

Reminder: If the patient or those living in the same house have symptoms of COVID-19 or tested positive for COVID-19 they should be self-isolating. You should not be providing face to face consultations to this group.

Guidance on Domiciliary visits, including those that are shielding*



*Identified as high risk/clinically extremely vulnerable. This guidance is applicable when providing face to face treatment at the home of *any person*, including those that have been advised to shield due underlying health conditions. Please consider all the current relevant guidance on infection control, risk assessment and mitigation (and the recording of these) as part of your determination of a home visit and treating those who are shielding. Current guidance can be found on www.cop.org.uk

For further information: The College of Podiatry, Quartz House, 207 Providence Sq, Mill Street, London SE1 2EW Email: professionalsupport@cop.org.uk

Guidance on podiatric face to face treatment during domiciliary visits

1. Pre-screening risk assessment

Prior to conducting domiciliary visit, you should call the patient (or their advocate/carer).

Your call should determine:

- Patient risk and clinical reasoning for a face to face consultation
- Obtaining patient consent for a face to face consultation

For domiciliary visits your pre-screening call should be an opportunity to identify any further potential risks of infection both to you and that of your patient, concerning the home visit including but not limited to:

- Who else is in the household? Are any also in high risk category?
- If any other members of the household are experiencing any symptoms of COVID-19?
- Considerations about the environment in which you will enter. This may include but not limited to:
 - A phone call to announce your arrival at the property
 - Scheduling appointments to shielded people as the first appointments you have on your round of visits
 - If practical, discuss options to consider a clear route through to the treatment area that minimises touch points
 - Your ability to access handwashing/hygiene facilities
 - If it is practical, to have household members remain outside the room where you are working.

Ensure you record the outcome of your pre-screening call and consent for the visit in the patient notes.

2. Use and disposal of PPE

Use of PPE for domiciliary visits is as the same for any direct contact with patients as follows:

- Disposable gloves (single use)
- Disposable plastic apron (single use)
- Face Mask as per guidelines (sessional use, even between different domiciliary visits, if you do not take off or lower the mask, or touch the mask)
- Eye protection (where there is risk of droplets or secretions)

Ensure you are putting on and removing PPE in line with guidance in this area. It is recommended that used PPE is double bagged in plastic bags and either placed in the patients household rubbish or taken with you to be disposed of as per our **Standard of Waste Management**.

Source document for this guidance: Public Health England: '*Personal Protective Equipment (PPE) resource for care workers delivering homecare (domiciliary care) during sustained COVID-19 transmission in England*' (April 2020): Care workers delivering homecare (domiciliary care) in a client's home during sustained COVID-19 transmission in the UK.

Guidance on face to face consultation with shielded people (clinically extremely vulnerable from COVID-19)

This guidance is applicable for delivering face to face care to people who have been identified as clinically extremely vulnerable i.e. shielded, and for their family, friends, and carers.

For an up-to-date list of who are considered extremely clinically vulnerable/high risk and have been requested to shield visit <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/>

Please note that some groups that had previously been identified as 'extremely clinically vulnerable' have now been downgraded to moderate risk. Those that have been downgraded to moderate risk include anyone over 70 years of age and pregnant women if they have no underlying health conditions (as listed in the high-risk categories).

1. Visits at home from 'essential carers'

Public health guidance stipulates that:

“any essential carers or visitors who support you with your everyday needs can continue to visit unless they have any of the symptoms of coronavirus (COVID-19).”

We advise that the guidance on domiciliary care (see above) is followed to determine the need of the visit, assess the risk for both patient and practitioner and follow the guidance of use of PPE.



This advice is supported by the domiciliary care guidance which states:

“It is important that when providing care to a client considered clinically extremely vulnerable from COVID-19 that you **wear PPE including as a minimum, a disposable plastic apron, a surgical mask and disposable gloves**; and practice excellent hand hygiene to minimise risk of infection.”

If the shielded patient and you as a practitioner determine that there is an essential need for face to face treatment, and the risks of this have been assessed, discussed and recorded, an appointment can be made for the podiatrist to make a home visit.

2. Visits by the shielded to clinics

The guidance for those that are shielding i.e. the clinically extremely vulnerable from COVID-19 states:

“... if you have a scheduled hospital or other medical appointment during this period, talk to your GP or specialist to ensure you continue to receive the care you need and determine which of these appointments are absolutely essential.”

At present, we are recommending that the podiatrist determines with the shielded patient, and if required their GP or condition specialist, on the appropriateness to venture outside of their home for an appointment. If an in-clinic appointment is considered as essential, we would recommend that these patients are seen as your first patient of the day.

3. Household members of those that are shielding (e.g. family, friends and/or carers)

Being part of a household in which there is a person who is shielding does not exclude access to face to face consultation/treatment, in home or in-clinic. However as part of the steps taken as part of your management of face to face consultations particularly consideration should be taken on the fact that there is a shielded person in the household, and the risks are fully discussed, considered and recorded as part of the consent for the consultation.



Source document for this guidance: Public Health England document '*Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19*' (updated 31 May 2020).

With thanks to The Institute of Osteopathy for sharing their guidance with us.