

COVID-19 – GUIDANCE FOR PODIATRISTS

International Federation of Podiatrists

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1. CONTEXT

There is currently an extensive transmission of SARS-CoV-2 globally. This means that it is no longer possible to identify at-risk groups based on travel history. The governments in most of our member associations have therefore made a maximum effort in the field of social distance measures. The SARS-CoV-2 virus is mainly transmitted by droplets. People who do not cough or sneeze are generally rarely contagious, although the virus can be detected on a nasopharyngeal smear. In general, people are advised to avoid unnecessary social contact and stay at home if they have symptoms. General practitioners should, if possible, work by telephone for people with respiratory symptoms and only carry out a clinical examination if they are wearing a mouth mask and gloves.

At present, particular attention needs to be paid to strict compliance with general hygiene measures. Patients at risk are a particularly vulnerable population group. In addition, patients requiring extremely necessary podiatric treatments (e.g. diabetic foot wounds, ingrown toenails, etc.) are at particular risk of nosocomial infections. Health professionals should therefore pay attention to patients who may suffer from Covid-19 and take additional precautions.

Statement of the Alliance of Wound Care Stakeholders (March 20, 2020).

Our position is at this time: Leave clinics open to manage complex wounds in clinically complex medical patients who are at risk for limb loss, hospital admission, amputation or infections. Hospital administrations should take into consideration input from providers when making these decisions, and deploy appropriate triage criteria when reducing essential clinical services. Enabling continuity of care for these wound patients will improve outcomes while unburdening emergency departments, operating rooms, hospital staff and hospital beds for the COVID-19 crisis. Keeping these patients out of the ED and out of hospital beds can in turn limit exposures and curb COVID-19 infection among this fragile population.

https://www.woundcarestakeholders.org/images/Final2_Statement_-_Wound_Care_as_Essential.pdf

2. GENERAL GUIDELINES

2.1. GENERAL HYGIENE MEASURES

The podiatrist must pay particular attention to the general hygienic measures in contact with all patients; more specifically:

- Wash or disinfect your hands regularly.

- Wear gloves when there is a risk of contact with body fluids during treatment and wash hands after taking off the gloves.
- After treatment, clean and disinfect surfaces that may have come into contact with respiratory secretions or other body fluids.
- Observe cough and sneeze etiquette and remind your patient as well [\(](#)
- The podiatrist should be attentive to symptoms of acute infection of the lower or upper respiratory tract in patients. If this is the case, the treating physician should be contacted for the appropriate policy.
- Ask patients to indicate if they show symptoms of COVID-19.
- Limit the spread of risk: the biggest risk at the moment is intergenerational contamination (different ages in the same place). Ensure good hygiene in the waiting room and during your URGENT consultations.
- Avoid the presence of vulnerable groups (elderly, weakened). For example, you can ask people to wait in the car instead of in the waiting room.

2.2. ORGANISATION OF WORK

- Non urgent care that can be postponed should be adjourned. However, it is the task of the podiatrist to continue to provide chronic care to at-risk patients in order to prevent an influx of ulcers and infections within a few weeks.
- Plan replacement in order to maintain the continuity of essential health care during a possible period of isolation (at home) of the podiatrist:
 - or a colleague;
 - or by identifying medical centres or general practitioners who could take over certain operations.

➤ Guidelines for diabetic patients

In the following patients, their normal regime of preventive care must be maintained:

- Diabetes patients at high risk class 3 (Wagner Classification of Diabetic Foot Ulcers)
 - Vascular-loaded patient
 - Patients with a history of recurrent ulcers
 - Patients with charcot arthropathy
 - Patients with an amputation

In the case of the following patients, we advise them to contact their podiatrist clearly by telephone in case of redness, pain, blisters, ulcers, ... and to do a good self-monitoring.

- Diabetes patients at risk class 1 and 2

Preventive care and screening at risk class 0 can be postponed, again recommending good self-monitoring.

