



COVID-19 PROTOCOL

- Booking will be made via the telephone, electronically or an online booking system.
- Patient Covid-19 Pre- Appointment wellness questionnaire will be sent electronically.
- Pre-Consultation Medical questionnaire and consent forms will be sent electronically. Understanding and receipt should be acknowledged and returned electronically. The same electronic medical questionnaire and consent forms will then be signed upon arrival in clinic using the disinfected clinic iPad if this hasn't been done before (new patients).
- Questions regarding the procedure should be communicated prior to appointment to reduce time and exposure in clinic.
- Patients are advised that in the absence of returning their completed questionnaires their treatment may be delayed.
- Treatment Information leaflets will be sent electronically as per usual.
- Bravo Medical Aesthetics continue to offer online virtual consultations using GDPR protected software.
- We are a paperless practice.
- Appointments will be arranged to allow for adequate spacing between patients in order for sanitisation of the treatment rooms and other areas.
- Appointments will be staggered ensuring patients are not waiting or crossing in the reception area.
- Appointments will be based on treatment booked in order not to overrun or perform additional unscheduled treatments.
- No walk-in patients. Only patients with pre-booked appointment will be allowed into the clinic
- No friends, family or children allowed to accompany patients during the pandemic.
- Ordering, prescription and purchase of cosmeceutical products will be done electronically and be posted out to patients' residential addresses. No collection allowed during the pandemic.
- Please DO NOT arrive before the appointment time. Should you arrive earlier than your appointment time, please wait in your car until your allocated time slot. Use of the waiting area and reception is not permitted during the pandemic.
- On arrival, please ring the video doorbell and wait to be let in. Or send us a text upon arrival and we will respond once the clinic has been fully disinfected.
- On arrival, you must use a hand sanitizer, or wash their hands with liquid soap in the toilet.
- Unless your treatment involves the peri-oral (around the mouth) or nasal (nose) areas, please wear your mask prior to coming in to clinic for additional protection.
- Please do not attend appointment with shopping or excess belongings.
- We will adhere to the "no handshake" / "physical contact greeting" policy.
- Temperature screen using a non-touch thermometers will be used upon arrival.
- Patients with a temperature over 37.3°C upon arrival in clinic will have to be cancelled and reschedule.

- Please be advised that a normal temperature does not preclude the risk and may be masked.
- Please DO NOT attend if feeling unwell, has members of household unwell, has a temperature or any other symptoms of Covid-19.
- We will be adopting a 15-day restriction on treating patients who have travelled overseas, across the UK or have attended an event.
- Whilst it may be difficult to accurately assess the Air Change Rate in between appointments, please be reassured that our BMA clinics will maintain adequate ventilation at all times.
- We will have to omit the use of comfort blankets during the pandemic and only a couch roll will be used. Should you feel cold during the treatment, please let your practitioner know and we will do our best to keep you warm using disposable materials only.
- Kindly refrain from touching leaflets / posters if you are not intending to take one with you. BMA will minimise materials and product sales in clinic.
- There will be a Covid-19 consent form to be signed electronically in addition to your treatment consent form.
- A face to face review or follow up appointment may not be possible if either practitioner or patient needs to self isolate or if there is a further lockdown.
- Pre-payment via BACS or a remote payment link is preferable. Should patients require card payment, please be reassured that our card terminal machines are disinfected in between use.
- Full PPE will be worn by the practitioner at all times using the Donning and Doffing and Infection Control policy.
- Be reassured that door handles, all clinical and non-clinical surfaces, and the toilet will also be decontaminated every after patient so please bear with us should there be a delay in between appointments.

