

Coronavirus measures at Purity Bridge – a summary document

Purity Bridge takes the safety of its patients and staff as its priority. As such, the team have drafted a whole raft of new measures in the light of the Coronavirus pandemic. The new policies and protocols are in addition to existing safety measures, and support existing Infection Control Policies, Patient Pathways and other relevant policies.

We are making this document public and publishing them on our website for transparency, and to reassure our patients and other stakeholders of the extra steps we are taking to maximise safety.

The Coronavirus pandemic has proven to be a continually changing environment, and as such, these policies will be subject to change according to the national and local situation. Should anyone wish to discuss these in more depth, or to ask a question, please do not hesitate to get in touch on info@puritybridge.co.uk

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Safety measures at Purity Bridge – please read

We are delighted to welcome you to your appointment at Purity Bridge. As we are sure you will appreciate, we have taken extensive measures to maximise your safety and the safety of our staff.

You will be sent a COVID screening questionnaire that must be completed prior to your appointment. If any answers to this questionnaire raise any “red flags”, you will be contacted and if necessary, the appointment rearranged. This is to minimise the possibility that you are infected with Coronavirus at the time of your visit.

We will be requesting that anyone attending the clinic for an appointment please arrives wearing a face mask or nose and mouth covering. We would also request that you attend your appointment alone, so we minimise the number of people in the building at any one time to maintain social distancing. Please therefore arrive for your appointment on time – we apologise in advance if we turn you away if you arrive early! We are aiming to minimise the use of the waiting area, ideally being able to direct you straight to the consultation room on arrival. Unfortunately, we will be unable to offer you refreshments or magazines to read in the clinic as part of extra hygiene measures.

There will be alcohol gel for you to use on arrival and departure from the clinic, and after consultations; with other strict protocols in place – please see below for more detailed information regarding your visit.

Please be assured that the clinic rooms will be thoroughly cleaned between each appointment as well as at the end of each day, and our staff will be wearing appropriate PPE as set out by Public Health England and other authoritative national and international bodies. Furthermore, we already have installed in the clinic air flow ventilation systems that allow air changes in the clinic rooms, to ensure frequent air circulation with fresh outside air, minimising static air in the clinic rooms.

Finally, please mention if you are in at risk group when booking your appointment, so we can make special further provisions for your visit.

Please note, these measures will be subject to change, depending on the national and local situation.

Protocol for patients attending Purity Bridge

1. All patients to complete on-line screening questionnaire within 48 hrs of appointment
 - a. If screening questionnaire satisfactory, patients can attend
 - b. If screening questionnaire raises anomaly, situation to be discussed and risk assessed on a case by case basis including phone call to patient

- c. Outcomes might be either to allow patient to attend, to postpone appointment for a further 1-2 weeks or to advise the patient to seek medical attention prior to re-booking.
2. All patients to wear face mask/mouth & nose covering for clinic attendance
3. Patient to be provided with alcohol hand gel for use on arrival
4. Ideally patient to proceed straight to clinic room on arrival - if patient required to sit in waiting room, patient to be directed to a specific seat by Front of House (seat & surfaces to be wiped down after use)
5. Patient to wear mask throughout time in clinic – only to be removed if necessary for clinical examination or treatment
6. Patients to use alcohol hand gel on departure

Further measures:

No refreshments to be provided to patients – unless required after a procedure (clinical judgement)
If patients require toilet facilities they should be instructed to follow the signage regarding wiping surfaces

Policy for COVID related staff cleaning and additional routine infection control measures

Coronavirus is a group of viruses that causes several diseases that mainly affect the respiratory tract. COVID-19 (COroNaVirusDisease-2019) is the disease caused by one of the coronaviruses. The virus that causes COVID-19 is a type of coronavirus called Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). COVID-19 is therefore a disease. The main form of spread of the virus is through close contact (within 1-2 metres) – contaminated surfaces, touching the face, coughing and sneezing. It is most contagious when people have symptoms. Before symptoms are present, the chance of spread is low. Common symptoms of the disease include: fever, a barking/dry cough, fatigue, sputum production, fatigue and loss of smell. If the disease progresses, it can cause severe respiratory distress, respiratory failure, and sepsis. Fortunately most people who suffer the disease do not have a severe form of the disease, but those that are vulnerable are more likely to need medical intervention.

