

COVID-19 PRACTICE MANAGEMENT & OPERATIONS



Clinical Service Provision

*This guidance is current as of **20 April 2020** and is subject to change. College guidance can be followed to suit individual circumstances and accordingly, some variation in practice is acceptable. Fellows are advised to always refer to government recommendations.*

Visit <https://www.dermcoll.edu.au/covid19updates/> for the latest version of this document.

Continuity of Care

- **Continue** as you would do normally for serious cutaneous disease/skin cancer category 1 or urgent category 2 by either face to face consultation or via telehealth platforms. For telehealth, it is recommended where possible that you use a platform with secure private connections such as end to end encryption. There may be a need to defer stable disease cases; consider a doing a phone consultation. Encourage patients to inform you if they are concerned their condition is deteriorating – consider a telehealth consult.
- **Monitor** as you would do normally, however, you may need a mechanism for reviewing results or tests and clinical outcome if you're not consulting. The standard of care should remain the same where possible, however, delivery may need to be flexible.
- **Prescriptions** should be faxed/emailed to pharmacies and blood tests should be faxed/emailed to lab collection sites if possible. Notify patients and confirm you have correct pharmacy/collection site. Read the Department of Health website for the specific and up-to-date requirements for electronic prescribing.
- **Letters** to GPs should be managed in the same way. If you are asking for action, confirm the practice is open and operating.
- **Referrals** to other specialists may need telephone follow up as their triage may have changed, especially if you are asking for review. Also consider the availability of resources across private and public settings.
- **Phototherapy.** The benefits and risks of providing phototherapy should be thoroughly considered, taking account of each patient's situation. It is recommended that discussion regarding special precautions and potential risks during this time should occur with each patient. Consideration should be given to patient bookings and flow to minimise patient contact time with staff and other patients. Care with disinfection routines of surfaces and handles, and any reusable equipment such as goggles and face masks, in the phototherapy environment between treatments should occur. Staff tasked with cleaning responsibilities are advised to time their cleaning to occur just prior to the next patient entering the cabinet, rather than immediately after the patient has exited.
- **Immunosuppressive and biologics medications.** Reassurance and advice should be given regarding medications especially biologics, methotrexate, prednisolone etc. on basis of expert advice/guidelines.
- **Important Role:** Be an advocate for policy: hand washing, general hygiene, social distancing, home isolation measures – see [link](#)

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Further information

Telehealth – see [link](#).

Triage and Categorisation – see [link](#)