

# Podiatry FAQs



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# General

## **1. I have been contacted by Public Health England and/or a Track and Tracer to say I have been near someone with COVID-19 or tested positive for COVID-19. Do I need to tell my patients?**

No. Normally no one has to contact anyone else as that is the tracer's job (unless they tell you otherwise). They may ask you for details of who you have been near as part of the track and tracing program. You can give them patient details if they request them. They will tell you if you need to self-isolate or not. You must follow their recommendations.

## **2. If I am seeing patients will the track of tracers keep telling me to isolate?**

As clinicians are wearing PPE they should not need to isolate. You may be contacted by the tracers but once they know you are a clinician who has worn PPE then you should be ok to continue to work. You need to follow their advice though.

## **3. Do I need patients to sign a consent form related specifically to COVID-19?**

This would be best practice but if you don't then you must record the verbal consent in the patient notes including details of the conversation you have had with them and how you reached your decision to treat.

## **4. When we are in lockdown or a high tier how do I use the clinical grids?**

In all Nation's patients can go out for any medical need.

The four UK countries are adopting the COVID-19 guidance for infection prevention and control in healthcare settings which the College has shared on its PPE guidance webpage. This official guidance was produced jointly by the Department of Health and Social Care, Public Health Wales, Public Health Agency (Northern Ireland), Health Protection Scotland and Public Health England.



This means you can provide podiatric treatment (if you wish) as long as you are following professional body (College) guidance. All podiatrists wherever they are based must make sure you triage your patients and make them aware of the risks of travelling or allowing someone into their home. You should balance their foot health need with the potential risk of transmission and record your decision and reasoning behind treating or not treating in the patient record.

**5. Can I still work in nursing/residential homes (and similar) and what if they ask me to be tested for the virus?**

Yes you can still work in these settings. The decision tree, traffic light grid and risk assessments must be used by all members working in independent practice whatever setting they are in. Some homes may ask you to take a test which they can provide before attending. We would advise members to comply with these requests and allow them to test you otherwise they may refuse you entry to their establishment.

**6. On the risk assessment toolkit I'm not sure why I would tick a column for some of the questions? Is that column to be ignored for some questions?**

There is a not applicable column which can be used if the question is not relevant to your set up. The toolkit is just that a tool which can be adapted to your way of working but do consider all questions in case it is an area you had not thought about before and could implement if appropriate. The green column is Yes, the red column is No, the grey column is n/a and the amber column is labelled "only in certain towns/cities" this alludes to the potential for some areas to be different to others. So for example at the moment in all parts of the UK councils are exempting podiatrists from closing so that's would be green but in the future you could get a town where the R value is high and that local council says all business have to shut for a period of time in which case you would review the toolkit and tick amber.

**7. Are domiciliary visits counted as remote consultations?**

NO – remote consultations are non-face to face consultations i.e. by phone, video conference etc. Our guidance on this can be found here <https://cop.org.uk/members/news/guidance-on->



[remote-consultations/?utm\\_source=The%20College%20of%20Podiatry&utm\\_medium=email&utm\\_campaign=11421762\\_Coronavirus%20Daily%20Update%202023.03.20&dm\\_i=1S5C,6ST36,WV4B1X,R7STN,1](https://www.cop.org.uk/remote-consultations/?utm_source=The%20College%20of%20Podiatry&utm_medium=email&utm_campaign=11421762_Coronavirus%20Daily%20Update%202023.03.20&dm_i=1S5C,6ST36,WV4B1X,R7STN,1)

**8. Do I need to tell patients if I become symptomatic or have a positive COVID-19 test.**

Our lawyers have confirmed you do not need to inform patients until you have a confirmed positive test. Even then people who have tested positive should speak to the Public Health England contract tracers and explain you are a clinician and that you can give them patient details if they need them. It is then for them to inform the patients if they feel it is necessary. You can let patients know you are self-isolating following a positive test and that PHE will contact them if they feel it is necessary.

# Patients

## **9. The government guidance discussed suspected cases and infectious patients – aren't all patients suspected and infected?**

The government considered patients only to be a suspected or infected coronavirus patient if they have symptoms of a temperature over 37.8C or a persistent cough or loss of smell/taste or have had a positive COVID-19 test.

## **10. One of my patients has had COVID-19 and has now recovered can I treat them?**

If they are past their quarantine period then yes you can treat them but you still need to wear the correct PPE as there is no clear evidence yet that having had COVID-19 makes you immune to further transmission.

