

## Foot Care Nurse Forum Questions and Resources with suggestions

#	Question	Answer
1	<p>One of my questions was in regards to my Footcare kit. Should I be covering this in a clear garbage bag as it contains things that I need for Footcare?</p> <p>You may plan to address this already; however, I am processing what the logistics will be as I enter different homes for home Footcare.</p>	<p><b><u>Ontario Podortho Nursing Association:</u></b>  <b><a href="https://www.opnassociation.ca/">https://www.opnassociation.ca/</a></b></p>
2	<p>It is my understanding that autoclaving is the only acceptable method of caring for our foot care instruments between clients/patients. Can you please comment on this?</p>	<p><b><u>Ontario Podortho Nursing Association:</u></b>  <b><a href="https://www.opnassociation.ca/">https://www.opnassociation.ca/</a></b>  Practice Recommendations for Infection Prevention and Control Related to Foot Care In Health Care Setting  <a href="https://ipac-canada.org/photos/custom/Members/pdf/Position%20Statement%20%20ReprocessingCriticalFootCare_RevisedJuly2019.pdf">https://ipac-canada.org/photos/custom/Members/pdf/Position%20Statement%20%20ReprocessingCriticalFootCare_RevisedJuly2019.pdf</a></p>
3	<p>-I would like to know what precautions we have to take. Mask, face shield , apron, sterile gloves, hand sanitizer, hand wash, disinfectant</p> <p>-Should I ask them to bring their own towel? I will ask them to bring their own mask and if they didn't have one I would supply it.</p> <p>-Should we take every ones' temperature? Of course ask questions about have they been out of the country, if they have any symptoms.</p> <p>-Should we be tested ourselves before we go to do footcare.</p>	<p>Directive #1 for Health Care Providers  Required Precautions</p> <ul style="list-style-type: none"> <li>• A point-of-care risk assessment (PCRA) must be performed by every health care worker before every patient interaction. Screening tool for COVID 19  <a href="http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_screening_guidance.pdf">http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_screening_guidance.pdf</a></li> <li>• 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</li> <li>• Airborne precautions when aerosol generating medical procedures (AGMPs) are planned or anticipated to be performed on patients with</li> </ul>

<p>-Can we go from home to home to do house calls in the community?</p> <p>-What do I have to do in between?</p> <p>-Can I go into retirement homes? I do two. Neither one of them have had any covid 19 as yet.</p> <p>-Can I go from apartment to apartment?</p> <p>-What do I have to do from one apartment to the other?</p> <p>-If by any chance I can't participate that day of the zoom meeting (I may have to be away at that time) will you put out all these answers on the RAO blog?</p>	<p>suspected or confirmed COVID19, based on a point of care risk assessment and clinical and professional judgement.</p> <p>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.</p> <p>This comprehensive document reviews foundational Infection Prevention and Control &amp; 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.</p> <p>12. O. Reg. 146/20: ORDER UNDER SUBSECTION 7.0.2 (4) OF THE ACT - LIMITING WORK TO A SINGLE LONG-TERM CARE HOME  <a href="https://www.ontario.ca/laws/regulation/200146?_ga=2.117921153.963418393.1590084471-219903152.1578587817">https://www.ontario.ca/laws/regulation/200146?_ga=2.117921153.963418393.1590084471-219903152.1578587817</a></p> <p>Directive#2 for Regulated Health Care Professionals  All deferred and non-essential and elective services carried out by Health Care Providers may be gradually restarted, subject to the requirements of this Directive.</p> <ul style="list-style-type: none"> <li>• In the gradual restart of services, Health Care Providers must comply with the requirements as set out in COVID-19 Operational Requirements: Health Sector Restart (May 26, 2020 or as current), including, but not limited to, the hierarchy of hazard controls.</li> <li>• Health Care Providers must consider which services should continue to be provided remotely and which services can safely resume in-person with</li> </ul>
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		<p>appropriate hazard controls and sufficient PPE.</p> <ul style="list-style-type: none"> <li>• Health Care Providers should be sourcing PPE through their regular supply chain. PPE allocations from the provincial pandemic stockpile will continue. PPE can also be accessed, within available supply, on an emergency basis through the established escalation process through the Ontario Health Regions.</li> <li>• Subject to the requirements of this Directive, Health Care Providers are in the best position to determine which services should continue to be provided remotely (online, by telephone or other virtual means) and which should be provided in-person. This should be guided by best clinical evidence. Health Care Providers must also adhere to the guidance provided by their applicable health regulatory college, and the following principles: <ul style="list-style-type: none"> <li>• Proportionality. Decision to restart services should be proportionate to the real or anticipated capacities to provide those services.</li> <li>• <b>Minimizing Harm to Patients. Decisions should strive to limit harm to patients wherever possible. Activities that have higher implications for morbidity/mortality if delayed too long should be prioritized over those with fewer implications for morbidity/mortality if delayed too long.</b> This requires considering the differential benefits and burdens to patients and patient populations as well as available alternatives to relieve pain and suffering.</li> </ul> </li> </ul> <p style="text-align: center;"><b>COVID GUIDELINES (ESSENTIAL VS NON-ESSENTIAL CARE FOR PODORTHO NURSES)</b></p> <p style="text-align: center;"><a href="https://www.opnassociation.ca/">https://www.opnassociation.ca/</a></p> <p>Directive 1 see above  Required Precautions • A point-of-care risk assessment (PCRA) must be performed by every health care worker before every patient interaction.</p>
4	I have a in my house based business. Clients come to me. I am wondering about what screening tool to use prior to	1. <b>Ministry of Health, COVID-19 Guidance: Home and Community Care</b>

