



Guidelines for Podiatrists

COVID-19 Protection Framework (Traffic Light System)

(03 December 2021)

Please check the COVID-19.govt.nz website for more information on the Traffic Light System [here](#).

Red is designed to protect at-risk people and the health system from an unsustainable number of hospitalisations.

Orange is designed to reduce increasing community transmission that is putting pressure on the public health system and at-risk people.

Green is designed to minimise the cases of COVID-19 community transmission.

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

The purpose of this document is to describe the conditions within which podiatry health services in non-DHB settings can be provided during the New Zealand government COVID-19 Protection Framework (Traffic Light System) to minimise the spread of the virus and reduce the risks to yourself, your staff, and your patients.

Podiatrists have a duty of care not only directly to their patients but to the wider local and national community. 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.

Please follow the COVID-19 Protection Framework (Traffic Light System) relevant to the location in which you practise, and associated travel rules.

1. Podiatrists can provide all aspects of podiatry care within their scope of practice under all levels of the Traffic Light System.
2. You may not request people provide a COVID-19 Vaccination Certificate or other evidence of being vaccinated to access your health services.

Clinical reasoning and risk assessment remain the fundamental principles for considering care, and practitioners **must** ensure the following processes remain in place in **Green**, **Orange**, and **Red**:

- screening for COVID 19 symptoms prior to any face-to-face appointments
- infection prevention control measures including PPE where required
- transmission precaution measures including consideration of ventilation
- keep accurate documentation of appointments to aid contact tracing if required
- ensure that your place of work is registered with the NZ COVID Tracer App and that the poster with the unique QR code is clearly displayed at the entrance to your premises

Assessing and managing patients

Public health measures remain as key tools to minimise any spread of the virus.

Additionally, please ensure the following:

1. Health practitioners' and staff are fully vaccinated in accordance with the COVID-19 Public Health Response (Vaccinations) Order 2021.
2. Health practitioners understand the ventilation capabilities of the environment they would be operating in e.g., maximise natural ventilation.
3. Health practitioners have a high level of competence around IPC requirements, including use of personal protective equipment.

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

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.

Screening for COVID 19 symptoms prior to any face-to-face appointments

- 1. Do you have a confirmed diagnosis of COVID-19?**
- 2. Have you or anyone coming in contact with you, had contact with someone with a confirmed diagnosis of COVID-19?**
- 3. Are you in contact isolation or been advised that you should be?**
- 4. Have you travelled internationally in the last 14 days?**

5. Do you have any of the following symptoms?

- ⇒ a cough
- ⇒ a high temperature (at least 38°C)
- ⇒ shortness of breath
- ⇒ sore throat
- ⇒ sneezing or runny nose
- ⇒ temporary loss of smell

Steps to limit transmission for patients seen in community settings

Pre-Arrival

Complete Compulsory COVID-19 Screening

Take as much patient detail as you can over the phone to limit face-to-face contact time with the patient

Limit points of entry to the practice

Emphasise hand hygiene

Limit the number of staff providing their care

Allow ample time for appointments to reduce 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 rooms/elevators) to provide patients and health care practitioners with your safety requirements (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette

Instructions should include how 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 60-90% 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, for example ask them to wait in their car until a practitioner collects them when ready

All unnecessary items such as magazines, toys, tables etc must be removed from any waiting area and all surfaces kept clear and clean

Separate waiting room chairs by 2 metres

Request patients wash or sanitise their hands on arrival/departure

Clean surfaces, especially high-touch surfaces such as door handles, chair arms, reception desk etc between patients

Personal Protective Equipment (PPE)

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.

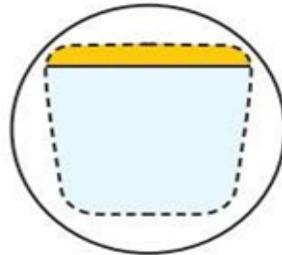
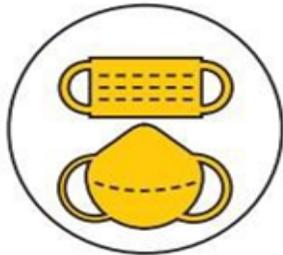
Remove and discard PPE in the following order: gloves, hand hygiene, gown/apron, protective eyewear (if separate from mask), hand hygiene. Always perform hand hygiene thoroughly to elbows.

Steps to put on **PPE** safely

1.



2.



3.



Steps to **remove** PPE safely

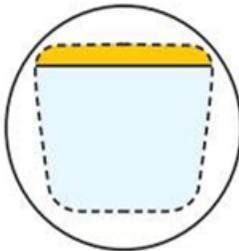
1.



2.



3.



4.



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/aprons, masks, and gloves.

Wipe down hard surfaces with detergent and water, then hospital grade disinfectant (or bleach) with activity against respiratory virus, including COVID-19.