



PHILIPPINE DERMATOLOGICAL SOCIETY PHOTODERMATOLOGY SUBSPECIALTY CORE GROUP

POST-QUARANTINE GUIDELINES FOR PHOTOTHERAPY CENTERS

As a general rule, risks and benefits of doing phototherapy should be weighed. Once a decision to start/resume phototherapy has been made, the following will serve as guidelines when operating a phototherapy center. These may be modified as may be deemed fit, depending on the individual needs of the specific phototherapy center.

Generalized phototherapy (e.g. narrowband UVB, oral or bath PUVA) and hand/foot phototherapy, where direct contact between the patient and the phototherapy nurse/technician can be minimized, are preferred. The use of targeted phototherapy (e.g. Lumera), especially treatment of facial lesions, should be minimized, or if possible avoided.

General clinic considerations^{1,2}

1. It is recommended that all patients for phototherapy will be scheduled. Walk-ins will only be accepted if there are available time slots, and if they have undergone and passed screening at a preset triage area outside the phototherapy center.
2. Consider limiting the number of patients for treatment in a day. Schedule patients not more than every 30 minutes to allow for disinfection between patients.
3. Prior to confirming appointment, screening for fever and/or COVID-19 symptoms will be done.
4. Prior to entering the phototherapy center, all patients will again be screened for COVID-19 symptoms, and body temperatures will be checked. For phototherapy centers located inside hospitals, this is usually done at designated triage areas at the entrance of said hospitals. For standalone phototherapy centers, a similar triage set up is recommended outside said phototherapy center. If the patient has fever and/or other COVID-19 symptoms, he/she will be denied phototherapy and will be referred to the proper COVID-19 referral unit.
5. Only patients will be allowed to enter the phototherapy center, unless a companion is really required (eg. frail, elderly, disabled, or minor patients). In this case, only one companion is allowed. Screening would also be required of the companion.
6. Hand hygiene must be strictly practised at all times by the patients and the phototherapy center staff. Moments of hand hygiene include, but are not limited to, the following: entry into the phototherapy unit, before and after phototherapy exposure for patients, before and after every patient encounter, after touching high-touch surfaces, and prior to exit from phototherapy center.
7. Disinfection of high-touch surfaces should be done after every patient encounter (e.g. door handles, countertops, changing area, bath tub for bath PUVA, hand/foot machine acrylic top). General cleaning of the phototherapy center is advised at least once daily or whenever required.

8. All patients and companions are required to wear masks at all times. As an added precaution, a disinfectant-soaked foot bath may be placed at the entrance/exit of the phototherapy center. As much as possible, patients should minimize touching things while in the phototherapy center. Where possible, high-touch surfaces can be minimized by leaving doors open and doing away with unnecessary paraphernalia. For pediatric patients, they may be advised to keep their hands in their pockets all the time.

9. Patients should bring their own UV goggles, head cover, male genital protection, arm sleeves and other dark-colored clothing for protection of skin that is not to be exposed. They are also advised to bring a bag to store their goggles and clothing after treatment. They should preferably bring their own ballpen for filling up forms and the like.

10. Social distancing must be practiced inside the phototherapy center at all times. Markers six feet apart may be placed inside the phototherapy center.

11. Where applicable, contactless payments, including pre-payment online, are encouraged.

12. Phototherapy center staff are required to adhere to proper workflow, counseling of patients and documentation to ensure safe phototherapy treatment and enhance patient's compliance, including advising patients on how to properly disinfect their own goggles and clothing.

Considerations for phototherapy treatments

1. Frequency of treatment will be based on the need and severity of the condition. At most, TWICE weekly sessions are recommended as much as possible, unless thrice a week is really necessary.

2. Treatment of the face and neck should be avoided, unless very necessary. Where possible, patients with mild face/neck involvement may be treated with topicals only. This is to ensure that the patient continues to wear a mask inside the phototherapy unit.

3. In cases where targeted phototherapy must be administered, especially of the face,, the patient should have a mask on. The phototherapy nurse/technician should also have on the recommended personal protective equipment (PPE) for non-aerosol generating procedures (goggles/face shield, surgical mask, reusable gown, gloves).²

4. Avoid turning on the fan of the phototherapy unit if possible; if need be, treatment can be fractionated to avoid excessive heat build-up in the unit.

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2. "Reopening your dermatology clinic post-COVID-19 quarantine: PDS interim recommendations." https://pds.org.ph/pds_new/wp-content/uploads/2020/05/Dermatology-Practice-Post-Quarantine_PDS-Recommendations-REV_5.9.2020.pdf. Accessed 04 June 2020.