



| <b>Clinical Procedure</b>   |                                     |
|---|-------------------------------------|
| <b>Foot Assessment and Care</b>   | Document Number:<br>CS-CP-0032      |
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| Contact for Interpretation: <a href="mailto:clinicalstandards@saskhealthauthority.ca">clinicalstandards@saskhealthauthority.ca</a>  |                                     |
| Includes Beyond Entry Level Competencies requirements for: Basic Plus and Advanced Foot Care Provision for LPNs, RPNs, RNs, OTs, and PTs. <ul style="list-style-type: none"> <li>• LPN Additional Competency</li> <li>• RPN Beyond Entry Level Competency</li> <li>• RN Specialty Practice</li> </ul>   |                                     |
| <b>Key words:</b> peripheral circulation, ingrown nail, Athlete’s Foot  |                                     |
| Refer to <a href="#">Appendix A</a> for <b>Definitions</b> .  |                                     |

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## PURPOSE

To ensure safe and consistent **basic foot care** provision to **patients** who present for care in home care, long term care (LTC), or acute care services in the Saskatchewan Health Authority (SHA).

To ensure that patients who require further foot assessment and treatment are identified.

To provide employer requirements for training and scope for **clinical team members** to deliver all levels of foot care.

## CLINICAL STANDARDS STATEMENTS

1. Patients who present for care in home care, long term care, or acute care services will have a primary assessment of the feet by a [qualified clinical team member](#) using routine admission assessment tools. (See [Foot Care Process Flow Chart](#))
2. An assessment will be completed prior to providing foot care.
3. Foot re-assessments will be done at minimum annually or based on [SHA-0258 Inlow's 60 Second Diabetic Foot Screening Tool](#) and clinical judgement.
4. It is within the foundational competencies of all clinical team members to inspect feet and escalate concerns.
5. It is within the foundational competencies of all clinical team members to offer basic foot care, as outlined in the procedure below, to very low risk patient populations.
6. Every patient contact presents an opportunity for assessment, prevention, treatment and patient education. Referrals will be made in response to patient needs. Physician orders are not required.
7. **Basic foot care** includes inspection, education, and interventions such as cleaning, filing, applying prescribed topical agents (as assigned), and nail trimming that only involves the epidermal layer of the skin or nails.

8. To enable safe foot care provision, patient risk is matched to healthcare provider competency levels for foot care services offered within the SHA. See [Clinical Team Members eligible to perform this function](#) and [education and training requirements](#) below.
9. When assessed and recommended by an Advanced Foot Care provider, care providers with Basic Plus foot care competencies will collaborate with Advanced Foot Care providers to provide care for comfort or treatment within their competencies on patients with high and urgent risk scores.
10. Tools for the provision of care should all be intended for human use.

## ESCALATION CRITERIA



**ALERT:** If patient presents with significant ischemia, systemic infection or a deep, gangrenous wound, urgent care is required. Refer to the on-call specialist, which may include transfer to urgent / emergency care.

Escalate care to the Most Responsible Practitioner (MRP) when:

- Patient develops a foot ulcer or shows signs of infection, even in the absence of pain.<sup>1</sup>
- Undiagnosed or untreated pathology or disease affecting the lower extremities is suspected.<sup>2</sup>
- Patient outcomes are not achieved as expected.<sup>2</sup>
- Patient's health status has changed and becomes less predictable.

Referral options include one or more of the following:

- Specialists (Vascular, Orthopedics, Plastics, and Infectious Disease as relevant for the specific pathology),
- Advanced / **Accredited Wound Care Clinician**,
- Wound Resource Team
- Advanced Foot Care provider
- Podiatry
- [Lower Extremity Wound Pathway](#) (LEWP) where implemented.

## GENERAL INFORMATION

Clinical Team Members will adhere to all relevant organizational routine practices prior to the initiation of any procedure including:

- Engaging patients and families in ongoing collaboration in all aspects of care provision: including obtaining appropriate consent prior to the initiation of all procedures, provision of ongoing information sharing, and provision of education as appropriate.
- Completing an [IPAC-G-0010 Point of Care Risk Assessment \(PCRA\)](#). Infection Prevention and Control (IPAC) practices will be adhered to by all team members for all aspects of care. This includes the use of the appropriate Personal Protective Equipment (PPE) and Hand Hygiene as outlined in the [SHA-02-005 Policy: Hand Hygiene](#).
- Verifying the identity of the patient using two identifiers.
- Identifying what specifically should be documented. Refer to [CS-CDCS-0070 What to Document](#).

## CLINICAL TEAM MEMBERS ELIGIBLE TO PERFORM THIS FUNCTION

Approved practice in the care environment, assessment of the patient, and the competence of the individual clinical team member are all considerations in the appropriateness of implementing this procedure.

Physicians may function in the **Most Responsible Practitioner (MRP)** role or as a Healthcare Professional performing this function. When the physician is performing this function, the expectation is that they follow this standard, however, clinical experience, judgement and patient presentation may require deviation from this standard in the best interest of the patient.

| Clinical Function<br>Clinical Team Member                                  | Primary Admission Foot Assessment | <a href="#">SHA-0258 Inlow's 60 Second Diabetic Foot Screening Tool</a> | Basic Foot Care Procedure            | Basic Foot Care for patients with risk factors | Advanced Foot Care |
|--|-----------------------------------|---|--------------------------------------|--|--------------------|
| Licensed Practical Nurse (LPN)   | ELC                               | BELC<br>(employer provided training)                                    | ELC                                  | BELC <sup>1</sup>                              | BELC               |
| Registered Nurse (RN)  | ELC                               | ELC   | ELC                                  | BELC   | BELC               |
| Registered Psychiatric Nurse (RPN)   | ELC                               | ELC   | ELC                                  | BELC   | BELC               |
| Unregulated Care Provider with CCA (Continuing Care Assistant) Certificate | N/A                               | N/A   | ELC                                  | N/A  | N/A                |
| Unregulated Care Provider without CCA Certificate                          | N/A                               | N/A   | BELC<br>(employer provided training) | N/A  | N/A                |
| Occupational Therapist (OT)  | ELC                               | ELC   | ELC                                  | N/A  | N/A                |
| Physical Therapist (PT)  | ELC                               | ELC   | ELC                                  | N/A  | N/A                |
| Podiatrist   | ELC                               | ELC   | ELC                                  | ELC  | ELC                |

LEGEND: **Entry level competency** (ELC), **Beyond entry level competency** (BELC), N/A = Not able to perform or Not in scope

<sup>1</sup> As per CLPNS's Foot Care practice guideline, advanced training is required for LPNs to perform basic foot care for patients with risk factors or Advanced Foot Care.

