

## COVID-19 - FAQs for the PPE and Precautions for Community Based Private Chiropractic/Podiatry Offices

Updated: April 23, 2020

### Key Updates:

- Continued triple screening of ALL patients (enhanced)
- Continued treatment of only patients without symptoms of COVID-19 or Acute Respiratory Infections (ARI)
- Continued use and monitoring of engineering and administrative control measures
- Continued organizational and point of care risk assessment (enhanced)
- Adapting standard precautions with additional **DROPLET** precautions (*use of gloves, mask, and eye protection*) at all times in consultation/treatment room
- Use of **CONTACT** precautions (*use of gloves, mask, gown, and eye protection*) only when indicated from outcome of risk assessment
- Implementation of universal masking for patients in order to receive Chiropractic and Podiatry Care
- Continued hand hygiene by patient upon entering and exiting the practice/clinic
- Extended use of procedure/surgical masks
- Extended use and reprocessing of reusable goggles/eye wear/face shield protection

### Face Masks:

When procuring masks in these times of shortage, reputable sources should be used as there are counterfeit masks being marketed as medical PPE.

### **Can I (the practitioner) reuse my medical mask?**

Ideally, masks are to be discarded once removed, but if supplies are limited, these may be re-used if they are not visibly soiled, contaminated, wet or otherwise damaged. A single mask may be worn for an extended period (*e.g., donned at the beginning of the clinic, and continued to be worn*) as long as it is not visibly soiled, damp, damaged or difficult to breathe through. Masks are to be discarded at the end of the clinic

## COVID-19 - FAQs for the PPE and Precautions for Community Based Private Chiropody/Podiatry Offices

Updated: April 23, 2020

- The mask is to be donned when entering the clinic and removed when eating or leaving the clinic
- If a mask is to be reused, it must be kept from being contaminated by storing it in a clean paper bag, or in a cleanable container with a lid. Paper bags are to be discarded after each use. Reusable containers are to be cleaned and disinfected after each use.
- Bags and containers are to be labelled with the individual's name to prevent accidental misuse.
- Do not store masks where they can become damaged or contaminated. Damage can impact the mask's effectiveness.
- Change the mask when it is wet or soiled.
- Change the mask when it is hard to breathe through.
- Change the mask when it becomes contaminated

### Do I need to use a N95 Respirator?

According to College IPAC Standards of Practice, the purpose of N95 respirators in the profession is for nail debridement in the absence of dust extraction or water spray. N95 respirators are used when an AGMP (Aerosol Generating Medical Procedure) is being performed on a probable or confirmed case of COVID-19. ***The procedures under our scope of practice are not considered AGMP. Medical N95 respirators do not have valves. If the N95 respirator has a valve, you must wear a procedure mask over top to ensure droplet control as the valve only filters inhalation, not exhalation.***

### Can I reprocess (autoclave) face masks?

The reprocessing of face masks documented applies to N95 respirators ONLY. This is not recommended. Reprocessing would require testing the efficacy of the N95 after reprocessing and the proof of effectiveness of removing the pathogens

**COVID-19 - FAQs for the PPE and Precautions for  
Community Based Private Chiropody/Podiatry Offices**

Updated: April 23, 2020

from the respirators. Due to the scope of practice, this should not be required as the use of such respirators is limited because of the very specific use.

**Do I need my patients to wear masks?**

Use of mask /face covering by patients is a form of UNIVERSAL MASK USE. Masks coverings are used to protect others from the wearer's droplets in Patient MUST wear some form of face covering during their visit to members facilities. This is essential for droplet control originating from the patient, and therefore protection of the Member. Patients must be informed of this requirement at the time of procuring an appointment. The mask the patient wears is NOT required to be a medical/surgical mask. Examples could be as follows: *homemade masks, scarves, bandanas, etc.*

If the Members have enough supply of face masks, they can provide the patient with a single use face mask should they arrive for their appointment without one. If the patient is unable or the patient refuses to wear a mask it must be considered that the rationale for patient use of face coverings is for the Member's protection, it is well within the rights of the Practitioner to refuse or arrange alternate care of the patient in question.

**Can I (*the practitioner*) wear another type of mask (e.g. Homemade)?**

**NO**. The replacement of standard PPE with items produced with materials not having the necessary requirements (e.g. cotton cloth masks to replace medical masks or respirators) has not been proven to be effective and is not acceptable.

**COVID-19 - FAQs for the PPE and Precautions for  
Community Based Private Chiropody/Podiatry Offices**

Updated: April 23, 2020

**Eye Protection:**

**Do I have to wear eye/ facial protection for each patient?**

The use of eye protection and facial protection is required as part of droplet precautions. Types of eye protection / facial shields are as follows:

- Disposable face shields, goggles, and visors (*attached to surgical masks*) that are disposed after each patient interaction is the optimal choice
- Reusable goggles, safety glasses (*trauma glasses*) with extensions to cover the side of the eyes, face shields (must be designed to cover the side of the face and to below the chin) that are removed after each patient treatment and reprocessed is the second choice.
- Extended use of disposable face shields, goggles, and visors (*attached to surgical masks*)
- Alternative – local production of face shields (risk is suboptimal quality, including inadequate shape to ensure face protection)

**How do I reprocess my eye/ facial protection?**

- The reuse of eye protection without appropriate decontamination / sterilization is strongly discouraged.
- Clean goggles, safety glasses, face shields with soap/detergent followed by disinfection using either sodium hypochlorite 0.1% (followed by rinsing with clean water) or 70% alcohol wipes
- Goggles, safety glasses, face shields may be cleaned immediately after removal and hand hygiene is performed OR placed in a designated closed container for later cleaning and disinfection.
- Ensure cleaning of eye protection takes place on a clean surface by disinfecting the surface before cleaning of eye protection
- Appropriate contact time with disinfectant (*e.g. 10 minutes when using sodium hypochlorite 0.1%*) should be adhered to before reuse of goggles, safety glasses, face shields.

