

# COVID-19 Preparedness Plan for Dermatology Consultants

Dermatology Consultants is committed to providing a safe and healthy workplace for all our physicians and staff. To ensure that, we have developed the following Preparedness Plan in response to the COVID-19 pandemic. Physicians, managers and employees are all responsible for implementing this plan. Our goal is to mitigate the potential for transmission of COVID-19 in our workplaces, and that requires full cooperation among everyone. Only through this cooperative effort can we establish and maintain the safety and health of our patients, physicians and staff.

The COVID-19 Preparedness Plan is administered by the Dermatology Consultants Safety Committee and Safety Officer, Julie Cronk, MD, who maintains the overall authority and responsibility for the plan. However, management and workers are equally responsible for supporting, implementing, complying with, and providing recommendations to further improve all aspects of this COVID-19 Preparedness Plan. Dermatology Consultants managers and supervisors have the full support of Dermatology Consultants Board of Directors in enforcing the provisions of this plan.

Staff involvement is essential in developing and implementing a successful COVID-19 Preparedness Plan. We have involved our employees in this process by sending out a survey on April 20, 2020. Through this survey, we have identified many ideas and suggestions to continue to address safety during the COVID-19 pandemic. Staff input has been integrated into our policies including suggestions for social distancing in our waiting rooms, homemade mask-making, curbside pickup for product sales and installation of plexiglass barriers.

Our Preparedness Plan follows Centers for Disease Control and Prevention (CDC) and Minnesota Department of Health (MDH) guideline, federal OSHA standards, Minnesota OSHA standards and Minnesota's executive orders related to COVID-19 and addresses:

- Ensuring sick workers stay home when sick
- Hygiene, source controls and respiratory etiquette;
- engineering and administrative controls for social distancing;
- cleaning, disinfecting and decontamination;
- Drop-off, pick-up and delivery practices and protocols;
- prompt identification and isolation of sick persons;
- communications and training that will be provided to managers and employees; and
- management and supervision necessary to ensure effective implementation of the plan.

Dermatology Consultants has reviewed and incorporated the industry guidance applicable to our business provided by the State of Minnesota for the development of this plan, including the following industry guidance: Personal Care Services (Salons) because Dermatology Consultants employs advanced practice estheticians licensed by the Minnesota Board of Cosmetology. Other conditions and circumstances included in the industry guidance and addressed in the plan that are specific to our business include:

- additional protections and protocols for customers, clients, guests, visitors;
- additional protections and protocols for personal protective equipment (PPE);
- additional protections and protocol for sanitation and hygiene;
- additional protections and protocol for distancing and barriers;
- additional protections and protocols for managing occupancy;
- additional protocols to limit face-to-face interaction; and

- additional protections for receiving or exchanging payment.

## **Ensure sick workers stay home and prompt identification and isolation of sick persons**

Employees have been informed of and encouraged to self-monitor for signs and symptoms of COVID-19. The following policies and procedures are being implemented to assess employee and physician health status prior to entering the workplace and for employees to report when they are sick or experiencing symptoms. In addition to staff screening, patients and visitors are screened 24 hours prior to arrival regarding health status of patient and family members and screened again at check-in.

### **Temperature Monitoring Policy**

All physicians and staff reporting to the office will check their temperature at home before reporting to work. If a fever ( $\geq 100$ ) is present, the individual should not report to work and should contact their supervisor. The staff member will record their temperature in the comment line when clocking in for the day in Paycom. If the individual does not have access to a thermometer at home, temperatures will be taken upon arrival at the office.

### **Staff Illness Policy**

#### ***Stay home if you are sick.***

If you are ill or have a fever, please stay home, limit contact with other people and contact your supervisor.

If you have symptoms of COVID-19 (fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion, runny nose, nausea, vomiting or diarrhea) you will be required to stay home for at least 10 days, and for 3 days with no fever and improvement of respiratory symptoms—whichever is longer. Your fever should be gone for 3 days without using fever-reducing medicine.

For patient-facing staff and physicians, inform your health care provider that you work in a healthcare setting and seek out a COVID-19 diagnostic test. For non patient-facing staff, contact your health care provider to determine next steps.

Emergency Paid Sick Leave, PTO and/or EILP policies may apply to time off for illness.

### **Family Member with Confirmed or Suspected COVID-19**

The following recommendations are intended for health care Employees (HCW) with household contacts or intimate partners suspected to have COVID-19. This information is from the CDC.