## **11. I think a podiatrist, or an FHP has been treating without following guidelines.**

If you are concerned, then initially you may wish to approach them yourselves and ask if they have seen the Government (and COP if appropriate) guidance. If you feel you cannot do this then you can raise a concern via COP if the other party is a member or report them to trading standards/ council health inspectors or report them to HCPC (or PSA if a registered FHP) (this should be the last resort as most of the time the concern is a misunderstanding – we strongly suggest speaking to COP before doing this so we can give advice).

## **12. Can I do remote consultations?**

Yes, you are insured to undertake remote consultations and should follow College guidance available on the website.

## **13. Can I see emergency patients if I am furloughed?**

NO – you cannot do ANY work for a company you are furloughed from even administrative or social media. You cannot do remote consultations for the business you are furloughed from.

#### **14. My patient is going abroad can I treat them when they return?**

The government has designated travel corridors to some countries

<https://www.gov.uk/guidance/coronavirus-covid-19-travel-corridors>. If patients have been to these countries then they do not have to isolate and you can treat them on their return. For all other countries they must self-isolate for 10 days so you should arrange an appointment for after that time as long as they do not show symptoms. If they show symptoms then they must self-isolate for 7 days from the start of the symptoms.

## PPE

### **15. As face coverings are now compulsory can I refuse to treat a patients who does not wear one?**

The government definition of a shop is somewhere which sells goods or services. As podiatrists sell their service in private practice this will apply to them. As it will be law you can refuse patients entry but remember there are people who are exempt i.e. children under 5, disabled people, certain medical conditions and people who need to communicate via lip reading; so you need to be aware of this and allow those patients entry. Also remember a face covering can be as simple as a scarf or shawl over their mouth/nose. Also religious dress which covers the nose and mouth already is considered a face covering automatically. If someone does refuse to wear a face covering you should explain the law and why they need to cover their face. If they ultimately still refuse you can decline them entry and make a note in the patient records. Advise them if they reconsider then they can contact for another appointment and/or if they have urgent need they can contact their GP or walk in centre. It is not your job as a clinician to police the use of face coverings, so you do not need to do anything more than this or report the patient's choice to any external parties i.e. the police. These rules do not affect the staff within "shops" so your staff should follow the rules for PPE as discussed below.

### **16. Is ok to sell face masks to patients?**

Patient safety is part of a clinician's responsibility therefore if the government PPE guidance indicate that a facemask should be provided to a patient then this should be done at no extra cost to the patient. This is so the patient does not feel under duress to pay for something to enable treatment to occur (above the normal payment they would make which they are expecting). If you wish patients to wear a fabric face covering to comply with government guidance, then this should be communicated to the patient in advance of the appointment to give them the opportunity to prepare.



We understand that due to raising costs private podiatrists may feel they have to raise their general fees to cover some of these costs including PPE. This is completely understandable and is acceptable. As normal your fees should be clearly set out so that patients are aware of them before attendance for example by displaying them on a website, on your waiting room notice board, emailing patients with the new fees etc.

If members wish to sell face coverings or face masks which are not IIR, FFP2 or FFP3 they may do so but these should be at the patients request and not sold as a requisite to treatment.

If members have spare IIR, FFP2 or 3 facemasks they should not sell these to members of the public as they are desperately needed by other podiatrists or healthcare professionals. We suggest seeing if local colleagues would be able to utilise them. We do not expect members to give supplies away for free but we would expect that they sell them to other healthcare professionals for what it costs them to buy so members are not seen to be profiteering from the pandemic.

### **17. What is the difference between a surgical mask and a type IIR surgical mask? How do we recognise this?**

An IIR mask is fluid resistant, a normal surgical mask isn't. Masks will be marked with some sort of information which will say IIR or FFP2 or FFP3 etc if they are the correct type of masks. They all look different so it's not the look but the type which is written on them or their packaging somewhere. They should also be CE marked to confirm their quality.

### **18. What is the difference between a Type IIR FFP2/ 3 surgical mask and a FFP2/3 respirator mask?**

The IIR combined with FFP are the same material as normal IIR masks but they are shaped to fit your face properly. FFP masks are thicker and have multiple thick layers to prevent particles being pulled through the material when breathing.

**19. My mask has a valve – apparently there is a workaround to enable masks with valves to be used. Can you please clarify what this is?**

Wear a visor or another plain mask over the top. Valved masks are not appropriate when performing AGPs.

**20. If the masks are advised as sessional use - does that mean that if they are removed between patients to drink etc then they must be replaced with a new one?**

You can lift your mask away from your face by the ear loops to take a drink if needed but you must be careful not to touch the front and wash your hands before and after, and be careful when replacing it back on your ears. PPE should not be subject to continued use if damaged, soiled, compromised, uncomfortable and a session should be ended. The duration of use of PPE items should not exceed manufacturer instructions. Single use masks may be used for a session in most situations.

