1.0 PURPOSE:

1.1 To prevent infections related to care provided by a Foot Care Nurse within the Winnipeg Regional Health Authority (WRHA) facilities and WRHA funded facilities.

1.2 To provide a safe working environment for Foot Care Nurses within the WRHA.

1.3 To eliminate the risk of transmission of pathogens between patients and the healthcare worker.

2.0 PREAMBLE:

2.1 In any healthcare setting, contaminated critical/non critical devices, items and equipment can play a role in the transmission of potentially harmful microorganisms.

2.2 Medical devices, items and equipment such as foot care instruments within the healthcare setting have a greater potential to spread infection than items in a non-healthcare setting, mainly due to three factors:
   - the increased presence of potentially harmful bacteria,
   - multiple opportunities to come into contact with contaminated items,
   - the increased susceptibility of the population served.

3.0 DEFINITIONS:

3.1 Antiseptic: A chemical that kills or reduces microorganisms on living skin or mucous membranes. Antisectics should not be used in Housekeeping.
3.2 **Cleaning:** The physical removal of foreign material, e.g., dust, soil, organic material such as blood, secretions, excretions and microorganisms. It is accomplished with water, detergents and mechanical action. Cleaning physically removes rather than kills microorganisms. Cleaning reduces or eliminates the reservoirs of potential pathogenic microorganisms.

3.3 **Critical Item:** Instruments and devices that enter sterile tissues, including the vascular system. Critical items present a high risk of infection if the item is contaminated with any microorganisms, including bacterial spores. Reprocessing critical items involves meticulous cleaning followed by sterilization.

3.4 **Foot Care Nurse:** A Foot Care Nurse is a regulated professional who has passed additional competencies specific to the foot and lower limb.

3.5 **Hand Hygiene:** A comprehensive term that applies to hand washing with soap and running water, and hand asepsis with an alcohol based hand rub. It is any action of cleaning the hands in order to remove visible soil, and remove or kill transient microorganisms from hands. It also included actions taken to maintain health hands and fingernails.

3.6 **Nursing Foot Care:** Nursing interventions specific to the foot using non-invasive techniques including health promotion and patient/resident/client teaching.

3.7 **Personal Protective Equipment:** Personal Protective Equipment (PPE) consists of gowns, gloves, masks/respirators and facial protection that can be used to provide a barrier that will prevent potential exposure to infectious organisms.

3.8 **Point of care Risk Assessment (PCRA):** A PCRA is an activity whereby a Health Care Worker (in any health care setting across the continuum of care):
   1) Evaluates the likelihood of exposure to an infectious agent
      a. for a specific interaction
      b. with a specific patient
      c. in a specific environment (e.g. single room, hallway)
      d. under available conditions (e.g. no designated hand washing sink)
   2) Chooses the appropriate actions/PPE needed to minimize the risk of exposure for the specific patient, other patients in the environment, the HCW, other staff, visitors, contractors etc.

3.9 **Reusable:** a device that has been designed and tested by the manufacturer and as a result been deemed as suitable for reprocessing prior to use on a patient/resident/client (PRC).
3.10 **Routine Practices**: A comprehensive set of IP&C measures that have been developed for use in the routine care of all patients, at all times, in all healthcare settings. Routine Practices aim to minimize or prevent healthcare associated infections in all individuals in the healthcare setting including patients, healthcare workers, other staff, visitors, contractors, students, etc.

3.11 **Single-Use**: A device designated by the manufacturer for one use only.

3.12 **Sterilization**: The destruction of all forms of microbial life including bacteria, viruses, spores and fungi. Items must be cleaned thoroughly before effective sterilization can take place.

### 4.0 OPERATIONAL DIRECTIVES:

4.1 All foot care equipment for re-use must be capable of being cleaned in a detergent and water to remove organic matter.

4.2 A Single-Use foot care instrument is considered a Critical Item. Single-use items such as emery boards, orange sticks and rotary tool disks should be **discarded** after use. If a patient’s own equipment is used, it must be kept clean and dry.

4.3 All instruments used in foot care must be sterile before use on a patient. The recommended methods of sterilization for foot care instruments include dry heat, autoclave, or chemosterilant with appropriate exposure time specified by the manufacturer. Instruments may be packaged in sets. Instruments that must be **sterilized** prior to use include the following:

- Nail nippers
- Foot dresser file
- Black’s file
- Rasp
- Scalpel handle (for attachment of blade)
- Nail probe
- Callus parer

4.4 It is strongly recommended to use Single-Use foot care instruments.

4.5 All Re-Useable foot care instruments shall undergo Reprocessing by appropriately trained Personnel.

4.6 It is strongly recommended that privately employed nurses performing Nursing Foot Care in the community areas of the WRHA shall follow this Operation Directive, but are not subject to it.
5.0 PROCEDURES:

5.1 Nursing Foot Care:

5.1.1 Perform nursing foot care according to current nursing standards of practice.

5.1.2 It is strongly recommended that single use foot care instruments be used.

5.1.3 Wear PPE appropriate to the task according to Routine Practices: Point of Care Risk Assessment. This includes but is not limited to:

5.1.2.1 A mask (procedure/surgical) worn to reduce the possibility of inhaling aerosolized organisms during filing.

5.1.2.2 Eye Protection worn to reduce the possibility of eye injury or dust from entering the eye.

5.1.2.3 Gloves when coming into contact with non-intact skin

5.1.2.4 Gowns when soiling of clothes is likely

5.1.4 If the skin is breached cleanse the area with an antiseptic. Cover with a sterile dressing. Instruct client on how to manage this dressing.

5.1.5 Educate the patient regarding specific signs and symptoms of infection. Seek medical attention if signs and symptoms of infection persist. (e.g.: Family physician or Nurse Practitioner, walk-in-clinic, Quick Care Clinic).

5.1.6 Document on the patient’s health record and report if required according to program or site policy.

5.2 Cleaning of Foot Care Instruments:

5.2.1 Apply Personal Protective Equipment (PPE) per Routine Practices.

5.2.2 Clean re-usable instruments with detergent formulated for the cleaning of medical instruments following manufacturer’s instructions.

5.2.3 Use a soft bristle brush to clean re-usable instruments in a basin under warm water to prevent splashing. Disposable brush is preferred. If brush is not disposable, clean, disinfect and dry between uses. Clean and disinfect basin.
5.2.4 Rinse thoroughly with tap water.
5.2.5 Inspect all surfaces and hinges of re-usable instruments for cleanliness. Ensure instruments are free from organic material.

5.2.6 Dry instruments and check for functionality prior to sterilization. Air drying is preferred. If using a towel, it should be a lint free towel.

5.2.7 If used, blades on foot care instruments should be disposed of in appropriate puncture proof sharps container. Blades are single use only.

5.2.8 Transport cleaned instruments ready for sterilization, in a puncture proof container.

5.2.9 Ensure re-usable instruments are sterilized according to manufacturer's directions prior to use on another patient by appropriately trained personnel.

5.2.10 Ensure that sterilized instrument packages are intact prior to opening them for use on a patient, i.e., not punctured or torn.

6.0 REFERENCES:

6.1 Canadian Standards Association. Decontamination of Reusable Medical Devices Z314.8-08

6.2 Canadian Standards Association. Effective Sterilization in Health Care Facilities by the Steam Process Z314.3-09


Operational Directive Contacts:
Chantelle Riddle-Yarycky, Community Infection Control Professional, WRHA IP&C Program

Return to Table of Contents