

COVID GUIDELINES (ESSENTIAL VS NON-ESSENTIAL CARE FOR PODORTHO NURSES)

In light of the COVID-19 outbreak OPNA Directors have established a guideline to differentiate *Essential* versus *Non-essential* Podortho Nursing Services

Essential Services	Rational
Open wounds	<ul style="list-style-type: none"> The client is unable to preform best practice wound care and the wound bed is at increased risk of deterioration and infection
Onychocryptosis (Ingrown toenail)	<ul style="list-style-type: none"> Clients who are presented with pain and redness at the sight. Infected site with drainage Increasing risk for further infection
Podortho Nurse Footcare	<ul style="list-style-type: none"> If client is unable to perform proper nail care, and; There is a high provability of tissue trauma if done independent of Pod. Nurse Reducing callus will alleviate pain and prevent ulcerations (if there is a risk) Only if necessary, clients with high risk conditions (E.g., DM, PAD, Loss of sensation, etc.) Hx of compromised tissue and high risk of reoccurrence (E.g., arterial ulcers, DFU, etc.)
Nail bracing	<ul style="list-style-type: none"> To treatment an involuted nail plate when the client has extreme pain, and either has, or there is a high risk of developing a pressure ulceration or infection When a client has an involuted nail plate accompanied by onychocryptosis, where general treatment is not possible until the nail plate is corrected
Severe cases of Onychomycosis	<ul style="list-style-type: none"> When patient compliance is a concern, and the condition will worsen if left untreated and cause additional lower limb health related issues E.g., Total Dystrophic and Subungual Onychomycosis fungal infections E.g., "If left untreated, the skin may develop pus at the edge of the nail"
Padding and Strapping	<ul style="list-style-type: none"> If treatment will protect from injury, prevent trauma, or skin breakdown If used as a routine measure to correct or align gait and aid in client mobility
Orthotics	<ul style="list-style-type: none"> If highly recommended by medical doctor If client has a deformity that impedes on balance or a stable gait, and the orthotic will improve the client's ability to carry out activities of daily living and prevent falls And, if the client is a high fall risk and orthotics are necessary to prevent injury

Compression Therapy	<ul style="list-style-type: none"> If clients require prescription compression r/t: increased risk of venous leg ulcers or active venous ulcer is present
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Non-essential Services	Rational
Routine footcare	<ul style="list-style-type: none"> Clients that have routine footcare for esthetics reasons and those who are a low risk of injury or foot trauma if their care is delayed and have limited co-morbidities or risk factors
Nail bracing	<ul style="list-style-type: none"> For esthetic purposes
Orthotics	<ul style="list-style-type: none"> For the purpose of comfort, recreation, sports, etc.
Compression therapy	<ul style="list-style-type: none"> To reduce swelling or non-pitting edema, pain that can be otherwise self managed, etc.
footwear	<ul style="list-style-type: none"> Unless recommended to decrease risk of falls

OPNA Recommendations	Additional Notes and Resources
Use PPE when caring for patients/clients	Act as if you have the virus to aid in protecting our clients, yourselves and co-workers
Immediately, before providing care, both client and HCP should use hand sanitizer and/or wash hands	
Follow 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-19.pdf?sfvrsn=bcabd401_0
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

Clinics: provide client a mask to wear	Droplets can linger in the air for at least 3 hours and on surfaces for 7 hours.
Alternate masks	Hang your used mask (if not soiled from direct care) in a sunny area or spray with 6% hydrogen peroxide or biotex for reuse. The COVID-19 virus lysis when exposed to the sun. Homemade masks are not suitable for direct care but can be worn in between clients (for clinics).
Utilize the health care planning check list	https://www.phe.gov/Preparedness/COVID19/Documents/COVID-19%20Healthcare%20Planning%20Checklist.pdf
View PIDAC Tool for Preparedness	https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/mers-cov?_ga=2.179152295.2048973648.1586827858-2142112112.1586008227

Practice considerations for diabetic patients/clients

COVID-19 is disrupting many aspects of our clinical practices. As Podortho Nurses and regulated health care providers, we are deemed essential caregivers, especially for those patients/clients that suffer from diabetic foot disease. We play an important role during this outbreak by ensuring that continuity of care of our at-risk patient population is maintained while limiting their exposure to COVID-19. Vigilance can keep our diabetic patients free from hospital admissions and will allow hospital beds to remain open for patients suffering with COVID-19.

1. **Not all patients with diabetic foot disease need to be hospitalized.** Hospitalizations should be reserved for patients showing systemic manifestations of severe infection (such as sepsis) that require urgent diagnostic testing, surgical intervention, antibiotic therapy or other supportive care. Initial assessments of diabetic foot diseases including most cases of infection and ischemia should be done in a community-based clinic or in a home care setting. OPNA advocates for a multidisciplinary approach with clinicians working together to provide proper patient care.
2. **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.

3. **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.

The clinic setting must provide proper screening measures prior to patient care visits and upon arrival. Podortho Nurse and staff must demonstrate the importance of practicing good basic hygiene. Podortho Nurses should continue to discuss general hygiene parameters with patients, including the need for frequent hand washing. Educating patients will help to further safeguard them and yourself against the spread of the coronavirus.

OPNA also recommends discussing the importance of continued glycemic control. Patients/clients keeping glucose levels in check will help keep patients with diabetes problem-free and out of the hospital. Podortho Nurses should also encourage patients to wear their prescribed offloading devices at home as much as possible. Motivating patients to create an appropriate daily exercise routine will also aid in maintaining their overall health and wellness.

OPNA recommends Podortho Nurses to act locally during the COVID-19 outbreak to assist with keeping many patients free from hospital admissions and help achieve better outcomes globally.