Yes to any

If a patient says “Yes” to any COVID-19 risk questions, inform your patient they should self-isolate for 14 days and if symptomatic, get a COVID-19 test and continue to isolate until they get the results. It will also be necessary for them to contact their local hospital regarding seeking treatment for their urgent foot condition.

No to all

Proceed with appointment & ensure stringent infection control measures are in place including the updated PPE guidelines – noting that the use of eye protection is now mandatory, https://www.health.gov.au/resources/publications/iceg-guidance-face-masks-shields-healthcare-workers

If you need further support in this area, please do not hesitate to call our APodA member services team on 03 9416 3111
GUIDANCE ON TRIAGING PODIATRY PATIENTS DURING STAGE 4 RESTRICTIONS IN MELBOURNE

It is vitally important that we work together to reduce the community spread of the COVID-19 virus to save lives. As such, all non-essential podiatry treatment is suspended from August 6, for 6 weeks. Podiatrists may continue to treat, but only where critically necessary. You need to consider, ‘is the condition life or limb threatening or unable to be safely deferred?’

As a podiatrist you have a duty of care not only directly to your patients but to the wider local and national community. The APodA expects the profession to exercise clinical judgement in making these important decisions. No one will know your patients, staff or clinic better than you.

During Stage 4 restrictions, you will need to triage patients that normally attend your clinic and organise face-to-face consults for only the most at risk if a telehealth consult is not possible.

All essential treatments, such as services for people who have medical conditions that place them at risk of loss of limb (examples below), and relief of pain which cannot be managed by medications, should continue with appropriate precautions taken.

‘Essential treatment’ includes treatment for critical and serious foot conditions such as but not restricted to:

- Severe and some moderate infections (including osteomyelitis)
- Gas and dry gangrene – please ensure referral to your local acute health care service
- SIRS/Sepsis – please ensure referral to your local acute health care service
- Acute and chronic limb-threatening ischaemia – in consultation with a vascular specialist
- Worsening foot ulcers – please remember to contact your local high risk foot service for assistance if required.
- Active charcot foot

‘Essential Treatment’ includes treatment for people who have medical conditions that place them at risk of loss of limb, for example:

- Diabetes, renal failure, peripheral neuropathy where the presenting condition places their limb/foot at risk
- Improving/recently healed foot ulcer – alternatively provide telehealth appointments with appropriate padding and offloading, face-to-face care if deteriorating
- Inactive Charcot foot – encouraging telehealth with visual pictures/videos
- Healed amputation (<60 days) encouraging telehealth with visual pictures/videos and providing face-to-face care if deterioration is noted
- Acute infections that are likely to exacerbate systemic medical conditions such as Diabetes
- Management/assessment of someone who has recently developed redness/swelling/pain and is known to the clinic
- Management of known foot pathology that untreated for 30 days/remainder of the lockdown (whichever is less) could pose a risk to the health status of this person

It is also important to note that patients who are NDIS participants should continue to be treated if a lack of therapy will impede their safety or well-being.

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Australian Podiatry Association