- Household/intimate contacts of persons with suspected COVID-19 are advised to limit interactions with the public as much as possible for 14 days after preventive measures are put into place, adhering to social distancing and working from home, if possible. This remains the preferred option for HCW at this time.

- If these limitations to social interaction are not possible, the HCW should take on a non-direct patient care role (e.g., telemedicine, phone triage), when feasible.
- If it remains necessary for the HCW to continue providing direct patient care during this 14 day period, they should:
  - Avoid seeing high-risk patients (e.g., elderly and immunocompromised persons and those with co-morbidities).
  - Practice diligent hand hygiene and wear a facemask at all times.
  - Monitor themselves closely for any new respiratory symptoms associated with COVID-19 (i.e., measured or subjective fever, cough, shortness of breath, OR sore throat), and measure their temperature daily before going to work.
  - Remain at home and notify their supervisor if they develop respiratory symptoms OR have a measured body temperature of  $\geq 100^{\circ}\text{F}$ .
  - If at work when fever or respiratory symptoms develop, the HCW should immediately notify their supervisor and go home.
- The HCW should separate themselves from the ill household member within the home as much as possible.
  - HCWs might consider temporarily moving into alternative accommodation, if feasible, to maintain distance from the ill household member.
- If community transmission becomes widespread, all HCW will be at some risk for exposure to COVID-19, whether in the workplace, at home, or in the community. Instead of 14-day work exclusion for asymptomatic HCW with an ill household member or intimate contact, health care facilities might shift priority to reporting of recognized exposures, regular self-monitoring for fever and respiratory symptoms and refraining from work when ill.

Dermatology Consultants has implemented leave policies that promote employees staying at home when they are sick, when household members are sick, or when required by a health care provider to isolate or quarantine themselves or a member of their household.

## **Emergency Paid Sick Leave Act**

### **Eligibility**

From April 1, 2020 to December 31, 2020, all employees are eligible for the Emergency Paid Sick Leave (“EPSL”).

Full-time employees will receive 80 hours of EPSL. Part-time employees are eligible to receive a prorated amount of EPSL based on the average number of hours that the employee works over a two-week period. In most cases, this will be the employee’s established FTE status. EPSL is immediately available for use by employees for the purposes set forth below, regardless of how long the employee has been employed.

Employees are not eligible for EPSL if furloughed/laid off or not scheduled to work by Dermatology Consultants prior to the FFCRA’s effective date of April 1, 2020. Eligible employees may lose eligibility for EPSL if Dermatology Consultants furloughs or does not schedule the employee. Employees who are currently out on EPSL may also lose eligibility for EPSL if Dermatology Consultants would have furloughed or not scheduled the employee due to a legitimate business need if the employee had not taken leave.

### **Entitlement**

An eligible employee is entitled to use EPSL if the employee is unable to work (or telework) due to a need for leave because:

1. The employee is subject to a federal, state or local quarantine or isolation order related to COVID-19;
2. The employee is advised by health-care provider to self-quarantine due to COVID-19 concerns;
3. The employee is experiencing COVID-19 symptoms and seeking a medical diagnosis;
4. The employee is caring for an individual subject to a federal, state or local quarantine or isolation order or is advised by a health-care provider to self-quarantine due to COVID-19 concerns;
5. The employee is caring for the employee's child if the child's school or place of care is closed or the child's care provider is unavailable due to public health emergency; or
6. The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

Subject to Dermatology Consultants' discretion, employees may request and receive intermittent EPSL if the employee is unable to work or telework due to a need to care for the son or daughter under 18 years of age due to the child's school or place of care being closed, or the child care provider of such son or daughter is unavailable, due to a public health emergency. Intermittent EPSL is not available if the need for leave is for reasons 1-4 or 6 outlined above.

Dermatology Consultants in its discretion may request documentation in support of such leave. Documentation may include but is not limited to: notice from the government, school, or day care website; notice from the government, school, or place of care published in the newspaper; an e-mail from an official of the school, place of care, or child care provider; or medical certification. If an employee is unable to return to work after exhausting their right to EPSL and their COVID-related illness rises to the level of a "serious health condition" under the FMLA, the employee reserves the right to ask for medical certification under Dermatology Consultants' FMLA Policy. Employees are expected to comply with the requirements of Dermatology Consultants' FMLA policy. Failure to provide certification within 15 days of Dermatology Consultants' request may result in a denial of continuation of leave.