➤ Other patient groups where podiatric care can continue

- Vascular patients
- Rheumatism patients
- Non-diabetic patients with foot wounds
- Patients with severely ingrown nails

- **The following examinations and treatments can be postponed**
- Non-urgent foot care for non-risk patients
 - Placing brackets, making silicone orthoses, placing an onychoplasty
 - Biomechanical investigations and gait analysis

All routine and non-urgent treatments and assessments should be delayed until further notice for patients with low risk feet or they can be offered a remote consultation.

3. Measures to be taken for the treatments

The podiatric treatment of possible and confirmed cases of COVID-19 should preferably be postponed until after the period of home isolation or referred to the foot clinics. Undertake a risk assessment on each patient.

For any patient with respiratory symptoms (including mild symptoms), treatment should be postponed.

For specific situations the necessity can be discussed with the general practitioner/other medical professionals. If the care is necessary, schedule it at the end of the day, as the last patient(s), and apply the following measures:

- Give the patient a surgical face mask¹ (the virus is transmitted via drops up to +/- 1.5 m).
- If a mask is not available, the podiatrist may ask the patient to cover his or her nose and mouth with a scarf or cloth during care. This should be washed after each treatment/manipulation.

Urgent treatments in the private practice

The waiting room

- The front door is open, it's best to open the doors yourself with gloves.
- If the patient opens the door, decontaminate door handles immediately.
- The patient needs to be isolated (spatially and in time): only have 1 patient at a time in the waiting room and treatment room.
- If there is an attendant with the patient, they will be asked to wait in the car.
- Take away all newspapers.
- When entering, offer the patient a handrail. The podiatrist will hold the bus.

¹ May be worn in epidemic conditions for 8 hours regardless of the sequence of interventions, without going outside, under certain conditions (cfr. advice of the Dutch Health Council 2020). o may be kept for that purpose (around the neck) but never in the bag; o may be kept for the time being in a place where there is no risk of contamination (e.g. in an individualised paper sleeve or in a washable personalised container); o may never be touched on the front; o must be removed immediately as soon as there is visible dirt. In view of this exceptional situation, the strict application of the official hand hygiene recommendations is indispensable.

- Take enough time between two patients to disinfect the room, the material and the surfaces used (door handle, payment device, toilet...) by the disinfectant you usually use (coronavirus is sensitive to all disinfectants).

The podiatrist clarifies the hygiene measures for the patient.

The podiatrist

It is recommended that the podiatrist himself wears a surgical face mask, as well as gloves during the care of the patient.

- Protective material must be individual.
- Put on gloves all day, after treating a patient, first remove dirty instruments, put on gloves and immediately put on new clean gloves to go to the computer and use them on the next patient.
- Wash your hands after treatment with soap or use a hydro-alcoholic solution.
- Change work clothes and remove gloves after visiting the patient and wash your hands with soap or use a hydro-alcoholic solution.
- Wash work clothes daily at 60°C.

The material

- Disinfect/sterilize the (medical) material that comes into contact with the patient.
- After treatment, clean and disinfect surfaces that may have come into contact with respiratory secretions or other body fluids.
- All rooms are fully cleaned daily with bleach.

If such protective equipment is not available, the podiatrist must refer the patient to a colleague for the necessary care.

4. What if the podiatrist himself shows symptoms of COVID-19?

A podiatrist, like everyone else, can catch the disease.

- If a podiatrist develops mild symptoms of an acute infection of the upper respiratory tract, continuous use of a mask and gloves and increased hand hygiene can be continued.
- If a podiatrist develops symptoms of an acute infection of the upper or lower respiratory tract, with fever and cough or respiratory problems, the podiatrist will contact his/her attending physician or the company doctor by telephone:
 - the podiatrist must remain in home isolation for at least 7 days, or longer, until the symptoms disappear;
 - the recommendations of the procedure "Hygiene information to the patient" will be further followed;
 - the attending physician or the company doctor must be contacted by telephone if the symptoms worsen, or if other symptoms occur at the end of the incapacity for work.



This is to confirm the disappearance of the symptoms and to decide on the lifting of the isolation measures.

Important! This guidance is a recommendation. Podiatrists should follow local legislation and regulation first.