



Podiatrists Board
of New Zealand

8th April 2020

Guidelines for Podiatrists for COVID-19

Alert Level 4





Guidelines for Podiatrists at COVID-19

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 podiatry treatment is suspended from 23 March 2020 until further notice.

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

- All Secondary Podiatry treatment for urgent care or emergencies which cannot be deferred should continue where possible with appropriate precautions taken.
- Some Primary 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.

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



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.



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 (non-urgent)” include:

- Improving/recently healed Foot Ulcer
- Inactive Charcot Foot
- Healed amputation
- 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 compulsory screening to determine who can be seen where, and by whom?

Patients must be evaluated to determine if they require being seen in person based on symptoms, travel and exposures.

1. Triage all patients by phone first and decide
 - a. Are they a suitable candidate for a telehealth appointment rather than being seen in person?
 - b. Can they be deferred until COVID19 Level 4 ends?

2. If the patient needs a face-to-face assessment, ask the following 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)



Practitioners should apply the following 2-level classification for patients when urgent or essential podiatry treatment cannot be deferred:

1. Low risk of transmission: Patients who meet all the following criteria:

- answer “no” to the screening questions in ‘Steps in assessing a patient for urgent care’.

The treatment can be performed wherever the patient normally receives treatment, as long as all necessary PPEs are available.

PPE required includes:

- Surgical Mask
- Gloves
- Aprons
- Eye protection

2. High risk care for Patients who meet any of the following criteria:

- answer “yes” to ANY of the screening questions in ‘Steps in assessing a patient for urgent care’.

This treatment must be in a hospital/secondary facility.

PPE required includes:

- N95 or FFP2 mask
- Gloves
- Aprons
- Eye protection

All PPEs must be discarded as clinical waste.



Steps to limit transmission

To minimise risk practitioners must:

- Use telemedicine when possible
- Limit points of entry
- Screen patients for respiratory symptoms
- Encourage patient respiratory hygiene using alternatives to face masks (e.g. tissues to cover over cough)
- Protect healthcare personnel
- Emphasize hand hygiene
- Limit the numbers of staff providing their care
- Allow ample time for appointments to reduce interactions between patients.

Waiting Areas

Waiting areas:

- All unnecessary items (e.g., magazines, toys, tables) should 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.) regularly with a neutral pH detergent.



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 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.
- Wipe down hard surfaces with detergent and water, then hospital grade disinfectant (or bleach) with activity against respiratory virus, including COVID-19.
- Remove and discard PPE as clinical waste (taken off in the following order: gloves, hand hygiene, protective eyewear (if separate from mask), gown/apron, hand hygiene, mask, hand hygiene). Perform hand hygiene thoroughly to elbows.



Upon arrival and during the visit

Upon arrival and during the visit:

- Limit points of entry to the facility
- Take steps to ensure that all persons with symptoms of COVID-19 or other respiratory infection (such as fever, cough) adhere to respiratory hygiene and cough etiquette
- Use hand hygiene, and triage procedures throughout the duration of 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.

Personal protective equipment

Select appropriate PPE in accordance with latest Ministry of Health guidelines please check their website for updates.



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This document is subject to change and is accurate and up to date as of 8th 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