### **Payment of EPSL**

EPSL taken for reasons 1-3 will be paid at the employee's regular rate of pay for the number of hours the employee would otherwise be normally scheduled to work. An employee's total payout of EPSL taken for reasons 1-3 is limited to five hundred eleven dollars (\$511) per day and cannot exceed a total of five thousand one hundred ten (\$5,110) per employee.

EPSL taken for reasons 4-6 above will be paid at two-thirds of the employee's regular rate of pay for the number of hours the employee would otherwise be normally scheduled to work. An employee's payout total of EPSL taken for reasons 4-6 is limited to two hundred dollars (\$200) per day and cannot exceed a total of two thousand dollars (\$2,000) per employee.

Paid emergency leave is only available from April 1, 2020, through December 31, 2020, and will not carry over to the following year.

Employees may elect to use existing Dermatology Consultants-provided leave entitlements, such as PTO, to increase employee's pay in excess of the EPSL pay, but must not exceed the employee's regular rate of pay.

## **Prohibited Acts**

Dermatology Consultants will not discharge, discipline, or in any manner discriminate against any employee who takes leave under the FCCRA or who has filed any complaint or instituted any proceeding under or related to the FCCRA.

## **Other**

Dermatology Consultants may exercise its right to deny leave to employees based on the fact that Dermatology Consultants is a “health care provider.” The FFCRA allows employers to exempt individuals on this basis.

For definitions, certification and recertification, designation, and procedure for requesting FMLA, please see Dermatology Consultants’ FMLA Policy.

Employees with questions should consult with Human Resources.

Accommodations for employees with underlying medical conditions have been implemented by placing employees on leave under the FMLA.

Dermatology Consultants has also implemented a policy for informing employees if they have been exposed to a person with COVID-19 at their workplace and requiring them to quarantine for the required amount of time. In addition, a policy has been implemented to protect the privacy of Employees’ health status and health information.

## **Process – Employee or Physician with Confirmed or Suspected COVID-19**

### **If infected:**

1. Report illness to Clinic Manager
2. Clinic Manager will report to HR Manager and CEO
3. CEO and Clinic Manager will consult with Minnesota Department of Health (MDH)
4. MDH will advise on the following:
  - a. Quarantine and return to work of the infected individual
  - b. Risk to anyone with close contact to the infected individual
  - c. Facility cleaning
5. The facility will not close unless advised to do so by MDH
6. Communication will be provided to those at any impacted location while maintaining the privacy of the individual.
7. Emergency Paid Sick Leave, PTO and/or EILP policies will apply.

## **Return to Work Policy for Clinic Staff or Physician with Confirmed or Suspected COVID-19**

### **Symptomatic Health Care Worker (HCW) with suspected or confirmed COVID-19**

- *Symptom-based strategy.* Exclude from work until:

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least 10 days have passed *since symptoms first appeared*
- *Test-based strategy.*
  - *If positive COVID-19 test, follow Minnesota Department of Health and/or individual's health care provider recommendations for quarantine and return to work.*
  - *If negative COVID-19 test, exclude from work until:*
    - Resolution of fever without the use of fever-reducing medications **and**
    - Improvement in respiratory symptoms (e.g., cough, shortness of breath).
    - If HCW had COVID-19 ruled out and has an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis. In many cases this would be 24 hours symptom-free.

### **Health Care Worker with laboratory-confirmed COVID-19 who have not had any symptoms**

- *Time-based strategy.* Exclude from work until:
  - 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the *symptom-based* or *test-based strategy* should be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

Note that detecting viral RNA via PCR does not necessarily mean that infectious virus is present.

Dermatology Consultants will consult with local infectious disease experts when making return to work decisions for individuals who might remain infectious longer than 10 days (e.g., severely immunocompromised).

*After returning to work, HCW should:*

- *Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used by these HCW for source control during this time period while in the facility.*
- *Self-monitor for symptoms, and seek re-evaluation from health care provider if respiratory symptoms recur or worsen*

### **Process - Patient with Confirmed COVID-19**

**If a patient informs Dermatology Consultants that they have tested positive for COVID-19.**

1. Report to Clinic Manager and Physician who saw the patient.
2. Clinic Manager will conduct an investigation into situation including date of visit, physician seen, PPE used, date patient's symptoms started, and interactions with staff.
3. Clinic Manager will complete an Incident Report and forward to applicable parties.
4. Clinic Manager will report incident to CEO, Safety Officer and HR.

