FOOT CARE

The goal of the infection prevention practices in foot care is to reduce the risk of the transfer of microorganisms between residents or between residents and health care providers.

The following guidelines developed by Health Canada (1997) will decrease the risk of infection and should be followed by all health care personnel providing foot care to residents.

Equipment

1. All reusable foot care equipment must be capable of being cleaned with detergent and water or an enzymatic cleaner to remove organic matter prior to being reprocessed.

2. All instruments used in foot care (e.g. nail nippers, files, rasps, scalpel handle, nail probe or callous parer) must be sterile before use on a resident...

3. Recommended methods of sterilization include steam under pressure (autoclave), dry heat or chemical sterilant. Boiling water and microwave ovens are not effective methods of sterilization and should not be used.

4. Single-use items (e.g. emery boards, orange sticks, rotary tool disks) should be discarded after use. If the equipment is the resident’s own equipment, it must be kept clean and dry between uses.

5. Used blades should be disposed of in an appropriate sharps container at the completion of each treatment.

6. If a foot basin is used, it must be cleaned and disinfected between uses.

Personal Protective Equipment

1. Non-sterile medical gloves should be worn throughout the procedure to prevent exposure to bacteria, fungi and viruses. Gloves must be changed and hand hygiene performed between each resident.

2. Eye shields/glasses should be worn to protect the health care worker from nail clippings or debris

3. A disposable face mask should be worn to reduce the possibility of inhaling organisms that may be aerosolized during filing of nails. Masks should fit snugly and be worn for one resident only.

4. If the foot of the resident is positioned on the lap of the health care worker, then a disposable gown, apron or clean towel should be used to protect the clothing of the health care worker.
Hand Hygiene

1. Hand hygiene is the single most important procedure for preventing infections. Hands should be washed before and after each procedure and when gloves are removed. Hands can be cleaned by using soap and water or an alcohol based hand rub.

Other IPAC Considerations

1. The resident’s feet should be washed with mild soap and warm water, rinsed and dried thoroughly prior to any foot care procedure.
2. Skin antiseptic, e.g. prepackaged swabs should be used to wipe areas of the feet that will be touched by an instrument.
3. Lotions and creams should be in small, single-use containers that are resident specific. If the product is used on more than one resident, it should be aseptically dispensed to prevent contamination. Multi-use containers should not be brought to the treatment area.
4. Towels that are used for residents should be dedicated to the individual resident and not shared.
5. Residents should not walk with bare feet.
6. If the skin is injured during foot care, the area should be cleansed with a skin antiseptic and covered with sterile gauze/band-aid. A process should be in place for daily monitoring and documentation of the wound healing process.
7. The healthcare worker providing foot care should be educated and aware of the prevention of the transmission of bloodborne pathogens including management of accidental exposure to blood, correct sharps disposal, recommendations for hepatitis B immunization.

References:


