

ASSESSING AND DETERMINING PROVISIONS FOR FOOT CARE IN COMMUNITIES DURING ONGOING COVID-19 PANDEMIC

Foot Care is important for the health and wellness of community members. This document assists health care providers in determining essential foot care needs, personal protective equipment (PPE) requirements, and how to best proceed during the ongoing COVID-19 pandemic, particularly in the context of community outbreaks.

Note: This document combines and updates the previous FNHA documents entitled “Assessing and Determining Provisions for Foot Care in Communities” and “Personal Protective Equipment (PPE) and Foot Care in Communities.”

<p>Guiding Principles</p>	<p>The BCCDC continues to update guidance for health care providers (HCP) delivering client care in home and community clinic settings.^{1,2} HCPs providing foot care services need to consider a variety of factors prior to initiating care. Clinical judgment is paramount in the context of a community outbreak and in determining essential and non-essential services where COVID-19 is suspected or confirmed. The following outlines current BCCDC guidance related to infection prevention and control (including PPE) in the context of foot care services in home or community clinic settings – including where a client or household member has confirmed or suspected COVID-19.</p> <p>(See the reference list at the end of this document for a helpful resource from Ontario Podortho Nursing Association (2020)³ on essential versus non-essential services).</p>
<p>Preventive</p>	<p>Education material can be located at Diabetes Canada⁴ for clients who are at less risk and are able to self-monitor.</p>
<p>Risk of Client</p>	<p>Certain clients will be at more risk depending on their underlying co-morbidities. In the context of suspected or confirmed COVID-19 and during community outbreaks, the following applies:</p> <p>Clients with Low Risk Factors HCPs should interact with these clients by telephone or virtual methods to check on status.^{5,6}</p> <p>Clients with High Risk Factors such as diabetes, wounds on their feet, peripheral vascular disease, and peripheral arterial disease, and/or are prone to ingrown toenails should be given the option of having an initial virtual check-in and determining the benefit of having foot care services.</p>
<p>Visit type</p>	<p>Virtual Visit See Virtual & Phone Health Visits for Health Care Providers⁵ Virtual & Phone Visits for Clients and Families⁶</p>

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During the initial phone conversation between HCP and client, communicate the following points:

- Ask if someone in the house is able to set up a virtual visit
- Ask permission for any other individuals to be present in the room
- A reminder of confidentiality and no recording of session
- Set up a schedule for follow-up conversation

In-person Visit

Clients have the right to refuse in-person services due to COVID-19 without impacting future delivery of foot care services.

Screening Measures

HCPs who provide emergent, urgent, and/or essential care must assess and screen patients and clients for symptoms of COVID-19. Document this assessment and screening in the client's chart and per current health centre/nursing station policy.

See [BCCDC Patient Screening Tool for Direct Care Interactions](#)⁷

See also: BC COVID-19 Symptom Self-Assessment Tool

<https://bc.thrive.health/covid19/en>

Initial screening prior to an in-person visit should include a phone call 24 hours prior to scheduled visit asking if the client or anyone in the household is experiencing COVID-19 symptoms.

When direct physical contact is required for the care of clients with suspected or confirmed COVID-19, HCPs must use infection control practices including appropriate personal protective equipment (PPE). Refer to the [BCCDC Point-of-Care-Risk Assessment \(PCRA\)](#)⁸ tool to determine necessary PPE.

It is important to balance the assessment needs of the client and the quantity of PPE. Plan ahead for the type and quantity of PPE needed for each activity to avoid unnecessary wastage.

A repeat phone call just prior to the visit should be made to confirm there are no symptoms of COVID-19 within the household. Use a tool such as the BCCDC COVID-19 Patient Screening Tool for Direct Care Interactions⁷.

If the client or a household member has signs of or is suspected of having COVID-19, the visit should be rescheduled *unless* urgent care is required. If urgent care is required, provide service with appropriate PPE. If the service is taking place in the client's home, ask household members to also wear masks and, if symptomatic, ask if they can be in a separate room during the visit.