## EDUCATION AND TRAINING REQUIREMENTS

### ENTRY LEVEL COMPETENCY

- It is within the foundational competencies of all clinical team members to perform inspection and basic foot care to low risk patient populations.
- Following patient screening by a qualified provider, basic foot care may be provided by **unregulated care providers** who have completed basic foot care education. [CS-LM-0037 SHA Basic Foot Care for Unregulated Care Providers](#).

**NOTE:** The Learning Module is required for Continuing Care Aides (CCA) who do not have a CCA certificate and is recommended for certified CCAs. The learning module is to be completed within orientation.

- Clinical team members with entry-level competencies (ELC) may self-identify learning needs and independently review this procedure and recommended learning modules below:
  - [CS-LM-0037 SHA Basic Foot Care for Unregulated Care Providers](#) includes basic care of the feet.
  - [CS-LM-0038 SHA Inlow's 60 Second Diabetic Foot Screening](#)
- Clinical team members and managers may also consider mentorship and observation to build foot care skills.

### BEYOND ENTRY LEVEL COMPETENCY

- SHA requirements for Inlow's Screening certification for LPN BELC include review of this procedure and completion of the [CS-LM-0038 SHA Inlow's 60 Second Diabetic Foot Screening](#) learning module.
- LPNs require Advanced Foot Care certification as per the College of Licensed Practical Nurses (CLPNS) scope of practice to perform basic foot care for patients with risk factors and advanced foot care.<sup>2</sup>
- SHA education requirements for Basic Plus foot care include:
  - Basic Plus Foot Care Course. Currently this course is offered by [Heel Your Sole Foot Care](#) as an upskilling course for foot care providers with practical experience and previous learning (such as the Foot Care Modalities course).
  - Review of this procedure and associated learning modules.
  - Mentored practice with competent foot care provider recommended. See Foot Care tile on Health Resources webpage for support suggestions.

See [Appendix D for competencies](#).

- SHA requirements for **Advanced Foot Care** certification include completion of one of the following:
  - [Heel Your Sole Advanced Foot Care Program](#)
    - 84 hour certificate of achievement in advanced nursing foot care practices.
    - Theoretical instruction and hands on practical practice.
  - [Saskatchewan Polytechnic Nursing Courses](#):
    - Foot Care Nursing NURS 1700;
      - Theory 90 hours; exam; and clinical experience.

- If education completed for Advanced Foot Care is not listed and the nurse is recognized and registered by their licensing body as having Advanced Foot Care as a Certification, education requirements are met.
- Additional courses deemed equivalent in consultation with Clinical Standards.
- Healthcare professionals considering private foot care provision are to refer to the practice certification requirements set by their regulatory body. The training and competency levels outlined in this clinical procedure apply to SHA services only. Training and certifications are not transferrable.

### Levels of Foot Care Competencies

|                            | Basic Foot Care  |  | Basic Plus   | Advanced  |
|----------------------------|--|--|--|---|
| Provider                   | All providers including CCAs   | All licensed nurses  | RN, RPN  | LPN, RN, RPN  |
| Education                  | Entry Level Competency for all licensed nurses ELC for CCA with CCA certificate. BELC for CCA without CCA certificate. | Entry Level knowledge, no additional foot care training required. Includes providers with former CEDN <sup>A</sup> training. | Basic Plus foot care course (Heel Your Sole Foot Care)   | Advanced Foot Care Certification (Heel Your Sole Foot Care, Saskatchewan Polytechnic Nurs 1700) |
| Foot Care Instruments Used | Toe nail clippers, emery board   | Clippers, hand file, and orange stick<br><br>RNs and RPNs: Can additionally use nippers and curettes.                        | As indicated in basic, with the addition of Blacks File, Burrs, Rotary Device after patient is assessed and deemed appropriate by Advanced Foot Care provider. | As indicated in Basic Plus with the addition of Blacks File, Burrs, Rotary Device               |

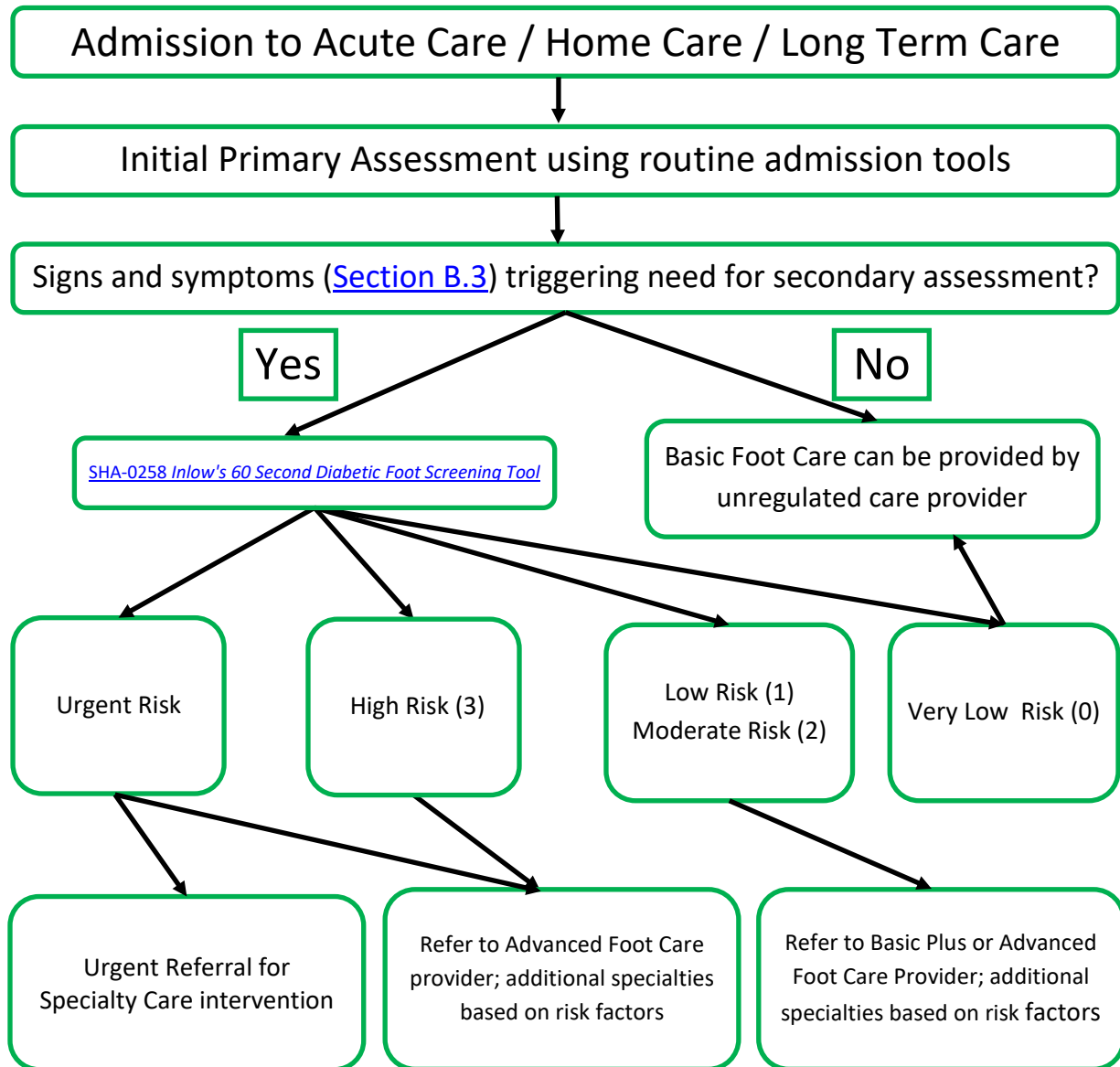
<sup>A</sup> Foot Care Modalities for the Elderly Person- Continuing Education and Development for Nurses (CEDN), University of Saskatchewan.