This policy has been developed from guidance from Public Health England, the Care Quality Commission and the International Society of Aesthetic Plastic Surgeons.

This policy advises on measures all staff should take to maximise a safe working environment and minimise the risk of contamination and spread of Coronavirus.

Staff clothing

- Non-clinical staff to wear “simple” clothing and no jewellery (apart from a wedding ring) at work
- No additional items such as scarves, necklaces, broaches
- Staff member sitting at reception to change into “scrubs”
- Clinical staff to change into scrubs for working day
- Staff toilet to be used for changing
- Lockers to be used to store clothes
- Locker compartments should be wiped (Clinell) prior to use

Office environment

- Try to ensure seating at desks is 2m (metres) apart
- Wear cloth (reusable) face masks and eye protection or a face shield if interacting with others closer than a 2m distance
- Use wipes (Clinell for surfaces, whiteboard wipes for keyboards) to wipe down surfaces on arrival at work, in the middle of the day, and at the end of the day
- Regular use of alcohol gel or hand washing with soap and water
- No simple fans to be used

Reception/waiting room

- The aim will be to minimise patient presence in reception
- If patients arrive early for their appointments, they should be politely asked to leave and to return at the time of their appointment
- It is vital to ensure that all required forms are completed prior to the patient attending their appointment

- Patients should wear face coverings during their time in the clinic
- If seating required, patients should be directed where to sit, aiming to ensure 2m distancing
- The Perspex screen should be in place to act as a barrier for patient interaction
- Additional wearing of mask and eye protection (reusable PVC glasses or face shields) available to be worn by receptionist
- Disposable gloves to be worn if receiving deliveries, handling money or wiping down surfaces
- All seats to be wiped (Clinell) after patients have left
- Reception desk, door handles, computer keyboard to be wiped (as above) at regular intervals throughout the day
- Deliveries: these should be received wearing gloves and signed for as required. Ideally the delivery item should be removed from its box as soon as possible and put away as appropriate. The box should be disposed of as well as the gloves used to handle it.

Toilets

- Toilet seat and handle should be wiped with Clinell wipes before and after use – sign to be placed requesting users to do so, with box of wipes available
- In addition, sink taps should be wiped after use
- Patient toilet to be inspected and toilet seat, flush, taps and door handles to be wiped down three times during the day with Clinell wipes by Front of House subject to use

Clinical areas

- Patient seat to be moved as far away from clinician's as practicably possible
- Patient to continue to wear face mask until such time as removal may be required (for examination or treatment)
- Clinician to wear gloves for patient contact, in addition to disposable apron, surgical mask with optional eye goggles/face shield.
- Eye protection should be used for dressing changes
- Single use PPE to be disposed of after patient has left the consultation as appropriate
- Surfaces (including desk, taps, trolleys, door handles and examination couch) to be wiped down using Clinell wipes after patient has left the room
- Breast implants, implant sizers and earFold pre-fold clips should be wiped after use with Clinell wipes
- Alcohol gel to be used on hands after cleaning

Summary of responsibilities

It is the responsibility for each member of the team to contribute towards maintaining the cleaning policy outlined in this document.

- Plastic goggles – wash in warm soapy water in a clinical sink
- Face shields – wipe down with Clinell wipes
- Scrubs to be put on a high temperature wash and then air dried
- Clinic manager to be responsible for ensuring regular washing of scrubs

Each clinical member of staff has responsibility for ensuring the room(s) they have used are checked and clean at the end of their occupancy.

The clinic manager has responsibility for checking that all necessary cleaning has been completed at the end of the day. This should be done by checking the cleaning sheets have been signed as completed in each room. Checklist for rooms and washing to be completed each day at reception

Policy for PPE at Purity Bridge following the Coronavirus Pandemic

Coronavirus is a group of viruses that causes several diseases that mainly affect the respiratory tract. COVID-19 (COroNaVirusDisease-2019) is the disease caused by one of the coronaviruses. The virus that causes COVID-19 is a type of coronavirus called Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). COVID-19 is therefore a disease. The main form of spread of the virus is through close contact (within 1-2 metres) – contaminated surfaces, touching the face, coughing and sneezing. It is most contagious when people have symptoms. Before symptoms are present, the chance of spread is low. Common symptoms of the disease include: fever, a barking/dry cough, fatigue, sputum production, fatigue and loss of smell. If the disease progresses, it can cause severe respiratory distress, respiratory failure, and sepsis. Fortunately most people who suffer the disease do not have a severe form of the disease, but those that are vulnerable are more likely to need medical intervention.

