Protocols for Routine Inspection of Podiatrists

BACKGROUND

The paramount consideration of the Podiatry Council of New South Wales is protection of the health and safety of the public. One of the ways the Council fulfils this goal is by conducting infection control inspections at podiatry practices in New South Wales. The Council views this as a proactive and cost-effective way of engaging with practitioners, providing continuing education in this domain and as a means of promoting an awareness of and compliance with regulatory requirements.

Effective infection prevention and control is central to providing high quality health care for patients and a safe working environment for those who work in healthcare settings. The Podiatry Board of Australia (Board) has adopted the National Health and Medical Research Council *Australian guidelines for the prevention and control of infection in healthcare* (NHMRC guidelines).

The Board has stipulated that all practising podiatrists and podiatric surgeons must be familiar with and practise within the recommendations of the NHMRC guidelines as they apply to the practice setting(s) in which they work.

PROTOCOLS

1. General Precautions for Aseptic Techniques

General precautions and aseptic techniques are not clearly defined in the Regulation; however, this is interpreted to mean general procedures to attempt to minimise the chance of infections being transferred between the podiatrist and patients, and subsequently from patient to patient. Inspectors look for:

- Paper towels available to be used under patients' feet,
- The condition of the treatment chair, in respect to an impervious, water-resistant cover, that can be cleaned and disinfected when required, and
- Impervious, easy to clean and disinfect, floor coverings (*Note:* timber and tiled floors can harbour bacteria at the joins and therefore, evidence of their being rendered impervious will be sought. Mats / carpet are not acceptable floor coverings as they can harbour bacteria).
- Overall cleanliness of the practice itself.

1.1 Routine cleaning of surfaces

Frequently touched surfaces must be cleaned with detergent solution at least daily, and when visibly soiled and after every known contamination. General surfaces and fittings should be cleaned when visibly soiled and immediately after spillage.

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1.2 Cleaning shared equipment

The touched surfaces of shared clinical equipment must be cleaned between patient uses with detergent solution. Exceptions to this should be justified by risk assessment.

1.3 Surface barriers

Surface barriers e.g., impervious drapes are to be used to protect clinical surfaces (including equipment) that are:

- Touched frequently with gloved hands during the delivery of patient care,
- Likely to become contaminated with blood or body substances, and
- Difficult to clean.

Exceptions to this should be justified by risk assessment.

1.4 Site Decontamination

After spills of blood or other potentially infectious waste, materials should be promptly cleaned as follows:

- Wear utility gloves and other PPE appropriate to the task;
- Confine and contain spill, clean visible matter with disposable absorbent material and discard the used cleaning materials in the appropriate waste container; and
- Clean the spill area with a cloth or paper towels using detergent solution.

Use of chemical disinfectants such as sodium hypochlorite should be based on assessment or risk of transmission of infectious agents from that spill.

2. Hand Hygiene

Hand and skin washing facilities need to be readily available at all times. If multiple treatment rooms are being used, a hand washing facility needs to be in each room or in a common area with alcohol-based hand rub in each treatment area.

Hand hygiene must be performed before and after every episode of patient contact. This includes:

- Before touching a patient.
- Before a procedure.
- After a procedure or body substance exposure risk.
- After touching a patient; and
- After touching a patient's surroundings.

Hand hygiene must also be performed after the removal of gloves.

2.1 Choice of product for routine hand hygiene practices

For all routine hand hygiene practices in health care settings, use alcohol-based hand rubs that contain between 60% and 80% v/v ethanol or equivalent.

2.2 Choice of hand hygiene product when hands are visibly soiled

If hands are visibly soiled, hand hygiene should be performed using soap and water.

2.3 Hand hygiene for *Clostridium Difficile* and non-enveloped viruses

Hand hygiene should be performed using soap and water when Clostridium Difficile or non-enveloped viruses such as norovirus are known or suspected to be present and gloves have not been worn. After washing, hands should be dried thoroughly with single-use towels.

