

**President**

Timothy Chang, MD
Cleveland Skin Pathology Laboratory, Inc.
3737 Park East Drive, Suite 202
Beachwood, OH 44122
216.464.7770
Fax: 216.464.7531
tchang99@gmail.com

President-Elect

Melissa Piliang, MD
9500 Euclid Ave – A60
Cleveland, OH 44195
Phone: 216-444-5722
Fax: 216-231-5448
piliangm@ccf.org

Immediate Past President

Christine Jaworsky, MD
Cleveland Skin Pathology Laboratory, Inc.
3737 Park East Drive, Suite 202
Beachwood, OH 44122
216.464.7770
Fax: 216.464.7531
jaworskyc@cleveskinpath.com

Secretary

Eliot N. Mostow, MD, MPH
Akron Dermatology/NEOMED
566 White Pond Drive, Suite E
Akron, OH 44320
330.535.7100
Fax: 330.535-2600
emostow@akronderm.com

Treasurer

Gwyn King, DO
Dayton Skin Care Specialists
3025 Governors Place Blvd.
Dayton, OH 45409
937.293.556
Fax: 397.293.5568
dr_gwyn@gmail.com

Advisory Board

Shannon C. Trotter, DO
Jennifer M. Ridge, MD
Christine Jaworsky, MD

Board of Trustees

David Carr, MD
David Crowe, MD
Thomas Hagele, MD
Danielle Petit, MD
Rocco Serrao, MD
Kerith Spicknall, MD
John Trinidad, MD
Allison Vidimos, RPh, MD
Christine Warren, MD

Resident Trustees

Samantha Polly, MD
Stephanie Saed, MD
Jeffrey Wu, MD

ISSUE: Preparedness Steps for Dermatologic Practices

Date of Issuance: April 23, 2020

Purpose:

The Ohio Dermatological Association recognizes the strains that have been placed on patients, staff, and providers during the COVID-19 pandemic. Our goals during this pandemic are to be good stewards of our community by providing urgent and essential dermatologic care, and actively participating in the mitigation of the spread of SARS-CoV-2. This document aims to provide preparedness steps for the coming days and for the eventual lifting of restrictions for procedures and non-emergent in-patient visits, as directed by the Ohio Department of Health. The assessment of urgent and essential visits must be made by each practice. This calculation should be a combination of patient and provider determined urgency, and will need to be based upon the following [as per Centers for Medicare and Medicaid Services (CMS), guidelines]:

- Current and projected COVID-19 cases in the community and region
- Ability to implement telehealth
- Supply of PPE at the practice and in the region
- Staffing availability
- Testing capability in the community
- Health and age of each patient and their disease risk
- Urgency of the treatment or service

Resources:

- Ohio Department of Health: [Update on Non-essential Procedures \(4.22.2020\)](#)
 - Announcement that directs healthcare providers in hospitals and outpatient surgery centers to *reassess* procedures and surgeries that were postponed. This reassessment is still based on the 3.18.2020 Ohio Department of Health Order (referenced below)
- American Academy of Dermatology (AAD) [“Everyday Health and Preparedness in Clinic”](#)

Executive Director: Jill Hostetler 698 Dalton Fox Lake Road, Dalton, OH 44618
(Office) 330.465.8281 Fax: 330.985.0036 odaexec@ohderm.org

- Resource covering steps clinics can take to mitigate SARS-CoV-2 risk
- AAD “[Reopening Your Dermatology Clinic](#)”
- CMS “[Opening up America Again](#)”
 - CMS Recommendations for the re-opening of facilities to provide non-COVID-19 care: Phase 1
- ODA “[Recommendations for Deferral of Non-essential Procedures](#)” (3.22.2020)
 - ODA Recommendations for deferral of non-essential procedures based on the Ohio Department of Health Order of the same topic
- [Ohio Department of Health Order for the Management of Non-essential Surgeries and Procedures throughout Ohio](#) (3.18.2020)

Additional Resources:

- [For other clinical recommendations from the AAD, click here](#)
 - [For the CDC guidelines for risk stratification of healthcare personnel with potential exposure, click here](#)
-

Expansion of Services/Clinical Preparedness Considerations

- Screening for COVID-19 symptoms
 - Prior to arrival:*
 - Pre-screen all patients for high-risk exposure or symptoms. Avoid bringing patients into medical facility if they have one of the CDC recognized risks listed below:
 - Suggested pre-screen questions:
 - Do you currently have cough, fever or flu-like symptoms?
 - Have you travelled in the past 14 days?
 - Have you been in contact with anyone with the above symptoms in the past two weeks?
 - Are you concerned that you may have been exposed to coronavirus?
 - Consider requesting an at-home temperature check, if possible. The CDC defines a fever as 100.0° F or higher.
 - Inform patients that masks are strongly recommended (or required, as per the practice’s policy) while in the office. General recommendations note homemade masks for patients are appropriate (please refer to institutional guidelines, if applicable)
 - Consider modifications to the practice’s late arrival policy to maintain social distancing. Inform patients of the current late arrival policy.