### EQUIPMENT / RESOURCES NEEDED

- See equipment / resources listed within each task.

**PROCEDURE**

**A. PROCEDURE OVERVIEW**



1. Patients who present for care in home care, long term care, or acute care services will have a primary assessment of the feet by a [qualified clinical team member](#) using routine admission assessment tools. This initial primary assessment must be completed prior to providing foot care.
2. During initial primary assessment, using routine admission assessment tools, clinical team members who identify one or more signs and symptoms listed in the procedure below will complete a secondary assessment using [SHA-0258 Inlow's 60 Second Diabetic Foot Screening Tool](#).



3. Clinical team members ineligible to complete [SHA-0258 Inlow's 60 Second Diabetic Foot Screening Tool](#) will refer to the appropriate team member to have the screening completed if they identify the signs and symptoms above. ([Clinical Team Members Eligible to Perform the Function](#))
4. Patients without the signs and symptoms listed in [Section B.3](#) can have basic foot care performed by clinical team members with entry level competencies.
5. The assessment using [SHA-0258 Inlow's 60 Second Diabetic Foot Screening Tool](#) determines the next care level and identifies the most appropriate clinical team member for provision of foot care.
  - a. Patients identified as:
    - i. Very Low risk (Category 0) may have their foot care provided by unregulated care providers with CCA certificates or who have completed employer-provided [CS-LM-0037 SHA Basic Foot Care for Unregulated Care Providers](#) Learning Module.
    - ii. Low risk (Category 1) and Moderate risk (Category 2) will be assessed by clinical team members with certification in **Basic Plus** or **Advanced Foot Care**.
    - iii. High risk (Category 3) or Urgent risk will be assessed by clinical team members with certification in Advanced Foot Care. Patients with urgent risk require urgent specialty care intervention. See [ESCALATION CRITERIA](#).

**NOTE:** Recognizing that patient's health status changes, all clinical team members will, upon recognition of any of the signs and symptoms listed in [Section B.3](#). (example: during skin inspection during bathing), initiate or refer for a secondary clinical assessment.

6. All shared (multi-patient use) instruments used in foot care must be sterile prior to use. ([See Appendix B Foot Care Instruments](#))
7. See [Appendix B Foot Care Instruments](#) for management of patient owned instruments when signs and symptoms of infections are present.

## B. PRIMARY ADMISSION ASSESSMENT OF FEET

1. Complete routine admission assessments; for example: Nursing Information System of Saskatchewan (NISS), Braden, Nursing assessment, Skin Integrity, etc.
2. Consideration for partial or complete amputation (unilateral or bilateral) requires assessment of remaining limb.
3. Assess for the following signs and symptoms:
  - a. Diagnosis of diabetes, peripheral vascular disease, prior amputation, history of wounds, neuropathy
  - b. Foot redness or colour changes
  - c. Foot swelling / edema
  - d. Callous or skin thickening
  - e. Change in peripheral temperature (hot or cold)
  - f. Loss of protective sensation (verbal assessment) / sensation changes reported in the feet
  - g. Foot pulses absent or altered
  - h. Presence of new or healing wound
  - i. Bony deformity

- j. Broken, cracked, long or thickened nails
  - k. White / yellow streaks or spots in the nail
  - l. Swelling / pain around the nails, crumbling along the edges or tips of the nail
4. If one or more of the above foot care signs and symptoms are identified, then proceed to completion of [SHA-0258 Inlow's 60 Second Diabetic Foot Screening Tool](#) to determine patient risk level.
  5. If the routine admission assessment **does not** trigger the need for further assessment, the patient is deemed low risk for foot care. Go to [Section D Care Plan](#) section below.

### C. INLOW'S 60 SECOND DIABETIC FOOT SCREEN

#### Equipment:

- [SHA-0258 Inlow's 60 Second Diabetic Foot Screening Tool](#)
- PPE as per PCRA
- 5.07(10G) Monofilament
- Optional:
  - Handheld Doppler ultrasound- 8 megahertz (MHz) (requires additional certification, see CS-XXXX Vascular Assessment of the Lower Extremity (*in development*))
  - No-contact infrared thermometer

#### Procedure

1. Complete an assessment of the feet (or remaining limb in cases of amputation) using [SHA-0258 Inlow's 60 Second Diabetic Foot Screening Tool](#). Refer to Inlow's 60 Second Diabetic Foot Screening Learning Package for additional details.
2. Explain the procedure to the patient.
3. Assess the skin and nails. Inspect all surfaces, including in between all toes.
  - Look at the condition of the skin (dryness, moisture, colour, and breaks in the skin).
  - Note any evidence of current or prior wounds or amputations.
  - Examine the nails for length, thickness and colour.
4. Assess for peripheral neuropathy / loss of protective sensation (LOPS):
  - a. Prior to beginning, you can perform the monofilament test on the back of the patient's hand so they learn the sensation.
  - b. Monofilament testing - see [CS-LM-0038 SHA Inlow's 60 Second Diabetic Foot Screening Learning Module](#).
    - i. Have patient close their eyes;
    - ii. Hold the monofilament perpendicular to the skin;
    - iii. Using a smooth motion, touch the skin with the monofilament. There are 10 sites on each foot to perform this test;
    - iv. Apply just enough pressure to bend the monofilament into a C shape; then
    - v. Remove from the skin and note the patient's response on the diagram.

