

Resuming Practice After COVID-19

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Plastic Surgical Nursing (PSN), the official journal of the International Society of Plastic and Aesthetic Nurses (ISPAN), is introducing this new column to provide evidence-based answers to practice questions from plastic and aesthetic nurses.

Question: After being closed for several months due to COVID-19, we are beginning to perform elective procedures. As plastic and aesthetic facilities resume practice, does ISPAN have any specific guidance for mitigating the spread of COVID-19?

Answer: The World Health Organization coined the name, COVID-19, which stands for coronavirus disease of 2019, in February 2020 (Centers for Disease Control and Prevention [CDC], 2020a).

ISPAN (2020) has an evidence-based *Position Statement on COVID-19 Resumption of Practice* that plastic and aesthetic nurses can refer to for guidance as the number of COVID-19 cases stabilizes and decreases and facilities begin to reopen and resume elective plastic and aesthetic procedures. See <https://ispan.org/position-statements.cgi>.

The ISPAN Position Statements reflect the official opinion of the Society on various issues of concern to plastic and aesthetic nurses. They are developed by the ISPAN Clinical Practice Committee, approved by the ISPAN Board of Directors, and available to both members and nonmembers on the ISPAN Web page (ispan.org) by clicking on the Resources tab.

Recommendations from the *Position Statement on COVID-19 Resumption of Practice* include, but are not limited to, the following:

- Reviewing current CDC guidelines about preventing transmission of COVID-19 and ensuring compliance (CDC, 2020c);

- Refraining from resuming elective procedures until there has been a sustained reduction in new COVID-19 cases for at least 14 days in the relevant geographical area (American College of Surgeons [ACS], American College of Surgeons, American Society of Anesthesiologists, Association of periOperative Registered Nurses, & American Hospital Association, 2020);
- Resuming elective care only if authorized at the state, county, municipal, and institutional levels (ACS et al., 2020);
- Ensuring that any patient undergoing an elective procedure is asymptomatic for COVID-19 (American Society of Plastic Surgeons [ASPS], 2020);
- Confirming that the number of healthy providers will be sufficient to accommodate the scheduling of elective procedures without compromising provider well-being or patient safety (ACS et al., 2020);
- Avoiding scheduling providers who are not essential to the care being provided (ASPS, 2020);
- Providing education and training related to COVID-19 protocols and procedures for all health care providers (CDC, 2020b);
- Verifying that all necessary supplies, including personal protective equipment (PPE) and medications, are available to perform elective care, including consideration of a potential resurgence in COVID-19 cases (ACS et al., 2020);
- Implementing a policy about COVID-19 testing for providers and patients that addresses the requisite screening procedures and frequency of testing (ACS et al., 2020);
- Performing hand hygiene before and after all patient contact, contact with potentially infectious material, and before and after donning and doffing all PPE (CDC, 2020b);
- Implementing standard and transmission-based precautions when providing care for patients with possible or confirmed diagnosis of COVID-19 (CDC, 2020b);
- Offering patients alternatives to face-to-face appointments (CDC, 2020c);
- Encouraging “at-risk” patients (e.g., individuals with comorbidities, older patients, individuals at risk for respiratory complications) to contact the provider if they feel ill (CDC, 2020c);

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The author reports no conflicts of interest.

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DOI: 10.1097/PSN.0000000000000329

- Developing a procedure for payment that promotes social distancing and mitigates exposure to potential pathogens (CDC, 2020c);
- Communicating with patients about the initiatives that have been implemented for their safety (ASPS, 2020); and
- Developing policies and procedures based on current CDC guidelines for preventing transmission of COVID-19 (ACS et al., 2020; ASPS, 2020; CDC, 2020c). Policies and procedures may include the following:
 - Screening all individuals for fever before entry into the facility (CDC, 2020c);
 - Requiring patients and visitors to wear a face mask that covers nose and mouth while inside the facility (CDC, 2020c);
 - Restricting the number of patient visitors and individuals who accompany them to appointments, including children (CDC, 2020c);
 - Arranging facility seating to promote social distancing of at least 6 ft (Centers for Medicare & Medicaid Services, 2020);
 - Installing partitions or physical barriers to promote social distancing and control patient exposure (CDC, 2020c);
 - Removing self-service hospitality stations from facility waiting rooms (ASPS, 2020); and
 - Ensuring all treatment areas are regularly cleaned with hospital-grade disinfectants (CDC, 2020c).

Implementing current evidence and research findings into plastic and aesthetic nursing practice is consistent with the mission of ISPAN. COVID-19 is spread from person-to-person, mainly through respiratory droplets produced when an infected person coughs, sneezes, or talks and by contact with contaminated surfaces (CDC, 2020b). The transmission of COVID-19 can be slowed with techniques such as performing effective hand hygiene, practicing social distancing, and developing and educating facility

personnel about identifying, containing, and caring for patients displaying symptoms consistent with COVID-19 (CDC, 2020c).

If you have a question about plastic and aesthetic nursing that you would like to see addressed in the *I Have a Question!* column of *PSN*, please contact Sharon Ann Van Wicklin, Editor-in-Chief, *PSN* at sharonvwrn@ispan.org.

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Disclosure Statement: The authors and planners have disclosed that they have no financial relationships related to this article.

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DOI: 10.1097/PSN.0000000000000344