

# Practices for a safe dermatology clinic in the COVID and post-COVID eras

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The COVID-19 pandemic has made it difficult for outpatient departments and hospitals to function normally. This has caused many patients to suffer due to a lack of regular follow-ups, with the unchecked progression of their disease further adding to their morbidity. With the advent of technology, many centers have adopted the practice of teledermatology, which has allowed normal healthcare services to function to a certain extent. However, physical outpatient (private and institutional) clinics have also recently started accepting patients. Precautions like social distancing and sanitization have already been advised by various healthcare bodies but there are a few more general and specific (dermatologic) precautions for patients, staff and physicians that must be highlighted. As we move ahead navigating through these difficult times we must learn to adapt to the rapidly changing conditions and work toward establishing a safe environment for both patients and healthcare professionals.

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The coronavirus disease 2019 (COVID-19) has brought almost all dermatological outpatient services to a standstill, because of which patients with chronic illnesses are suffering the most due to a lack of follow-ups. Due to the slight control of the disease in many places and failing economies, many countries have eased lockdown restrictions leading to the opening of many clinics and hospitals. The spread of COVID-19 through fomites has been well established, which has further caused a panic in the general population and healthcare professionals (HCP) <sup>1</sup>. The use of personal protective equipment (PPE) protects only the user and not their immediate surroundings. Therefore, special precautions must be taken in clinics to avoid the spread of infection to both HCPs and patients. Dermatology patients usually do not require urgent

visits, but we must face the fact that it may not be possible to completely eliminate COVID-19 <sup>2</sup>. Therefore, we must adapt our practices to fit this situation. Few authorities have provided guidelines for safety but there are few other measures that can be taken in private clinics.

Precautions that can be taken are as follows:

1. Precautions in the waiting area:
  - a. An appointment system instead of a first-come, first-served basis.
  - b. Patients should be asked to come on time (not too early or late).
  - c. Seating of individuals should be at least 6 feet apart.
  - d. The use of washroom facilities in outpatient departments (OPDs) by patients should be discouraged.

- e. Mandatory use of face masks by all patients and their attendants.
  - f. Use of automatic or foot-operated hand sanitizing stations.
  - g. Use of foot-operated water dispensers with disposable glasses.
  - h. Avoid keeping magazines and newspapers in the waiting area.
  - i. Keep a closed chamber for the reception to limit contact of staff with patients.
  - j. Minimize the number of people accompanying the patient.
2. Precautions for staff:
- a. Have a separate uniform for the workplace (including footwear).
  - b. Sanitize possible fomites like door handles, chairs, furniture, and bathrooms.
  - c. Personal belongings of staff like wallets, watches, and mobile phones should be kept aside.
  - d. Screen patients for symptoms of COVID-19 before they enter the premises.
  - e. Use of online payment systems instead of cash.
  - f. Closed chamber cabins for areas like reception.
  - g. Staff should wear gloves whenever needed.
  - h. Regular screening, training, motivation, sensitization, and psychological support for staff.
3. Precautions for doctors:
- a. Touching the face should be consciously avoided.
  - b. Provide long follow-up appointments for patients wherever possible.
  - c. Practice of a partitioned OPD setup<sup>3</sup>.
  - d. Extra precautions for patients who are elderly, immunosuppressed/on immunosuppressant drugs, diabetic and patients who have other comorbidities.
  - e. Use of a PVC food wrap/cling film before applying the sphygmomanometer cuff.
  - f. Cling film can be used over the diaphragm of the stethoscope when auscultating and/or sanitize the diaphragm after every use. A Bluetooth stethoscope can also be used or a stethoscope with longer tubing.
  - g. Use of e-prescription rather than physical paper.
  - h. Avoid unnecessary blood investigations.
  - i. Doctors should be sensitized to symptoms of COVID-19 like morbilliform rashes, acral lesions, and livedoid eruptions<sup>4</sup>.
- j. Use of a face shield when interacting with patients.
- k. Hydroxychloroquine was used in dermatology long before it hit the limelight because of COVID-19. Patients who were on hydroxychloroquine have also suffered due to the shortages<sup>5</sup>. Hence, hydroxychloroquine should be used judiciously and dispensed wherever possible by the doctor.
- l. A proper technological base for telecommunication should be set up and the use of teleconsultation should be promoted.
4. Other general precautions:
- a. Discourage the use of elevators and promote the use of stairs.
  - b. Avoid sitting, eating, and crowding in common canteen area.
  - c. Healthcare professionals should take the opportunity to educate patients against excessive use of hand sanitizer and handwashing, which can lead to dryness and hand dermatitis. These conditions can be prevented by the use of a moisturizer<sup>6</sup>.
  - d. Use of centralized air conditioners should be strongly discouraged.
  - e. Use of HEPA filters must be done as it has a role in filtering out nanoparticles<sup>7</sup>.
  - f. Transparent curtains can be used to examine patients to limit contact in an in-patient setting<sup>8</sup>.
5. Special precautions related to dermatological procedures:
- a. Facial procedures should be delayed/avoided where possible but can be done using proper PPE.
  - b. Aerosol generating procedures (like lasers, electrocautery, etc.) should be conducted with a vacuum evacuator.
  - c. Any surgical procedure should be performed only with the use of PPE.

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