

Livewell Southwest

**Basic Foot Care Protocol for Patients in  
Hospital and the Community**

Version No 2:2

**Notice to staff using a paper copy of this guidance**

**The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.**

**Author: Podiatry Services Manager**

**Asset Number: 662**

## Reader Information

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|-------------------------------|---|
| <b>Supersedes document</b>    | All previous versions   |
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### Document review history

| Version no. | Type of change | Date                            | Originator of change       | Description of change  |
|-------------|----------------|---------------------------------|----------------------------|--|
| Draft 1.1   |                | 18 <sup>th</sup> January 2008   | Various                    | Minor amendments to final draft. Published in draft form as interim measure.   |
| 1.2         |                | 12 <sup>th</sup> March 2008     | Updated                    | Minor amendments agreed by Provider Governance Committee and prepared for publication  |
| 1.3         |                | 18 <sup>th</sup> August 2010    | Updated                    | Minor updates in contact and referral information and some phrasing and formatting. No changes to actual protocol or expectations of document. Consulted with others including Infection Prevention & Control. |
| 2           |                | 16 <sup>th</sup> September 2012 | Policy Ratification Group. | Ratified   |
| 2:1         | Updated        | 08.10.2012                      | Author                     | Minor amendments by author   |
| 2:2         | Updated        | 12.09.2014                      | Author                     | Minor amendments by author with reference to Plymouth Hospital Trust removed   |

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# Basic Foot Care Protocol for Patients in Hospital and the Community

## 1 Introduction

- 1.1 Patients in hospital and the community may develop a need for basic foot care during their hospital stay or episode of care, including the need for basic nail cutting.
- 1.2 For most patients, this care must be included in the general personal hygiene care delivered by the nursing team on the wards and in the community as appropriate. Many patients can be encouraged to undertake their own foot care, given the time, facilities, support and advice to do so.
- 1.3 LSW Podiatry Services are not commissioned to provide simple, basic foot care of the sort often highlighted in the assessment of an individual's general personal hygiene care. It is inappropriate to request or refer to Podiatry Services for these requirements.
- 1.4 "Basic foot care" implies any care that an individual would normally do for themselves, were they able to do so. It includes, nail care, use of emollients, foot files and other self-care. For the purposes of this policy it will also include providing healthcare interventions and referrals appropriate to the needs of the patient and the scope of practice of the health care staff involved.

## 2 Purpose

- 2.1 This protocol defines the role of clinical staff (both non-qualified and qualified) in the provision of basic foot care to both community and in-patients across LSW. It also describes the role of the Podiatrist and how staff are able to appropriately access Podiatry Services.
- 2.2 It is not the purpose of this protocol to direct qualified nurses or non-qualified health assistants, support and care workers to undertake the role of a Podiatrist in the absence of access to one. Rather it is the intention to enable such staff to provide basic care (which is not a commissioned provision of Podiatry Services) as a part of the patient's general personal hygiene care where such care is being delivered by the organisation.
- 2.3 Thus, where such care is provided for example, in the community by third parties, it is not incumbent on the staff of LSW to intervene and provide basic foot care as an ongoing part of an individual's care. However, there remains a duty of care to manage and refer onwards on issue or matter appropriate regarding an individual's foot health.
- 2.4 Also defined are the required basic skills and knowledge training of non-Podiatrists.

2.5 This protocol aims to:

- Empower staff to provide safe and effective basic foot care
- Improve the personal care of patients
- Remove the dependency on specialist clinicians to provide basic personal care
- Enable appropriate referral to Podiatry Services

### 3 Definitions

3.1 The term “ward and community staff” or “staff” has been used for ease in this document to indicate all professional and non-professional staff regardless of title, grade or profession and encompasses those based in community teams.

| Abbreviation | Full Text                  |
|--------------|----------------------------|
| HPC          | Health Professions Council |
| LSW          | Livewell Southwest         |
| PHT          | Plymouth Hospitals Trust   |

### 4 Duties & Responsibilities

4.1 The **Chief Executive** is ultimately responsible for the content of all policies, implementation and review.

4.2 The **Director of Nursing** is responsible for the overall implementation of this document across the organisation.

4.3 The **Deputy Locality Manager** (Southwest Locality) will retain overall accountability and responsibility for the content of this document.