Upon arrival:

- Re-screen patients again with suggested pre-screen questions (noted above). Avoid bringing patients into medical facility if they have one of the CDC recognized risks.
- Strongly consider a temperature screen. The CDC defines a fever as 100.0° F or higher.
- Limit points of entry to the clinic to ensure appropriate screening.

- Waiting Rooms:

- Consideration of virtual waiting rooms where patients remain in cars until staff are prepared to bring the patient back if possible.
- Decrease patient time in waiting room as much as possible
 - Complete paperwork before arrival
 - Remove/tape off chairs to maintain social distancing
- Remove any object likely to be touched by multiple patients (magazines, coffee pot, snacks, etc)
- Add signage and/or markings to encourage social distancing (eg. Taped marks 6' apart in front of reception area)
- Place hand-sanitizer in waiting rooms, depending on current office stocks
- Consider leaving commonly used doors open

- PPE

- Masks for all patients and staff are recommended at all times.
 - As noted above, general recommendations note homemade masks for patients are appropriate (please refer to institutional guidelines, if applicable)
 - Staff should be provided with a surgical mask. Consider extended use of surgical masks if permitted by local guidance and/or institutional guidelines.
- Goggles should be worn during dermatologic procedures.
- During surgical procedures where patient contact is expected, gowns should be considered.

- Staff/Provider Safety

- Maintain social distance practices.
- All staff and providers should be screened daily for signs/symptoms of COVID-19, along with temperature checks (CDC defines a fever as 100.0° F or higher). If symptomatic, testing and quarantine should be initiated as described in the CDC's [Guidance for Risk Assessment and Health Management of Healthcare Personnel with Potential Exposure](#) guidelines.
- Reduce the number of team members in the room to only essential members.

- Scribes: maintain at least 6 feet separation; if not possible, consider other technologies for scribing outside the room or remote scribing.
- Continuously reassess ability to social distance given the overall number of staff, providers and patients. The volume should allow for appropriate social distancing.
- Maintain strict hand-washing/hand-sanitizing protocols (between each patient and when entering and leaving rooms)
- As you limit staff exposure, document who is in the room with patient for any period of time, so that one can notify patient or staff if either becomes positive after the visit (i.e. contact tracing).
- Visitor Policy
 - Consider a no-visitor policy, making exceptions for situations that require a companion.
 - If a companion is necessary, they should be screened as outlined for patients above.

- Surgical Considerations:

Currently, the [March 18th Ohio order against non-essential procedures](#) remains in place. A [4.22.2020 announcement](#) directs healthcare providers in hospitals and outpatient surgery centers to *reassess* procedures and surgeries that were postponed, to determine if they meet the criteria laid out in the 3.18.2020 order against non-essential procedures.

The following are suggestions for dermatologic procedures during this pandemic.

- Maintain social distancing as possible (eg. a surgical assist should maintain distance from the provider and patient when not actively participating).
- Consider using dissolvable top sutures, glue, or no top sutures whenever possible to decrease the number of suture removal visits
- Consider maintaining the same support staff throughout the surgical case, this may be particularly important during Mohs procedures. If an exposure does occur, this will streamline contact tracing.
- Consider limiting talking during surgical procedures (also appropriate during physical exams where the physician is in close approximation to the patient).
- For procedures on the mucous membranes, an N-95 mask should be worn. Consider use of N-95 masks if the surgery is on the central face and the patient cannot wear a mask during the procedure. The urgency of the procedure must be weighed against the current supply of N-95 masks.
- Scheduling Recommendations
 - Surgery: Consider scheduling higher-risk surgeries first. In preparation for relaxation/removal of the order against non-essential surgery, consider preparing a list of deferred surgeries, with high-risk patients prioritized.

- Consider transitioning appointments that can be successfully completed with video technology to virtual visits. Given the relaxation of rules around telehealth and acceptable technologies to complete these visits, telehealth is now available to all practitioners.
- PPE/Cleaner/Supplies: Inventory and Availability
 - Conservation of PPE is important. Consider extended use of surgical masks if permitted by local guidance and/or institutional guidelines.
 - Consider calculating inventory of gloves, masks, goggles, cleaner, hand soap, hand sanitizer, etc. to ensure appropriate levels for clinic needs.
 - Approved cleaners for COVID-19 can be found [here](#) on the EPAs resource page.

Given the ever-evolving and fluid nature of this pandemic, CDC and local guidelines continue to evolve. We urge you to continue to follow this evolution and adhere to all CDC recommendations, as well as local guidelines.

The purpose of this communication is to offer recommendations for Ohio dermatologists during the COVID-19 pandemic based on currently available information, with the hope of optimizing patient, staff, and provider safety. These guidelines will be constantly evaluated against state and national recommendations and will be updated as the situation evolves.

Ohio Dermatological Association Task Force Chair – Dr. David Carr
Ohio Dermatological Association President – Dr. Timothy Chang
Ohio Dermatological Association President-Elect – Dr. Melissa Piliang

Executive Director: Jill Hostetler 698 Dalton Fox Lake Road, Dalton, OH 44618
(Office) 330.465.8281 Fax: 330.985.0036 odaexec@ohderm.org