

Foot Care by Health Care Providers in Long Term Care

Site Applicability

LTC sites

Practice Level

Podiatrist or Foot Care Nurse Specialists

Requirements

Only podiatrists or healthcare providers who have been specially trained in foot care for individuals with diabetes mellitus are able to cut the nails of residents diagnosed with diabetes mellitus.

Need to Know

As people age, noticeable changes can be observed to the skin on their feet. These changes include thinning of epidermis and subcutaneous fat as well as dryness. Nails may also become opaque, scaly, tough, brittle and hypertrophied.

Do not soak the feet of residents with diabetes mellitus, peripheral neuropathy, or peripheral vascular disease because of the potential for increased dryness and the decreased ability to sense temperature variations.

The micro-flora of the feet include organisms that normally inhabit the skin (resident flora) and those that have been introduced to the skin by contact (transient flora). Residents with damaged tissue have a greater risk of being colonized with organisms that are not normally found on the foot.

Bacterial and fungal microorganisms may be transmitted from person to person by direct contact, usually through the hands of health care providers, or indirect contact by a vehicle such as foot care equipment. Sources of infection can be divided into the following two categories:

- Endogenous sources: caused by flora or infection on the person's own body
- Exogenous sources: caused by infected or colonized people or animals and environmental sources. Viruses present in the blood of persons receiving foot care may also create a risk of infection for others if foot care equipment is not properly sterilized between residents. Of greatest concern are the blood borne pathogens (e.g. hepatitis B virus (HBV), human immunodeficiency virus (HIV)).

Equipment and Supplies

All foot care equipment is to be brought to the site by the health care professional providing the treatment to the resident in a carrying bag/container. Instruments used in foot care that may break the skin must be sterile. Equipment should include:

- One set of sterilized foot care instruments for each resident receiving treatment
- Disposable pad/towel to place instruments on during procedure
- Disposable pad/towel for each resident's foot
- Commercial, puncture-proof sharps container
- Approved skin cleaner and antiseptic
- Container to transport used instruments
- Foot emollient (lotion or cream)
- Sterile dressing supplies (if required)
- Single use items such as emery boards and rotary discs

Guideline

Hand Hygiene

[Hand hygiene](#) is important for preventing infections. Foot care clinics should be arranged with consideration for the availability of appropriate hand hygiene methods - either a hand hygiene sink for washing with soap and water or an alcohol-based hand rub.

Hand hygiene must be performed:

- Before gloves are donned and at the start of each procedure.
- After glove removal at the conclusion of each procedure.

Cleaning of Foot Care Equipment

Foot care instruments have the potential to transmit organisms and cause infection. For instance, instruments used during foot care will become contaminated with the resident's normal skin flora, fungal organisms, and may also become contaminated with blood from cuts or punctures.

Cleaning and sterilization is the process that reliably destroys all forms of microbial, fungal and viral organisms. To prevent infection, instruments that may break the skin during foot care must be sterilized for each resident.

After foot care is complete:

- All single use materials and instruments will be discarded into the appropriate containers (i.e., sharps container or garbage).
- All instruments to be sterilized will be soaked in warm water with a central reprocessing department-approved enzymatic detergent. The person cleaning the equipment will be wearing gloves.

- Files and hinged instruments should be cleaned with a small brush (e.g., toothbrush) while the instrument is held under water to prevent splashing.
- An ultrasonic cleaning device may be used as an additional step in the cleaning process.
- Cleaned instruments should be placed in packaged sets prior to sterilization.
- Washed, clean items not requiring sterilization should be left to air dry.

Documentation

All administered treatments as well as assessment findings should be documented in the resident's chart.

Related Documents

- [B-00-11-10191](#) - Hand Hygiene Policy

References

American Diabetes Association Professional Practice Committee. (2022). 12. Retinopathy, Neuropathy, and Foot Care: Standards of Medical Care in Diabetes-2022. *Diabetes care*, 45(Suppl 1), S185–S194. <https://doi.org/10.2337/dc22-S012>

Diabetes Canada Clinical Practice Guidelines Expert Committee. (2022). Chapter 32: Foot Care. Available from https://www.diabetes.ca/health-care-providers/clinical-practice-guidelines/chapter-32#panel-tab_FullText

Provincial Infection Control Network of British Columbia. (2016). Reprocessing of Equipment and Instruments Used in the Provision of Foot Care. Available from <https://www.picnet.ca/wp-content/uploads/PICNET-Discussion-Paper-Foot-Care-Equipment-Reprocessing-2016.pdf>



First Released Date:	07-JAN-2013
Posted Date:	08-FEB-2023
Last Revised:	08-FEB-2023
Last Reviewed:	08-FEB-2023
Approved By: <i>(committee or position)</i>	PHC
	IPAC Standards Committee
Owners: <i>(optional)</i>	PHC
	IPAC