5. If the situation warrants further action, CEO, Safety Officer or Physician will consult with Minnesota Department of Health (MDH) Provider Hotline at 651-201-5414.
8. MDH will advise on the following:
  - a. Risk to anyone with close contact to the infected patient
    - i. Close contact will be determined on a case-by-case basis
  - b. If quarantine by staff member or physician is required
  - c. Facility cleaning
9. The clinic facility will not close.
10. Emergency Paid Sick Leave, PTO and/or EILP policies will apply for quarantined staff.

## **Worker Hygiene, Source Controls and Personal Protective Equipment (PPE)**

### **Handwashing**

Basic infection prevention measures are being implemented at our workplaces at all times. Employees are instructed to wash their hands for at least 20 seconds with soap and water frequently throughout the day. Hand sanitizer is readily available in common areas, lobbies and outside patient rooms. All visitors and patients are asked to use the hand sanitizer dispensers available at the entrance to our facilities. Hand sanitizer has 60% or greater alcohol content. Dermatology Consultants clinical staff and physicians follow strict infection control protocols including universal precautions.

### **Respiratory Etiquette**

Employees and visitors are being instructed to cover their mouth and nose with their sleeve or a tissue when coughing or sneezing and to avoid touching their face, in particular their mouth, nose and eyes, with their hands. They should dispose of tissues in the trash and wash or sanitize their hands immediately afterward. Respiratory etiquette will be demonstrated on posters and supported by making tissues and trash receptacles available to all staff and visitors. Signage is posted in all clinic lobbies and throughout office areas. Additional reminders are communicated via email.

### **Source Controls and PPE**

Source control measures are being implemented at our workplaces at all times. Policies are in place for the donning of eye protection, masks, gloves, face shields, goggles and gowns depending on the type of patient encounter.

### **Eye Protection Policy**

All physicians and clinical staff must wear eye protection during all patient encounters.

Eye Protection includes:

1. Goggles or safety glasses that form a seal or wrap around the eye area. **Or**
  - a. Regular eyeglasses are not considered eye protection
2. Face Shield

When wearing an N95 respirator mask, a face shield is required.

Disinfect shields and/or goggles twice daily (at the start of day and mid-day) and if visibly soiled. Disinfect goggles and face shields with a lens cleaning towelette.

## **Face Mask Policy**

Following the recommendations of the Minnesota Department of Health and the Centers for Disease Control, Dermatology Consultants will be following a new face mask policy. All staff and physicians who are in the clinic environment will be given a face mask (surgical mask or procedure mask) to don while at work.

This includes:

- Physicians
- Clinical Staff
- Front Desk; plexiglass barriers have also been installed.

This does not include:

- Path lab staff unless 6 feet of social distancing is impossible
- Staff/physicians in the clinic working in an isolated area like an office or workroom
- Drake staff; staff must maintain social distancing of 6 feet

Face masks should only be changed when they are moist, soiled or difficult to breathe through. Individuals are encouraged to wear their mask for more than one day in order to conserve PPE.

Homemade masks should be worn by staff who do not have direct patient contact, however, they are not considered personal protective equipment (PPE). Homemade masks are intended to help prevent the individual wearing the mask from exposing others, especially if asymptomatic. Homemade masks should be laundered regularly on high heat setting.

### **How to Don Facemask**

1. Perform hand hygiene
2. Grasp mask:
  - a. Pinch procedure mask at the ear loops or
  - b. Grasp upper ties on surgical mask
2. Place over face:
  - a. For medical mask: Secure ear loops behind the ears.
  - b. For surgical mask: Secure upper ties first, behind head. End by securing lower ties behind head.
3. Perform hand hygiene

### **How to Doff Facemask with Intent to Reuse**

1. Perform hand hygiene
2. Remove mask:
  - a. Remove medical mask by holding the ear loops. The front is contaminated, so remove slowly and carefully. Do not let loops touch your face
  - b. Remove surgical mask by untying lower ties FIRST. Untie upper ties last. The front is contaminated, so remove slowly and carefully. Ensure ties do not fall into clean interior side of mask.
3. After removing facemask, visually inspect for contamination, distortion in shape/form. If soiled, torn, or saturated the mask should be discarded.