3. Personal Protective Equipment (PPE)

Items of PPE should be available and sighted by the Inspector. In relation to the items which need to be available such as gowns, gloves etc, these items must be sighted by the Inspector.

3.1 Wearing of Aprons/Gowns Grade

Aprons or gowns should be appropriate to the task being undertaken. They should be worn for a single procedure or episode of patient care and removed in the area where the episode of care takes place. Linen gowns should not be used unless they are changed after each patient and laundered. *

The following table (Table 1) is to be used as a reference for PPE requirements:

Table 1. Characteristics of Personal Protective Equipment

PPE Item	Characteristics	Utilisation
Plastic Apron	• Impervious/fluid resistant •Single-use, for one procedure or episode of patient care •Disposable	• worn when there is a risk that clothing may become exposed to blood or body substances (usually from the environment) during low-risk procedures and where there is low risk of contamination to the healthcare worker's arms • worn during contact precautions when contact with the patient or the patient environment is likely
Gown	•Single-use •Disposable	• worn to protect skin and prevent soiling of clothing during procedures and/or patient-care activities that are likely to generate splashing or sprays of blood or body substances • choice of sleeve length depends on the procedure being undertaken and the extent of risk of exposure of the healthcare worker's arms
Full Body Gown	•Fluid Resistant •Single-use	• worn when there is a risk of contact of the healthcare worker's skin with a patient's broken skin, extensive skin to skin contact (e.g. lifting a patient with scabies or non-intact skin), or a risk of contact with blood and body

PPE Item	Characteristics	Utilisation
	•Long sleeved	substances which are not contained (e.g. vomiting, uncontrolled faecal matter) • worn when there is the possibility of extensive splashing of blood and body substances • worn when there is a risk of exposure to large amounts of body substances e.g. in some operative procedures
Sterile Gown*	*re-packaged	• used for procedures requiring an aseptic field
Face Mask	•Single-use •Fluid resistant	• a surgical mask must be worn during procedures that generate splashes or sprays of blood, body substances, secretions or excretions into the face and eyes
Protective Eyewear	•Face mask combination •Goggle-type eyewear	protective eyewear must be worn during procedures that generate splashes or sprays of blood, body substances, secretions or excretions into the face and eyes
Gloves	•Single-use	• invasive procedures • contact with sterile sites and non-intact skin or mucous membranes • activity that has been assessed as carrying a risk of exposure to blood, body substances, secretions and excretions • gloves must be changed between patients and after every episode of individual patient care
Sterile Gloves	•Single-use •Pre-packaged	sterile gloves must be used for aseptic procedures and contact with sterile sites

*Some gown types can be re-used. Reusable gowns need to be laundered or reprocessed according to AS/NZS4146:2000 Laundry Practice.

4. Sharps

Sharps containers must be sighted by the Inspector and there must be at least one in every treatment room. The need for more than one sharps container is not specified in the

Regulation, but under general precautions it would be considered a risk to be transporting contaminated sharps outside the treatment room.

Sharps must not be passed directly from hand-to-hand, and handling should be kept to a minimum. Needles must not be recapped, bent or broken after use.

The person who has used the single-use sharp is responsible for its immediate safe disposal. Used disposable sharps must be discarded into an approved sharps container at the point-of-use. These must not be filled above the mark that indicates the bin is three-quarters full.

5. Environmental and Waste Management

In relation to waste management, both general and clinical waste is checked. Neither clinical waste nor general waste bins require lids. Inspectors ensure that clinical waste (waste which contains human tissue (excluding nails), blood and visibly stained body fluids, and visibly blood stained disposable material and equipment) is disposed of in accordance with the Australian Standard, AS/NZ 3816 (1998) – 'Management of clinical and related wastes' which requires the use of a dedicated yellow clinical waste bin or bag which is disposed of by incineration. In the absence of a clinical waste bin, sharps containers are also acceptable as they are also disposed of by incineration. General waste bins are inspected for any possible evidence of contaminated waste.