## **COVID-19 - FAQs for the PPE and Precautions for Community Based Private Chiropody/Podiatry Offices**

Updated: April 23, 2020

- After cleaning and disinfection, they must be stored in a clean area to avoid recontamination.

### **What are the potential risks of extended use of eye/facial protection?**

- The removal, storage, re-donning, and reuse of the same, potentially contaminated PPE items without adequate reprocessing is one of the principal sources of risk to health care workers.<sup>13</sup>
- Extended use of goggles, safety glasses, face shields may increase the discomfort and fatigue of health care workers
- Skin tissue damage may occur to face with prolonged use

### **What precautions should I consider when removing the eye/facial protection?**

Follow safe procedure for removal of goggles, safety glasses, face shields to prevent contamination of eyes.

- Use of the same goggles, safety glasses, face shields by a health care worker between a patient with COVID-19 and a patient who does not have COVID-19 is not recommended due to the risk of transmission to another patient who would be susceptible to COVID-19
- Remove, reprocess, and replace if goggles, safety glasses, face shields are contaminated by splash of chemicals, infectious substances, or body fluids
- Remove, reprocess, and replace If goggles, safety glasses, face shields obstruct health care worker safety or visibility of health care environment or become loose

**COVID-19 - FAQs for the PPE and Precautions for  
Community Based Private Chiropody/Podiatry Offices**

Updated: April 23, 2020

**Gowns:**

**Do I, the practitioner, have to wear an isolation gown to treat ALL patients?**

**NO.** Triple screening identifies COVID-19 negative patients. Use of universal masking and hand hygiene by patients will help to reduce the need for isolation gowns in potentially asymptomatic/pre-symptomatic patients. Use of environmental, structural and process controls along with disinfection protocols is also essential. However, you must utilise gown when contact precautions and individual risk assessment requires it.

**Do I need to wear an isolation gown to perform a surgical procedure?**

**YES.** The College IPAC Standards of Practice requires use of a gown.

**I would like to wear a gown as a precaution. Can I wear the same gown between patients?**

**YES.** The same gown may be worn between patients who have been screened and determination made that contact precautions are not required. This gown must be changed if soiled or damaged. **HOWEVER,** if upon screening it is determined that contact precautions are indicated for a patient, a gown required is required and should be disposed of immediately after providing care or reprocessed as per the guidelines below if of the reusable variety.

**If I do not have any isolation gowns, what are appropriate alternatives if I deem a patient care requires CONTACT precautions?**

There are **NO** recommended alternatives at present approved by PHO. It is strongly recommended Members do NOT treat such patients if you do not have the appropriate PPE (i.e. isolation gown)

**COVID-19 - FAQs for the PPE and Precautions for  
Community Based Private Chiropody/Podiatry Offices**

Updated: April 23, 2020

**Can I wear a lab coat as an additional precaution over my clinical attire?**

**YES, HOWEVER** clinical and laboratory coats or jackets are not a substitute for gowns where a gown is indicated. A lab coat is not considered a PPE but a form of clinical attire. It must be changed if soiled. A lab coat cannot be used in place of an isolation gown for contact precautions.

**Can I make my own or use a home-made gown as a form of PPE?**

**NO.** A home-made gown is not a form of PPE. Isolation gowns are deemed medical devices and as such all medical gowns are Class I medical devices. Class I devices must be manufactured by companies that hold a Medical Device Establishment Licence (MDEL).

**How do I launder reusable gowns and lab coats and clinical attire properly?**

CDC	WHO	WHO
1. Soaps and detergent 2. Hot water of at least 160F (71C) for a minimum of 25 minutes 3. Chlorine bleach 4. Mild acid during the last rinse cycle	1. Machine wash with warm water (60-90C) 2. Laundry detergent	1. Soak in hot water and soap 2. Stir with a stick 3. Soak with 0.05% chlorine for approximately 30 minutes 4. Rinse with clean water 5. Let dry in sunlight

**What should I do with my 'clinical attire' when travelling to and from my clinic?**

It is strongly recommended that clinical attire should ONLY be worn within the clinic setting. Members should change into their clinic attire when arriving and removing it prior to leaving the clinic. Clinical attire should be changed/laundered daily unless soiled or contaminated in which case it should be changed at that time.

**For additional questions and concerns, we encourage you to visit the COLLEGE OF  
CHIROPODISTS OF ONTARIO website ([www.cocoo.on.ca](http://www.cocoo.on.ca))**

Contact us at: [info@cocoo.on.ca](mailto:info@cocoo.on.ca)