The following treatments are currently considered higher risk due to the possibility of creating plume, spray or aerosol. Therefore we may have refrain from offering these treatments until such time that safety can be assured:

- Microdermabrasion
- PRP - platelet rich plasma
- Co2 laser resurfacing and other ablative devices
- PlexR and other plasma sublimation devices
- Other treatments which may create airborne particles

In addition, please be advised that delayed reactions after facial hyaluronic injection treatments are known and has always been included in our dermal fillers consent forms. Their cause may be infectious or immune-mediated in origin, and their outbreak can be triggered, for example, by influenza-like illness.



PRE - APPOINTMENT WELLNESS SCREENING CHECKLIST

Patient Name _____ DOB _____

SYMPTOM CHECK:

1. Have you experienced ANY of the following symptoms within the last 14 days?

- Temperature of feeling feverish YES NO
- New cough YES NO
- Sore throat YES NO
- Shortness of breath YES NO
- Flu-like symptoms such as fatigue, headache YES NO
- Nausea or Diarrhoea YES NO
- Chills or shivering YES NO
- Muscle pains or rash YES NO
- Loss of taste OR smell YES NO

2. Have you been diagnosed or suspected of having COVID-19? YES NO

- Have you had a throat and nasal swab? YES NO
- Did you test Positive or Negative? YES NO
- Date Of Test _____
- Have you had an antibody blood test? YES NO
- Was it Positive or Negative? YES NO
- Date of Test _____

FAMILY AND CLOSE CONTACTS:

1. Are any of your family members or immediate/close contacts currently sick or experiencing:

- Fever, Cough, Shortness of breath or Flu-like symptoms?
YES NO
- Sore throat, Muscle aches, Fatigue, Nausea & Diarrhoea?
YES NO

2. Have any of your family members or immediate/close contacts been diagnosed with COVID-19?

- YES NO
- If yes, when? _____

RECENT TRAVEL:

1. Have you recently travelled internationally, travelled within the UK or attended a public event in the last 15 days?

- YES NO
- If yes, where and when?

2. Has any of your family or close contacts recently travelled internationally, travelled within UK or attended an event in the last 15 days?

- YES NO
- If yes, where and when?

PATIENT NAME (PRINT) _____

PATIENT SIGNATURE: _____ **DATE** _____



Additional Patient Consent for Treatment During COVID-19 Pandemic

I _____ (patient name) understand that I am opting for an elective medical consultation/treatment/procedure.

I understand that the novel coronavirus, the World Health Organization has declared COVID-19, a worldwide pandemic and that COVID-19 is extremely contagious and is believed to spread by person-to-person contact; and, as a result, social distancing is recommended. This is not entirely possible with my proposed treatment, however, I am satisfied that safety measures are in place to minimise risk as much as possible, and patient contact will be kept to an absolute minimum in line with medical need. _____ (initials)

I understand the Management and Clinical Staff are closely monitoring the COVID-19 situation and have put in place reasonable preventative measures aimed to reduce the spread of COVID-19.

However, given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding with treatment. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this elective consultation/medical treatment/procedure, and I give my express permission to proceed. _____ (initials)

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. I understand that COVID-19 can cause additional health risks, some of which may not currently be known at this time, in addition to those risks associated with the medical consultation/ treatment/procedure itself. _____ (initials)

I have been given the option to defer my medical consultation/treatment/procedure to a later date.

However, I understand all the potential risks, including but not limited to the potential short-term and long-term complications related to COVID-19, and I would like to proceed with my desired medical treatment/procedure _____ (initials)

I confirm that I am not presenting with any of the following symptoms of COVID-19 listed below:

- Fever
- Shortness of Breath
- Loss of Sense of Taste or Smell
- Dry Cough
- Runny Nose
- Sore Throat
- _____ (Initials)

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. I confirm that I have not travelled in the past 15 days _____ (initials)

I confirm that if I develop COVID-19 symptoms following my medical consultation/treatment/procedure or a known contact of mine develops symptoms, I will immediately inform the practitioner to enable appropriate measures to be put in place and contact tracing to commence _____ (initials)

Patient name **Signature** **Date**

Clinician name **Signature** **Date**