**21. What does a session mean on the PPE tables?**

Following further guidance from the government session is as follows:

**Clinic**

The entire day in the same location is a session. But you need to triage patients, so you know they are not symptomatic. If you are in NHS follow trust guidance for your area. If a patient is symptomatic (should not be seen in private practice) or the mask has been splashed by blood or bodily fluid then it needs to be disposed of. Some masks are reusable and therefore you just decontaminate them at the end of the day as per manufacturer's instructions. Single use masks can be used for the session but then are disposed of at the end of the day. If you touch your mask or eye protection you must wash your hands before touching the patient even if you have gloves on.

**Domiciliary**

A session can be viewed as leaving your house until you return (you must not stop at shops etc)

but only if you have a mask and/or apron and/or eye protection which can be decontaminated between patients i.e. can be wiped down using a disinfectant wipe. Single use masks and aprons must be replaced for each new location and the old ones disposed of. Gloves are always single use and may need to be changed multiple times in a visit depending on what you touch. If you are wearing a mask for the session then you must keep it on even when driving.

### **Nursing homes and similar**

A session lasts the entire time you are at the specific location, however, if there is one positive case of COVID-19 then you should have fresh PPE to treat each patient. Private Practitioners should not treat in a nursing home with CV19 positive patients.

We realise some of these ways of working will put even more pressure on PPE supplies and we have raised this with the government.

### **22. Do receptionists need a face mask too?**

You need to read <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>. Receptionists if they can stay 2 meters away from patients do not need to wear any PPE. If they can't do 2 meters, then they should wear a splash resistant face mask only. Otherwise it is about handwashing.

### **23. Are you advising all private practitioners to increase their costs due to the cost of PPE?**

Fees are your business decision, if you have increased costs and therefore wish to pass them on to the consumer that is your prerogative and perfectly acceptable.

### **24. What are the domiciliary rules for PPE or where can I find them?**

The rules for domiciliary PPE is on table 2 for suspected or confirmed cases and table 4 for all others of the government guidance.

**25. PPE is very difficult to procure. Are private podiatrists able to access and buy PPE through government stock, like private care homes?**

Unfortunately, not but we are lobbying the government about this.

**26. How do I dispose of my PPE?**

If you do not feel the PPE has been contaminated, then it can go in normal waste. If you feel it could have been contaminated whether by coronavirus or other blood or bodily fluids then it goes in clinical waste. In domiciliary settings follow normal protocol unless someone is symptomatic or a confirmed case and then double bag it and bring back to go in clinical waste (although you should not be seeing these patients in private practice). Once something is in the rubbish coronavirus only survives 1-5 days depending on what surface it is on so unless someone rummages through a bin the risk of transference is negligible.

**27. When do I put on PPE for home visits?**

Your mask, apron/gown and eye protection should be donned before entering the house and then removed on leaving the house. You should alcohol gel you hand before approaching the house, after entering the house (do not shake hands with anyone), put on gloves to treat, change gloves and alcohol gel hands (or wash if facilities available) anytime you have to touch something other than the patients feet or your clean instruments/ sterile field, remove gloves at end of treatment and alcohol gel hands. Alcohol gel hands once back in car.

**28. Do I need to provide my associate with PPE**

It depends on your contract with them (all associates should have a contract). But it can be viewed that as an associate is an independent self-employed podiatrist that they should provide their own PPE. But it is your responsibility as a business owner to make sure all people within your building are adhering to health and safety requirements.

**29. Do I need to wear PPE when driving between patients?**

PPE should be donned and doff just before and after entering the patient's home. However, if



you are wearing a facemask for the session then you can leave that in place. You should NOT wear eye protection when driving as it may obscure or distort your view.

### **30. What sort of eye protection is required?**

You can wear a visor or google or safety glasses. You own glasses do not count as eye protection. You should risk assess and decide if a visor is preferable to googles or safety glasses i.e. you have a valved mask or there is increased risk of splashes.

# Infection Control/Cleaning

## 31. What do I clean my clinic and equipment with?

You need to use a disinfectant which contains 0.05% chlorine ppm (also known as Sodium Hypochlorite) or 70% Alcohol (ethanol).

### **This includes but is not limited to:**

Hydrex Hard Surface Spray

Clinell Wipes

Chemgene HLD

Sani-Cloths

Trionic

There is also a list of household cleaners which can be used on the environment agency <https://www.nea.gov.sg/our-services/public-cleanliness/environmental-cleaning-guidelines/guidelines/interim-list-of-household-products-and-active-ingredients-for-disinfection-of-covid-19>

## 32. New patients will have to fill in consent forms and medical history forms. We can wipe the pen and clip board afterwards with wipes, but the paper has to be scanned and added to electronic notes, how is paper sanitised?

