

LETTER

Safety measures in dermatology help minimize spread of COVID-19

Dear Editor,

Health care providers can do a lot together to help reduce the risk of transmitting coronavirus disease 2019 (COVID-19) within the communities they serve.¹⁻³ As dermatologists, we need to practice effective safety measures as recommended by the World Health Organization (WHO); the Center for Disease Control and Prevention (CDC); the American Academy of Dermatology (AAD); and other local, state, national, and global health organizations while treating our patients amidst the COVID-19 outbreak to reduce the risk of community transmission and protect our patients, partners, and staff.⁴⁻⁷

Disinfection of practice is crucial. The WHO recommends the use of 70% ethyl alcohol to disinfect popular clinical areas between uses and sodium hypochlorite 0.5% to disinfect common surfaces. Common areas should be sanitized between patients and at the end of each day. Such areas include exam room tabletops, countertops, exam beds/tables, doorknobs, exam light buttons and handles, chairs and faucet handles, all bathroom surfaces, countertop surfaces and chairs in the reception area, all surfaces and chairs in the office, and all surfaces and countertops in the lab.

Patients visiting outpatient dermatology clinics and inpatient departments should adhere to proper respiratory hygiene, that is, wear masks covering the nose and mouth areas, and any suspected COVID-19-infected patient or those with any mild respiratory illness should be referred to the respective departments and specialists. If a patient with respiratory symptoms is unable to reschedule, they should be provided with a mask and isolated in an examination room, and staff caring for the patient should be notified. Dermatologists in private practice need to review and reinforce infection control policies in their office and alert colleagues and the public to minimize the risk that arises when a patient with exposure to COVID-19 visits the practice. For all patients, entry points should be limited. Patients should be advised to call from home to make their follow-up appointment and not to stop at the front desk on their way out; this helps making the waiting area less crowded. As per recommendation of the AAD, practices should place additional hand sanitizers and wipes in all populated rooms in the clinic to prevent the spread of the coronavirus. Patients visiting dermatology facilities should not be allowed to take their masks off except for indications of severe facial lesions. Dermatologists and support staff should wear surgical caps, masks, gloves, goggles, and protective suits while at work and take off their personal protective equipment only after their work is over in a designated disposable area.⁸

Since the dermatologist and other office staff could be exposed to viral infections (eg, varicella, human papillomavirus, HIV, measles,

and other viral exanthems) other than COVID-19, this may pose a risk to the staff and immunosuppressed patients attending dermatology facilities, and employees and those concerned should receive appropriate vaccinations and testing to assess their immune status. Pregnant women and women of childbearing age should be particularly cognizant of these protocols and should be advised to visit a health center in case of only an absolute emergency.⁹

Safety measures that need to be stringently undertaken to protect both the patients and staff while working include before and after all patient contact, carrying out proper hand hygiene, that is, washing hands regularly with soap and hot water at least for 20 seconds, especially before eating, after visiting the bathroom, after touching or blowing the nose, sneezing, or coughing.¹⁰ Use of an alcohol-based hand sanitizer with at least 60% to 70% alcohol content should be encouraged in case soap and water are not readily available. Cough etiquette includes mandatory use of a mask, or clean tissue, to cover nose and mouth while coughing or sneezing and appropriate disposal of such after use. Advice to avoid touching the eyes, nose, and mouth with unwashed hands also remains crucial. Minimizing unnecessary scheduling of nonemergent patients in the dermatology facilities and accommodating emergency cases and procedures through appointments along with frequent disinfection of popular clinical areas, as per guidelines provided by WHO and CDC, should help curb the spread of this COVID-19 outbreak.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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