- c. Ask the following questions regarding feet sensation:
  - i. Are your feet ever numb?
  - ii. Do they ever tingle?
  - iii. Do they feel like they are burning?
  - iv. Do they ever feel like insects are crawling on them?
5. Assess for peripheral arterial disease:
  - a. Are pedal pulses present? This can be determined with palpation or by using a handheld Doppler ultrasound (8 megahertz). Assess for both:
    - i. Dorsalis pedis
    - ii. Posterior tibial
  - b. Assess for dependent rubor by elevating both legs on bed / stretcher. Then reposition patient so that legs are in dependent position (dangling off side of bed) and note any colour changes in the legs.
  - c. Touch both feet to feel for temperature and note any temperature differences between the two feet. A no-contact infrared thermometer could also be utilized to provide empirical data.
6. Assess for bony deformity:
  - a. Take note of any bony deformities or structural abnormalities, including amputations.
  - b. Range of motion of hallux should be assessed by the assessor moving the joint. Also note range of motion of the ankle and knee.
7. Footwear should be inspected for condition and fit and should be considerate of weather / seasonal needs.
8. Determine the risk for ulceration and amputation:
  - a. Utilizing the diagram on the second page of [SHA-0258 Inlow's 60 Second Diabetic Foot Screening Tool](#), determine the risk category from the data compiled from the assessment.
  - b. Final risk category is at the discretion of the assessing clinical care team member and is influenced by other health history, patient-specific factors and assessment findings.
9. If a clinical team member identifies signs or symptoms of potential transmissible foot ailment or condition such as fungal nail infection during assessment:
  - a. Do not use the patient owned foot care instruments. Instead, use disposable or sterilized foot care instruments.
  - b. Advise the patient to discard their set of foot care instruments or offer reprocessing (where instrument is appropriate to be reprocessed as per **Manufacturer's Instructions for Use** (MIFU) and reprocessing services are available locally), as it may harbor pathogenic organisms (for example: fungus).
  - c. Refer to Most Responsible Practitioner regarding potential health concern.
  - d. Use disposable or sterilized set of instruments until patient has completed appropriate treatment after which time may return to using newly purchased or sterilized patient-owned instruments.

**D. CARE PLAN**

- The clinical team member completing the assessment(s) will develop a care plan which will outline which clinical team member will be performing the foot care, the frequency of foot care, the frequency of assessment, and the type of care to be provided for that specific patient.
  - For further details see [SHA-0258 Inlow's 60 Second Diabetic Foot Screening Tool](#) Step 3 “Create a Plan of Care” on page two.
- For referral to Advanced Foot Care provider, use local process.
- Care planning must also address, for example, the wound care and nutritional needs of the patient.
- When unregulated care providers identify signs and symptoms such as those listed in [Section B.3](#) (above), they are required to escalate to the nurse for assessment.

Recommended actions are not limited to those below, but are applicable to most patient populations:

| Risk Category              | Cleaning feet        | Provider to perform foot / nail care   | Recommended repeat of <a href="#">SHA-0258 Inlow's 60 Second Diabetic Foot Screening Tool</a> | May also need referral to:   |
|----------------------------|----------------------|--|---|--|
| Very Low Risk (Category 0) | Clinical team member | Basic Foot Care competence (procedure)   | Annual  | N/A  |
| Low Risk (Category 1)      | Clinical team member | Minimum Basic Plus Foot Care competence  | Every 6 to 12 months  | <ul style="list-style-type: none"> <li>• Podiatry</li> <li>• Advanced Foot Care provider</li> </ul>  |
| Moderate Risk (Category 2) | Clinical team member | Minimum Basic Plus Foot Care competence  | Every 3 to 6 months   | <ul style="list-style-type: none"> <li>• Specialists in Vascular, Rehab, Orthopedics, Plastics, Infectious Disease, Pain</li> <li>• Advanced Foot Care provider</li> </ul> |
| High Risk (Category 3)     | Clinical team member | Minimum Advanced Foot Care (ACP) provider. Basic Plus providers can provide care within their competencies collaboratively with ACP (as per ACP assessment & care plan.) | Every 1 to 3 months   | <ul style="list-style-type: none"> <li>• Specialists in Vascular, Rehab, Orthopedics, Plastics, Infectious Disease, Pain</li> <li>• Advanced Foot Care provider</li> </ul> |
| Urgent Risk                | Clinical team member | Notify MRP immediately. Advanced Foot Care competence.   | Urgent Care required  | <ul style="list-style-type: none"> <li>• Vascular surgeon or Orthopedic Specialist</li> <li>• Advanced Foot Care provider</li> </ul>                                       |

## E. BASIC FOOT CARE

### Equipment ([See Appendix B Foot Care Instruments](#)):

- Disinfected washbasin (patients with known or suspected infections require single use plastic liner)<sup>3</sup>
- Washcloth
- Cleansing agent as indicated
- Bath or hand towel – may use disposable incontinent / barrier pad
- Unscented lotion or foot cream
- PPE as per PCRA (including gown)
- Paper towels
- Toenail clippers
- Emery board or nail file
- Soft nail or cuticle brush

**NOTE:** All patient-owned instruments will be inspected prior to use and replaced if damaged, corroded or becomes no longer functional.

### Procedure:

1. Gather all supplies.
2. Perform hand hygiene.
3. Apply PPE as per PCRA.
  - a. Face shields or safety goggles are worn to protect the clinical team member from nail clippings or debris.
  - b. If the foot of the patient is positioned on the lap of the clinical team member, protect the clothing of the clinical team member by a gown or a towel / incontinent pad.
4. Position the patient in a comfortable position that allows for safe provider care.
5. Inspect the skin and nails of both feet, including the plantar surface:
  - a. Look at the skin for signs of moisture, dryness, flaking skin, cracks, and open wounds. Look between all of the toes.
  - b. Look at the condition of the nails, including curling, drainage or bleeding from the nail bed. Inspect nails for breakage or jagged edges. Look for colour changes, and compare the feet for colour differences.
  - c. Feel the skin for temperature changes and compare to the other foot.
  - d. Look for deformities in the toes, in the general shape of the foot, and for any bony deformity.
  - e. Note any odours.
6. Report any unusual findings or concerns to the primary nurse.