4.4 **Line and Unit Managers** on wards, units and of community teams will be responsible for local implementation and monitoring and the compliance of their staff.

4.5 Responsibility of all **staff** to whom this document applies will be to comply with the contents and to seek the appropriate support, advice and training initially from their line manager if they have any doubts as to their capability to comply.

4.6 It is the responsibility of **Podiatry Services** to provide when requested to do so, the training associated with this document.

4.7 It is expressly **not** the responsibility of **Podiatry Services** to implement or monitor the implementation of this document.

### 5 Training for Staff

- 5.1 Podiatry Services in specific relationship to this document, will provide appropriate education for professional and non-professional staff.
- 5.2 A “Train the Trainers” package will be delivered to, on the request of a given community team, unit or ward key training to nursing staff as identified by senior nursing management in LSW. The package consists of a three hour training session and written resources.
- 5.3 The trainers will then be enabled to devolve this package to their staff within their respective wards, teams or units. This devolution will be through the respective organisation’s programmes of CPD for support staff such as HCA’s and clinical updates for registered nurses.

The training for staff will cover the subjects detailed in Table 1 below.

**Table 1 Core topics covered in the education package**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>▪ <b>Basic Anatomy &amp; Physiology</b><br/><b>Revision:</b><br/>Skeletal<br/>Muscular<br/>Neurovascular</li> </ul>   | <ul style="list-style-type: none"> <li>▪ <b>Basic Foot Assessment:</b><br/>Circulation &amp; Palpating Pulses<br/>Neurological Status<br/>Skin, appendages<br/>Deformity<br/>The “At Risk Foot”</li> </ul> |
| <ul style="list-style-type: none"> <li>▪ <b>Systemic Disease &amp; the Foot:</b><br/>Diabetes<br/>Arthritis<br/>Stroke<br/>The “At Risk Foot”</li> </ul>   | <ul style="list-style-type: none"> <li>▪ <b>Basic Foot Disorders:</b><br/>Nail Pathologies<br/>Skin Pathologies<br/>Dermatological Conditions<br/>Foot Deformities<br/>Common Disorders</li> </ul>         |
| <ul style="list-style-type: none"> <li>▪ <b>Basic Foot Care:</b><br/>Basic Instruments<br/>Using Instruments<br/>Infection Prevention &amp; Control<br/>Cutting and Filing Toenails</li> </ul>                                   | <ul style="list-style-type: none"> <li>▪ Cutting and Filing Thick and Mycotic Toenails<br/>Foot Hygiene<br/>Footwear and Hosiery<br/>Foot Health Education</li> </ul>                                      |
| <ul style="list-style-type: none"> <li>▪ <b>The Podiatry Profession and Role of LSW’s Podiatry Services:</b><br/>Role and Scope of Practice<br/>Regulation of the Profession, including the Private Sector Healthcare</li> </ul> |  |

- 5.4 The training will enable staff to safely provide basic foot care for patients with normal to moderate pathological toenail conditions, ensure good basic foot hygiene, recognise and “treat” simple pathologies and know when the intervention or advice of a Podiatrist or medical practitioner should be sought.
- 5.5 The identification of suitable staff to receive and subsequent devolution of the training provided by Podiatry Services will be undertaken by the manager of the requesting ward, team or unit.

