



Podiatrists Board  
of New Zealand

**24 April 2020**

# **Guidelines for Podiatrists for COVID-19 v.1.**

**Alert Level 3**





## Purpose

All Podiatrists have a duty of care to support their patients during the national COVID-19 crisis. To reduce community spread, including to yourself, your staff and your patients, **all nonessential and elective community based primary podiatry treatment remains suspended** until further notice.

The purpose of these guidelines is to clarify the minimum expectations upon practitioners carrying out such treatments in non DHB settings. Specifically: While we are in COVID-19 Alert Level 3.

The Board expect the profession to exercise clinical judgement in applying this guidance, no one will know your patients, your staff or your clinic suitability better than you.

Podiatrists have a duty of care not only directly to their patients but to the wider local and national community. COVID-19 Level 3: Restrict means that it is essential that Podiatrists operate in a way which does not increase the risk of COVID-19 transmission via the provision of podiatry services.

The Board has well established Ethical Codes and Standards of Practice that can assist you in decision making. Please continue to apply such guidance as far as it is practical.

## Guidelines for Podiatrists at COVID-19 Alert Level 3

The Ministry of Health has stated, 'In Alert Level 3 the following guidance remains: 'Virtual appointments should be provided where possible and is the preferred method of service delivery. Face-to-face appointments may be provided for **urgent+essential** care only so long as professionals can take appropriate measures to manage public health.'

Routine podiatry is not permitted under Level 3 alert, this applies to palliative and Musculoskeletal cases. Telehealth will still be used for the majority of patients. This means podiatry clinics cannot reopen their doors to see patients on a 'business as usual' basis.

If you are faced with urgent-care patients, you must adapt your practice to allow enough time between appointments to rebook patients, clean equipment and surfaces before another patient is brought into the clinic. There is more detail in the 'steps to limit transmission' pages. Please remember to keep staffing numbers within the clinic to a minimum. This includes a minimal number of support staff (if any). Establish a plan of how to minimise contacts with multiple patients especially if working at different clinics

If you are seeing a patient in the clinic that meets the **urgent+essential** criteria for an in-person consultation, you must follow the guidelines in this document.



## Guidelines for Podiatrists at COVID-19 Alert Level 3

“Urgent care” for community allied health professionals is defined by the Ministry of Health 22/04/2020 as:

- a condition which is life or limb threatening OR
- treatment required to maintain the basic necessities of life OR
- treatment that cannot be delayed or carried out remotely without risk of significant harm or permanent and/or significant disability AND
- treatment which cannot be delivered by a service which is currently operating or by health professionals that are already in contact with the patient.

**For Podiatrists, this means little has changed from Level 4. The following conditions have been accepted as Urgent+ Essential:**

- Severe and some moderate infections (including osteomyelitis)
- Gas + Dry Gangrene
- SIRS/Sepsis
- Acute + Chronic limb-threatening ischemia
- Worsening Foot Ulcers
- Active Charcot Foot
- Improving/recently healed Foot Ulcer
- Inactive Charcot Foot
- Healed amputation (<60 days)
- Acute infections that are likely to exacerbate systemic medical conditions such as Diabetes
- Management/Assessment of someone who has recently developed redness/swelling/pain and is known to the clinic.
- Management of identified foot pathology that untreated for 30 days/remainder of the Lockdown (whichever is less) could pose a risk to the health status of this person.

Please see the attached Flowchart to aid Triage process.



## **COVID-19 Level 3: Intention to Practice**

**The Ministry of Health has announced that under COVID-19 Alert Level 3 if you do need to see a patient face-to-face you MUST email your details to the Board: [covid19@podiatristsboard.org.nz](mailto:covid19@podiatristsboard.org.nz)**

**Please include the following details:**

**Name:**

**Registration Number:**

**Practice: (Private or Secondary)**

**Practice Address:**

**Best Contact Number During Covid-19 Level 3:**

**Practice Website:**

**Practice Email:**

**The Purpose of this register is to capture the percentage of the profession who are available for essential services treatments, and to have the potential to audit the type of practice carried out during Level 3 to ensure it meets the strict guidelines provided by the Ministry of Health. It may also be used for Contact Tracing purpose by the Ministry of Health.**



## Compulsory Telehealth screening to determine who can be seen where, and by whom?

### 1. Triage all patients by phone first and decide

- Are they a suitable candidate for a telehealth appointment rather than being seen in person?
- Does the patient have whanau support, availability and physical access to telehealth services and do they give informed consent to the telehealth process?
- Is there a provider, already involved in their care, that could see the patient?
- Does the care you need to provide meet the Ministry of Health criteria for **"urgent / essential"** (refer to Telehealth Flowchart)

### 2. If the patient needs an in-person assessment, ask the following Mandatory MoH COVID19 Risk Assessment questions over the telephone first:

- Do you have a confirmed diagnosis of COVID-19?
- Have you or anyone coming in contact with you, had contact with someone with a confirmed diagnosis of COVID-19?
- Are you in contact isolation or been advised that you should be?
- Have you travelled internationally in the last 14 days?
- Do you have any of the following symptoms?
  - a cough
  - a high temperature (at least 38°C)
  - shortness of breath
  - sore throat
  - sneezing and runny nose
  - temporary loss of smell

**If any patient says "Yes" to any COVID-19 Risk questions, then they must only be seen in a hospital setting.**



## Steps to limit transmission for patients seen in community settings.

### Pre-Arrival

- Use Telehealth when possible
- Complete 'Compulsory Screening' (page 6)
- Take as much patient detail as you can over the phone to limit in person contact time with patient.
- Limit points of entry to the practice
- Protect healthcare personnel
- Emphasize hand hygiene
- Limit the numbers of staff providing their care
- Allow ample time for appointments to eliminate interactions between patients.

### Upon arrival and during the visit

- Post visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators) to provide patients and health care practitioners with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette. Instructions should include how to use tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste receptacles, and how and when to perform hand hygiene
- Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand rub (ABHR) with 60-95% alcohol, tissues, and no-touch receptacles for disposal, at healthcare facility entrances, waiting rooms, and patient check-ins.
- Encourage contact-less payment where appropriate



## Waiting Areas

- Avoid having patients use a waiting area if possible (ie ask them to stay in car, and the practitioner goes out to collect them when ready)
- All unnecessary items (e.g., magazines, toys, tables) must be removed from the waiting room and surfaces kept clear and clean.
- Separate waiting room chairs by 2 metres
- Request patients to wash their hands (where facilities allow) or 'hand sanitise' on arrival and departure from the clinic
- Clean surfaces and high-touch surfaces (door handles, chair arms, reception counter etc.) between each patient.

## Personal protective equipment

Select appropriate PPE in accordance with latest Ministry of Health guidelines please [check their website](#) for updates. WHO have also produced a video showing how to correctly fit a face-mask which can be found on [YouTube](#)

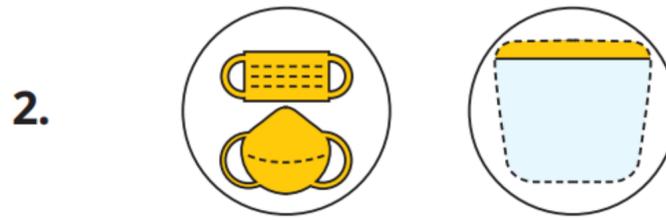
At a minimum, we would expect: Hand Hygiene, Apron (+Sleeve Covers if required)/Gown, Mask, Eye Protection, Gloves.

Disposable PPE is for single use ( as opposed to goggles etc which can be decontaminated). Do not wear watches or other jewellery, nails should be short and clean, skin intact or covered with appropriate waterproof dressing.

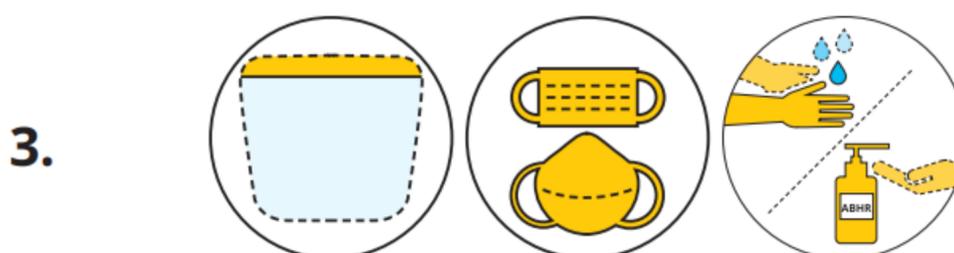
Remove and discard PPE in the following order: gloves, hand hygiene, gown/apron, protective eyewear (if separate from mask), hand hygiene. Perform hand hygiene thoroughly to elbows



## Steps to put on **PPE** safely



## Steps to **remove** PPE safely





## Hand hygiene

Hand hygiene:

- Podiatrists should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.
- Podiatrists should perform hand hygiene by using ABHR with 60-95% alcohol or washing hands and arms (to the elbow) with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR.
- Hand hygiene supplies should be readily available to all personnel in every care location.

## Cleaning and decontamination

- Appropriate PPE should be worn for cleaning down the room - This includes Gowns/Apron, Mask, Gloves.
- Wipe down hard surfaces with detergent and water, then hospital grade disinfectant (or bleach) with activity against respiratory virus, including COVID-19.



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**This document is subject to change and is accurate and up to date as of 22 April 2020.**

**Please check the Ministry of Health Website and the Podiatrists Board of New Zealand Website for the latest Covid - 19 information prior to following the guidance contained in this document.**

**[www.podiatristsboard.org.nz](http://www.podiatristsboard.org.nz)**

**[www.health.govt.nz](http://www.health.govt.nz)**