4. If the facemask is NOT visibly soiled, torn, or saturated, carefully fold so that the outer surface is held inward and against itself. The folded mask can be stored between uses in a clean sealable paper bag or breathable container.
5. Perform hand hygiene

### **To Re-Don Mask**

1. Perform hand hygiene
2. Grasp used mask:
  - a. Pinch procedure mask at the ear loops or
  - b. Grasp upper ties on surgical mask
3. Place over face:
  - a. For medical mask: Secure ear loops behind the ears.
  - b. For surgical mask: Secure upper ties first, behind head. End by securing lower ties behind head.
4. Remove gloves and perform hand hygiene

### **N95 Respirator Policy**

A physicians and/or staff member must don an N95 respirator mask if performing or assisting in the following procedures:

- Mohs, surgery or biopsy of lips, nostrils, canthus
- Other procedures, both medical and cosmetic, on or near mucosal membranes
- Lip filler
- CORE laser
- Fraxel laser
- Gentle Max Pro laser
- Pronox
- Zimmer

Before donning an N95 respirator mask, the individual must be properly fit-tested with the same brand/type of respirator mask. If a different brand/type of respirator is to be worn, the individual must undergo fit-testing for that mask type before using i.e. 3M 8200 vs. 3M 8210.

Guidelines for N95 use:

- Only a single person may wear a respirator; do not share.
- Wear the respirator a maximum of 5 days or 40 hours.
- Discard any respirator that is obviously damaged or becomes hard to breathe through.
- Conduct a seal check each time the respirator mask is donned.
  - This video explains how to properly perform a seal check:  
<https://www.youtube.com/watch?v=pGXiUyAoEd8>
- Follow established guidelines for safely labeling and storing your respirator in between uses so it does not become damaged or deformed.
- Follow the manufacturer's user instructions.
- Do not wear makeup or heavy moisturizers.
- Ensure you are clean-shaven.
- Wear a shield over the mask.

- Don't touch the inside of the mask.

### **Putting on (Donning) your Respirator Mask:**

[https://www.cdc.gov/vhf/ebola/hcp/ppe-training/n95respirator\\_gown/donning\\_09.html](https://www.cdc.gov/vhf/ebola/hcp/ppe-training/n95respirator_gown/donning_09.html)

1. Clean hands with soap and water.
2. Put on clean (non-sterile) gloves.
3. Inspect the respirator for physical damage before putting on
  - a. Do the straps still provide enough tension to seal the face? Not too stretched out.
  - b. Is the nosepiece or other fit enhancements in working condition?
4. Hold the respirator in the palm of your hand with the straps facing the floor.
5. Place the respirator on your face covering your nose and mouth.
6. Pull the bottom strap up and over the top of your head and put it behind your head below your ears.
7. Take the upper strap and put it behind your head towards the crown of your head.
8. Mold the nose piece of your respirator over the bridge of your nose to obtain a tight seal.
9. Perform a seal check.
  - a. This video explains how to properly perform a seal check:  
<https://www.youtube.com/watch?v=pGXiUyAoEd8>
10. Make any adjustments to ensure the respirator is sitting comfortably on your face with a good seal.
11. Discard gloves.

### **Removing (Doffing) your Respirator Mask:**

[https://www.cdc.gov/vhf/ebola/hcp/ppe-training/n95respirator\\_gown/doffing\\_17.html](https://www.cdc.gov/vhf/ebola/hcp/ppe-training/n95respirator_gown/doffing_17.html)

1. Clean hands with soap and water.
2. Put on clean (non-sterile) gloves.
3. Do not touch the front of the respirator.
4. Tilt your head forward.
5. Use two hands to grab the bottom strap. Pull to the sides and then over your head.
6. Use both hands to grab the upper strap. Pull to the sides and then over your head.
7. Keep tension on the upper strap as you remove it which will let the mask fall forward.
8. If reusing, place the respirator in a paper bag and follow the labeling and storage guidelines.
9. If not reusing, discard mask.

### **Labeling and Storage:**

- Mark your name on the straps of your respirator.
- Write your name on your paper bag. Label the sides of the bag as "front" and "back."
- Place your respirator in a paper bag, hanging the straps over the bag handle. Ensure the front of your mask faces the same direction inside the bag each time.
- Keep a tally on your bag of how many days you have used the mask.
- The top of the bag should remain open.

### **Best Practices to Reduce Contact Transmission:**

When wearing an N95 respirator, the primary risk to exposure is due to contact transmission i.e. touching the outside of the mask and then touching your eyes, nose or mouth. A study found that nurses averaged 25 touches per shift to their face, eyes or N95 respirator during extended use.

Take the following steps to reduce contact transmission:

- Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
- Discard N95 respirators following close contact with any patient co-infected with an infectious disease requiring contact precautions.
- Use a cleanable face shield over an N95 respirator to reduce surface contamination of the respirator. Or wear a homemade mask or surgical mask over the N95 to reduce surface contamination.
- Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified. Storage containers should be disposed of or cleaned regularly.
- Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).
- Use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.

## Social distancing

Social distancing is being implemented in the workplace through the following engineering and administrative controls:

- offering electronic patient visits including teledermatology and video visits
- telework is available depending on the position and ability to perform tasks remotely
- prioritized elective procedures in accordance with Minnesota Executive Order 20-51
- meetings are held over the phone or virtually
- staff are to maintain six feet of distance between them
- face-to-face conversations are reduced by using phone and email to communicate when possible
- increased distance between employee workstations and cubicles by relocating staff throughout the administrative office
- implemented a policy to allow high risk patients to check in for their appointment from their vehicle in order to minimize contact with the public, bypass any lines and avoid the lobby
- plexiglass barriers (“sneeze guards”) have been installed at the clinic front desk reception area to protect patient and staff during check-in
- chairs have been spread out or removed in the patient waiting rooms to allow for social distancing
- all staff, physicians, patients and visitors must wear masks, bandanas or scarves
- patients cannot bring additional individuals with them to their appointments unless it is a caregiver, guardian or interpreter
- all staff, physicians, patients and visitors must undergo a temperature screening upon arrival
- staff and visitors are prohibited from gathering in groups and confined areas, including elevators and breakrooms

- signage is posted at the entrance and on the floor (dots) in the clinic lobby areas informing people to maintain 6 feet of social distance
- adjustment to surgical schedules to allow more time between patients
- limiting of non-essential services
- meals brought in by outside visitors have ceased
- attendance at large meetings or conferences has ceased
- business travel has ceased

## **Workplace building and ventilation protocols**

Dermatology Consultants has worked closely with the building owners and property management companies for our various offices to assess building systems including water, sanitation, plumbing, electrical, pest control and HVAC systems.

At our Eagan and St. Paul clinic locations, we increased the outdoor air the system is using from 5% to 10% in early March, and set the RTUs in offices that did not close to 24/7 (there are no setbacks on your unit, it never idles). We upgraded the RTU air filters from a 9 to a 13 to catch as many airborne particles as possible. We had our HVAC contractors do an airflow analysis to ensure that we are changing over air appropriately in our Trane rooftops. On a day with normal air demand, it will be around 3 times an hour. On a warmer day with more demand, that could increase to as much as 5 turnovers an hour.

At our Woodbury location, the filters were upgraded to MERV-13. The outside air exchange was increased from 10% to 15%.

At our Vadnais Heights location, all filters and belts were replaced and bearings greased by Clem the week of May 18, 2020. MERV-8 is currently in use and is recommended by building management as the system was never shut down and the filters were recently replaced. We are exploring options to address the overhead air vent in the esthetician room.

At our Drake Administrative Office we are bringing as much fresh air as possible into the building when it is not humid outside. We are changing air filters on a quarterly basis as recommended by the HVAC vendor. We are encouraging staff to open windows as weather allows.

## **Workplace Cleaning and Sanitation**

Regular housekeeping practices are being implemented, including routine sanitizing of the workplace and frequent sanitizing of high-touch areas, such as phones, keyboards, counters, chairs, door handles, railings, copy machines, etc.. Workers will not share personal equipment or tools. Practices include regular cleaning and disinfecting of work surfaces, equipment, tools and machinery, patient rooms, lobbies, and other areas in the work environment, including restrooms, breakrooms and meeting rooms.

As always, Dermatology Consultants follows strict infection control, housekeeping and sanitation practices in accordance with our Exposure Control Plan, legal requirements and clinical best practices.

Appropriate and effective cleaning and disinfectant supplies have been purchased and are available for use in accordance with product labels, safety data sheets and manufacturer specifications, and are being used with required personal protective equipment for the product.

Regular housekeeping practices are being implemented, including routine cleaning and disinfecting of work surfaces, equipment, tools and machinery, patient rooms, lobbies, and other areas in the work environment, including restrooms, breakrooms and meeting rooms. Frequent cleaning and disinfecting will be conducted in high-touch areas, such as phones, keyboards, counters, chairs, door handles, railings, copy machines, etc.