## **6 Ongoing Support from the Podiatry Service**

- 6.1 Where identified and requested by senior nursing management Podiatry Services will provide additional facilitation in the form of supported practical experience for identified staff. This would usually take the form of a Podiatrist or Podiatry Assistant (depending upon the learning needs requested), supervising ward or community staff in undertaking basic foot care for an agreed session period.
- 6.2 Remote advice and support will be available to staff via:

Podiatry Services  
Nuffield Clinic  
1A Baring Street  
Plymouth  
PL4 8NF

Telephone: 0845 155 8059 (int. 34855)

Email: [LSW.Plymouth-Podiatry@nhs.net](mailto:LSW.Plymouth-Podiatry@nhs.net)

- 6.3 Staff may continue to make referrals in writing but are encouraged to seek advice when uncertain of either the appropriateness or need for referral to Podiatry.
- 6.4 Staff are also encouraged to seek the input of a Podiatrist for matters such as tissue viability, pain, mobility etc and “at risk” patients such as those with diabetes, peripheral arterial disease, non-traumatic lower limb amputation or significant inflammatory arthropathy affecting the foot.

## **7 The Role of Ward, Unit and Community Staff**

- 7.1 Staff are expected to be able to undertake basic everyday foot care.
- 7.2 To facilitate this, a broad education package designed to enable staff to assess and make informed choices and decisions regarding foot health needs, has been developed by Podiatry Services.
- 7.3 Staff should be able to support patients with basic foot care; including those tasks which a healthy, fit individual would normally undertake for themselves. This includes:
- Maintaining foot hygiene – including regular washing and ensuring appropriate footwear is worn,
  - Cutting and filing of toenails,
  - Using emollients correctly to promote healthy skin,
  - Reporting any deterioration in the condition of the patient's foot health which may require further assessment by the medical team, therapists or specialist Podiatry Service.
  - Providing basic care interventions or advice for those conditions detailed in the training session and be able to make an informed decision as to the clinical needs of a patient and whether referral to a Podiatrist is appropriate.

## **8 Assessment of Foot Care Needs**

- 8.1 A registered nurse, therapist or doctor should assess a patient's need for foot care. Those deemed at low or medium risk of foot complications, may have foot care delivered by healthcare staff, as part of their general nursing care.
- 8.2 Basic foot care can be undertaken by any appropriately trained staff, but should at all times be part of planned intervention/care-plan established by a registered practitioner.
- 8.3 Staff may provide nail care for all patients with normal to mildly pathological toenails.
- 8.4 Foot care delegated to any unregistered staff should consider the needs and risks of the patient, the competencies of the unregistered staff and appropriate supervision.

- 8.5 As is already the case staff should be providing appropriate wound management for patients with the option of Podiatry Services or Tissue Viability Service input in protracted cases or those complicated by the patient's underlying medical history e.g. Diabetes Mellitus or Peripheral Vascular Disease.

## **9 Basic Foot Care For “At Risk” Patients**

- 9.1 “At risk” patients are not easily defined, however, it is assumed that for this protocol it will include the patients and extent of pathology described in Appendix A.
- 9.2 Traditionally patients with Diabetes and the like have understandably been viewed with extreme caution by nursing and medical staff and other allied health professionals when providing even the most simple foot care.
- 9.3 Whilst it is true that patients with Diabetes or other risk factors such as Neuropathy or Peripheral Arterial Disease, are potentially “fragile”, there has been an over zealous fear of harming patients if basic care is provided.
- 9.4 Such patients can safely be cared for by staff other than Podiatrists providing they have attended the education session detailed in this document. Appendix A can be used for guidance in deciding whether or not to deal with these patients or refer them to a Podiatrist. If in doubt advice should always be sought.
- 9.5 In the specific instance of patients with Diabetes, staff are referred to the Quick Reference Guide for the National Institute for Health and Clinical Excellence (NICE) - Clinical Guideline 10 and the local Integrated Care Pathway for Diabetes at [www.plymouthdiabetes.org.uk](http://www.plymouthdiabetes.org.uk).

## **10 Consent to Treatment**

- 10.1 As with all clinical interventions, the patient's informed consent should be sought and recorded when offering to provide basic foot care. Organisation policy applies and staff must ensure they comply with its contents.
- 10.2 For patients who lack Mental Capacity and who are unable to give informed consent, the clinical team must act in the patient's best interest ensuring compliance with local and national guidance and procedure. Staff are referred to their line-managers for support on such issues.

