



The Australasian College of Cosmetic Surgery

Raising Standards, Protecting Patients

7 May, 2020

ACCS Medical Faculty Suggested Infection Control Strategies For Minimisation of Covid 19 Transmission In Cosmetic Medical Clinics

Cosmetic Medicine is a relatively novel special interest discipline of medical practice that has only existed since the 1990's.

While yet to be formally recognised as specialty in Australia, it does function as a de facto specialty for medical practitioners who have undertaken appropriate college training and attained Fellowship in the Australasian College of Cosmetic Surgery.

Cosmetic Medicine advanced over time and now represents a distinct entity that essentially incorporates medical consultation, analysis and a consideration to modify facial and body aesthetics that may reasonably trouble patients.

Only non-invasive and minimally-invasive procedures are utilised and are performed in private clinics where high standards in hygiene and infection control must prevail. Examples of such interventions include injectables, laser & skin surgery.

The discipline of Cosmetic Medicine is distinct from invasive Plastic Surgery and Cosmetic Surgical procedures that are undertaken in public and private hospital operating theatres.

It is germane that most Cosmetic Medical clinics were already functioning at a high level of infection control when the unanticipated Covid 19 pandemic appeared.

Cosmetic Medicine does not generally incorporate the treatment of infectious illness.

This document suggests additional measures that may serve to mitigate risk in the circumstances of Covid 19. Most of these measures pertain to social distancing in waiting rooms and extra sanitary precautions and personal protection in the performance of procedures.

This document should not be taken as suggested guidelines for invasive Plastic and Cosmetic surgery.



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It should be born in mind that the ACCS takes no responsibility regarding any of the following suggested clinic infection control strategies. It is essential to respect and incorporate advice from AHPRA, relevant medical boards, relevant medical indemnity insurers, Australian Health Protection Principal Committee (AHPPC), Federal and State Government regulations.

Please consider requesting all staff to access the Australian Government COVID19 knowledge assessment and certification <https://www.health.gov.au/resources/apps-and-tools/covid-19-infection-control-training>.

- Staff with symptoms of fever, cough and fatigue should not attend work.
- Reception areas and staff should be protected by measures such as appropriate screening
- All consultations should be by appointment only and spaced to minimise patient crossover.
- Patients should be questioned within 24 hours of appointments regarding any acute illness, with particular emphasis on fever & respiratory symptoms. The appointment should be cancelled if patient is symptomatic of an illness.
- On entering the clinic patients should be questioned about any respiratory or febrile illness. If they have such symptoms, they should be politely counselled to leave the clinic and to see their GP as soon as possible for consideration of Covid 19 testing.
- Ideally only one unaccompanied person at a time should attend for an appointment with minimal crossover in waiting room and respecting 1.5m distancing.
- If the patient is a child, they should ideally be accompanied by only one adult.
- Patients should be directed to hand sanitation on entering the clinic.
- Appropriate personal protection should be utilised by the practitioners and assistants for procedures including consideration of masks, eye protection, gowns and single use gloves.
- Ideally treatments not be for a protracted period of time.
- Appropriate anti-bacterial/viral antiseptic preparations should be utilised for procedures.
- After each treatment all surfaces utilised during the procedure should be cleansed with appropriate anti-bacterial/viral agents.
- In the clinic regular anti-bacterial/viral cleansing of items such as door handles and surfaces should be undertaken.



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Statement obtained from AVANT 28/4/2020

Please see a link to our COVID-19 resource webpage:

<https://www.avant.org.au/Resources/Public/Coronavirus/> which provides AVANT's position on elective surgery and procedures and coverage position is clearly documented. We see it as a medico-legal risk-based decision for the doctor and we have stated:

It is a clinical decision for practitioners about whether it is appropriate to perform or re-commence non-surgical procedures (in contrast to elective surgery), taking into account:

- Their own clinical judgement.
- The guidelines of their college or society.
- The advice of the Australian Health Protection Principle Committee (AHPPC).
- Any state or territory directions or orders (such as South Australia's [current emergency order](#)).
- Public health considerations such as the need for and availability of personal protective equipment and social distancing measures, which may vary across locations and facilities.
- The potential regulatory and reputational risk if someone does contract COVID-19 either at the practice or facility or commuting to and from the practice or facility.

Practitioners should make clinical decisions in the context of the Medical Board of Australia's [Good medical practice: a code of conduct for doctors in Australia](#) and have regard to peer standards. Decisions should be supported by good documentation, and appropriate consent processes.

Yes. [Avant's Practitioner Indemnity Insurance policy](#) will cover you for the work you do as a healthcare professional within your category of practice and that you are appropriately trained and qualified to do, subject to the terms, conditions and exclusions of the policy.

Coverage will not be refused where you exercise clinical judgment and your clinical decision to provide healthcare is determined to be inconsistent with the available advice in this fluid and uncertain environment. We recommend and trust that our members endeavour to follow the advice of government, their places of work, relevant professional bodies, colleges and societies, as well as peak decision-making bodies like the Australian Health Protection Principal Committee.

Kind Regards

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