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FACIAL PLASTIC SURGERY - OTOLARYNGOLOGY - VOICE

## **COVID-19 INFORMED CONSENT FOR OFFICE BASED VISITS & TREATMENTS**

(AS OF JUNE 8, 2020 - SUBJECT TO CHANGE)

OVERVIEW: COVID-19, a worldwide pandemic, according to the World Health Organization, can spread through droplets emitted from coughing, sneezing and/or speaking...

- in asymptomatic carriers
- for up to 14 days after exposure *before* symptoms occur
- for possibly more than 6 weeks after symptoms have resolved
- through aerosolized particles in a room you are in without your mask after someone infected is there without their mask
- whether antibody testing is positive or negative

The risk of COVID-19 increases with exposure meaning that the greater number of virus particles you've been exposed to and the longer you have been in the presence of those particles, the *more likely* you are to be come infected.

RISK: While risk can never be fully eliminated, we will follow guidelines from the AAFPRS (American Academy of Facial Plastic and Reconstructive Surgery), the AAOHNS (American Academy of Otolaryngology, Head and Neck Surgery), the ASPS (American Society of Plastic Surgery), the AMA (American Medical Association) and the CDC (Centers for Disease Control in order to minimize risk in so much as we are able.

## PHASED REOPENING

Phase I – will include **only those visits and procedures in which both patient, physician and staff are able to wear a mask during the duration of the visit**. This will begin and continue *only* in accordance with Governor Cuomo's mandates. We will adhere to the COVID-19 healthy hygiene principles and prevention etiquette:

- All patients will be screened at the time of appointment scheduling.
- All paperwork, billing information, and consents will be submitted to you electronically and they must be returned electronically 48 hours prior to your appointment, or your visit will be rescheduled.
- You will be asked screening questions again 24-48 hours prior to your visit in order to confirm your appointment. Please let us know if you have severe fatigue, fever, chills, nausea, vomiting, diarrhea, muscle aches, headache, cough, shortness of breath, sore throat, loss of taste or smell, nasal congestion and/or unexplained loss of appetite
- If you are a new patient, or you are an existing patient with a new issue, you will be asked to discuss your concerns with Dr. Yagoda via telemedicine prior to your in-office visit to reduce face-to-face contact time.
- Follow-ups after treatments will be conducted via telemedicine when possible.
- Please call us when you are nearby and wait outside until we invite you in.

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- Please arrive alone. If you need to accompany a minor, an elder or someone disabled, please notify us in advance for further instructions. Otherwise, no pets, children or other adults will be allowed to accompany you.
- Please wear a mask to your appointment and for the duration of your appointment. Do not adjust your mask or touch your nose, eyes or mouth.
- Please put your cell phone away and clean your hands with hand sanitizer.
- Your temperature will be taken via non-contact thermometer. If your temperature is 99.5 F or higher, you will be asked to reschedule your visit.
- Please respect the “sneeze shield” at the front desk and maintain social distance.
- You will be escorted to the exam room for your procedure and given an ice pack. Please keep it on your lap and take it with you when you leave. Do not place it on any surfaces in the office.
- All surfaces, chairs, door handles, etc. will be deeply sanitized before, after and between patients. A local HEPA air purifier will be in the exam room along with the HEPA filter in the central AC. Between visits, the exam room window will be opened, the door will be closed, and the room will be left unoccupied for a minimum of 20 minutes to allow for thorough air exchange.
- The staff and I will be wearing full PPE – masks, scrubs, gowns, gloves, shoe covers, hair covers, eye protection, face shields, and we will clean via UV light sanitization, chemical and autoclave sterilization.
- At the end of your visit, you will be able to retrieve your cellphone in order to make payment via a private, contactless payment link.
- We regret to inform you but restrooms will be reserved for staff use only.

Phase II – will include **those visits and procedures in which the patient needs to remove his/her mask for a limited time** while the staff and I continue to wear PPE.

- We will continue to follow all of the guidelines listed under Phase I above.
- We will limit the number of visits that require nasal or vocal endoscopy as these procedures innately generate aerosols and can increase exposure.
- I may additionally wear a PAPR (a powered air purifying respirator).
- Patients will refrain from speaking while their masks are off.

Phase III – all **elective surgeries** will resume with the following special requirements:

- Blood work and medical clearance will be required within 30 days of the surgery.
- PCR COVID-19 testing will be required one week prior to surgery.
- A second COVID-19 (antibody) test will be necessary 48-72 hours prior to surgery.
- Self-isolation is recommended for 48 hours prior to surgery.
- All of the guidelines listed under Phase I will continue to apply.

#### TREATMENTS, PROCEDURES, SURGERY AND COVID-19 RISK

Despite observing precautions, maintaining social distance, wearing masks, and ramping up disinfection efforts, there are inherent risks of exposure to and developing COVID-19 which might require additional tests, extended quarantine, hospitalization, ICU care, and/or ventilator support. There may be other complications and even death. Evidence suggests that there is an increased risk of heart, lung and clotting complications in

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*symptomatic* COVID-19 patients. There may be increased risks for *asymptomatic* or *pre-symptomatic* individuals. Those with cardiac or respiratory conditions, low levels of Vitamin D, diabetes, hypertension, advanced age, immunosuppression and/or obesity are at increased risk.

CONSENT

I have been given the option to defer my treatment/procedure/surgery to a later date, however, I understand the risks, the short and long-term complications, and I would like to proceed with my desired treatment/procedure/surgery. Furthermore, I understand the inherent risks of becoming infected with COVID-19 by virtue of proceeding with an elective treatment/procedure/surgery are real, and that even if I have been tested for COVID-19 and received a negative test result, the test may fail to detect the virus. I also understand that I may have contracted COVID-19 after I was tested. In any event, if I am infected with COVID-19, even if I do not have any symptoms, proceeding with an elective treatment/procedure/surgery can lead to a higher chance of complication and/or death. I have been instructed to provide the hospital with a copy of my Advanced Directives/Living Will and I will appoint a health care proxy in the event that I am not able to speak for myself.

I voluntarily have chosen to accept these risks of elective treatments/procedures/surgery and in proceeding, I also understand that the risk of complications may be significant if I am exposed to or contract COVID-10 after the treatments/procedures/surgery. I vow to take the following precautions during the 14-day period prior to and after my treatments/procedure/surgery:

- I will maintain social distancing
- I will wash my hands frequently and demand the same of my care takers
- I will wear a face mask when I am outside of my home
- I will check my temperature and notify Dr. Yagoda for a fever over 100 F

My signature below denotes that all of my questions have been answered to my satisfaction and that I consent to the visit and treatment/procedure/surgery listed below:

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Description of treatment/procedure/surgery

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|                   |                      |      |
|-------------------|----------------------|------|
| Patient Signature | Patient Printed Name | Date |
|-------------------|----------------------|------|

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| Witness Signature | Witness Printed Name | Date |
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| Physician Signature | Physician Printed Name | Date |
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