setting, stringent hygiene and infection control are required due to the higher risk rating of procedures dealing with compromised skin barriers. Due to the infectious profile of COVID-19, ASDC recommends maintaining the highest levels of clinical sanitation and implementing a more frequent cleaning schedule to minimise transmission of COVID-19. Set out below are the latest best practice guidelines regarding general infection control and environmental cleaning and additional requirements for minimising risks associated with COVID-19..

9.1 Standard Best practice Guidance Documents

[Australian Guidelines for the Prevention and Control of Infection in Health Care 2019](#)

[Environmental cleaning in health care facilities CDC](#)

9.2 COVID-19 Specific Recommendations

[COVID-19 Environmental cleaning and disinfection principles for health and residential care facilities](#)

9.3 Other Helpful Resources

[Safe Work Australia General Cleaning Checklist](#)

[Safe Work Australia How to Clean and Disinfect Your Workplace](#)

9.4 Summary of cleaning and disinfection recommendations

9.4.1 General

- (a) An infection control working group or officer should be appointed to monitor implementation, training and monitoring of policies and procedures.
- (b) Comply with the [five moments of hand hygiene](#) to reduce cross contamination during treatments.
- (c) Consider employing a professional service to clean at the end of each day or have staff perform a terminal clean on a regular basis.
- (d) Ensure staff are trained as to the requirements in performing adequate cleaning procedures between clients and at the end of day.
- (e) Have a cleaning schedule and checklist displayed to remind staff as well as to communicate to clients that cleaning has occurred prior to treatment.

9.4.2 Patient Areas

- (f) Clean and disinfect frequently touched surfaces with detergent and disinfectant (wipes or solution) between each client. For example, door handles, patient chairs and storage for belongings, treatment couches etc.

- (g) Take particular care of items that come in direct contact or have been exposed to respiratory droplets. For example, client PPE eyewear, and LED or other devices that go over the client’s face.
- (h) If a patient has an infectious or communicable disease, a terminal clean procedure is required.

9.4.3 Non-Patient Areas

- (i) Floors should be vacuumed and cleaned with a detergent solution each day.
- (j) Routine cleaning of frequently touched surfaces with detergent and disinfectant whenever visibly soiled, but at least daily.
- (k) Provide hand wipes and sanitizer for clients to use as they enter the clinic.

Minimum necessary areas for cleaning and disinfection

CLINIC CLEANING AND DISINFECTION	
TREATMENT ROOMS	Tables, countertops and countertop items, treatment beds and tables, doorknobs, light buttons and switches, sink area and faucet handles, chairs, trays and devices/equipment, garbage bins.
WAITING ROOM	Chairs, tables, countertops, door handles, garbage bins.
RECEPTION AREA(S)	Chairs, countertops, computers, keyboards, tablets, phones, credit card machines, garbage bins.
KITCHEN AND BREAK ROOM AREAS	Tables, countertops and countertop items (i.e. microwave, toaster, coffee maker), sink area and faucet handles, light switches, handles, chairs, phones, doorknobs, garbage bins.
LAB	Countertops, tables, equipment, light switches, handles, chairs, phones, sink area and faucet handles, doorknobs, garbage bins.
OFFICES	Tables, countertops, desks, computers and keyboards, chairs, phones, doorknobs, light switches, garbage bins.
BATHROOMS	Doorknobs, light switches, sink area and faucet handles, countertops, urine sample pass through areas or trays, toilets, garbage bins.

Source Dover et al, 2020, *Path to resume aesthetic care executive summary of project AesCert guidance supplement: Practical considerations for aesthetic medicine professionals supporting the clinical preparedness in response to the SARS-CoV-2 outbreak*. Facial Plastic Surgery & Aesthetic Medicine. DOI: 10.1089/abc.2020.0239 page 16

10. Managing Clients

10.1 Health and Wellbeing

In order to provide a safe workplace and to promote public safety, a business should have procedures to ensure that staff and clients are healthy and not potential vectors of transmission. All staff should be trained on the signs and symptoms of COVID-19 and be able to provide information on testing centres and self-isolation advice. Information can be found below.

10.2 Recognised COVID-19 Symptoms

- (a) *fever*
- (b) *coughing, sore throat, fatigue*
- (c) *shortness of breath.*

[Department of Health what you need to know about coronavirus \(COVID-19\)](#)

[Health Direct Symptom Checker](#)

[COVID-19 Identifying the Symptoms Poster](#)

10.3 Testing Information

Below are links to testing and respiratory clinics in all states of Australia. Australia has proposed widespread testing to evaluate rates of community transmission. Therefore, clients even with mild symptoms should be advised to get in touch with their General Practitioner or go to a drive through testing centre.

