

May 29, 2020 Foot Care Nurses Resources COVID 19

1. College of Chiropractors of Ontario COVID-19 Pandemic Clinical Practice Directive

Version 3.0- May 26th, 2020: <http://cocoo.on.ca/wp-content/uploads/2020/05/COCOO-Pandemic-Directive-Version-3.0-May-26th-2020.pdf>

Advisories:

- **ADVISORY RELATING TO COVID-19 AND THE PROVISION OF CHIROPODY/PODIATRY CARE IN LONG TERM CARE FACILITIES (LTCF'S)**

May 10, 2020 – COCOO **strongly advises that members do not currently treat patients** in LTCF's. Members should be fully aware of all the implications and responsibilities of providing care in long term care facilities and the potential risks associated with the transmission of COVID-19. Members must be fully aware of all policies for individual LTCF's as well as directives from Public Health Ontario, the Ministry of Health (MOH) the Chief Medical Officer of Ontario and relevant Standards of Practice of the College of Chiropractors.

- **ADVISORY RELATING TO COVID-19 AND THE PROVISION OF IN-HOME CHIROPODY/PODIATRY CARE**

May 10, 2020 – COCOO **strongly advises that members do not currently provide in-home care for patients.**

Members should be fully aware of all the implications and responsibilities of providing in-home care and the potential risks associated with the transmission of COVID-19. In addition, members must be fully aware of all policy directives relating to COVID-19 from Public Health Ontario, the Ministry of Health (MOH) the Chief Medical Officer of Ontario (CMOH) and relevant Standards of Practice of the College of Chiropractors

- **PROVISION OF CUSTOM PRESCRIPTION FOOT ORTHOSES (PCFO) DURING COVID-19 PANDEMIC - MODIFIED ADVISORY** Revised May 20, 2020 Update

To improve patient access to orthotic therapy from Chiropractors and Podiatrists.

- Assessment, Casting and Dispensing of custom foot orthoses must be performed in compliance with **Directive # 2 from the Chief Medical Officer of Health (CMOH)** and in adherence with the **COCOO Prescription Custom Foot Orthoses Standard of Practice**
- Patients that were casted for orthotics prior to the CMOH directives will be able to access their custom foot orthotics and begin their orthotic therapy IF, based on patient presentation and your clinical judgement, they are determined to be **ESSENTIAL** as per **Directive # 2 from the Chief Medical Officer of Health.**
- Inclusion of orthotic therapy as essential DOES NOT mean that all patients who require orthotics will be scheduled at this time. All appointments will continue to be scheduled according to the COCOO and PHO requirements *Protocol*
- Members are still encouraged to provide telehealth/virtual care as first line assessment/intervention when possible.
- A point-of-care risk assessment (PCRA) must be performed by Chiropractor and Podiatrist before every patient interaction.
- Assessment, Casting and Dispensing of custom foot orthoses must still be completed in adherence with the **COCOO Prescription Custom Foot Orthoses Standard of Practice:**
- Follow up on dispensed orthotics must still be completed as per the **Orthotic Standard:**
- *The requirements for follow-up to the dispensing of prescription custom foot orthoses include: Provide short term instructions for usage of the devices. Offer a follow-up appointment within a reasonable period of time after dispensing the orthotic devices (such as 3-4 weeks). This should be documented in the patient record. A telephone follow-up would suffice, if the patient does not require or attend a follow-up visit. Advise the patient regarding the need for periodic long-term check-ups..*^[1]
- *Triage Considerations*
- Triage assigns degrees of urgency to all patients A structured and consistent approach that can be applied to all patients should be followed.

- Example questions that may comprise your triaging may include, but are not limited to:
- What are the possible consequences to the patient if the orthotics/treatment are not provided?
- Is the patient at risk of further foot injury or complications if the treatment is not provided?
- If a patient does not receive their PCFO/treatment at this time will their condition deteriorate and to what extent?
- Am I able to meet my patient's needs using alternative means?
- Is the patient reporting that they are having difficulty working because of foot related pain?
- Is the patient unable to perform daily physical activity because of foot related pain?
- If the answer is yes to any of the above questions, they may be categorized as requiring an **ESSENTIAL** appointment.
- Clinical judgement should be used to determine if orthotic therapy is required at this time under Directive # 2 from the Chief Medical Officer of Health- for Urgent Care. Patients with **ESSENTIAL** foot conditions/concerns can be assessed and receive their treatment that may include casting and dispensing of PCFOs.
- The COCOO understands that public access to orthotics is essential and can have a direct impact on patient health outcomes. At this time, under Directive # 2, patient circumstances that could be determined as requiring **ESSENTIAL** care,
- If a Member believes that a patient needs to be examined in-person to rule out a significant problem, patients should be provided with an **ESSENTIAL** appointment.