7. Wash feet, if required. This can be done as part of the patient's usual bath or shower. Alternatively, fill a washbasin (with plastic liner if applicable as above) with warm water (37°C to 40°C) to wash feet.

**NOTE:** Patients with diabetes mellitus, peripheral neuropathy, or peripheral vascular disease (PVD) should not soak their feet.

8. Be sure to clean gently around nails, and between toes.
9. Dry feet with clean towel. Ensure you dry gently in between the toes.
10. Use the toenail clipper to trim the toenails, following the natural curve of the nail. Do not cut too close to the nail bed.
11. Once the feet have thoroughly dried, use the file or emery board to smooth any rough edges. Take care to file in one direction. Filing nails that are still damp can tear and damage the nails.
12. If the patient becomes injured from the clippers or file, report this to the primary nurse immediately and complete a patient safety incident report.
13. Apply lotion or cream to the tops and bottoms of both feet, rubbing in well.

**NOTE:** Do not apply lotion between the toes.

14. Once the lotion has absorbed, assist the patient to apply clean socks and shoes.
15. Perform hand hygiene.
16. Clean up the care area.
17. [Document](#).

## F. PATIENT EDUCATION

- Clinical team members will provide education as needed to patients and **families**. If appropriate, this could include teaching on how to perform foot care.
- See "[Patient Handouts](#)" below for resource options.

## G. DOCUMENTATION

- Verbal consent for procedure
- Pain assessment and management
- [SHA-0258 Inlow's 60 Second Diabetic Foot Screening Tool](#) results and risk category
- Condition of feet before and after procedure
- Patient and family education
- Patient's tolerance of the procedure
- Unexpected outcomes and related interventions / referral made
- Documentation flowsheet where applicable (home care, LTC)

## REQUIREMENTS FOR CARE TRANSITIONS

1. Communicate foot care risk level, current foot care interventions (as applicable), and due date of next assessment, on transfer forms and within verbal report.
2. If referring to a community provider, and patient is moderate risk and higher on the [SHA-0258 Inlow's 60 Second Diabetic Foot Screening Tool](#), ensure discharge instructions include the need for Advanced Foot Care provider and include any resources or information on how to find a practitioner.
3. A copy of the [SHA - 0258 Inlow's 60 Second Diabetic Foot Screening Tool](#) is to be sent with a referral to an Advanced Foot Care provider or to the MRP when a referral is requested.

## DOCUMENTS THAT RELATE TO THIS CONTENT

### Clinical Standards

[CS-CS-0010 Pain Assessment and Management \[Clinical Standard\]](#)

[CS-CS-0008 Skin and Wound Prevention and Management](#)

### Clinical Procedures

[CS-CP-0010 Pain Assessment and Management \[Procedure\]](#)

[CS-CP-0025 Skin and Wound Assessment and Management](#)

*CS-CP- XXXX Vascular Assessment of the Lower Extremity (in development)*

### Clinical Forms

[SHA-0258 Inlow's 60 Second Diabetic Foot Screening Tool](#)

### Learning Modules

[CS-LM-0037 SHA Basic Foot Care for Unregulated Care Providers](#)

[CS-LM-0038 SHA Inlow's 60 Second Diabetic Foot Screening](#)

### Patient Handouts

[Care at Home Series: Diabetic Foot Complications - What is an Emergency \(Wounds Canada\)](#)

[CS-PIER-0037 Venous Leg Ulcers – What Can You Do?](#)

[CS-PIER-0038 Arterial Ulcers Legs Feet – What Can You Do?](#)

[Diabetes and Foot Care- A Patient Checklist \(Diabetes Canada\)](#)

[Finding the Proper Shoe Fit \(Wounds Canada\)](#)

[Information about Diabetes and Healthy Feet \(Wounds Canada\)](#)

[Lower Extremity Wound Pathway \(LEWP\) Patient Information](#)

[Safe Foot Care if You Have Diabetes \(Wounds Canada\)](#)

[Steps for Healthy Feet Checklist \(Wounds Canada\)](#)

### Other Resources

[Best Practice Recommendations for the Prevention and Management of Diabetic Foot Ulcers \(Wounds Canada\)](#)

[Clinical Practice Guidelines - Foot Care Chapter \(Diabetes Canada\)](#)

[Licensed Podiatrists in Saskatchewan](#)

[Monofilament Testing for Loss of Protective Sensation \(LOPS\): Procedure](#) British Columbia Skin and Wound Provincial Committee

[Monofilament Testing learning module](#) British Columbia Skin and Wound Provincial Committee



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## APPENDIX A: DEFINITIONS

**Accredited Wound Clinician:** Includes all designations that have completed and currently maintain certification through an accredited educational institution and / or program to perform advanced wound care and management appropriate to the provider's assignment / context of practice and within their respective scope of practice.

**Advanced Foot Care:** Advanced Foot Care includes advanced foot care assessment, vascular assessment of the lower extremities, and invasive techniques. In the SHA, patients who screen moderate, high, or very high on the 60 second diabetic foot screen require involvement of healthcare providers with Advanced Foot Care competencies.

For the profession of nursing, Advanced Foot Care nurses meet the competencies outlined by the Canadian Association of Foot Care Nurses.<sup>4</sup>

**Basic Foot Care:** Includes inspection, education, and interventions such as cleaning, filing, applying prescribed topical agents (as assigned), nail trimming that only involves the epidermal layer of the skin or nails.

**Basic Plus Foot Care:** For the purpose of this clinical standard, Basic Plus foot care includes foot care using nail nippers, curettes, Black's files, hand files, burrs, and rotatory devices on patients who screen category 1 and 2 on the [SHA-0258 Inlow's 60 Second Diabetic Foot Screening Tool](#) by clinical team members with additional training recognized by the Saskatchewan Health Authority.

When assessed and recommended by an Advanced Foot Care provider, Basic Plus care providers can collaborate with Advanced Foot Care providers to provide care for comfort or treatment within their competencies on patients with very high and urgent risk scores as well.