The coronavirus is not shed from skin only by droplets therefore as long as the patient has washed or alcohol gelled their hands before and after touching paperwork and the clinician/receptionist has done the same then the risk of contamination is extremely low.

## 33. If paper touched by a patient or ourselves is then shredded, does this become clinical waste?

NO – your waste streams are still the same. Paper would go into confidential waste if it had patient information on it or normal waste if not. The virus once contained in waste bags would

die off within 1-5 days therefore as long as you don't go rummaging through your waste there is no risk.

**34. Is all our waste now to be classified as clinical waste?**

No see above. If you had treated a highly contagious person i.e. someone diagnosed with coronavirus then their treatment waste and PPE should all go into clinical waste but private practitioners should not be treating patients with symptoms.

**35. What type of waste can go into a normal bin?**

The normal waste you would segregate out as per our waste management standards.

**36. Floor cleaning: is this to be done after every patient in the treatment room and waiting room?**

You should be sweeping down the floors between each patient but you only need to wash them at the end of each session unless you treat an infectious patient which you shouldn't be in private practice; or there has been a blood or bodily fluid contamination on the floor.

**37. The use of colour coded disposable mops: are disposable mops to be used all day and then disposed of at the end of the day? Or are they to be used once after each patient?**

Disposable mops only need to be used when you are decontaminating after treating a known COVID-19 patient otherwise you can use reusable cleaning materials but you should wash them in detergent and hot water themselves once you have finished and leave to dry.

**38. Do receptionists also have to change into their uniform at work, and change to go home with uniform bagged up for washing too?**

No as they are not delivering direct patient care. However, if someone was assisting i.e. with nail surgery then they would.

**39. Why can a domiciliary podiatrist wear the same uniform from house to house and in the car, but clinic based podiatrists have to change into and out of uniform at work?**

Domiciliary podiatrists should change into their uniform just as they leave and then doff the uniform as soon as they enter their house – they should not be walking around shops or stopping to or from patients houses in their uniforms. These uniforms guidelines around infection control have been around many years.

**40. There is information on COVID-19, including that a build up of droplets can occur in a treatment room, depending on how many “air changes” are made during the day. What is the meaning of and your understanding of air changes in relation to Podiatry room ventilation?**

[https://www.who.int/water\\_sanitation\\_health/publications/natural\\_ventilation.pdf](https://www.who.int/water_sanitation_health/publications/natural_ventilation.pdf)

You only need to really worry about this in isolation rooms or where large volumes of infected patients are being treated. Otherwise just opening a window or leaving the door ajar to the clinic room is enough to air a normal clinic room; but be aware of patient confidentiality.

**41. Do we take notes into the house if doing a home visit?**

Notes should be left in the car (out of site in the boot in a locked container as per COP standards) if possible and completed on return to the car. If paperwork needs to be completed then it may be preferable to keep it in a plastic folder which can be wipe cleaned on leaving the house.

**42. Do we need overshoe protective wear?**

These are not mandated on government guidance but if you wish too you can.

**43. Can visors be cleaned?**

All PPE should be cleaned following manufacturer’s instructions, but most visors should be able to be cleaned and reused unless they are marked as single use.

**44. Do we need to double bag our waste?**

Only if you have treated confirmed or symptomatic COVID-19 patients (which you shouldn't be in private practice).

**45. Should I only use single use instruments during the pandemic?**

This is personal choice. There is no clinical reason to do this. As long as you process and autoclave your instruments wearing the correct PPE as per our standard of decontamination then any virus would be destroyed in the sterilization process. Remember you should as standard be changing the water in your autoclaves etc on a daily basis.

**46. Should I leave instruments at patient's houses?**

NO – single use instruments legally can be used only once and then must be disposed of via clinical waste. You may be opening yourself up to prosecution if you do not dispose of single use instruments correctly. Reusable instruments must be decontaminated as per our standards i.e. autoclaved and therefore should not be left at patients' homes between visits as you cannot know what they have done with them between times.

**47. Is air conditioning ok?**

The HSE has confirmed air conditioning including portable units is not a risk during COVID-19 but you should make sure it is cleaned regularly and permanent units should be serviced annually. Fans should not be used in clinical areas at all as they have been shown to spread microbes including MRSA and C Diff.

**48. Should I install a safety screen at reception or in my clinic room?**

This is personal choice and it is up to you whether you are able to afford this compared with providing adequate PPE.

If a screen on reception is full length and width and totally encloses the reception area, then the receptionists do not need to wear PPE.



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In the clinic room or on reception if a screen is only really covering the patient face/torso and they can easily move or turn their head and therefore cough/sneeze around the screen then full PPE should still be worn as per the guidance.