



Podiatrists Board
of New Zealand

14 April 2020

Guidelines for Podiatrists for COVID-19 v.2.

Alert Level 4



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 is suspended from 23 March 2020 until further notice.

The Ministry of Health recognises that some Podiatry treatments are essential/urgent. 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 4:

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 4: Lockdown 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

The role of primary Podiatry is to triage patients that normally attend their clinic and organise face-to-face sessions for only the most at risk. Primary Podiatry has an important role to play firstly in to prevention of the over-burdening of secondary care Podiatry, Outpatient and ED facilities; and secondly, in the unnecessary exposure of community patients to the hospital setting.

The Ministry of Health recognises that some Podiatry treatments are essential/urgent. Specifically: While we are in COVID-19 Alert Level 4:

- All Secondary (DHB level) Podiatry treatment for urgent care or emergencies which cannot be deferred should continue where possible with appropriate precautions taken. The Board acknowledges that in some parts of New Zealand this care takes place in the community where no Hospital Podiatry Service exists.
- Some Primary (Private/Community based) Podiatry treatment for urgent care or essential podiatry treatments which cannot be deferred should continue where possible. All essential treatment (see below), and relief of pain which cannot be managed by medications, should continue with appropriate precautions taken.

What is “urgent care” and “essential” podiatry treatment?

Patients should have access to podiatry essential triage and should only be seen in person if their pain cannot be controlled by medication, or if they have other co-morbidities that may mask pain and have called with concerns (e.g known peripheral neuropathy) requiring urgent management.

“Urgent care” includes treatment for critical and serious foot conditions:

- Severe and some moderate infections (including osteomyelitis)
- Gas + Dry Gangrene
- SIRS/Sepsis
- Acute + Chronic limb-threatening ischemia
- Worsening Foot Ulcers
- Active Charcot Foot

“Essential Podiatry Treatments” include services for people who have medical conditions that place them at risk of loss of limb e.g. Diabetes, Renal Failure, Peripheral Neuropathy)

- 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 known 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.



COVID-19 Level 4: Intention to Practice.

If you intend to practice during this Level 4 Lockdown, you **MUST** email your details to the Board 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 4:

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 4 to ensure it meets the strict guidelines provided 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

- Is the condition life or limb threatening or can they be safely deferred?
- Are they a suitable candidate for a telehealth appointment rather than being seen in person?
- Is there a provider, already involved in their care, that could see the patient?
- Could they be seen by a DHB Podiatry Team?

2. If the patient needs an in-person assessment, ask the following 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 have any of the following symptoms?
 - Fever
 - Coughing
 - Chills or Body Aches
 - Sore Throat
 - Shortness of Breath
 - High Temperature (>38°C)

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 Telemedicine 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 the use of contact-less payment wherever practical.

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/Gown, Mask, Eye Protection, Gloves.

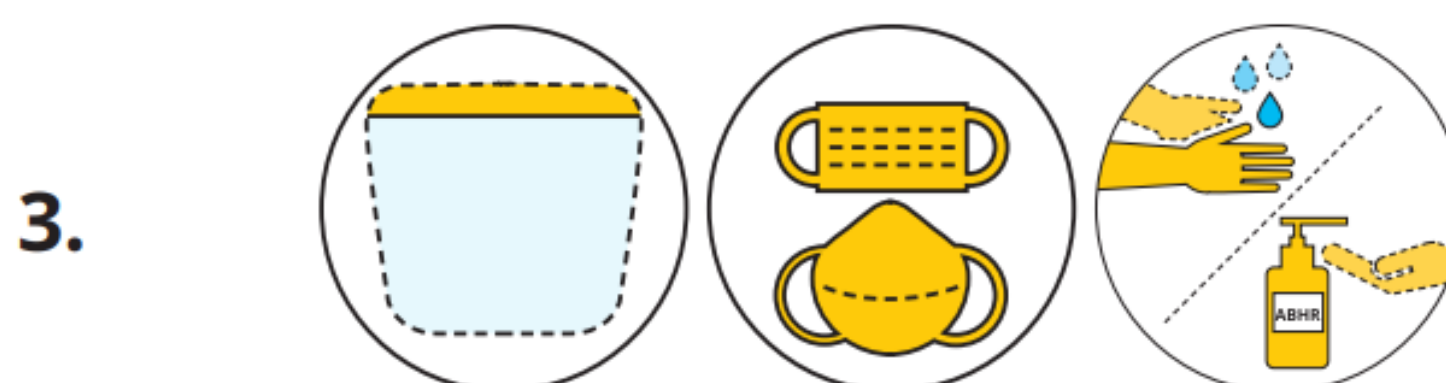
PPE items are for single patient use. Do not wear watches or other jewellery, nails should be short and clean, skin intact or covered with appropriate waterproof dressing.

Remove and discard PPE as clinical waste (taken off 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 15th April 2020.

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

www.podiatristsboard.org.nz

www.health.govt.nz