**Beyond Entry Level Competencies (BELC):** Knowledge, skill or judgment that is within the scope of practice of a healthcare professional, but not acquired in the current basic education program. These require additional training and education and may be restricted to specific care environments.

**Clinical Team Members:** In the context of Clinical Standards documents, the clinical team members include those who perform direct patient care. This could include healthcare professionals, unregulated care providers, practitioner staff, graduate practitioners, and learners.

**Critical Medical Instruments:** Medical instruments that enter sterile tissues, including the vascular system. Critical medical instruments present a high risk of infection if the instrument is contaminated with any microorganism, including bacterial spores. Reprocessing critical instruments involves meticulous cleaning followed by sterilization.<sup>5</sup>

**Entry Level Competencies (ELC):** Knowledge, skill or judgement that is within the scope of practice of a healthcare professional acquired in the current basic education program.

**Family:** Individuals who are connected by kinship, affection, dependency, or trust. The patient defines their family and how they will be involved in care, care planning and decision making. Individuals identified as "family" may or may not be the substitute health care decision maker(s). When a patient is unable to define "family" this will be the substitute health care decision maker.

**Foot Care Instrument:** An instrument used to perform care on patient's feet including, but not limited to, nail clippers, files, rasps, scalpel handles and nail probes.<sup>6</sup>

**Graduates of a Recognized Professional Training Program (Restricted License):** Staff who have the educational requirements but have not passed the licensing / regulatory exam.

**Healthcare Professional (HCP):** Staff with formal education in their profession and are prepared for practice with entry-level competencies (the knowledge, skills and judgement acquired in a foundational education program). Healthcare professionals are licensed, certified or privileged and have a scope of practice that defines the competencies they are authorized to practice. Healthcare professionals may or may not be regulated by a provincial regulatory body.

**Manufacturer’s Instructions for Use (MIFU):** The written directions provided by the manufacturer or distributor of a product that contain the necessary information for the safe and effective use of the product.<sup>7</sup>

**Most Responsible Practitioner (MRP):** The physician / practitioner including nurse practitioner with the overall responsibility for directing and coordinating the care of a patient at the specific point in time.

**Non-critical:** Means a medical instrument that touches only the intact skin (but not mucous membranes) or does not directly touch the client.<sup>5</sup>

**Patient:** All individuals including clients, residents and members of the public who receive or have requested health care or services from Saskatchewan Health Authority and its health care providers.

**Practitioner Staff:** Qualified members of a health profession who are legally entitled to practice in Saskatchewan and who have been appointed to the Practitioner Staff of the SHA, and to whom privileges may be granted by the SHA.

**Point-of-care risk assessment (PCRA):** “A PCRA is an activity whereby healthcare workers:

1. Evaluate the likelihood of exposure to an infectious agent
  - a. For a specific interaction;
  - b. With a specific patient;
  - c. In a specific environment (example: single room, hallway);
  - d. Under available conditions (example: no designated handwashing sink)
2. Choose 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.”

**Reusable Foot Care Instrument:** Means a foot care instrument intended by manufacturer for multiple uses.<sup>6</sup>

**Semi-Critical Medical Instruments:** Medical instruments that comes in contact with non-intact skin or mucous membranes, but ordinarily does not penetrate them. Reprocessing semi-critical instruments involves meticulous cleaning followed by, at a minimum, high-level disinfection. Sterilization is preferred.<sup>5</sup>

**Single-use Foot Care Instrument:** Means a critical or semi-critical medical instrument designated by the manufacturer for single-use only and may be indicated by, but not limited to, the following terms used for labelling by the manufacturer:<sup>6</sup>

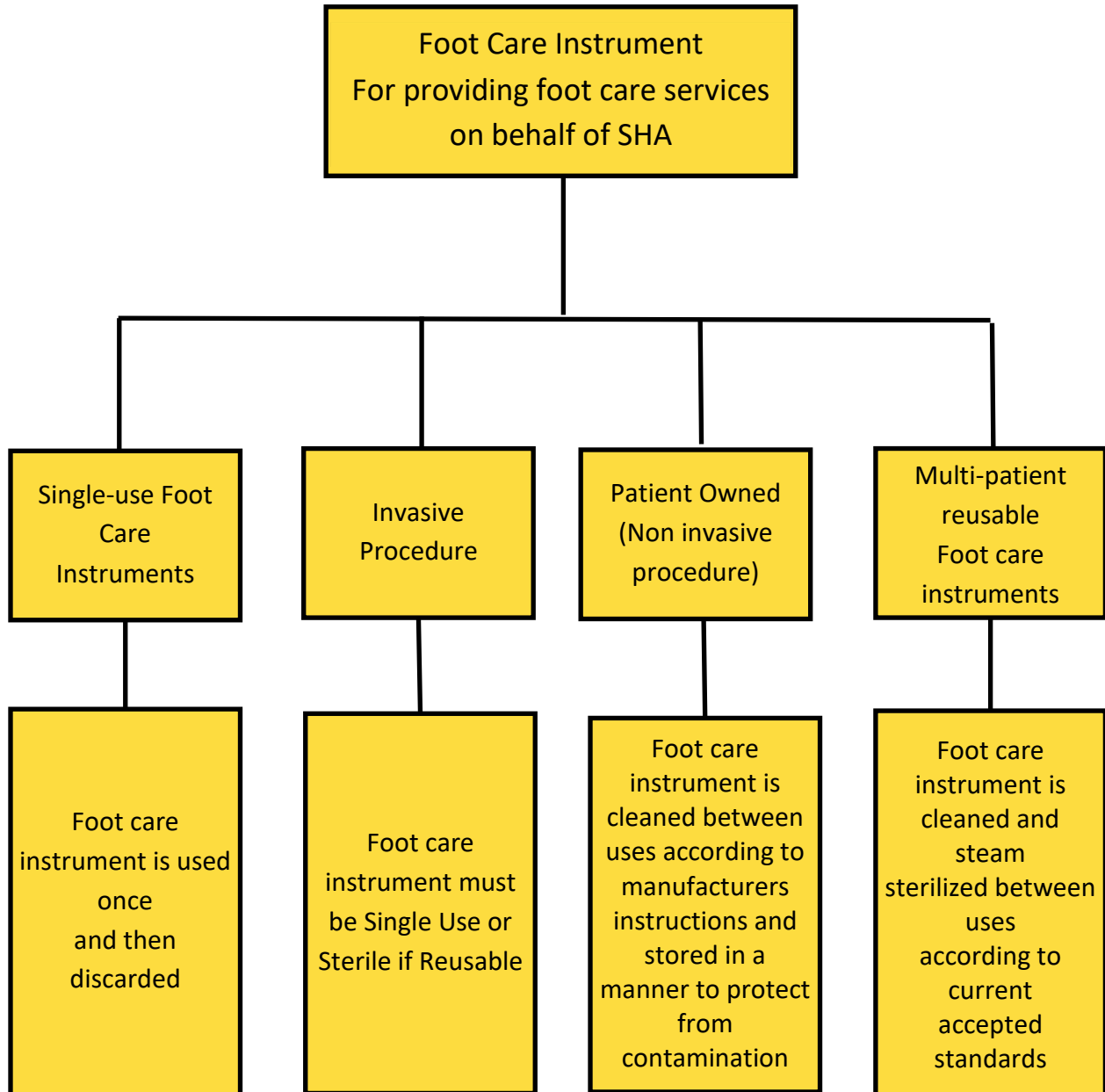
- Disposable
- Consumable
- Not for re-use or do not re-use;
- Discard after single-use;
- Do not use twice;
- Or a symbol such as: (insert circle with 2 crossed out)