At the Drake Administrative Office, common areas are cleaned daily. A bleach/water spray cleaner is provided for staff to clean their workstation. The building cleaning crew is cleaning the office weekly including trash removal, vacuuming and mopping. Restrooms and commons areas and elevators in the building are cleaned at least daily.

At the clinic locations, the front desk counter and lobby area is cleaned and disinfected multiple times daily. Patient areas are cleaned and disinfected according to Dermatology Consultants Patient Room Cleaning protocol. Building cleaning crews or internal staff continue to clean the office as normal including trash removal, vacuuming and mopping.

In accordance with salon industry guidance, estheticians will be provided with additional time between patients to thoroughly sanitize the room, their PPE supplies and equipment.

Instruments and tools are disinfected and sanitized according to infection control standards. Cavicide, other sanitizing chemicals and autoclave equipment are used. All estheticians and clinical staff will follow the Patient Room Cleaning protocol.

## **Patient Room Cleaning**

**POLICY:** Dermatology Consultants clinical assistants are responsible for the cleaning and sanitizing of patient rooms between patients, at the end of each day and each month.

**PURPOSE:** To help prevent the spread of disease and infection

**RESPONSIBILITY:** Clinical Assistants

**PROCEDURE:** Room cleaning protocol between patients

1. After each patient visit the clinical assistant is to put on clean gloves.
2. If exam table was used, table paper is to be torn off at the top of the exam table.
3. Sani-cloths should be used to wipe down the exam table, the chair, counter tops and door knob.
  - a. If there is blood or any bodily fluid left behind it should be wiped up with a paper towel and then cleaned with a Sani-wipe and left to air dry for 3 minutes.
  - b. If a biopsy is done in the room the mayo stand/biopsy tray should be cleaned off by removing everything from the tray, replace poly-back towel, gloves, gauze, alcohol wipes, blade, Drysol and bandages. Only place supplies you need; any unused supplies will be discarded.
  - c. Wipe down counters.

- d. If there is any blood or bodily fluid on the pillow, the pillow case should be removed and the pillow is to be wiped down with a Sani-cloth and a new pillow case should be put on the pillow.
4. If exam table was used, table paper should be pulled down over the table after it has dried.
5. Survey the floor and remove any debris such as skin flaking, bandage wrappers, cautery tip covers, gown lint, ice melt salt, dirt/mud, etc.
6. Compact or change the garbage bag if needed

**PROCEDURE: End of day patient room cleaning**

1. The clinical assistant is to put on gloves.
2. Wipe down every surface in the room (including: exam table, counters, light switches, facial tissue boxes, chairs, desk, door knobs, sink, cabinet handles and liquid nitrogen cans) with a Sani-cloth.
3. Let the room air dry overnight.

**PROCEDURE: Monthly patient room cleaning**

1. Once each month the clinical assistant should apply gloves and a yellow gown.
2. Bleach should be diluted (1:10 ratio) with warm water.
3. The entire room should be wiped down. This includes:
  - a. Removing everything from desk and wiping desk, hyfrecator cords, light switches, top of exam lights, chairs, wood on wall behind chair, tops of cabinets, cabinet doors, sink, under exam tables, window ledges and any other surface area in the patient room.

## **What patients and visitors can do to minimize transmission of COVID-19**

Patients are screened 24 hours prior to arrival regarding health status of patient and family members and screened again at check-in. Magazines have been removed from all waiting rooms and patient rooms to limit items being touched.

Guidelines for those seeking care at Dermatology Consultants:

- Patients must wear a mask, scarf, or bandana before entering a Dermatology Consultants clinic. Unfortunately, we do not have extra medical-grade masks to provide you. Homemade masks will be provided if available.
- If you have symptoms of COVID-19 OR are in direct contact with anyone who has these symptoms, do NOT report to Dermatology Consultants, and instead please call your Primary Care Provider.
- For the safety of all, we are not allowing visitors or additional individuals to accompany you to your appointment with the exception of a caregiver, parent/guardian or interpreter.
- Prior to entry into the clinic, you will undergo a temperature screening and additional screening of symptoms
- Upon entry of our clinic, please sanitize your hands using the provided sanitizer prior to going to the check-in desk.

## **Additional protections and protocols for receiving and exchanging payment**

Plexiglass barriers (“sneeze guards”) have been installed at the front desk reception area to protect patient and staff during check-in and check-out and payment processing. We are looking into contactless payment options. Collection of payment over the phone is possible and will be used when needed.

