



Podiatrists Board
of New Zealand

Guidelines for Podiatrists

COVID-19 Alert Level 4

14 Apr 20 (reviewed 01 Oct 21)

Please check the Ministry of Health: [COVID-19: Advice for community allied health, scientific and technical providers](#), prior to following the guidance contained in this document.



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 non-essential 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 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.

The Ministry of Health COVID-19 Guidance for Community, Allied Health, Scientific and Technical Providers in Alert Level 4 states: “Health service provision **should not** be face to face other than to preserve **life or limb**.” This is a **very high bar** and clinicians must be prepared to justify a decision to treat in person.



Compulsory Telehealth screening

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 ongoing 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 Mandatory MoH COVID-19 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



Steps to limit transmission for patients seen in community settings.

Pre-Arrival

- Use Telehealth when possible.
- Complete 'Compulsory Screening'.
- 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 (i.e., 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](#)

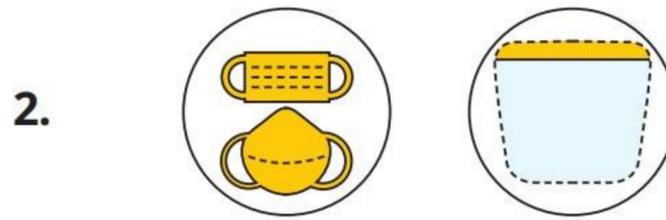
At a minimum, we would expect: Hand Hygiene, Apron (+Sleeve Covers if required)/Gown, Mask, Eye Protection, Gloves.

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.

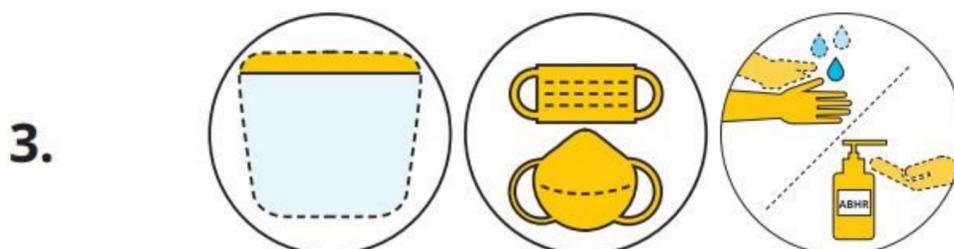
Remove and discard PPE in the following order: gloves, hand hygiene, gown/apron, protective eyewear (if separate from mask), hand hygiene. Perform hand hygiene thoroughly to elbows.



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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