This policy is based on the advice from PHE and the government, and for more detail can be referred to [here](#) >

The [HSE has stated](#) that FFP2 and N95 respirators (filtering at least 94% and 95% of airborne particles respectively) offer protection against COVID-19 and may be used. Other respirators can be utilised by individuals if they comply with [HSE recommendations](#). Reusable respirators should be cleaned according to the manufacturer's instructions.

Fluid resistant surgical masks

Fluid-resistant (Type IIR) surgical masks (FRSM) provide barrier protection against respiratory droplets reaching the mucosa of the mouth and nose. FRSMs should be well fitted and subject to the same level of care in use as respirators ([section 10.1](#)). FRSMs are for single use or [single session use](#) ([section 6](#)) and then must be discarded. The FRSM should be discarded and replaced and NOT be subject to continued use in any of the circumstances outlined for respirators ([section 10.1](#)).

The protective effect of masks against severe acute respiratory syndrome (SARS) and other respiratory viral infections has been well established. There is no evidence that respirators add value over FRSMs for droplet protection when both are used with recommended wider PPE measures in clinical care, except in the context of AGPs.

Surgical masks should:

- cover both nose and mouth
- not be allowed to dangle around the neck after or between each use
- not be touched once put on
- be changed when they become moist or damaged
- hand hygiene must be performed after disposal

AGPs

The highest risk clinical procedures are aerosol generating procedures (AGPs), and, apart from laser skin resurfacing, no AGPs are performed at Purity Bridge. Therefore, until further review, no laser skin resurfacing will be performed.

Droplet generating procedures

Droplet generating procedures include procedures performed with the patient's mouth open. For example, these might include the injection of lip filler, surgical procedures to the lips or mouth, or examination of the throat, nose and some dressings.

Other procedures and examination

Other procedures that are not AGPs or droplet generating procedures can be subdivided into those that require close proximity to the face, and those that focus elsewhere on the body. Requirement for close proximity to the face include the administration of neurotoxin injection, examination of the face, as well as skin treatments such as facial peels and IPL.

Sessional use ([Table 1](#))

The use of masks is for one healthcare worker to use in one work area. This is currently recommended in the UK Infection Prevention and Control guidance.

- The mask should be disposed of if it becomes moist, damaged, visibly soiled
- The duration (number of hours) of sessional use is dependent on local (for example, heat, activity length, shift-length) and individual factors. In practice, this may vary from 2 to 6 hours, but is usually around 6-hours.
- If masks are touched or adjusted, hand hygiene should be performed immediately
- If the mask is removed for any reason it should be disposed of as clinical waste, unless it can be safely reused as outlined below

Reuse of masks ([see here for more detail](#))

Important requirements are as follows:

- The mask should be removed and discarded if soiled, damaged, or hard to breathe through
- Masks with elastic ear hooks should be re-used (tie-on face masks are less suitable because they are more difficult to remove)
- Hand hygiene should be performed before and after removing a face mask
- Face masks should be carefully folded so the outer surface is held inward and against itself to reduce likely contact with the outer surface during storage
- The folded mask should be stored between uses in a clean sealable bag/ box which is marked with the person's name and is then properly stored in a well-defined place
- Some models of PPE cannot be physically reused as they deform once being donned and do not go back to original condition (meaning it would be difficult to re-don and achieve a fit check). Fit checks should be performed each time a mask is put back on if it is to be reused

Eye and face protection

Eye and face protection provides protection against contamination to the eyes from respiratory droplets, aerosols arising from AGPs and from splashing of secretions (including respiratory secretions), blood, body fluids or excretions.

Eye and face protection can be achieved by the use of any one of the following:

- surgical mask with integrated visor
- full face shield or visor
- polycarbonate safety spectacles or equivalent

Regular corrective spectacles are not considered adequate eye protection.