When handling waste:

- Apply standard precautions to protect against exposure to blood and body substances during handling of waste; wash hands following procedure,
- Segregation should occur at the point of generation,
- Waste should be contained in the appropriate receptacle (identified by colour and label) and disposed of according to the facility waste management plan, and
- Healthcare workers should be trained in the correct procedures for waste handling.

Regardless of where waste is generated (e.g. isolation rooms/patient versus routine patient-care areas), the principles of determining whether it is to be treated as clinical or general waste remain the same.

5.1 Linen handling

All used linen should be handled with care to avoid dispersal of micro-organisms into the environment and to avoid contact with staff clothing. The following principles apply for linen used for all patients (i.e. whether or not transmission-based precautions are required):

- Appropriate PPE is worn during handling of soiled linen to prevent skin and mucous membrane exposure to blood and body substances,
- Used linen is 'bagged' at the location of use into an appropriate laundry receptacle,
- Used linen must not be rinsed or sorted in patient-care areas,
- Used linen may be washed in domestic washing machines that are dedicated exclusively for cleansing practice linen,
- Linen soiled with body substances should be placed into leak-proof laundry bags for safe transport, and

- Hand hygiene is performed following the handling of used linen.

Clean linen must be stored in a clean dry place that prevents contaminations by aerosols, dust, moisture, and vermin; and is separate from used linen.

6. Sterilisation

In relation to sterilisation of instruments, Inspectors enquire as to the method of cleaning being used for instruments prior to sterilisation to ensure it meets requirements and conduct an inspection of the autoclave to ensure it is being regularly serviced. There is no specified interval for servicing and calibration of autoclaves in the Regulation, but the guidelines are for servicing once every 12 months for new machines, and more frequently for older machines. Approved sterile bags containing instruments are also inspected to ensure they are intact. Inspectors also inspect the autoclave records to ensure printouts are being recorded correctly. In accordance with the Podiatry Board of Australia's *Guidelines on Record Keeping*, instrument batch (tracking) control identification is required to be recorded, where relevant. Inspectors recommend to practitioners that they write the batch number on the instrument bag, and then write that number on the patient card of the patient on which it is used. Inspectors confirm whether batch numbers are recorded on clinical records.

The following table (Table 2) is to be used as a reference for sterilisation requirements:

Table 2. Criteria for Reprocessing and Storage of Clinical Equipment

Item	Clean	Sterilise	Storage
Critical – enters or penetrates sterile tissue, cavity or blood stream e.g. bone saws, rongeurs	Clean thoroughly as soon as possible after using	• Sterilise after cleaning by steam under pressure • If heat or moisture sensitive, sterilise through an automated low temperature chemical sterilant system, other liquid chemical sterilants or ethylene oxide sterilisation	Sterility must be maintained: • packaged items must go through a drying cycle and then be checked to ensure drying has taken place before use or storage • the integrity of the wrap must be maintained • wraps should act as an effective biobarrier during storage • unpackaged sterile items must be used immediately (without contamination in transfer from steriliser to site of use) or resterilised
Semi-critical –	Clean thoroughly as soon as	• Sterilise after cleaning by steam	Sterility must be maintained:

Item	Clean	Sterilise	Storage
contacts intact mucous membranes and non-intact human skin e.g. nail nippers, scalpel handles, files, dressing scissors	possible after using	under pressure • If heat or moisture sensitive, sterilise through an automated low temperature chemical sterilant system, other liquid chemical sterilants or ethylene oxide sterilisation	• packaged items must go through a drying cycle and then be checked to ensure drying has taken place before use or storage • the integrity of the wrap must be maintained • wraps should act as an effective biobarrier during storage • unpackaged sterile items must be used immediately (without contamination in transfer from steriliser to site of use) or resterilised
Non-critical – Contact with intact skin e.g. stethoscopes, sphygmomanometers, blood pressure cuffs, monofilaments, tendon hammers, padding scissors, doppler probes	Clean as necessary with detergent solution, and if decontamination is necessary, disinfect with compatible low or intermediate level TGA registered disinfectant after cleaning	n/a	Store in a clean dry place to prevent environmental contamination