[Western Australia](#)

[Queensland](#)

[Tasmania](#)

[Victoria](#)

[NSW](#)

[Northern Territory](#)

[South Australia](#)

[ACT](#)

10.4 Patient Management Procedures and Screening

Effective communication should be considered to ensure that clients do not come to the clinic unwell, or experiencing symptoms of COVID-19, or any other contagious illnesses. If clients need to cancel at relatively short notice, the clinic may need to consider flexible [cancellation policies](#) to ensure clients don't feel pressured, financially disadvantaged or otherwise obligated to come into the clinic when unwell or when at risk of contact with positive COVID-19 cases. Any cancellation policy should also meet both legal and ethical requirements while being financially sustainable for the clinic. Things to consider communicating any changes clinic policies relating to COVID-19:

- (a) *Banner on website or social media platforms to notify all current and potential clients to not visit if unwell*
- (b) *Dedicated website page to COVID-19 and what your clinic is doing differently as well as links to your cancellation policy*

- (c) *Phone and online booking screening tool or script with triaging or decision-making tool to assist therapists and administration staff to book clients for telehealth or face to face appointments*
- (d) *Ensuring all existing client bookings are notified in advance and without detriment, of any changes to booking policies.*

10.5 COVID-19 Screening Recommendations

The screening process is vital to ensure that as primary contact health care providers, Dermal Clinicians and Dermal Therapists keep the risk rating for being exposed to, or transmitting COVID-19, as low as possible. Below is an interactive self-assessment tool from the Department of Health that can be linked to for screening. Alternatively, the business can create a screening and client triaging process for telehealth or face to face skin management based on the following questions. It is recommended that screening occur:

- (a) At first contact for booking appointments to ensure that no clients with current symptoms attend the clinic face to face
- (b) Prior to admitting a person to the clinic
- (c) 2-3 days after appointment at follow-up to ensure that anyone presenting with symptoms after visiting who may have been contagious at visit is identified.

[Department of Health COVID-19 Interactive Self-Assessment](#)

For businesses implementing screening tools, ASDC recommends the following process:

10.6 Wellness Screening Questions

1. Have you experienced any of the following symptoms in the last 14 days?
 - (a) Fever or feeling feverish
 - (b) New cough
 - (c) Shortness of breath
 - (d) Flu like symptoms such as fatigue, chills/shivering, headache, sore throat, new loss of smell, rash, muscle pain, nausea or diarrhoea.
2. Have you been diagnosed or suspected of having COVID-19, if so when?
3. Have you been tested for COVID-19? What type of test? If so, was it positive or negative?
4. Are any of your family members or immediate close contacts presenting with any of the symptoms above?
5. Have any of your family members or immediate close contacts been suspected or diagnosed with COVID-19?
6. Have you travelled nationally or internationally within the last 14 days?
7. Have you or a family member travelled nationally or internationally within the last 14 days?

10.7 **Triaging of clients upon booking**

- (a) If a client is of high risk of having been exposed to, or has an infectious illness including COVID-19, the client should not be booked for a face to face appointment.
- (b) Those with active symptoms are advised to seek medical attention and testing and should self-isolate to prevent transmission to others.
- (c) If they are well enough, they can be booked for a telehealth consultation and education session and provided with client facilitated skin management strategies at home.
- (d) After the incubation period and with advice and outcome medical referral, face to face management can be re-assessed.
- (e) If a client doesn't need to be physically examined, a telehealth/virtual booking can be made with the following caveats. If it is safe and ethical to do so, they provide consent and have access to required equipment. During the telehealth appointment clients may be further booked in for a face to face follow up if a physical exam is required or referred on to appropriate health care providers.
- (f) Consider consolidating treatments for patients into one room for their appointment to limit the movement through the clinic, but also consider limiting the number of procedures that can be included in an appointment to manage contact time and treatment duration.
- (g) Consider preparing all items for the treatment, setting up the room including turning machines on, calibration and setting parameters if possible before the client enters, to limit contact time and patient time in the room.
- (h) Consider booking times for procedures that are higher risk for plume, vapour and aerosols in the day or at times that are generally not as busy periods, so that heightened cleaning can occur between clients.
- (i) Consider booking clients that are immune compromised, but low risk of COVID-19, earlier in the day when less traffic has been into the clinic.
- (j) Consider providing higher risk therapies after these clients and then booking telehealth consultations in the afternoons so that staff can clean the clinic more thoroughly in preparation for the next day.

10.8 **Upon Arrival at the Clinic**

- (a) Staff receive text or calls from the patient to alert them that they have arrived for appointment. They may be directed to wait in their car until the therapist is ready to take them straight through to the treatment room.
- (b) Alternatively, the client arrives at the clinic but is required to keep a 1.5 metre distance from administration staff and those in the waiting area.
- (c) Greet clients with non-contact methods and both client and therapist are to use hand hygiene before moving through the clinic to treatment areas.
- (d) Undertake wellness check ensuring respect to privacy. This may be verbally reiterating the symptoms. It may also include a temperature check. It would be preferable to do this prior to the client entering the clinic e.g. if waiting in the car.

- (e) If no symptoms client can be taken through to the treatment or waiting area.
- (f) If they have symptoms and have not entered the clinic, ensure there are arrangements for them to get home or to a medical provider. If they have entered the clinic follow the procedure below.

10.9 If you suspect some-one has coronavirus

If they are still at the clinic, you can follow the recommendations below based on Safe Work Australia guidelines:

- Isolate the person from others by placing in a vacant treatment room.
- Call your state or territory helpline and follow advice of public health officials.
- Ensure the person has transport to their home or medical facility.
- Clean and disinfect the areas the person came into contact with. Do not use those areas until a terminal clean has occurred. Use PPE when cleaning.
- If informed to do so by public health officials, inform those that may have been exposed to follow self-isolation advice. Ensure you comply with all privacy obligations.
- Review risk management controls and whether these are working or not.

If they have recently visited the clinic:

- Call your state or territory helpline and follow advice of public health officials.
- Clean and disinfect the areas the person came into contact with. Do not use those areas until a terminal clean has occurred. Use PPE when cleaning.
- If informed to do so by public health officials, inform those that may have been exposed to follow self-isolation advice. Ensure you comply with all privacy obligations.
- Review risk management controls and whether these are working or not.

In most circumstances it is not required that the workplace automatically closes after a suspected case or infection, particularly if they have only visited parts of the clinic. However, policy needs to be considered as to how to ensure that the clinic has been cleaned appropriately and the process for staff that may have been exposed. Advice should be sought by calling COVID-19 hotlines with Safe Work Australia and your state department of health.

[Safe Work Australia COVID-19 at the workplace](#)

11. Managing Staff

In preparation for return to practice, if clinics haven't already, businesses need to consider developing policies and procedures for the following scenarios. [The Safe Work Australia workplace safety checklist](#) may also be helpful to ensure that all aspects of operations have been considered. For further information regarding business support business.gov.au has information and resources for business owners.

11.1.1 Preventing Illness (Flu Vaccination)

Dermal Clinicians and Dermal Therapists that provide procedures with exposure risk to blood and bodily fluids should be immunised against Hepatitis B. It is also recommended during this time that healthcare workers consider being vaccinated against influenza.

The influenza vaccination does not prevent contracting COVID-19; however, it does prevent the co-morbidity of contracting both the flu and COVID-19.. It is highly recommended for those that are over 65 and have respiratory conditions (Healthdirect.gov.au) or are otherwise [immunosuppressed](#).

11.1.2 Employee Illness

It is advised that businesses ensure that they have investigated the rights and responsibilities with regard to leave arrangements and seek individual legal advice regarding managing staff illness. Below are some sources to assist with developing policy and advice for employees.

[Fair Work Commission Coronavirus updates and advice](#)

If an employee is generally unwell

Communication and clear policies on how to handle staff illness is important to ensure the safety of the unwell staff member, other staff, clients and the general public. It should be clearly communicated to all staff that if a staff member has symptoms of an infectious condition including, fever, cough, sneezing, sore throat, body aches, vomiting or diarrhoea, they should not be in the clinic or working with clients. Ideally staff will communicate they are unwell in a timely manner to assist with rescheduling of clients and other staff rosters. However, if a staff member turns up for work unwell, the same procedures as above apply. Also, staff should not bring any children into work particularly if they are with them because they are unwell.

If an employee is exposed to coronavirus

In accordance with [department of health directives](#) health care workers

- can come to work if they have had casual contact with a reported COVID-19 case and are well and/or used PPE properly. However, it is advised that they do not provide face to face therapy whilst monitoring for symptoms.
- should [self-isolate](#) if they have recently returned from overseas or have been in close contact with a confirmed COVID-19 case.
- It is also advised to seek medical advice regarding testing if any upper respiratory symptoms present in staff.

If an employee contracts coronavirus

- If the staff member comes to work and develops symptoms they should be managed in the same manner as above according to [safe work guidelines](#) including being isolated in an unused space until they can be transported home or to a medical facility.
- The clinic should seek advice from Safe Work Australia, and department of health COVID-19 hotlines, regarding closure, tracing and cleaning procedures required relative to the case. If the staff member has had access to the entire facility, the clinic should close until a full terminal clean can be carried out and tracing of exposures undertaken.

11.1.3 Flexible and remote work arrangements

There may be times when staff will require time off or flexible arrangements to self-isolate, or to care for a family member. If well enough, they may be able to undertake work from home during this time. Advice should be sought regarding negotiating work from home contracts, implications for digital security and privacy of information, as well as communication strategies. Strategies can also be used to improve communication between teams that may be more isolated due to rostering changes associated with COVID-19 and also in response to numbers of people that can be on the premises due to gathering and social distancing requirements.

- Consider online and recorded staff meetings for education and general communications for the staff as a whole.
- Limit face to face meetings to only one on one (manager and therapist) if required.
- Ensure that staff have safe work from home environment.
- [Safe Work Australia Checklist](#)

11.1.4 Rostering of Staff

To assist with contact tracing, it is recommended that staff be rostered into teams. For example, a number of staff that work together in the morning and others in the afternoon or evening. However, these teams should be consistent. In the event that a staff member is compromised, this then allows for business to continue with the un-affected team.

11.1.5 Mental Health

There are increasing concerns over the impact of COVID-19 on the mental health and wellbeing of many Australians. Self-isolation, social distancing, anxiety about contracting COVID-19 for themselves, family or friends, as well as business closures and working from home may impact on mental health. Below are some resources that business owners and staff can become familiar with, to assist with supporting each other and their clients and providing guidance on where to access mental health information and services.

[Department of Health - Head to Health](#)

[Business.gov.au Coronavirus and mental health](#)

[Australian Psychology Association Coronavirus \(COVID-19\) Information for Australians](#)

12. Personal Protective Equipment

12.1.1 Rationale for PPE to mitigate risk of COVID-19 transmission

Ordinarily the use and selection of PPE is based on the risk rating of a clinical interaction for both the therapist and the client regarding exposure to a contagious and infectious organism. The prevalence of COVID-19 during the current pandemic increases the risk profile of any close clinical interaction and therefore increases the need for use of PPE when providing dermal therapies.

12.1.2 Preserving PPE levels

It has been widely publicised that since COVID-19 the accessibility to PPE has reduced, specifically N95 and P2 respirators that are capable of filtering out aerosols and particulate, and supply of PPE for frontline health care workers is compromised. Therefore, it is important to not unnecessarily overuse PPE, in particular masks, where it is not indicated for infection control standard precautions. Masks are required in clinical interactions where droplet inhalation or possible cross contamination through contact with mucous membranes may occur.

To manage the shortage in supply of PPE, suggestions are that the use of N95 respirators are only in the provision of healthcare, if the client is someone who is confirmed or suspected of COVID-19 infection.

Dermal therapy procedures associated with generation of aerosol and plume require the use of N95 respirators to mitigate OHS risks. Therefore, in a time of supply shortages and increased frontline healthcare worker demands for PPE, the scheduling of dermal therapy procedures requiring PPE should be re-evaluated and reduced where possible.

12.2 ASDC Recommendations for PPE use

The ASDC proposes a staged return to providing dermal therapy procedures based on preserving PPE. Procedure requirements for the use of higher-level PPE for OHS risk management should be used with discretion and clinical judgement.

The Department of Health has published the table below setting out tiers of risk exposure for COVID-19. Based on this, most dermal clinical interactions are low risk for exposure to a COVID-19 case. However, due to frequency of close client contact, ASDC considers dermal therapies are a ³⁷medium exposure risk to transmission of COVID-19. Therefore, in most clinical situations, adherence to standard precautions and rational use of higher-level PPE is sufficient to protect against COVID-19 transmission risk.

Guidance for the Aesthetic Medicine and Dermatology professions as well as the department of health resources for health care workers has provided the following recommendations for PPE353637. These can be adapted for the dermal therapy profession as a primary care industry (no







⁵² Kapoor, K.M., Chatrath, V., Boxley, S.G., Nurlin, I., Snozzi, P., Demosthenous, N., Belo, V., Chan, W.M., Kanaris, N. and Kapoor, P. (2020), COVID - 19 Pandemic: Consensus Guidelines for Preferred Practices in an Aesthetic Clinic. *Dermatologic Therapy*. Accepted Author Manuscript. doi:[10.1111/dth.13597](https://doi.org/10.1111/dth.13597)

⁵³ Jindal, A., Noronha, M. and Mysore, V. (2020), Dermatological procedures amidst Covid-19: when and how to resume. *Dermatologic Therapy*. Accepted Author Manuscript. doi:[10.1111/dth.13561](https://doi.org/10.1111/dth.13561)

⁵⁴ Dover, J.S., Moran, M.L., Figueroa, J.F., Furnas, H., Vyas, J. M., Wivoiott, L. D., & Karchmer, A.W. (2020). A path to resume aesthetic care executive summary of project AesCert guidance supplement: Practical considerations for aesthetic medicine professionals supporting the clinical preparedness in response to the SARS-CoV-2 outbreak. *Facial Plastic Surgery & Aesthetic Medicine*. 22(3) DOI: [10.1089/abc.2020.0239](https://doi.org/10.1089/abc.2020.0239)

referral required) and similarities in the procedure risks and aesthetic client demographic between these professions³⁷

Source [Department of Health General Use of personal protective equipment for health care workers](#)

TIER	For use in	 Hand hygiene	 Disposable gloves	 Disposable fluid-repellent gown	 Surgical mask	 P2/N95 respirator/mask**	 Eye protection (Glasses/Goggles/Face Shield)
Tier 0 – Standard precautions	For people assessed as low risk or no risk for COVID-19, that is, they do not meet the clinical criteria for COVID-19. Standard precautions* are the minimum infection prevention and control practices that must be used at all times for all patients in all situations.	✓	As per standard precautions	As per standard precautions	As per standard precautions	✗	As per standard precautions
Tier 1 – Area of higher clinical risk	In areas of higher clinical risk *** and where the person is NOT suspected or confirmed to have COVID-19 and is not in quarantine ^Δ .	✓	As per standard precautions	As per standard precautions	✓	✗	As per standard precautions
Tier 2 – Droplet and contact precautions	Direct care or contact with a person who is suspected or confirmed to have COVID-19 or is in quarantine.	✓	✓	✓	✓	✗	✓
Tier 3 – Airborne and contact precautions	Undertaking AGP ^{ΔΔ} on a person: with suspected or confirmed COVID-19; is in quarantine; or where a history cannot be obtained. Routine care of suspected or confirmed severe acute respiratory infection in ICU and ED. Note: Coveralls, double gloves, or head covers are not required when caring for patients with COVID-19 ^{ΔΔΔ}	✓	✓	✓	✗	✓	✓

Source Dover et al, (2020) *Path to resume aesthetic care executive summary of project AesCert guidance supplement: Practical considerations for aesthetic medicine professionals supporting the clinical preparedness in response to the SARS-CoV-2 outbreak*. Facial Plastic Surgery & Aesthetic Medicine. DOI: 10.1089/abc.2020. 0239 page 18

OSHA RISK EXPOSURE LEVELS	
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 the 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, dentist's, 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.

12.3 PPE for Administration/Reception Staff:

- (a) If all measures are taken to ensure that only healthy clients enter the clinic, PPE is not strictly required by administrative staff. However, to protect these staff and also clients entering the clinic it is recommended to consider using physical barriers such as clear Perspex and floor or other physical barrier to maintain 1.5 metres of clients at all times.
- (b) Clinics do however carry a risk of health care workers becoming asymptomatic carriers. International guidance documents for dermatology and aesthetic medicine have recommended that all staff within the clinic wear a three-ply surgical mask.
- (c) Masks must be changed when wet with respiration.
- (d) Clinical decision making needs to be implemented regarding risk to staff and staff particularly if immunocompromised and whether administration processes can be altered to reduce or remove the risk being exposed to COVID-19.

12.4 PPE Considerations for Provision of Skin Management Therapies

- (a) Procedures on the head and neck are of greater risk to inhalation of droplets and exposure to mucous membranes than those on the lower body. Therefore, clinical reasoning should be applied to appropriate choice and use of PPE based on risk rating for exposure to respiratory droplets.
- (b) For therapists providing therapy on clients, or in the treatment rooms with clients, it is recommended to use single use aprons, surgical masks and medical examination gloves. Additionally, if treatment is on the face and neck, dermatology and aesthetic medicine guidelines suggest that safety glasses be used. These must be cleaned and disinfected between each client.
- (c) For treatments where aerosols, vapour and plume are generated, the use of an N95 mask, or its equivalent, should be used. Aprons and gloves are also required. It has also been suggested that hair nets and full goggles may be considered for face and neck procedures that generate aerosols, vapour and plume (Dover et al, 2020).
- (d) In independent practice, if adequate screening is implemented, there is a low chance of high-risk clients coming into the clinic. However, Dermal Clinicians and Dermal Therapists working in medical settings may be exposed to those with respiratory symptoms. In this case, N95 respirators should be used when managing a client with respiratory symptoms.
- (e) In applying clinical decision making, staff need to keep in mind how PPE protects the therapist and client.
- (f) Surgical masks worn by the therapist mainly prevent droplets from the therapist possibly transmitting infectious disease to the client when in close proximity. Therapists are recommended to wear masks for public safety due to the number of people that they come in contact with. This aims to reduce transmission risk between clients if by chance the therapist were to become an asymptomatic carrier of COVID-19.
- (g) Surgical masks may reduce risk, but do not prevent exposure risk of droplet inhalation for the therapist from a client. This is why adequate screening and triage of treatment is imperative.

- (h) The use of surgical masks possibly minimises the risk associated with touching of the face and mouth and therefore, transmission of COVID-19 between client and therapist.
- (i) Surgical masks have varying thickness and capacity to repel moisture. 1-2 ply masks are suitable for short duration procedures of 20 minutes or less. 3-ply surgical masks are recommended for procedures longer than 30 minutes.
- (j) N95 or P2 masks provide a seal around the nose and mouth and do protect the clinician in situations where they are at risk of breathing in aerosols, vapour or plume, or working in a setting where they may be exposed to clients with respiratory symptoms.
- (k) Aprons and hairnets prevent transmission of organisms that may transiently be found on clothes or in the hair.
- (l) It is imperative that PPE is donned and doffed correctly, and that hand hygiene is utilised before and after.
- (m) It is important for therapists to also consider keeping the hair tied back and showering, including washing hair each evening after work to remove transient microorganisms.
- (n) Clean and washed uniforms should be worn every day. These should not be worn in transit from home to work and put on only after arriving at the clinic. They should also be removed before leaving work. This is to prevent transmission of organisms from the home/community to the clinic setting and vice versa.
- (o) Accessibility to PPE must be monitored regularly. This includes stock levels of PPE within the clinic, as well as from suppliers and more broadly notifications regarding impact on frontline health professionals. If access to appropriate PPE becomes problematic to health and safety, then provision of services will have to be altered in accordance with ASDC staged provision of skin management therapy recommendations.
- (p) The prolonged use of PPE such as masks and gloves can cause dermatological complications including skin irritation, skin breakdown, inflammation, dermatitis, acne eruptions and pressure injuries. Therefore, rational use of PPE with decision making around appropriate use is imperative to minimise these risks to skin integrity.

Resources Safe use of PPE

[Six steps to wearing the N95 mask \(Video Demonstration\)](#)

[WHO rational use of personal protective equipment for corona virus disease 2019](#)

[How to put on your PPE \(Donning\)](#)

[How to take off your PPE \(Doffing\)](#)

[What are the main types of face masks and who should use them?](#)

[The Department of Health Safe Use of Personal Protective Equipment](#)

12.5 Preventing complications associated with extended use of PPE

[Prevention and treatment of skin damage caused by PPE](#)

[Occupational skin disease, including effects of gloves, personal protective equipment and handwashing on the skin](#)

13. Legal and Insurance Considerations

13.1 Informed Consent

In addition to usual pre-treatment disclosure and consent procedures, all prospective patients should be advised of the protocols implemented by the business to minimise COVID-19 transmission however that it cannot be guaranteed that COVID-19 is eliminated from the premises. Those at greater risk of COVID-19 complications including those of advanced age, with obesity or diabetes, cardiac or respiratory illness and immunocompromised patients should to reduce this risk. Below is a sample of an informed consent from the American Society of Plastic Surgeons. *Clinicians are advised to seek their own independent advice from legal and insurance providers in adapting for their own use.*

[American Society of Plastic Surgeons COVID-19 informed consent](#)

13.2 Privacy

Dealing with staff and the public that may require communicating with health authorities regarding reporting of symptoms requires consideration of ensuring this still complies with privacy obligations and legal requirements.

- Personal information should be used or disclosed on a need to know basis
- Only the minimum amount of personal information reasonably necessary to prevent or manage COVID-19 should be collected, used or disclosed
- Have policies and procedures for notifying staff as to how their personal information will be handled if responding to any potential or confirmed case of COVID-19 in the clinic
- Take all reasonable steps to keep personal information secure, including where employees are working remotely.

[Understanding your privacy obligations to your staff \(Office of the Australian Information Commissioner\)](#)

13.3 Insurance

Independent advice should be sought regarding indemnity and liability associated with managing clients and business operations during the COVID-19 pandemic. These Guidelines serve to provide recommendations however, the specific insurance policy terms ultimately guide individual provision of service. Areas to investigate include:

- Use of telehealth platforms and technologies
- What procedures can you perform
- Are you covered if you become unwell whilst treating clients and need to be tested/isolated?
- Can staff still work at home if self-isolating using virtual client management.

14. Education and training

The ASDC advocates for public safety above all and ensure that members are evidence based and current in their knowledge and clinical practice. In preparation for return to practice, ASDC requires that all ASDC members must have completed the following mandatory training modules.

These are available through the AUSMED CPE in the ASDC member portal. ASDC members will have received email notification regarding the timing of these training requirements.

The government requires that the [COVID-19 Infection control module](#) is completed by all staff members including administration, therapists and cleaning staff. As soon as possible, government issued training modules will be available via the AUSMED.

14.1 Mandatory for ASDC members

1. COVID-19 Infection control training (30mins)
2. Infection control cleaning (32mins)
3. Hand hygiene essentials (40mins)
4. Donning and Doffing PPE correctly (4 mins)
5. Effective surface and environmental cleaning (4mins)
6. How to use alcohol-based hand rub (4 mins)
7. Laundry and Infection control (4 mins)
8. A guide to telehealth consultations (6 mins).

14.2 Recommended for all Dermal Clinicians

COVID-19 Module 1- Personal Safety (coming soon)

1. COVID-19 Module 4 Outbreak Management (coming soon)
2. COVID-19 Module 5 Personal protective equipment (coming soon)
3. COVID 19 Module 6-Laundry (coming soon)
4. COVID19 Module 7- Cleaning (coming soon)
5. COVID-19 Module 8- If you suspect a person has coronavirus (coming soon).

15. Summary

These Guidelines have been developed to provide recommendations for Dermal Clinicians to provide therapeutic skin management services during the COVID-19 pandemic and assist them with developing their COVID Safe Plan.

ASDC members are also advised to access their member portal for extended resources in business management and clinical support resources. This guide is accurate and relevant as of



the date of publishing and members must stay informed of government advice and directives including, [Australian Health Protection Principal Committee AHPPC announcements](#) and [Government Department of Health advice](#).

16. References

Telehealth

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Further practical resources

[Australasian College of Dermatologists: A Dermatologist's quick guide to getting started](#)

[University of Queensland: Quick guides for telehealth for health professionals](#)

COVID-19 Guidelines for Aesthetic Medicine and Dermatology

Dover. J.S., Moran. M.L., Figueroa. J.F., Furnas. H., Vyas. J. M., Wivoiott. L. D., & Karchmer. A.W. (2020). A path to resume aesthetic care executive summary of project AesCert guidance supplement: Practical considerations for aesthetic medicine professionals supporting the clinical preparedness in response to the SARS-CoV-2 outbreak. *Facial Plastic Surgery & Aesthetic Medicine*. 22(3) DOI: 10.1089/abc.2020.0239

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Further Practical Resources

[Australasian College of Dermatologists: COVID-19 Practice Management and Operations](#), (practice environment)

[Australasian College of Dermatologists COVID-19 Practice Management and Operations \(practice staff\)](#)

[American Academy of Dermatology: Recommendations for Dermatologists](#)

[American Academy of Dermatology: Clinic Preparedness Checklist](#)

Personal Protective Equipment

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