**BPG Statement Regarding Phototherapy Services During the Recovery Period of the SARS-CoV-2 Pandemic**

Background: The SARS-CoV-2 pandemic has had a major impact on dermatology services, including phototherapy. Most dermatology departments stopped or greatly reduced phototherapy services during the acute phases of the pandemic and in the recovery period it is now important to safely re-establish these services. Phototherapy/photochemotherapy is an essential core dermatology service and effective and controlled use of such treatments can ensure that some patients will either not end up requiring immunosuppressants or will not need to be admitted for acute flares of disease. Reintroduction and expansion of these services needs to be undertaken safely, taking into account the requirements imposed by the pandemic restrictions, balanced by the successful vaccination programme, in order to ensure that patients with non-COVID-19 diseases do not remain disadvantaged in terms of ensuring optimal effective and safe care.

Plan of action: There are core principles and factors to be considered:

1. Referrals for phototherapy should be triaged, in order to decide on the most appropriate approach for each patient – is phototherapy required and if so which type of phototherapy eg. UVB, PUVA.
2. Case-by-case risk-benefit assessment should be made, accounting for vaccination status, risk of severe COVID-19 disease and benefit/urgency of phototherapy, taking into account practicalities, such as travel needs for attendance.
3. Plan adequate spacing of appointments for social distancing and minimise waiting times, duration of visits, also taking into account the need for cleaning of contact parts of equipment between patients.
4. Attempt to minimise treatment numbers and duration of courses.
5. Keep opening times and staffing under review.
6. Ensure staff are provided with and wearing appropriate personal protective equipment as per local policies (eg. mask/gloves/apron/visor).
7. Patients should wear masks, unless exempt, or receiving treatment to the face.
8. Consider introducing and expansion of the use of home phototherapy.
9. Other options to help with social distancing, such as self-administered phototherapy, could be considered where feasible.
10. Reintroduction of phototherapy will initially be more centralised but to reduce patient travel it will be important for peripheral centres to restart phototherapy when possible.
11. Training requirements: The continued training of junior dermatologists is essential. Trainees require phototherapy experience. During patient visits, attention must be paid to social distancing measures, PPE and ensuring that patient, staff and trainee numbers are kept within reasonable levels in order to adhere to local requirements.
12. This advice is likely to vary as further information and practices evolve and return to more usual levels of activity. Additionally, individual units may be subject to local NHS Trust/Healthboard guidance. Thus, this should be used as a general guide but should be kept under regular review.

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On behalf of the BPG Committee

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