## **11 Health Record Keeping**

- 11.1 Planned foot care as a part of personal hygiene care must be included in the patient's care plan and any subsequent care must also be recorded following LSW 's current Record Keeping Policy and ratified local documentation and/or variations in policy.

- 11.2 Any abnormalities noted or variances needed to the plan of care should be reported and documented in the patient's health record. Any required consequential action should be taken as per normal practice.

## **12 Infection Prevention & Control**

- 12.1 Staff must ensure that standard infection prevention and control procedures are followed when providing basic foot care.
- 12.2 This will include personal protective equipment including gloves, disposable plastic aprons, the use of single use disposable instruments and the correct disposal of clinical waste.
- 12.3 Any signs of infection to the foot should be reported to the Nurse in Charge and then to the responsible medical practitioner and appropriate microbiology samples taken to identify the causative pathogen and as appropriate, interventions as recommended by microbiology.
- 12.4 Infected foot wounds (suspected or otherwise) should be swabbed using the rub and roll technique and tissue samples obtained where appropriate to do so.
- 12.5 There is no need to culture clinically uninfected lesions except as part of an MRSA screen.
- 12.6 In-patients who use their own equipment for foot care i.e. nail cutters must not "lend" these items to other patients.
- 12.7 All instruments are disposable, single use and must therefore, not be used on multiple patients or re-used on the same patient before disposal in a suitable sharps container.
- 12.8 All waste created by providing basic foot care should be treated as clinical waste in all settings and disposed of accordingly in line with current local policy.
- 12.9 Staff must seek appropriate information and support from their line manager or the Infection Prevention and Control Team to address any concerns or issues regarding infection control. All current LSW policies apply.

## **13 Referral to Podiatry Services**

- 13.1 The service is commissioned to provide care for complex podiatric conditions and is based on a "problem solving" approach as opposed to a task led service.

- 13.2 It is not intended for those patients with general foot care needs – rather those with complex medical conditions of the foot and lower limb, requiring specialist podiatry interventions, surgical procedures, and foot pain management.
- 13.3 Podiatry Services cannot provide in-patient care at Plymouth Hospitals Trust locations and will only attend LSW locations where there is a clearly identified, appropriate clinical need.
- 13.4 Therefore, referrals to the service for nail care will generally only be indicated for patients with severely complex pathological toenails combined with significant foot pathology and/or the presence of peripheral symptoms of significant relevant systemic disease.
- 13.5 Referrals to the Podiatry Service must be in writing from a clinician who has reviewed the patient's clinical needs. A copy of the service's referral form can be sought from the service offices – details below.
- 13.6 Telephone referrals and face-to-face requests to Podiatry staff will not be accepted.
- 13.7 Referral forms which are not fully completed by the requesting clinician will not be accepted and returned immediately.
- 13.8 The referrer must ensure that they have examined the patient's feet and assessed their need. Referrals must not be made on the basis of a patient's or relative's request to have a Podiatrist visit them.
- 13.9 Referrals should be sent via the courier service to:

Podiatry Services  
Nuffield Clinic  
1A Baring Street  
Plymouth  
PL4 8NF

Telephone: 0845 155 8059 (int. 34855)

Email: [LSW.Plymouth-Podiatry@nhs.net](mailto:LSW.Plymouth-Podiatry@nhs.net)

And/or electronically via SystemOne Patient Record.

- 13.10 No priority can be given for referrals requesting urgent treatment for patients with low medical or podiatric need, in order for their ward discharge plan to be completed in time. It is unacceptable for such requests to be made and any received will be declined and highlighted to the appropriate ward, service or Unit Manager.

13.11 Referrals will be audited for frequency and appropriateness and feedback provided to senior management where patterns of inappropriate or poor quality referrals are identified.

