



Suggestions for Prosthetic Orthotic Clinics that Must Remain Open During the COVID-19 Pandemic

Working Document

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This document titled “Suggestions for Prosthetic Orthotic Clinics that Must Remain Open During the COVID-19 Pandemic” is a working document that provides guidance for people and organizations that provide prosthetics and orthotics services, and are able to continue serving people who require assistive devices during the COVID-19 pandemic.

This globally relevant document provides information that can be useful for all practitioners and administrators, but does not include local or regional guidance from health authorities and governments. Please consider the information in this document in the context of your local or regional situation.

As a working document, suggestions, recommendations, or relevant links to other information are encouraged. ISPO will release updates as new or revised information becomes available. Please email your comments to ISPO at headoffice@ispoint.org, or contact ISPO through other means listed at the bottom of this page.

The COVID-19 pandemic has placed enormous strain on healthcare services and assistive technology practitioners. We appreciate your efforts to safely continue to assist people in need during this time.



Suggestions for Prosthetic Orthotic Clinics that Must Remain Open During the COVID-19 Pandemic

The work environment in prosthetics/orthotics is a unique mixture of health care, engineering and technical implementation. This results in risks that can be difficult to mitigate for prosthetic and orthotic personnel and their clients.

The only way to prevent the spread of the covid-19 virus is to **avoid all contact** through isolation. However, within health care teams, complete avoidance may not be possible. Therefore, personnel should use strategies to minimize exposure including but not limited to minimizing the number, intensity, and duration of contact with people and devices.

The suggestions in this document are provided in the absence of established evidence-based guidelines. Therefore, the information represents advice and input from clinical experience during this and other disease outbreaks. This document should be considered as a list of action items to be added to local, national, and international directives and are not a substitution for established protocols.

For those without specific directives or instructions in their setting, a list of sources are included at the end of this document, including but not limited to World Health Organization advice ([WHO-Coronavirus disease \(COVID-19\) outbreak -Protect yourself](#)) and recommendation from local authorities for prevention measures.

Attendance at prosthetic/orthotic facilities for all employees, clients, and caregivers should be minimized. The clinic building should be closed on days when no essential client visits are scheduled. Video conference consultations (telerehabilitation, desktop conferencing such as Skype, FaceTime, WhatsApp) can be considered when screening clients or other interactions that may not require hands-on or technical work.

Individuals with COVID-19 symptoms, or confirmed diagnosis, should stay home. Even an “essential” appointment should wait when there is a chance of virus transmission.

The following suggestions are a compilation of practices that may help minimize risk during the COVID-19 pandemic.

Before you get started

All health care professional should use ([WHO Standard Precautions](#)) whenever they are treating clients or performing tasks, including adjustments, repairs, or revisions to assistive devices. During extraordinary circumstances such as COVID-19 pandemic and other infectious disease outbreaks, all personnel should implement enhanced measures to protect personnel, the clients they serve, and the community at large.

Personnel should implement ([CDC Transmission Based Precautions](#)) to reduce risk. The WHO indicates that for COVID-19 [contact and droplet are the main mode of transmission](#). All personnel should review and follow procedures for hygiene and use of personal protective equipment including but not limited to [handwashing](#), [masks](#), and the [sequence for putting on relevant personal protective equipment](#).

Prepare all workstations as outlined in this document. Minimize time spent in waiting areas by asking clients to call upon arrival but before they enter the building (e.g., wait in their car until it is time to be seen). A bleach solution can be sprayed on mats or rugs to reduce contaminants on footwear.



Administrative Personnel

- Ensure anyone who enters the building follows protocols
 - Transmission control processes only work if everyone follows the processes
 - Emphasize that employees should not come to work if they have symptoms; such as, fever, cough, shortness of breath, and/or diarrhea
- Call every client before their scheduled visit
 - Postpone non-essential appointments.
 - Cancel appointments if the client or caregiver has symptoms such as fever, cough, or shortness of breath
 - If clients are “vulnerable” (over 60 years old, immunosuppressed, comorbidities like diabetes, hypertension, heart disease, kidney failure, etc.), determine if a friend/relative can bring the device into the facility if only repair is needed
- If the person must visit the prosthetic orthotic facility, prepare them **in advance** to minimize exposure and time in office
 - Clients should come solo to the clinic if possible, or limit to one other person
 - Instruct clients to sanitize their assistive device/s before attending their appointment
 - Do not come early to minimize time in the building
 - Use appropriate personal protective equipment based on the risk
 - Wash hands frequently and/or use hand sanitizer
 - Do not offer to shake hands with the practitioner
 - Do not expect to exchange long pleasantries and stories. Limit time together to essential conversations about prosthetic orthotic service needs
- Planning for Clients: **before and after** every client contact
 - Make sure all seats are 2 metres (7 feet) apart
 - Sanitize all surfaces in the lobby, waiting room, chairs, front desk, exam rooms, bathrooms, etc.
 - Sanitize all doorknobs, faucets, toilets, handlebars, desks, etc., with every use
 - All staff must wash or sanitize hands before and after any client contact (wash with soap for approximately 20 seconds)
 - Remove all non-essential items from waiting rooms and treatment areas (e.g., toys, magazines, etc.)
- Upon entry into building
 - Ask again if clients are having symptoms
 - Provide symptomatic clients with a mask to cover mouth and nose. Provide instruction for proper donning procedure.
 - Have symptomatic clients wait outside if they absolutely need to be seen; otherwise, direct them to a primary care provider
 - Have everyone wash/sanitize hands
 - Offer cleaning products to sanitize devices, wheelchairs, crutches
 - Do not have visitors sign with same pen, clipboard, etc., or sanitize pens between clients
 - Try to minimize wait time
 - Try to get clients directly into the treatment room
- Follow the same procedures **after** client visits for sanitizing doorknobs, handles, chairs, etc.



