



Podiatrists Board
of New Zealand

11 May 2020

Guidelines for Podiatrists for COVID-19 v.1.

Alert Level 2



Purpose

COVID-19 Level 2: Routine podiatry is permitted under Level 2 subject to Mandatory Triage, Procedural Guidelines and Steps to limit transmission.

All Podiatrists have a duty of care to support their patients during the national COVID-19 crisis. The purpose of these guidelines is to clarify the minimum expectations upon practitioners carrying out such treatments in non-DHB settings in COVID-19 Alert Level 2: Restrict.

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 role to play in reducing potential risks of exposure to COVID-19 not only directly to their patients but to the wider local and national community and staff.

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.



Mandatory Triage:

The Ministry of Health state that “Telehealth and virtual appointments are still the preferred option in Alert Level 2. Please exercise extra caution when treating vulnerable groups.

Practitioners will be able to see patients in person if the following processes are in place:

- Screening for COVID-19 symptoms prior to in person appointment
- Physical distancing measures
- Infection prevention control measures including PPE where required”

MoH COVID-19 Risk Assessment Questions

Prior to any 'In Person' appointments, 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



Procedural Guidelines:

Documentation

Contact Tracing

- Ministry of Business Innovation and Employment require all businesses to continue the register of attendees and this information must be stored securely

COVID19 Screening

- The Ministry of Health require all persons attending podiatry businesses to answer the mandatory COVID-19 screening questions and the documentation of this must be maintained

Staff

Workplace Risk

- It is the employers responsibility to carry out risk assessments for all staff returning to the workplace
- Reduce contact between staff members by staggering breaks and maintaining 1m physical distancing
- If there are 2 or more practitioners, stagger appointment times, in order to minimise patient to patient contact in waiting areas



Procedural Guidelines:

Telehealth

Telehealth consultations continue to be the preferred method of treatment as this option reduces risks and; if telehealth is not clinically appropriate or suitable for the patient a face to face appointment can be made. Please refer to the Boards standards for telehealth.

Consider:

- 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?

Aged and Residential Care Facilities

The NZACA has issued guidance around Level 2:

In the first instance, it is essential to contact the clinical or facility manager to discuss how to provide podiatry services whilst reducing risks. Consider if telehealth is appropriate, and PPE supply for podiatrist and patient. All patients continue to be subject to triage with the mandatory MoH COVID19 Risk Assessment screening questions.



Steps to limit transmission for patients seen in community settings

Pre-Arrival

- Use Telehealth when possible
- Complete 'Mandatory Triage' (page 3)
- 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 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

- 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 1 metre
- 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

- During the pandemic all patient contacts expose the public and practitioners to an increased risk of potential transmission; therefore the board recommend a minimum amount of PPE which can be exceeded
- 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](#)
- 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 worn and separate from mask), hand hygiene. Perform hand hygiene thoroughly to elbows



Hand hygiene

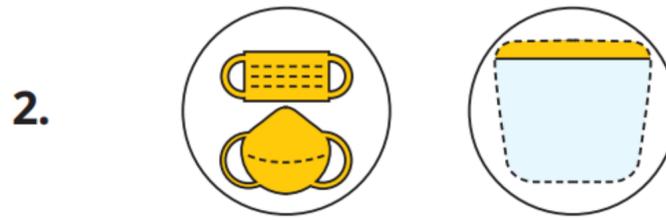
- Podiatrists should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred 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

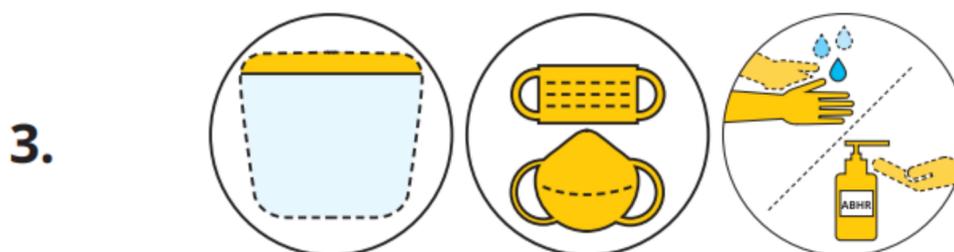
- Appropriate PPE should be worn for cleaning down the room - This includes Gowns/Apron, Mask, Gloves
- Wipe down hard surfaces with detergent and water, then hospital grade disinfectant (or bleach) with activity against respiratory virus, including COVID-19



Steps to put on **PPE** safely



Steps to **remove** PPE safely





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This document is subject to change and is accurate and up to date as of 08/05/2020.

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

www.health.govt.nz