**Sterilization / Sterilize / Sterilized:** Is the level of reprocessing required for critical medical instruments. Sterilization results in the destruction of all forms of microbial life including bacteria, viruses, spores, and fungi. Instruments shall be cleaned thoroughly before effective sterilization can take place.<sup>5</sup>

**Unregulated Care Providers:** Clinical workers who are not regulated or licensed. They have no legally defined scope of practice and may or may not have a mandatory education or established standards of practice. Unregulated care providers work within their scope of employment.

## APPENDIX B: FOOT CARE INSTRUMENTS

### Management of Foot Care Instruments:<sup>6</sup>



Consult with an Infection Prevention and Control specialist as needed regarding infection control practices if unsure.

- **Single-use Foot Care Instrument** is used once and then discarded as per local process - they cannot be cleaned or re-used, not even on the same patient.<sup>6</sup>
  1. Foot Care Instrument must be used as single-use when:
    - It is labelled as a single use medical instrument by the manufacturer
    - The labelling is unclear as to whether or not it is a single use medical instrument; or
    - There are no manufacturer's reprocessing instructions for it.
- **Patient- owned Foot Care Instrument** <sup>6</sup>
  1. A patient's own dedicated Foot Care Instrument must:
    - Never be used for another individual.
    - Be cleaned, at a minimum, between uses according to MIFU.
    - Be inspected at every session and replaced if damaged, corroded or becomes no longer functional.
  2. If the epidermis is breached, or the patient has a transmissible infection, sterilize the instrument or discard and use a new one.
    - Instruments that do not come into contact with sterile tissues or penetrate non-intact skin or mucous membranes<sup>5</sup> and are used for a single patient require cleaning as per Manufacturer's Instructions For Use between every patient encounter. Reprocessing semi-critical instruments involves meticulous cleaning followed by disinfection, at minimum.
- **Multi-patient reusable Foot Care Instruments**<sup>6</sup>
  1. Multi-patient reusable foot care instruments must be cleaned and steam **sterilized** according to the **manufacturer's instructions** prior to reuse on another patient. Sterility must be maintained until use on the next patient.
  2. Multi-patient reusable foot care instruments must be **reprocessed** in an SHA medical instrument reprocessing department (MDRD) meeting manufacturers' instructions for use and Canadian Standards Association (CSA).
  3. Contract / third-party Providers unable to meet CSA Reprocessing standards, may choose to reprocess through the contracted services of an SHA MDR department or use single-use instruments and discard after use.
  4. Invasive advanced foot care techniques, where instruments may penetrate into the sterile tissues or the vascular system, require sterile foot care instruments. This can be accomplished through sterilization through SHA MDR department or the use of single-use, disposable instruments. The use of a hospital disinfectant on critical medical instruments used for invasive foot care techniques is not acceptable.<sup>5</sup>
  5. See [Appendix C](#) for Handling and transport of foot care instruments.
- A dust extracting rotary device is recommended to decrease environmental contamination and occupational exposure.<sup>5</sup>

## APPENDIX C: HANDLING AND TRANSPORT OF USED FOOT CARE INSTRUMENTS

1. Foot care instruments require thorough decontamination (cleaning and disinfection), packaging, and steam sterilization between each patient use, and shall follow CSA standards for storage of sterile supplies to ensure they maintain sterility.<sup>8</sup>
2. Best practices for transportation and storage of soiled and reprocessed instruments shall be incorporated and meet current CSA standards.<sup>8</sup>
3. Handling and transport must include:<sup>6</sup>
  - Remove visible soil from foot care instrument at the point-of-care before transport to the reprocessing area. Gross (visible) debris should be removed with cloth or gauze moistened with water or detergent.
    - If not cleaned immediately, instruments must be kept moist by soaking in a holding solution or foam, or application of a gel, foam, or moist towel specifically intended for this use following manufacturer's instructions. Do not use saline solutions, abrasive chemicals or harsh cleaners.<sup>7</sup>
  - Transport contaminated instruments in a labelled, closed, and leak proof container.
  - Local procedures will be in place to:
    - Identify contaminated instruments which have not undergone reprocessing and differentiate multi-patient foot care instruments, to be reprocessed, from similar looking single-use foot care instruments, to be discarded.

**APPENDIX D: FOOT CARE COMPETENCIES <sup>A</sup>**

| Basic Foot Care  | Basic Plus  | Advanced Foot Care <sup>1</sup>  |
|--|---|--|
| <b>Knowledge:</b>  |   |  |
| <ul style="list-style-type: none"> <li>• Anatomy/physiology of the feet and lower extremities</li> <li>• Purpose of foot and nail care</li> <li>• Common microorganisms of the lower extremities</li> <li>• Asepsis/infection control</li> <li>• Complications and the effects of the pathology and disease process i.e. diabetes and circulation</li> </ul> | <ul style="list-style-type: none"> <li>• Anatomy and Physiology of feet</li> <li>• The Aging Foot (normal aging changes in structure and function)</li> <li>• Proper Footwear and sock/stockings</li> <li>• Diabetes and arterial compromise and the foot</li> <li>• Common conditions of the skin (corns, warts, callus)</li> <li>• Common conditions of the toenail</li> <li>• Foot Care Procedure and care planning as guided by <a href="#">SHA-0258 Inlow's 60 Second Diabetic Foot Screening Tool</a><br/>Infection Control procedures</li> </ul> | <ul style="list-style-type: none"> <li>• Basic Foot Care</li> <li>• Pathology as it relates to acute and or chronic disease and the feet i.e. diabetes</li> <li>• Peripheral vascular disease changes due to chronic disease and aging i.e. arthritis</li> <li>• Asepsis/infection control related to instruments</li> <li>• How to assess and refer patients to other health care professionals</li> <li>• Footwear and basic pedorthic management</li> </ul> |