Working in the prosthetic/orthotic technical setting

- Assistive devices should be cleaned before being handed over to other staff or brought to new area of the facility if possible
- Employ social distancing within technical area (2 metres (7 feet) apart)
- Wear fresh lab coat or apron over own clothes. Ideally, use a disposable impermeable gown
 - Remove lab coat or other personal protective equipment before eating, using the bathroom, leaving the lab, etc.
 - After each day of use, wash the garment in soap and hot water
- Before engaging in any project or repair
 - Establish a workspace that limits contact with people, tools, and has easy to clean surfaces
 - Bench with non-porous top, out of the traffic flow (i.e., personnel will not need to pass by routinely)
 - Remove unnecessary tools, equipment, material/components stored on or around the bench to avoid contamination
 - Establish a set of commonly used tools that are easy to clean. Assign to the workspace and clean after every use
 - Tools in good working order with non-porous grips (i.e., avoid wooden handles or frayed grips)
 - Organize workspace so that no two devices/projects will touch
 - Materials and components needed for repairs or adjustment should be identified and prepared in advance, whenever possible
 - If additional materials or equipment are needed it may be necessary for a second team member who is not in contact with the device to source items to avoid cross contamination of stock and supplies
 - Assistive devices with irregular surfaces may require sanitizer to be sprayed in addition to wiping down
 - Soft and porous materials are more difficult to effectively clean so extra care should be taken to plan repairs to minimize contact even after the device has been cleaned.
 - All personnel should wash their hands contact (wash with soap for approximately 20 seconds), disinfect the work surfaces and tools, and then repeat hand washing after task completion
 - Apply a new pair of disposable exam gloves for each project
 - Clean devices thoroughly, as quickly as possible upon taking possession
 - After cleaning the device, wash hands again
- When working on repair or adjustments
 - Ensure the device has been properly cleaned before beginning any work
 - Machine rooms, vacuum systems, and power tools are difficult to clean. However, these items should be cleaned to best ability to minimize the exposure to these areas/tools.
 - If possible, dedicate 1 router and 1 set of arbors (grinding wheels) and grinding cones to working on devices that may have come in contact.
 - Sanitize hand tools before use on any project
 - Try to only touch the device with hands (i.e., avoid whole-arm or body contact when seeking leverage, etc.)



- After using or handling any tool, keep the tool away from others until work is complete and device is cleaned
- After assistive device has left the lab
 - Wash hands
 - Sanitize work surface and all tools used
 - Wash hands again
 - Repeat for every project, all day
- Please note that these recommendations are for low risk patients. High risk or infectious patients need additional precautions since use of equipment such as a router or Trautman / drum sander could spray the virus into the environment

Working in the clinical setting

- Aim to reduce number and complexity of client appointments until the pandemic is over
 - Postpone non-essential appointments
 - Minimize time interacting with clients with essential needs
- Practice excellent hand hygiene
 - Wash hands before and after every client visit
- During a client visit
 - No shaking hands or embracing
 - Minimize long stories from the session, even from a “safe” distance
 - Wear gloves when contacting the client or device
 - Handle devices carefully and only make contact with the devices by hands, if possible (i.e., do not use your body to leverage or support the device)
- When adjusting a device
 - Use single-use pens, tape-measures, and other tools, as available
 - Sanitize all items that are not single use (i.e., pens, tools, measurement devices) before and after use
- When working on a device
 - Follow all protocols in the technical section, listed above
 - Wash hands before and after cleaning a device
 - Ensure assistants, technicians, and other staff do the same, even if their participation in the appointment or repair is minimal
- Before returning to the treatment room
 - Ensure the device is completely sanitized
 - Wash your hands again
 - Remember to keep your distance, keep the visit short, and wash hands and exam room after every visit



Sanitizing and Cleaning

- The US Environmental Protection Agency has a list of disinfectants that may be useful in identifying cleaning supplies for facilities that remain open ([EPA - Disinfectants for Use Against SARS-CoV-2](#))
- If pre-packaged, single-use disinfectant wipes are not available, substitute with a 10% solution of bleach
- Once a solution is applied to a fabric rag, wipe all surfaces thoroughly, discard rag after ONE use
- Allow surfaces to dry completely before client use
- Hand sanitizer should contain at least 60% isopropyl alcohol. You can also make your own ([How to Make Hand Sanitizer](#))

Useful Links

- [American Orthotic Prosthetic Association - COVID-19 Response and Resources](#)
- [Australian Orthotic Prosthetic Association - What does it mean for orthotist/prosthetists](#)
- [Disasterready.org - Coronavirus \(COVID-19\) Learning Resources](#)
- **An introductory video about COVID-19 with recommendations for persons with disabilities**
 - Original video in Portuguese, with audio description, and versions with subtitles in English and Spanish. Sign language interpreting is for Brazilian Sign Language.
 - Portuguese: [Original in Portuguese with audio description](#)
 - English subtitles: [An introductory video about COVID-19 with recommendations for persons with disabilities](#)
 - Spanish subtitles: [An introductory video about COVID-19 with recommendations for persons with disabilities](#)
- [Orthopadie Technik -Aktuelle Informationen zum Thema COVID-19](#)
- Orthotic & Prosthetic Educators Network (of America)
 - [OPEN COVID-19 Resource](#)
- [Pacific Disability Forum COVID- 19 Update Human Rights Based Approach Guideline](#)
- [Statement from the President and Members of the National Executive Committee of the British Society of Gerontology on COVID-19](#)
- [Toward a Disability-Inclusive COVID19 Response: 10 recommendations from the International Disability Alliance](#)