PPE requirements

DGPs

- Disposable gloves
- Disposable plastic apron
- FFP2 mask
- Eye protection/face shield

Facial procedures and examination

- Disposable gloves
- Disposable plastic apron
- Fluid resistant surgical mask
- Eye protection/face shield

Patient consultation and non-facial examination

- Disposable gloves
- Disposable plastic apron
- Surgical mask and eye protection or alternatively a face shield

Routine wound care

- Disposable gloves
- Disposable plastic apron
- Fluid resistant surgical mask
- Eye protection/face shield

Upstairs admin staff working in offices – optional PPE

- Face shield
- Cloth (reusable) mask

Patient PPE

- Disposable gloves
- Cloth (reusable) mask (or alternatively surgical mask if patient attending without their own mask or face covering)

FFP3 masks

As there are no AGPs performed at Purity Bridge, there is no indication to wear FFP3 masks for any procedure or patient contact in the clinic. However, there will be two reusable full face FFP3 masks with filters (that last a month each) available. These might be used for surgery around the open mouth, or alternatively by a surgical first assistant/scrub nurse if the patient is breathing towards them for any length of time (e.g. during a facelift).

Storage and administration of PPE

- Disposable gloves, aprons and surgical masks will be available in clinical areas
- FFP2 masks will be stored in a locked cupboard, to be administered as required for sessional use

- FFP3 full face masks will be stored in the clean utility room adjacent to Pantiles (Dunorlan)

COVID-19 Risk Informed consent

I _____ (patient name) understand that I am opting for an elective treatment/procedure/surgery that is not urgent and may not be medically necessary. I also understand that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID-19 is extremely contagious and is believed to spread by person-to-person contact; and, as a result, government health agencies recommend social distancing. I recognize that Marc Pacifico and all the staff at Purity Bridge and are closely monitoring this situation and have put in place reasonable preventative measures aimed to reduce the spread of COVID-19. However, given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding with this elective treatment/procedure/surgery. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this elective treatment/procedure/surgery, and I give my express permission for Mr Marc Pacifico and all the staff Purity Bridge to proceed with the same.

I understand that, even if I have been tested for COVID and received a negative test result, the tests in some cases may fail to detect the virus or I may have contracted COVID after the test. I understand that, if I have a COVID-19 infection, and even if I do not have any symptoms for the same, proceeding with this elective treatment/procedure/surgery can lead to a higher chance of complication and death.

I understand that possible exposure to COVID-19 before/during/after my treatment/procedure/surgery may result in the following: a positive COVID-19 diagnosis, extended quarantine/self-isolation, additional tests, hospitalization that may require medical therapy, Intensive Care treatment, possible need for intubation/ventilator support, short-term or long-term intubation, other potential complications, and the risk of death. In addition, after my elective treatment/procedure/surgery, I may need additional care that may require me to go to an emergency room or a hospital.

I understand that COVID-19 may cause additional risks, some or many of which may not currently be known at this time, in addition to the risks described herein, as well as those risks for the treatment/procedure/surgery itself.

I have been given the option to defer my treatment/procedure/surgery to a later date.

However, I understand all the potential risks, including but not limited to the potential short-term and long-term complications related to COVID-19, and I would like to proceed with my desired treatment/procedure/surgery.

I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS AND CONSENT TO THE PROCEDURE.

Patient or Person Authorized to Sign for Patient Date

Witness _____ Date _____

I have been offered a copy of this consent form (patient's initials)

Coronavirus-related post-procedure advice

In order to protect you and the people who surround you after surgery, we have developed these guidelines for your post-operative recovery. The rules to follow are the same as those advised by the Government, but there are some extras specific to your recent surgery. You should follow these instructions for two weeks after your surgery. This is in addition to the standard aftercare following your procedure.

Do's – please try and do the following

- Do maintain government guidelines of social isolation even though lockdown is being relaxed.
- If you start getting symptoms of a viral infection, consider calling 111 or your GP to inform them and
- socially isolate from others around you. You should also contact the practice so that we can guide you
- through the next steps.
- If you are instructed by your surgeon, wear a face mask to protect yourself and others around you.

Don'ts – you should avoid the following activities

- Avoid visitors unless they need to make an essential visit.
- Avoid going out for two weeks unless you need to go on an essential journey.
- If you do go on an essential journey then avoid public transport.
- Avoid contact and meeting with anyone who has recently suffered a viral illness.
- Minimise contact with anyone who has been in contact with large numbers of people.