Clinical Requirements

- Refer to updated **COCOO COVID-19 IPAC and PPE Requirements**
- If you do not have access to proper PPE and do not have IPAC measures implemented in your office setting, then you will need to reschedule patients at a later date.
- Patients must be masked (fabric mask, scarf, face covering of mouth and nose) for the duration of the appointment

Clinical Considerations

- Special Attention in regards to contact with footwear of patient – ensure change of gloves after touching footwear and before coming in contact with the patient.
- Ensure adequate disinfection (IPA 70%) of feet before and after gait analysis*
- Consider having the patient remove footwear at the entrance before walking through the clinic*
- Consider providing patients with disposable booties to wear over socked feet when walking to the treatment room *
- When possible, areas for gait assessment should be separate from high traffic areas such as near the entrance/front desk/other treatment rooms*

***These considerations are for patient safety during gait assessment**

As this outbreak evolves, the COCOO will continue to review updates from the Ministry of Health (MOH) and other provincial authorities, to determine the most appropriate measures required to protect Members and their patients. Guidance documents will continue to be revised to provide Members with the most comprehensive information available at the time.

References

^[1] http://www.cocoo.on.ca/pdf/standards/standard_orthotics.pdf

^[2] <http://cocoo.on.ca/wp-content/uploads/2020/03/CMOHDirective2-RHPAprofessionals2020-03-19.pdf>

Revisions

Originally published: May 20th, 2020

2nd Revision COVID-19 Orthotic Advisory: May 16th, 2020 (current)

2. Ontario Podortho Nursing Association: COVID-19 Foot Care Clinic Protocols (Template) and COVID-19 GUIDELINES (Essential vs Non-Essential Care)

<https://www.opnassociation.ca/>

3. Public Health Ontario: At A Glance: Infection Prevention and Control Fundamentals (IPAC)

For more information regarding point-of-care risk assessment, there are additional training modules available from Public Health Ontario IPAC Core Competencies.

<https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ipac-fundamentals.pdf?la=en>

The IPAC training most specific to your question would be, however all IPAC Core Competencies build on one another for a comprehensive IPAC approach:

4. IPAC Core Competencies: Personal Risk Assessment in Community Care - Clinic

<https://adfs.publichealthontario.ca/adfs/ls?wa=wsignin1.0&wtrealm=https%3a%2f%2fms.publichealthontario.ca&wct=2020-05-29T14:51:53.4703859Z&wctx=>

Modules are free and upon completion you will receive a certificate that can be documented as part of your COCOO Continuing Education

5. Ministry of Health: COVID 19 Operational Restart Health Sector Restart:

<http://cocoo.on.ca/wp-content/uploads/2020/05/Operational-Requirements-for-Health-Sector-Restart-May-26-2020.pdf>

6. Ontario Podortho Nursing Association: <https://www.opnassociation.ca/>

7. Canadian Association of Foot Care Nurses: <https://cafcn.ca/>

8. Public Services Health and Safety Association, Health and Safety Guidance during COVID-19 for Long Term Care: <https://www.pshsa.ca/resources/health-and-safety-guidance-during-covid-19-for-long-term-ca>

9. Ministry of Health, COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes, Version 2 – April 24, 2020 https://hpepublichealth.ca/wp-content/uploads/2020/04/LTC_RH-screeningTool_Version-2.0-Apr-24.pdf

10. Ministry of Health, COVID-19 Outbreak Guidance for Long-Term Care Homes (LTCH), Version 2 – April 15, 2020: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/LTCH_outbreak_guidance.pdf

11. Public Health Ontario, COVID-19: Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes: <https://www.publichealthontario.ca/-/media/documents/ncov/ipac/covid-19-ipack-checklist-ltcrh.pdf>

12. Ministry of Health, COVID-19 Guidance: Home and Community Care Providers, Version 4 – May 4, 2020:

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_home_community_care_guidance.pdf

13. Ministry of Health – Ministry of Long Term Care: COVID-19 Guidance for the Health

Sector: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx

14. **College of Chiropractors/Podiatrists:** <http://cocoo.on.ca/covid-19-novel-coronavirus/>

15. **College of Nurses: COVID 19 Standards:** <http://cno.org/en/trending-topics/covid-19-practice-resources/>

15. Best Practice Recommendations from Public Health and Regulating Bodies:

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx

<https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html>

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals.html?topic=tilelink>

https://www.who.int/docs/default-source/coronaviruse/who-rights-roles-respon-hw-covid.pdf?sfvrsn=bcabd401_0

16. Managing COVID 19 Outbreaks in Congregate Settings:

<https://www.publichealthontario.ca/-/media/documents/ncov/cong/2020/05/managing-covid-19-outbreaks-congregate-living-settings.pdf?la=en>

17. Develop a high level cleaning/disinfecting protocol following best practice guidelines: Good resource for cleaning and disinfectant agents

https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaning-disinfection.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fcleaning-disinfection.html

18. O. Reg. 146/20: ORDER UNDER SUBSECTION 7.0.2 (4) OF THE ACT - LIMITING WORK TO A SINGLE LONG-TERM CARE HOME

https://www.ontario.ca/laws/regulation/200146?_ga=2.117921153.963418393.1590084471-219903152.1578587817

