

Clinical Task Instruction

Delegated Task

D-FC03: Low risk foot care

Scope and objectives of clinical task

This CTI will enable the allied health assistant (AHA) to:

- aseptically prepare the feet for foot care treatment
- safely and effectively provide foot care treatment for low risk clients.

Foot care refers to inspection of the feet, cutting and filing nails, and applying medicaments.

VERSION CONTROL

Version:	2.1	Author:	Darling Downs Hospital and Health Service (HHS)
Reviewed: (Profession)	Directors of Podiatry	Date:	10/11/2022
Approved:	Chief Allied Health Officer, Clinical Excellence Queensland	Date:	21/11/2022
Document custodian:	Chief Allied Health Officer, Clinical Excellence Queensland	Review date:	21/11/2025
Acknowledgements:	Wide Bay Hospital and Health Service		

The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to Office of the Chief Allied Health Officer (OCAHO) at: allied_health_advisory@health.qld.gov.au.

This CTI must be used under a Delegation framework implemented at the work unit level. The framework is available at: <https://www.health.qld.gov.au/ahwac/html/ahassist>

Please check <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp> for the latest version of this CTI.

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Requisite training, knowledge, skills and experience

Training

- Completion of CTI D-WTS01 When to stop
- Completion of CTI D-FC01 Foot screening including pedal pulses and monofilament testing
- Completion of CTI D-FC02 Foot care advice
- Mandatory training requirements relevant to Queensland Health/Hospital and Health Service (HHS) clinical roles are assumed knowledge for this CTI. If not part of mandatory training requirements, completion of:
 - infection control training including sharps disposal
 - manual handling techniques, including repositioning a client in sitting and standing transfer techniques.
- Completion of the following Queensland Health allied health assistant training modules (or corresponding units of competency in HLT43015 Certificate IV in Allied Health Assistance) or equivalent work-based learning:
 - assist with basic foot hygiene

Access the module at: <https://www.health.qld.gov.au/ahwac/html/ahassist-modules>

- Where the local service does not use disposable instruments, orientation to the local procedures, workplace instructions and/or guidelines to sterilise equipment including benchtop autoclaving processes and/or access to Central Sterilising Departments (CSD). This would include any training and associated competencies required to support the local service model.

Clinical knowledge

- The following content knowledge is required by an AHA delivering this task:
 - basic foot anatomy to the extent required to undertake this CTI including the names and locations of bony landmarks, areas of the foot and lower leg, basic toenail anatomy and the location of pulses.
 - common instruments used to provide low risk foot care including their features and correct use e.g. nail clippers, nail file and Blacks file.
 - basic first aid to manage minor skin injuries including flush with sterile water, apply antiseptic and cover with a sterile, dry dressing.
 - basic understanding of the core concepts of foot health, including:
 - the key characteristics and differences between ‘very low risk’, ‘low risk’, ‘moderate risk’, and ‘high risk’ feet.
 - common disorders and conditions that increase the risk of foot pathologies including neurological, bone and joint, endocrine, and vascular problems.
 - common pathologies that increase the risk of foot trauma including a loss of sensation, skin changes, ulceration, infection, and deformity.
 - the rationale of appropriate and timely foot care and advice to prevent problems including daily self-examination of the feet to detect early changes.
 - common foot and nail conditions and presentations including ingrown nails, calluses, corns, fungal nail infections, and Charcot Foot.

- commonly used medicaments and application requirements.
- awareness of local procedures, protocols and recording requirements for management of skin tears.
- The knowledge requirements will be met by the following activities:
 - complete the training program/s (listed above)
 - reviewing the Learning resource.
 - receiving instruction from an allied health professional in the training phase, including the review of relevant local procedures, protocols, and workplace documents such as:
 - Procedures and protocols for management of skin tears
 - Procedures and protocols for wound dressings
 - Low risk foot care clinic workplace instruction document
 - Service and referral pathways for foot care management, and
 - if using telehealth support, a review of the local telehealth procedures and processes for contacting the podiatrist.

Skills or experience

- The following skills or experience are not identified in the task procedure but support the safe and effective performance of the task and are required by an AHA delivering this task:
 - competence in, or ability to train in, aseptic preparation of the feet and creation and maintenance of a general aseptic field including aseptic glove application.

