

COVID-19 (Coronavirus)



THE AUSTRALASIAN COLLEGE
OF DERMATOLOGISTS

Categorisation of dermatology patients for consultations and surgery in the ambulatory setting

*This guidance is current as of **19 November 2020** and is subject to change. College guidance can be adapted 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.

Please note

- **This document considers categorisation of patients as this applies to dermatology practice.**
- All decisions around clinical urgency need to be determined on an individual patient basis taking into consideration patient, practice, clinician factors and government enforced guidelines and/or policies.

Please consider

- Telehealth as an adjunct to allow better triaging/initial management of referrals and aiding the clinician to decide which patients need to present in person for management.
- Risk to patients associated with attending your clinic.
- Encouraging elderly and immunosuppressed to stay home and use telehealth

Clinic consultations - considering inflammatory skin disease and skin cancer screening

Category 1

- Suspected melanoma, clinical history of ulcerated/growing/changing lesions, severe skin infections, severe unstable dermatoses, severe skin disease through itch/pain causing distress and preventing work/ADLs.
- Examples (include but are not restricted to) severe drug eruptions, cutaneous lymphoma, melanoma, invasive SCC head and neck, infiltrating BCC head and neck, severe psoriasis and atopic dermatitis, pyoderma gangrenosum, hidradenitis suppurativa, severe cystic scarring recalcitrant acne, severe urticaria, cutaneous lupus, severe pemphigoid and pemphigus.

Category 2

- Superficial/non high-risk SCCs/BCCs, moderate inflammatory skin disease including psoriasis and atopic dermatitis, moderate acne, vitiligo, alopecia areata/totalis/universalis; scarring alopecias.

Category 3

- Benign tumours, actinic keratosis/actinic field damage, most warts, most fungal infections, mild localised inflammatory skin conditions not significantly impacting work/ADLs, hair loss, nail dystrophy (excluding tumours), cosmetic conditions.

Surgery

- As per directive to private hospitals:
 - **Category 1** - clinically indicated should be done < **30 days**
 - **Category 2** - clinically indicated should be done < **90 days**
 - **Category 3** - clinically indicated should be done < **365 days**
- Additional care should be taken due to higher risk transmission of COVID with procedures on face, especially around/on mucosal surfaces, eyes, nose, mouth. These sites will have increased risk of virus transmission especially if electrocautery/diathermy is used. Consider delay or ensuring appropriate PPE.
- Per National Elective Surgery Categorisation Guidelines all skin malignancy is Category 1. These guidelines were developed for Plastic Surgery and are not specific to Dermatology. Clinical judgement on an individual patient basis considering patient risk factors, site and practice set up are needed.
- In public hospital dermatology practice, melanoma and high-risk SCC on head and neck are considered Category 1. Most BCCs and SCCs are Category 2, however factors relating to patient, site, histopathological subtype and practice set up will contribute to individual clinical decisions.
- Most cosmetic work is considered Category 3, however individual patient needs should be factored in when categorising cosmetic procedures.