	<p>seeing my clients and if masks and gloves for myself and mask for client is all that is required during treatment.</p>	<p><b>Providers</b>, Version 4 – May 4, 2020:  <a href="http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_home_community_care_guidance.pdf">http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_home_community_care_guidance.pdf</a></p>
<p>5</p>	<p>We have many contracts with facilities and subcontract the work to other foot care nurses.</p> <p>-Due to the emergency orders my subcontracted nurses working in LTC state they are unable to work elsewhere. They have told me their workplace has told them that they are unable to work private practice in other facilities, is this correct?  I ask as the ministry of health told me that the emergency order, only applies when working in other LTC homes or facilities, not private practice.  Reference  <a href="https://www.ontario.ca/laws/regulation/200146?_ga=2.117921153.963418393.1590084471-219903152.1578587817">https://www.ontario.ca/laws/regulation/200146?_ga=2.117921153.963418393.1590084471-219903152.1578587817</a></p> <p>-We have been working short-staffed and have been trying our best to see all the urgent clients in our many facilities. Since urgent is a very vague term we have asked for a doctor's order be written for those facilities who have a physician or nurse practitioner access, to ensure the urgent issues are assessed appropriately, quickly, and within our scope of practice as a nurse, is this an appropriate request?</p> <p>- As per directive #3 we are to be only seeing 1 client per essential visit as outlined in the document. I ask as other homes have requested to see multiple clients in one visit.</p>	<ol style="list-style-type: none"> <li>1. Triage patients as soon as you can. OPNA suggests that Podortho Nurses classify the severity of all diabetic foot lesions. Priority should only apply for those patients at high risk for limb loss and Podortho Nurse should recommend their patients attend the hospital for care. Patients with moderate risk of limb loss due to infection or ischemia can be treated in an outpatient setting when possible. Including clinic or home care services in the treatment algorithm of these patients is key. For those patients without infection, telemedicine visits which such include patient education with the patient, family or other caregivers are also recommended as options.</li> <li>2. Consider alternative services. When caring for patients with less likelihood of limb loss or complications, OPNA suggests that Podortho Nurses consider evaluating patients in alternative locations such as clinics, mobile health centers with good control of PPE and infection control practices or via telemedicine.</li> </ol> <p>Very Good</p> <p>Need to check with Senior Management of homes and Public Health in</p>

	<p>Reference  <a href="http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/LTCH_HPPA.pdf">http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/LTCH_HPPA.pdf</a></p>	each region
6	<p>I work as a foot care nurse in independent practice and I also work as a staff nurse at my local hospital, to reduce the risk of transmission, all employees with more than one job have been asked to choose either one job to the other, therefore, I am currently unable to care for my foot care clients in the community.  - How long will it be until I can resume this service? Also, in the meantime, what do I do to make sure that my foot care clients needs are met?</p>	<p>Progressively and slowly health care services are opening up.</p> <p>Not sure about date to resume services in more than one place</p>
7	<p>-Please define 'urgent footcare '  Is the definition diabetic feet , corn callous ingrown nails ?</p> <p>-Is this indefinite or must wait two weeks between visiting different homes or, like PSW s who can only work in one home ?</p> <p>- Is a community home considered one home?  Please define seeing only one home ( LTC Or Retirement or personal home)</p>	<p><b>COVID GUIDELINES (ESSENTIAL VS NON-ESSENTIAL CARE FOR PODORTHO NURSES)</b></p> <p><a href="https://www.opnassociation.ca/">https://www.opnassociation.ca/</a></p> <p>One employer is the terminology  Community nurses are visiting clients in multiple homes  However, they will not be allowed in LTC homes</p> <p>LTC, Retirement and acute or community settings  It is limited to one employer and so a nurse is not going into LTC homes if she or he is working in another organization or community home  However..I realize this is up to the LTC home and things are changing as we speak</p>
8	<p>I am very much looking forward to this discussion forum and hopeful for some clarification on many issues that have come up trying to run my nursing foot care business.</p>	See above resources

<p>I provide foot care at 3 locations ( a clinic and two LTC homes) and I also have private homes that I provide foot care at. Generally all my clients are seniors.</p> <p>- Can I see urgent care clients/seniors in their private homes if they are unable to go to my clinic? Can I go from private home to private home in the same day to provide urgent foot care? Would I have to wait a period of time in between private home visits?</p> <p>- I understand currently I have to choose between my two LTC homes. Do you think this will last a long time? Could I maintain seeing residents in both homes if I wait a period of time between going into them</p> <p>- What PPE is needed to safely provide foot care to seniors who are non symptomatic</p> <p>- If a <b>non nurse</b> is providing foot care to seniors in the seniors homes, what advice would you give them?</p>	<p>LTC, Retirement and acute or community settings It is limited to one employer and the direction relating to LTC homes is if you can only enter LTC if you are not working in any other sector or organization to reduce COVID spread.</p> <p>However, this is up to the LTC home and things are changing as we speak</p> <p>Community nurses are going into private homes without a wait time</p> <p>N/A</p> <p>See PH documents but surgical masks for nurses surgical for non covid is adequate but screening prior to visits will determine what PPE you require</p> <p>This concern has been brought to the attention of Doris CEO and Heather McConnell IABPG Manager. It is a concern.</p>
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