Safety and quality

Client

- The AHA will apply CTI D-WTS01 When to stop at all times.
- In addition, the following potential risks and precautions have been identified for this clinical task and should be monitored carefully by the AHA during the task:
 - if the client presents with wounds and/or dressing on the foot/feet that are not included in the delegation instruction, liaise with the delegating health professional. If a dressing is present, avoid the dressing area during the task. If a dressing is not present implement local procedures to have a dressing applied prior to commencing the task.
 - clients who present with a prominent hyponychium are at greater risk of injury during nail cutting and filing. Position the clippers in contact with the nail ensuring the hyponychium is clear of the blades. If unable to keep the hyponychium clear, cease the task and liaise with the delegating health professional.
 - close observation of skin integrity during cutting and filing processes is required to reduce the risk of skin tears. Clients with an increased risk of skin tears should be monitored closely and more frequently. An increased risk of skin tears is present in older clients (>65 years), particularly if the client has dry fragile skin, a history of previous skin tears, a prolonged use of steroids or anticoagulants, poor nutrition, dementia/cognitive impairment, dependency/impaired mobility, altered sensory status and oedema. Additionally, pressure and friction increase the risk of skin tears e.g. from a poor filing technique. If damage to the skin occurs during toenail care, cease the task, and apply basic first aid. Recommence the task if appropriate. If basic first aid is ineffective, cease the task, implement local workplace

procedures and instructions for wound management and contact the delegating health professional.

- when applying basic first aid, check if the client has any known allergies to consumable products e.g. antiseptics, band-aids. If allergies are present, follow local workplace procedures to source suitable alternative dressings.
- if the client presents with ingrown nails, calluses and/or corns, leave the affected area intact and complete the task for the unaffected areas. Discuss ongoing foot care with the delegating health professional.
- if the client presents with a nail/s that suggest fungal nail infection, leave the suspected nail/s until last to prevent cross infection. Liaise with the delegating health professional regarding ongoing foot care requirements.
- if the lower limb or foot/feet have signs of infection including redness, heat, pain on touch or signs of increased swelling, cease the task and discuss with the delegating health professional prior to proceeding with the task.
- if the client is unable to transfer onto the height adjustable plinth or chair, or exceeds the safe working load of the equipment, cease the task and liaise with the delegating health professional.
- clients may be apprehensive about having their feet touched. Provide reassurance, include verbal commentary of your actions as you proceed with each component of the task and avoid ticklish sensations by applying suitable pressure. If required, cease the task.

Equipment, aids and appliances

- Generally, clinics stock non-latex gloves. If only latex gloves are available check for latex allergies prior to commencing the task. If required, source non-latex gloves.
- This task is generally undertaken on a height adjustable bed or chair. Perform an equipment safety check ensuring that the safe working load is suitable for the client, the height adjustment features are functioning and, if in a Queensland Health facility, electrical test tags are valid. If the equipment is unavailable or becomes unserviceable, cease the task and liaise with the delegating health professional.

Environment

- When positioning the client for foot care, ensure that client modesty and privacy are maintained. This may include closing the door, drawing curtains or draping the client's lower body with a towel or sheet.

Performance of clinical task

1. Delegation instructions

- Receive the delegated task from the health professional. If the instruction is provided through a protocol, refer to the local low risk foot care clinic workplace instruction document. The AHA confirms that the client has low risk feet and is suitable for the low risk foot care clinic.

Note: the delegation instruction for this task may be provided concurrently with that for CTI D-FC01 Foot screening including pedal pulses and monofilament testing and CTI D-FC02 Foot care advice.

- The delegating allied health professional should clearly identify parameters for delivering the clinical task to the specific client, including any variance from the usual task procedure and expected outcomes. This may include:
 - nails that should not be cut or filed
 - presence of existing pathologies such as fungal nail infections
 - the application of medicaments including emollients, astringents, moisturisers or antiseptics.

2. Preparation

- Collect the following equipment:
 - nail care kit (single use or sterile prepacked kit). Items should include nail clippers, nail file, Blacks file
 - disposable gloves, protection pads or single use apron, face mask and eye protection
 - wipes for skin preparation.

3. Introduce task and seek consent

- The AHA introduces themselves to the client.
- The AHA checks three forms of client identification: full name, date of birth, **plus one** of the following: hospital unit record (UR) number, Medicare number, or address.
- The AHA describes the task to the client. For example:
 - “The podiatrist has asked me to provide care for your toenails. Your feet have been assessed as being at low risk. I’m able to cut and file your toenails. Would you like me to cut and file your toenails?”
- The AHA seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, 2nd edition (2017).

4. Positioning

- The client’s position during the task should be:
 - lying in a supine position or sitting supported with legs outstretched on a height adjustable bed or chair.
- The AHA’s position during the task should be:
 - either sitting or standing at the foot of the bed/chair directly opposite the client, with the client’s feet at mid-trunk level.

5. Task procedure

- Explain and demonstrate (where applicable) the task to the client.
- Check the client has understood the task and provide an opportunity to ask questions.
- The task comprises the following steps:
 1. