



PREPARING FLAWLESS TRANSFORMATION CLINICS

Standard

To recognise the uncertainty that currently exists at this challenging time and will carry out work safely and responsibly. We aim to return to work safely and to support our clients in minimising the risk of harm to both ourselves, our clients and to members of the public. In the absence of definitive government and professional advice, these guidelines are designed to provide Flawless Transformation with a range of basic principles to achieve a standard of safety within the limits of our shared current understanding.

Standard precautions

- COVID-19 transmission
- The transmission of COVID-19 is thought to occur mainly through respiratory droplets generated by coughing and sneezing, and through contact with contaminated surfaces.
- The predominant modes of transmission are assumed to be droplet and contact. This is consistent with a recent review of modes of transmission of COVID-19 by the World Health Organization (WHO).
- It is important to note that this strain of coronavirus is highly contagious.

Hand hygiene

- Hand hygiene is essential to reduce the transmission of infection.
- All staff and clients must decontaminate their hands by washing with antimicrobial soap and water for at least 20 seconds, taking care to systematically clean thoroughly especially under the finger nails and palmar creases as well as ensuring washing of the forearms.
- Hand hygiene must be performed immediately before every episode of direct client care and after any activity or contact that potentially results in hands becoming contaminated, including the removal of personal protective equipment (PPE), equipment decontamination and waste handling.
- When managing the same client between activities the practitioner can use an alcohol-based hand rub Refer to 5 moments for hand hygiene.
- **before touching a client,**
- **before clean/aseptic procedures,**
- **after body fluid exposure/risk,**
- **after touching a client, and**
- **after touching client surroundings.**
- Before any clinical interaction practitioners must be 'bare below the elbows'



- All hand and wrist jewelry must be removed, barring a single band plain ring which must be navigated during hand hygiene moments.
- Fingernails must be clean and short.
- Breaks in skin must be covered with a transparent occlusive dressing.

Respiratory secretions and cough hygiene – ‘Catch it, bin it, kill it’

- Clients and staff must be encouraged to minimise potential COVID-19 transmission through good respiratory hygiene measures which are:
- Disposable, single-use tissues must be used to cover the nose and mouth when sneezing, coughing or wiping and blowing the nose – used tissues must be disposed of promptly in the nearest waste bin.
- Tissues, waste bins (lined and foot operated) and hand hygiene facilities must be available for clients and staff
- Hands must be cleaned (using soap and water if possible) after coughing, sneezing, using tissues or after any contact with respiratory secretions and contaminated objects.
- Encourage clients to keep hands away from the eyes, mouth and nose.
- The best method to minimise transmission is to, where possible, avoid contact.
- Clients must be questioned prior to face to face contact, using the Covid19 text questionnaire prior to clinic and on arrival to clinic.
- However, must a client attend clinic and display symptoms they must be candidly questioned and in cases of a new cough, fever, myalgia or recent infection must be asked to reschedule and promptly requested to leave the site.
- Must a situation arise where we believe that a suspected COVID-19 +ve client has been in the clinical area you must:
- Immediately stop all activity.
- Ensure no other client are admitted to the waiting room.
- Doors must be kept closed with windows open to improve airflow and ventilation.
- Use disposable cloths/papers/mop attachments and either a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl) or a neutral purpose detergent followed by disinfection (1000ppm av.cl)
- Dispose of all cleaning cloths/wipes as well as all waste associated with suspected positive client into a waste bag. If clinical waste is collected at your facility ensure it is disposed of in the clinical waste; if this is not possible seal the bag tightly in another bag and store for 72 hours and dispose of in the standard waste, ensuring adequate PPE and hygiene before and after contact.



Clothing

- Simple uniform /scrubs must be worn.
- On removal it must be placed in a laundry bag
- Scrubs must be washed alone and washed at 60°C.
- This must not be worn to and from work and must be washed on a daily basis.

Triage

- The following questions must be asked and documented before booking any client for a face to face appointment.
- Are you currently suspected of having COVID-19
- Have you been in contact with or are living with someone suspected or confirmed of having Covid-19?
- Do you have a fever, or have you had a high temperature in the last 14 days (a fever is a temperature greater than 37.8°C)?
- Have you had a cough or any other respiratory signs in the last 14 days?
- Do you suffer from any of the following? Diabetes, cardiovascular disease, including hypertension, chronic lung disease, immunodeficiency, cancer under active treatment?
- Are you pregnant?
- Are you over 70 years of age?
- In the event that the client successfully triages, they must be given the following instructions either via phone or email.
- Attend your appointment unaccompanied.
- Upon arrival, you must wash your hands.
- Please limit the wearing of jewelry.
- Wedding rings may be worn provided hands are kept clear from the face.
- Minimal or NO make-up must be worn.
- Please limit the personal possessions you bring with you. The clinic may reserve the right to prevent personal items entering the treatment rooms.
- When the treatment is complete, you must wash your hands once more.
- On arrival to clinic please text or call your practitioner and follow instructions.
- Please wait in your car or outside the clinic until directed to enter.
- Appointments must be by prior arrangement only.
- Signage must be placed on the front door to inform clients that the clinic runs on an appointment only system with a controlled entry policy.



- Clients may be provided with surgical face masks to don upon entry and after washing hands.

Temperature screening

- Temperature screening is not believed to be an effective method of limiting transmission due to possible lack of symptoms, incubation period and possible use of anti-pyretics.
- However, we wish to implement temperature screening as a matter of routine and practitioners must be compliant.
- Any client with a temperature of 37.8°C must be asked to reschedule as a matter of caution.

Reception Areas

- Reception areas are out of use and all treatments pre and post must be carried out in the treatment room. To maximise social distancing, staff must limit the number of clients in the reception area at any time. Provision must be made to ensure 2metre distancing at all time
- Clients must attend treatments alone.
- The time spent in the clinic must be minimised as much as possible.
- Minimal waiting area chairs must be provided.
- Employing video consultation to avoid multiple attendances and using a text or call system to allow clients to wait off site are encouraged.
- If there is a queue, clients must be sent away and recalled.
- Booking times must be planned to avoid queuing.
- Windows must be opened wherever possible.
- Hand sanitiser stations must be available in the waiting area, but not on the reception counter, as this must encourage breaking the 2 metre distancing rule.
- The treatment staff must not be permitted to pass through to the “clean” area.
- There must be no point of sale items, displays, magazines or brochures available in the waiting area.
- Coronavirus has been shown to be active on paper and cardboard for 24 hours.

Staff

- Staff must take regular breaks and rest periods.
- Regular cleaning of keyboards, phones and other frequently used items using cleaning solutions designated must be required.
- A sufficient supply of cleaning products must be made available. J
- As teamwork and environmental awareness is highly important, each client that leaves the clinic must be chaperoned to ensure they do not touch doors etc.



Hand washing definition:

- Hand hygiene measures must be undertaken with soap and water. This is the most important measure to reduce the risks of transmission and must be carried out frequently (before putting on gloves, after removing gloves, and after each contact with the client whether or not gloves have been used).
- Normal liquid soap must be used for hygienic washing for over 20 seconds each time.
- Hands must be dried with disposable towels.
- Another option is to use hand sanitiser, but it is not as a substitute for frequent hand washing
- Practitioners must avoid touching their faces.

Staff working directly with clients

- The wearing of jewellery, nail polish and other non-essential accessories must be minimized.
- Uniforms must not be worn on the journey in to or from work.
- On a daily basis, employees must carry their uniform and shoes in a disposable bag.
- Allowing for the two metre distancing rule, uniform must be changed into on site in a designated changing room.
- Handbags and personal possessions such as phone/iPad etc. must be safely stored in a locker or other safe place.
- Procedure-appropriate PPE must be donned prior to the treatment.
- Staff must avoid returning to the changing place, except to change out of your uniform at the end of the day.
- At the end of the shift, staff must wash their hands thoroughly and place their uniform and shoes into a designated storage bag.
- Uniforms must be washed on a daily basis separately from other household linen at a temperature exceeding 60°C.

Personal Protective Equipment

- Certain procedures convey a higher risk of transmission. For example, aerosol generating procedures (AGPs) present risk of aerosolised transmission. This guidance therefore seeks to set out clear and actionable recommendations on the use of PPE, as part of safe systems of working.
- Incidence of COVID-19 varies across the UK and risk is not uniform.
- Staff must be trained in 'donning and doffing' PPE.



- Staff must know what items and type of PPE they must wear for each setting, procedure and context. As such all staff must have access to the safest, recommended form of PPE that protects them for the appropriate setting, procedure and context.
- Gloves and aprons are subject to single use, with disposal after each client.
- Fluid repellent surgical masks and eye protection can be used for sessional use that do not involve aerosol generating procedures, at the discretion of the practitioner.
- Practitioners must note that any soiling or risk of exposure must change this.
- Gowns or coveralls must be worn for any higher risk treatment. FFP3 masks must be worn form AGPs on a single use basis.
- Hand hygiene must be practiced and extended to exposed forearms, after removing all PPE items.
- We recommend that practitioners perform a visual inspection of face masks/visors prior to use, to include:
 - General integrity
 - Straps– ensure they are present and intact
 - Face seal– visual check to ensure the seal is undamaged
 - Nose clip (if applicable) must be present and intact
 - Filtering material – ensure there are no visible defects
 - Finish of parts – inspect to ensure there are no sharp or jagged edges
 - Valve (if applicable) – present and intact

Treatment specific Risk assessment and access to appropriate Personal Protective Equipment.

- This guidance document recommends the use of FFP 2 non-valve respirators for general use by practitioners within their practice, since these masks provide protection to the wearer and limit the spread of droplet infection, protecting the client. Please see Appendix 1 for various mask types and uses. Clients must be viewed as being ‘potentially’ Covid-19 positive. Of equal importance is the need to regard perioral treatments, lip fillers and intraoral treatments, such as dental blocks, as potentially aerosol generating procedures (AGP’s), requiring the use of ‘FFP 3’ face masks. We do not recommend that practitioners must routinely perform these elective procedures. Rather, we recommend that practitioners must undertake a risk assessment before proceeding to undertake any aesthetic procedure which considers factors such as relative need and benefit against ‘weighed’ risk.
- It must be remembered that face mask use is only one pillar supporting the defense against Covid 19, and that gowns and gloves, eye protection, distancing and modified behavioral responses are equally important.



- Disposable aprons may be used in place of gowns.
- The stated clearance of respirator masks (and thus their safety) only applies where there is an effective seal around the face.
- Standard Infection Control Precautions (SICPs), with disposal and hand hygiene after each client contact. Respirators, fluid-resistant (Type IIR) surgical masks, eye protection and disposable fluid repellent aprons.
- A single session refers to a period of time where a practitioner is undertaking duties in a specific clinical care setting or exposure environment.
- Once the PPE has been removed it must be disposed of safely.
- The duration of a single session must vary depending on the clinical activity being undertaken.
- PPE must not be subject to continued use if damaged, soiled, compromised, and uncomfortable and a session must be ended.
- While the duration of a session is not specified here, the duration of use of PPE items must not exceed manufacturer instructions.
- Appropriateness of single versus sessional use is dependent on the nature of the task or activity being undertaken and the local context. E

Eye protection/face Visor disinfection

- Eye protection and lenses or face visor, where reusable, must be disinfected between clients.
- To do this use Clinell® wipes or first with soap and water.

Donning and Doffing Please refer to the Public Health Guidance - Guide to 'donning and doffing' standard Personal Protective Equipment (PPE).

Disposal of PPE

- All used PPE must be deposited in an appropriate waste bin with a hard cover and pedal opening.
- All waste must be collected and disposed of in marked clinical waste bins.

Cleaning and Waste Management

- Staff must receive training and information on the proper cleaning methods required. A thorough cleaning and disinfection of surfaces and areas of contact with the client must be carried out after every procedure.
- Staff must inform the client of the disinfection of the treatment room between clients and to explain the cleaning procedure to the client for their own piece of mind.



Equipment

- Equipment must be single-use items if possible.
- Reusable, non-invasive equipment must be decontaminated:
- Between each client and after each client use
- After blood and body fluid contamination
- At regular intervals as part of equipment cleaning

Cleaning in common zones:

- At the end of the working day, all common areas must be subjected to a thorough cleaning and disinfection regime.
- This must be carried out with either: A combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.) Or A neutral purpose detergent followed by disinfection (1000ppm av.cl.)
- All door and window knobs, possible handrails, tables, armrests for chairs and armchairs, iPad, telephones, must be cleaned and disinfected, Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants.
- For items that cannot withstand chlorine-releasing agents, consult the manufacturer's instructions for a suitable alternative to use following, or combined with, detergent cleaning.

Cleaning in treatment rooms:

- All surfaces including work surfaces and treatment couch must be wiped down with a cleaning solution at the end of every treatment.
- Cleaning at the end of sessions must be carried out

Room ventilation

- Clearance of infectious particles is dependent on the mechanical/natural ventilation within the room.
- A single air change is estimated to remove 63% of airborne contaminants; after 5 air changes, less than 1% of airborne contamination is thought to remain.
- We understand that most clinics must not have access to determining the air change rate within their clinical environment. However, we must be using an antibacterial/viral filter air exchange unit during all treatments and whilst the room is in shut down between clients.
- Extended 'downtime/ between clients must be adhered to allow for room ventilation and air exchange.



- Doors must be kept shut at this time, but windows must be opened to aid the exchange rate.

Cleaning solutions

- The SARS-Cov-2 virus is contained within a lipid envelope and therefore is susceptible to inactivation with detergents. Evidence recommends the use of alcohol solutions at 70% or sodium hypochlorite solutions at 0.1%. Sodium hypochlorite 0.1% may be obtained by diluting household bleach, which is typically at concentrations of 5%. Therefore, a solution of 1:50 must provide 0.1%. However, you must confirm the initial concentration of the product as it may vary across brands.
- Practitioners must engage in a process of continuous quality improvement to enhance public protection and client safety standards.

Consent In addition to treatment specific consent

- The practitioner must ensure that the client has a complete and informed understanding of the potential impact that Covid 19 might have upon the treatment.
- This must allow the practitioner and client to reach a mutual agreement in 'weighing up' risks and benefits in order to achieve and inform valid consent.
- It is important that the client understands the rationale for the various measures that need to be taken, both by practitioner and client, to minimise risk.
- This relates to both peri and post-procedural care and must further enable the client to take a broader and more informed approach to future decision making in relation to their health and wellbeing.
- There is increasing evidence that dermal fillers given in the presence of a recent viral infection (or where a virus is caught after treatment) can increase the risk of delayed hypersensitivity reactions.
- This must be reflected in medical history taking and must form part of the clients understanding and consent. Furthermore, the practitioner must make allowance for this possibility in terms of post-procedural care, particularly in the event of future lockdowns.
- It is particularly important that members of the public understand that these measures cannot completely remove all risk in relation to Covid-19.
- As such members of the public must be provided with sufficient time to consider this fact prior to consenting and receiving treatment.

Education



- These requirements imposed on the client must undoubtedly be unfamiliar to them and there is the possibility, in some instances, of challenge or lack of concordance.
- Every effort must be made to achieve informed understanding in advance of clinic attendance.
- Useful measures may include:
- Providing detailed guidance online and through messaging.
- Client guidance must consider 'what to expect' when viewed from the client's perspective.
- It must be written in layman's terms and supported with rationale to aid understanding and acceptance.
- Only through education and understanding can compliance be fully achieved, thereby reducing treatment risk in the first instance and optimising wellbeing in the longer term.

Skin preparation

- No changes are required in the use of preparatory skin cleaning, assuming this is usually performed with solutions containing ethyl alcohol, or a hypochlorite solution such as Clinisept®.
- There is evidence that chlorhexidine is less effective in the removal of SARS-Cov-2.

Time

- It is recommended that practitioners increase appointment length and reduce client contact time.
- This must allow additional time for room cleansing and ventilation after each treatment episode, limit unnecessary exposure time and reduce the risk of human error in a stressful environment.
- Where lengthy treatments are proposed, a risk assessment must be performed.
- Clinic owners must consider adjusting their opening times to allow for changes in demand and increased time needed to implement these policies.

Risk assessment

- Risk assessments have been carried out for every procedure with Flawless Transformation.
- Practitioners must consider the need to perform a risk assessment as it relates to products, to premises and to self management

July 2020.