| Basic Foot Care  | Basic Plus   | Advanced Foot Care <sup>1</sup>  |
|--|--|--|
| <b>Skills: Be competent to:</b>  |  |  |
| <ul style="list-style-type: none"> <li>• Evaluate and inspect the feet, report changes</li> <li>• Utilize nursing process as it pertains to foot health (assessment, planning, implementation, and evaluate)</li> <li>• Perform non-invasive foot care procedure</li> <li>• Cleaning, moisturizing               <ul style="list-style-type: none"> <li>○ Application of creams, lotions, simple dressings</li> <li>○ Toenail Care (including cutting with clippers)</li> </ul> </li> <li>• Provide education to the patient / care provider on foot health</li> <li>• Complete documentation</li> </ul> | <ul style="list-style-type: none"> <li>• Perform all aspects of <i>basic foot care</i></li> <li>• Assess and inspect the feet consideration to the patient's health history, co-morbidity and pathophysiology</li> <li>• Knowledgeable and able to appropriately apply the <a href="#">SHA-0258 Inlow's 60 Second Diabetic Foot Screening Tool</a></li> </ul> <p>Use the instruments in a safe, competent, and appropriate manner including:</p> <ul style="list-style-type: none"> <li>• Black's File</li> <li>• Hand File</li> <li>• Nail Nippers</li> <li>• 5.07(10G) Monofilament</li> <li>• Rotary device</li> <li>• Burrs</li> <li>• Curettes</li> </ul> | <ul style="list-style-type: none"> <li>• Perform all aspects of Basic Foot Care</li> <li>• Consider the patient's history/ comorbidity/pathophysiology</li> <li>• Assess / inspect the feet and lower extremities               <ul style="list-style-type: none"> <li>○ Diabetic assessment of lower extremities</li> <li>○ vascular assessment of lower extremities (Doppler, ABI, claudication, edema, temperature)</li> </ul> </li> <li>• Use the instruments in a safe, competent and appropriate manner, including:               <ul style="list-style-type: none"> <li>○ Black's file</li> <li>○ Hand File</li> <li>○ Nail Scissors</li> <li>○ Probe</li> <li>○ Nail Nippers</li> <li>○ Foot File</li> <li>○ Foot care Drill/burrs</li> <li>○ Nail Packing</li> <li>○ 5.07(10G) Monofilament</li> <li>○ Curette</li> </ul> </li> <li>• Understand the principles / application and contraindications of padding</li> </ul> |
| <b>Critical Thinking and Critical Inquiry to:</b>  |  |  |
| <ul style="list-style-type: none"> <li>• Recognize the expected findings of a normal and average foot for patients who are not experiencing alterations in pathological process or disease process of the foot and lower extremities</li> <li>• Understand when and how to refer the patient, based on assessment findings of the lower extremities</li> <li>• Document and report</li> </ul>  | <ul style="list-style-type: none"> <li>• Perform all aspects of <i>Basic Foot Care</i></li> <li>• Work in a team environment within the SHA and have the direction and ability to escalate foot care concerns that are beyond their competencies.</li> <li>• Basic Plus providers can provide care within their competencies collaboratively with Advanced Care Practitioner (as per ACP assessment and care plan.)</li> </ul>   | <ul style="list-style-type: none"> <li>• Recognize the findings of a foot for a patient who is experiencing, or is a risk of experiencing, a pathological process or disease process of the foot. Escalate care appropriately.</li> <li>• Collaborate with team</li> <li>• For the profession of nursing, Advanced Foot Care nurses meet the competencies outlined by the Canadian Association of Foot Care Nurses.<sup>4</sup></li> </ul>   |

<sup>a</sup> Adapted from CLPNS<sup>2</sup>

**APPENDIX E: REPLACED DOCUMENTS**

SHA Clinical Standards and procedures replaces all related:

- Departmental,
- Unit, or
- Former regional documents.

Teams may need to update local work standards to make sure they are not different from SHA Clinical Standards and procedure before they continue to use them.

This clinical standard and procedure replaces or partially replaces the following former regional health authority policies, procedures, forms or other related documents including but not limited to:

**Policy / Procedure- Full Repeals**

| Name of former health region | Policy / Procedure / Form / Document Title               | Document #   |
|------------------------------|--|--------------|
| Cypress                      | Foot Care  | 4- B- 080    |
| Cypress                      | Infection Prevention and Control Manual- Foot Care Tools | 14 - 10      |
| Five Hills                   | Foot Care Program  | 2-11 3.1     |
| Heartland Health Region      | Foot Care  | C01- 07.01   |
| Kelsey Trail                 | Foot Care Program  | 3 - 040      |
| Kelsey Trail                 | Advanced Foot Care                                       | 4 - 200      |
| Kelsey Trail                 | Infection Prevention and Control- Foot Care Guidelines   | 3 - 055      |
| Mamawetan                    | Basic Foot Care  | 7            |
| Prince Albert<br>Parkland    | In Home Foot Care  | N/A          |
| Saskatoon                    | Diabetes Foot Screen                                     | N/A          |
| Saskatoon                    | Nail Care- Feet & Hands                                  | N/A          |
| Sun Country                  | Assessment and Screening                                 | IPC-00-17-15 |
| Sun Country                  | Provision of Foot Care Services                          | IPC-00-17-05 |
| Sun Country                  | Functions of Foot Care Program                           | IPC-00-17-00 |
| Sun Country                  | Foot Care Procedures                                     | IPC-00-17-10 |
| Sun Country                  | Infection Control Guidelines for Foot Care               | E5-10-25-120 |
| Sunrise                      | Foot Care  | 612.010      |
| Sunrise                      | Foot Care Assessment / Screening Tool                    | 612.010.1    |
| Sunrise                      | Foot Care  | 810.039      |
| Regina                       | Kidney Program Regina - Foot screen care pathway         | N/A          |