## **Additional protections and protocols for managing occupancy**

Dermatology Consultants employs estheticians within our practice. In accordance with salon industry guidance, each esthetician is provided a dedicated room to perform services. Only one patient is receiving services at any given time in the esthetician room to maintain occupancy standards.

Lobby volumes are actively monitored to ensure social distancing. Chairs have been removed to allow more space between people. When capacity is reached, patients are asked to wait outside or in their vehicle before entering the office. Services are provided by appointment only. For the safety of all, we are not allowing visitors or additional individuals to accompany patients to their appointment with the exception of a caregiver, parent/guardian or interpreter. We encourage patients at “high risk” to postpone esthetician, cosmetic or other non-essential services.

A staff member provides screening before entry into all of our offices. This individual ensures that all visitors wear masks and undergo a temperature screening. Additionally they inquire about COVID-19 symptoms for the individual and their family and advise those experiencing symptoms to not enter the office for their appointment.

Dermatology Consultants’ safety protocols and COVID-19 precautions have been shared with current and potential patients via our website at [www.dermatologyconsultants.com](http://www.dermatologyconsultants.com) and email newsletters. Emails have been sent to all patients on 3/22/20, 4/9/20, 5/7/20, 5/19/20 and 6/16/20. Ongoing communication will be provided as circumstances change via our website, email and social media.

All patients provide contact information as part of the standard check-in and scheduling process. We will contact patients as necessary regarding potential exposure to COVID-19.

We will allow extra time between esthetician appointments for proper disinfecting and cleaning.

In accordance with salon industry guidance, during esthetician appointments, workers will communicate protective measures taken to minimize the spread of COVID-19 to both educate and inform clients on the role in protecting everyone.

Signage displayed at entrances and in lobby areas indicates the following:

- Do not enter if you are experiencing symptoms
- Facial coverings are required
- Use the hand sanitizer provided before approaching the front desk check-in

## **Additional protections and protocols to limit face-to-face interactions**

Virtual visits are offered to patients for a variety of appointment types.

Patients are required to wear facial coverings at all times unless their appointment requires that the covering be removed. If patients do not have a facial covering, homemade masks will be provided if available. A patient refusing to wear a mask will be denied entry. In the case of esthetician appointments, Dermatology Consultants

complies with salon industry guidance: patient services where the removal of the patient's face covering is necessary, the esthetician will wear a mask and face shield. Due to increased risk, the following esthetician services will not be performed at this time: laser hair removal, the use of fans, procedures involving the lips and nares.

## **Additional protection and protocols for distancing and barriers**

Hand sanitizer is available at the entrance, at the check-in desk and outside each patient room. Signage is posted at the entrance and on the floor (dots) in the clinic lobby areas informing people to maintain 6 feet of social distance. Chairs have been spread out or removed in the patient waiting rooms to allow for social distancing. Plexiglass barriers ("sneeze guards") have been installed at the front desk reception area to protect patient and staff during check-in and check-out. Products are displayed in a locked glass case or stored behind the reception desk. All tester products have been removed. Product returns are not accepted.

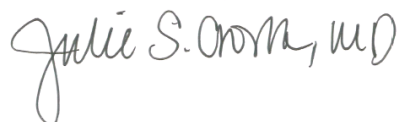
## **Drop-off, pick-up and delivery practices and protocols**

Dermatology Consultants implemented curbside pickup for all retail products including skin care products. Customers may place the order over the phone and provide payment over the phone. Home delivery options are available with online ordering for select products.

## **Communications and training**

In addition to normal communication channels, Dermatology Consultants has created an Employee Information webpage where frequent updates related to Coronavirus are posted. All employees have access from both the office and from home. This Preparedness Plan was communicated to all staff and physicians on 6/29/2020. It was communicated via email and posted on Dermatology Consultants' AllDerm network drive, NetLearning learning management system and its employee information webpage. Necessary training is provided on an ongoing basis by the employee's supervisor. Managers and supervisors are to monitor how effective the program has been implemented by conducting walk-throughs. Management and staff are to work through this new program together and update the plan, along with any training as necessary. This Preparedness Plan has been certified by Dermatology Consultants management and physicians.

Certified by:

A handwritten signature in black ink that reads "Julie S. Cronk, MD". The signature is written in a cursive, flowing style.

**Julie Cronk, MD, Safety Officer**