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<p>Personal Protective Equipment</p>	<p>Both client and provider should wear a surgical mask when nails are trimmed. Provider should wear a face shield as well.</p> <p>If using a rotary tool or performing a procedure that creates nail dust, an N95 mask and face shield must be worn to minimize HCP exposure. Nail dust has been linked to conjunctivitis and respiratory symptoms.</p> <p>If a pandemic-related supply concern exists, the following offers options for minimizing respiratory hazards to the healthcare worker.</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. <i>Consideration: using this tool will take more time to complete nail filing by the healthcare worker and may be more difficult.</i> 2. Other types of respirators may be temporarily considered, e.g., Elastomeric half-mask respirators, R95, P95, N99, P99, etc. <i>Consideration: These will require users to be fit tested, may be more costly, and supply is not certain.</i> 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 (see link below entitled "Interim Guide to PPE"). <i>Note: visibly soiled, damp, or damaged masks must be changed.</i> 4. Rotary tool with dust extractor may be an option to minimize dust produced by a rotary tool. <i>Consideration: these may be expensive but could be an option as it may minimize an existing and ongoing hazard for healthcare workers with use of rotary tools on toenails.</i> <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: Northern Region: Beverly Selle - beverly.selle@fnha.ca Interior Region: Pamela Crema - pamela.crema@fnha.ca Vancouver Coastal/ Fraser Salish Regions: Sam Noizadan - sam.noizadan@fnha.ca Vancouver Island Region: Shauna Davis - shauna.davis@fnha.ca</p> <p>For information regarding PPE, please see: Accessing PPE PPE Calculator Interim Guide to Using PPE</p>
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Service Location	<p>The location may vary depending on availability and health centre/nursing station protocol. Some individuals are providing services outdoors in a private location.</p>
Infection Control Measures	<p><u>Environmental Cleaning and Disinfectants for Clinic Settings⁹</u></p> <ul style="list-style-type: none"> • All surfaces that have been touched must be cleaned and disinfected with an appropriate product (must have a DIN from Health Canada and be used according to manufacturer’s directions). Ready-to-use wipes* or solutions are preferred for ease and safety of user. • Clean and disinfect reusable/shared 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 (70-90%). • After completing cleaning, remove your gloves and wash your hands with soap and water (for at least 20 seconds) or alcohol based hand rub (70-90%). • 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. • In the absence of ready-to-use wipes, saturate a cleaning cloth with disinfectant and then thoroughly wipe all the surfaces. Avoid using a spray bottle to spray directly onto surfaces, instead spray into the cloth to dispense disinfectant solution. • Note that the product must be left on the surface (wet) for a length of time (contact time) determined by the manufacturer in order to be effective. <p>*Wipes should have hospital grade active ingredients and have a DIN number from Health Canada. Use according to manufacturer guidelines.</p>

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References and Further Reading:

- ¹BCCDC. (2021). COVID-19 Infection Prevention and Control: Guidance for Home and Community Health-Care (Updated June 2021). Available at http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_HomeCommunityCareIPCGuidance.pdf
- ²BCCDC. (2021). COVID-19 Infection Prevention and Control: Guidance for Primary Care Practitioners, Community-Based Physicians, Nurse Practitioners, Nurses and Midwives in Clinic Settings (Updated September 2021). Available at http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_IPCGuidanceCommunityBasedHCPsClinicSettings.pdf
- ³Ontario Podortho Nursing Association (2020). COVID guidelines (essential vs non-essential care for podortho nurses). Available at: <https://www.opnassociation.ca/wp-content/uploads/2021/09/OPNA-Essential-vs-Nonessential-Care.pdf>
- ⁴Diabetes Canada. (2018). Appendix 13, diabetes and foot care: A checklist. Available at <https://guidelines.diabetes.ca/docs/cpg/Appendix-13.pdf>
- ⁵FNHA. (2020). Virtual and Phone Health Visits for Health Care Providers. Available at <https://www.fnha.ca/Documents/FNHA-Tips-for-Virtual-and-Phone-Health-Visits-for-Health-Care-Providers.pdf>
- ⁶FNHA. (2020). Virtual and Phone Health Visits for Clients and Families. Available at <https://www.fnha.ca/Documents/FNHA-Virtual-and-Phone-Health-Visits-for-You-and-Your-Family.pdf>
- ⁷BCCDC.(2021). COVID-19 Patient Screening Tool for Direct Care Interactions. Available at: http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_PatientScreeningTool.pdf
- ⁸BCCDC.(2021). Point-of-Care-Risk Assessment (PCRA). Available at: http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_PointOfCareRiskAssessTool.pdf
- ⁹BCCDC. (2021). Environmental Cleaning and Disinfectants for Clinic Settings. Retrieved from http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID-19_MOH_BCCDC_EnvironmentalCleaning.pdf
- BCCNM. (2021). Providing in-person community care. Available at https://www.bccnm.ca/RPN/Covid_19/Pages/community_care.aspx
- FNHA. (2020). Public health core programs and services during COVID-19 (July, 2020). Available at <https://www.fnha.ca/Documents/FNHA-Public-Health-Core-Programs-and-Services-During-COVID-19.pdf>
- Registered Nurses Association of Ontario. (2020). RNAO 5 essential considerations during COVID-19 for foot care nurses in various settings preparing to return to practice (June 23, 2020). Available at https://rnao.ca/sites/rnao-ca/files/Considerations_during_COVID-19_for_Foot_Care_Nurses_Preparing_to_Return_to_Practice_-_June_23_FINAL.pdf