## **14 Monitoring Compliance and Effectiveness**

14.1 The Deputy Locality Manager for Southwest Locality will retain overall accountability and responsibility for the content of this document.

14.2 The implementation of this policy document will be the responsibility of local ward, team and location managers as appropriate to local arrangements and the specific service.

14.3 Responsibility for undertaking the review process of this document as indicated by current LSW policy will be devolved by the Deputy Locality Manager (Southwest Locality) to appropriate and capable members of staff.

**All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.**

**The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.**

**The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.**

Signed: Director of Operations

Date: 19<sup>th</sup> December 2014

## Podiatry Service Basic Foot Care Process Flow Chart

Patient has foot care or foot health needs



Assessment of needs undertaken by Health Professional which MUST involve an examination of the feet



If for basic foot care, consider the presence or absence of the following:

- **Normal to mildly pathological toenails**
- Other health factors such as significant ischaemia etc can be present provided the above is true



**Patient can be cared for by Staff as part of personal hygiene care**

NB. Please do not refer to the Podiatrist because a patient requests it or “feel they need to see one”.

**You should always make an assessment of the patient’s need yourself and only refer if appropriate**

- **Significant pathological** toenails with either:
  - **Significant**, claudication, rest pain or critical ischaemia
  - **Significant** peripheral neuropathy
  - Sepsis, pain, inflammation, exudation
  - Ulceration

If the above are present, normal to mildly pathological nail may be treated by staff

Such patients who have failed to attend a community Podiatry appointment should NOT be referred whilst an in-patient

**IF SIGNIFICANTLY PATHOLOGICAL WITH THE COMPLICATIONS ABOVE**



**Patient should be referred to Podiatry**



Complete referral form FULLY and send to the Podiatry Referral Management Centre, Nuffield Clinic via the internal courier

**Where in doubt advice may be sought by telephoning the Podiatry Service but a referral form will still be required**

Appropriate Referrals may also include (but not exclusively) the following reasons:

- Footwear/orthotic advice
- Advanced Wound Management
- Dermatological problems
- (True) In growing toenails
- Sharp (Not surgical) Debridement
- As a part of the Amputee or Falls Pathway

## Private Podiatrists on NHS Premises

1 Some patients may wish to continue with treatment from their private Podiatrist whilst they are in hospital, where this can be arranged. Where this is the case, the podiatry treatment must be arranged in conjunction with any other NHS treatment the patient is receiving in hospital.

2 Relevant information needs to be made available to the private practitioner, where this may affect the podiatric treatment. This will include medical and surgical histories and prescribing information.

3 For private practitioners providing care in NHS premises, the liability and indemnity arrangements would be, as advised by Risk Management in consultation with the NHSLA:

“The Trust’s public liability insurance would cover any private practitioner for an accident on NHS premises, in the event that liability attaches to the Trust in respect of the incident.

“The private practitioner must have indemnity/insurance to cover any professional liability for a clinical untoward incident resulting from the patient’s treatment by the practitioner.

“The Trust would have no responsibility or liability for any care or treatment undertaken by a private practitioner, if a patient undertakes a private arrangement with such a person”.

4 Staff are recommended to advise patients and their partners, relatives and carers to use only a Podiatrist who is registered with the Health Professionals Council (HPC). Such practitioners will have proof of registration. The NHS only employs HPC registered Podiatrists.

5 Not all private practitioners are HPC registered and those who are not, are not legally entitled to use the terms Podiatrist or Chiropodist. Some will describe themselves as Foot Health Practitioners or Specialists.

6 As well as stating they are HPC Registered the following qualification and registration abbreviations are helpful in identifying appropriate practitioners:

MChS or FChS - Member or Fellow of the Society of Chiropodists and Podiatrists

BSc or BSc (Hons) or MSc - Bachelor of Science Degree or Master of Science Degree

DPodM - Diploma in Podiatric Medicine

FCPodS – Fellow of the College of Podiatric Surgeons