

PERSONAL PROTECTIVE EQUIPMENT (PPE) AND FOOT CARE IN COMMUNITIES

Foot care is important for the health and wellness of community members. Physical distancing of two meters makes foot care challenging. This document assists health care providers in determining the use of PPE when providing foot care services.

Guiding Principles	Due to the fine particulates produced by rotary tools, we continue to explore options for minimizing these respiratory hazards to the healthcare worker. In light of the challenge to obtain N95 masks, the following is recommended
Visit type	<p>In-person visit: Clients have the right to refuse in-person services due to COVID-19 without impacting future delivery of foot care services.</p> <p>Screening measures See COVID-19 Symptom Self-Assessment Tool: https://ca.thrive.health/covid19/en Health professionals who provide emergent, urgent, and/or essential care must assess and screen patients and clients for symptoms of COVID-19.</p>
Personal Protective Equipment	<p>If the client is symptom free, both client and provider should wear a surgical mask when nails are trimmed. Provider should wear a face shield as well.</p> <p>Due to the fine particulates produced by rotary tools, we continue to explore options for minimizing these respiratory hazards to the healthcare worker.</p> <p>The options below take into consideration that N95 respirators are not readily available due to their provincial, national, and worldwide shortage:</p> <ol style="list-style-type: none"> 1) Temporary use of low dust producing tools such as a manual nail filer to minimize dust production. Consideration: using this tool will take more time to complete nail filing by the healthcare worker and may be more difficult. 2) Other types of respirators may be temporarily considered, e.g., Elastomeric half-mask respirators, R95, P95, N99, P99, etc. Consideration: These will require users to be fit tested, may be more costly, and supply is not certain. 3) N95 extended use and reuse. Currently, N95 respirator usage is following extended use practices per the PPE conservation strategy required by all health authorities in BC. Therefore, current N95 inventory can be prolonged by using this strategy. N95 reprocessing discussion is ongoing among regional health authorities. At this current time, reprocessing is not an available option for FNHA but processes continue to be explored.

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	<p>4) Rotary tool with dust extractor may be an option to minimize dust produced by a rotary tool. Consideration: these may be expensive but could be an option as it may minimize an existing and ongoing hazard for foot care healthcare workers with use of rotary tools on toe nails.</p> <p>5) Discussed the idea of small negative pressure units that may provide a barrier with an effective dust extractor that may contain dust and debris produced from the rotary tool. Consideration: still in the theoretical phase for consideration.</p> <p>Nail dust has been linked to conjunctivitis and respiratory symptoms.</p> <p>If PPE gowns are in limited supply, a barrier needs to be placed on the provider's lap to limit contamination. A garbage bag, blue pad or disposable aprons can be used.</p> <p>PPE contacts per region:</p> <p>Northern Region: Beverly Selle - Beverly.selle@fnha.ca</p> <p>Interior Region: Pamela Crema - Pamela.crema@fnha.ca</p> <p>Vancouver/Coastal Region: Sam Noizadan - Sam.noizadan@fnha.ca</p> <p>Vancouver Island Region: Shauna Davis - Shauna.davis@fnha.ca</p> <p>Accessing PPE</p> <p>Interim Guide to Using PPE</p>
<p>Infection Control Measures</p>	<p>Environmental Cleaning and Disinfectants for Clinic Settings⁽⁵⁾</p> <ul style="list-style-type: none"> • All surfaces that have been touched must be cleaned and disinfected. • Clean and disinfect reusable equipment. • Prior to doing any cleaning or putting on gloves, wash your hands with soap and water (for at least 20 seconds) or alcohol based hand rub (60-90%). • After completing cleaning, remove your gloves and wash your hands with soap and water (for at least 20 seconds) or alcohol based hand rub (60-90%). • If hands are visibly soiled, use soap and water (for at least 20 seconds). <p>1. Clean off dirt</p> <ul style="list-style-type: none"> • Surfaces must be cleaned of visible dust, dirt, and organic matter (urine, vomit or feces) before the use of a disinfectant. Do not use disinfectant on a visibly dirty surface until it is cleaned. <p>2. Disinfect</p> <ul style="list-style-type: none"> • After cleaning, apply a disinfectant to kill germs. • Use approved healthcare disinfectants according to the manufacturer's instructions or per guidance from FNHA.

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- Saturate a cleaning cloth with disinfectant and then thoroughly wipe all the surfaces. Avoid using a spray bottle because 'spraying' can aerosolize microbes on the surface.
- Note that the product must be left on the surface (wet) for a length of time determined by the manufacturer in order to be effective.
- Common disinfectants used to get rid of respiratory viruses include:

Bleach (5.25% Sodium Hypochlorite) is a good disinfectant.

1:100 dilution Chlorine: Add 10 ml of bleach to 990 ml of water.

NOTE: If a surface has been contaminated with bodily fluids (mucus, vomit, feces) use a stronger bleach mixture after cleaning:

1:50 dilution Chlorine: Add 20 ml of bleach to 980 ml of water.

Accelerated Hydrogen Peroxide 0.5% (AHP) is an additional disinfectant that can be used.

Disinfectant wipes can be used to clean and disinfect surfaces between clients.

Wipes should have hospital grade active ingredients and have a DIN number from Health Canada. Use according to manufacturer guidelines. Note that the product must be in contact with the surface (wet) for a length of time determined by the manufacturer in order to be effective.

References and Further Reading:

- (1) Update from the Provincial Health Officer – March 23, 2020 (non-essential services):
https://www.bccnp.ca/Standards/Covid_19/Documents/PHO_Letter_Re_Non_Essential_Services_Health_Profession_23March2020.pdf
- (2) Diabetes Canada: <https://www.diabetes.ca/diabetescanadawebsite/media/managing-my-diabetes/tools%20and%20resources/diabetes-and-footcare-a-patient-checklist.pdf?ext=.pdf>
- (3) Virtual and Phone Health Visits for Health Care Providers:
<https://www.fnha.ca/Documents/FNHA-Tips-for-Virtual-and-Phone-Health-Visits-for-Health-Care-Providers.pdf>
- (4) Virtual and Phone Health Visits for Clients and Families:
<https://www.fnha.ca/Documents/FNHA-Virtual-and-Phone-Health-Visits-for-You-and-Your-Family.pdf>

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(5) Environmental Cleaning and Disinfectants for Clinic Settings:

http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID-19_MOH_BCCDC_EnvironmentalCleaning.pdf

(6) Public Health Core Programs and Services During COVID-19:

<https://www.fnha.ca/Documents/FNHA-Public-Health-Core-Programs-and-Services-During-COVID-19.pdf>