19. COVID-19 Guidance for Group Homes and Congregate Settings Fact Sheet:

<https://www.toronto.ca/wp-content/uploads/2020/04/8fb1-COVID-19-Guidance-for-Group-Home-Congregate-Settings.pdf>

20. Directive # 1, #2, #3, \$ 4 and Directive #5 below for Health Care Workers

Directive #5 for Hospitals within the meaning of the <i>Public Hospitals Act</i> and Long - Term Care Homes within the meaning of the <i>Long - Term Care Homes Act, 2007</i>	April 10, 2020
Directive #4 for Ambulance Services and Paramedics under the Ambulance Act	March 30, 2020
Directive #3 for Long - Term Care Homes under the Long - Term Care Homes Act, 2007	May 23, 2020
Directive #2 for Health Care Providers (Regulated Health Professionals or Persons who operate a Group Practice of Regulated Health Professionals)	May 26, 2020
Directive #1 for Health Care Providers and Health Care Entities	March 30, 2020

Direction #1 for Health Care Providers

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/health_care_providers_HPPA.pdf

Required Precautions

- A point-of-care risk assessment (PCRA) must be performed by every health care worker before every patient interaction.
- At a minimum, contact and droplet precautions must be used by workers for all interactions with suspected, presumed or confirmed COVID-19 patients. Contact and droplet precautions includes gloves, face shields or goggles, gowns, and surgical/procedure masks, and
- Airborne precautions when aerosol generating medical procedures (AGMPs) are planned or anticipated to be performed on patients with suspected or confirmed COVID19, based on a point of care risk assessment and clinical and professional judgement. Health Providers and Health Care Entities must review and adopt the Technical Brief "Updated IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19" dated March 25, 2020 as amended from time to time which has been prepared by Public Health Ontario. This comprehensive document reviews foundational Infection Prevention and Control & Occupational Health and Safety strategies; including the role of Personal Protective

Equipment (PPE) within the Hierarchy of Hazard Controls and a description of what PPE should be used in different settings and for different activities. Note: The guidance outlined in this directive is a change in current practices respecting COVID-19 based on a better understanding of the epidemiology of the virus and the spectrum of illness that it causes, three months into this COVID-19 outbreak. It has been made in close consultation with Public Health Ontario and I have considered the Precautionary Principle in issuing this directive.

Directive #2 for Health Care Providers

<https://www.oha.com/Bulletins/Directive%202%20May%2026%202020.pdf>

Requirements for Health Care Providers (Regulated Health Professionals or Persons who operate a Group Practice of Regulated Health Professionals) The following steps are required immediately:

1. All non-essential and elective services should be ceased or reduced to minimal levels, subject to allowable exceptions, until further notice. Allowable exceptions can be made for time sensitive circumstances to avert or avoid negative patient outcomes or to avert or avoid a situation that would have a direct impact on the safety of patients.
2. Clinicians are in the best position to determine what is essential in their specific health practice. In making decisions regarding the reduction or elimination of non-essential and elective services, regulated health professionals should be guided by their regulatory College, and the following principles: 1. Proportionality. Decision to eliminate non-essential services should be proportionate to the real or anticipated limitations in capacity to provide those services. 2. Minimizing Harm to Patients. Decisions should attempt to limit harm to patients wherever possible. This requires considering the differential benefits and burdens to patients and patient populations as well as available alternatives to relieve pain and suffering.
3. Equity. Equity requires that all persons in the same category (i.e. at different levels of urgency) be treated in the same way unless relevant differences exist. This requires considering time on wait lists and experience with prior cancellations.
4. Reciprocity. Certain patients and patient populations will be particularly burdened as a result of cancelling non-essential services. Patients should have the ability to have their health monitored, receive appropriate care, and be reevaluated for emergent activities should it be required. Decisions regarding the reduction or elimination of non-essential and elective services should be made using processes that are fair to all patients. As this outbreak evolves, there will be continual review of emerging evidence to understand the most appropriate measures to take to protect health care providers and patients. This will continue to be done in collaboration with health system partners and technical experts from Public Health Ontario and with the health system.

Directive #3 for Health Care Workers

<https://www.oha.com/Bulletins/CMOH%20Directive%203%20-%20Long-Term%20Care%20Homes%20-%20HPPA%2003%2030%202020%20Shared.pdf>

Managing Essential Visitors. Long-term care homes must be closed to visitors, except for essential visitors. Essential visitors include a person performing essential support services (e.g. food delivery, maintenance, and other health care) or a person visiting a very ill or palliative resident. If an essential visitor is admitted to the home, the following steps must be taken: 1. The essential visitor must be screened on entry for symptoms of COVID-19, including temperature checks and not admitted if they show any symptoms of COVID-19. 2. The essential visitor must only visit the one resident they are intending to visit, and no other resident. 3. The essential visitor must wear a mask while visiting a resident that does not have COVID-19. 4. For any essential visitor in contact with a resident who has COVID-19, appropriate PPE should be worn in accordance with Directive #1.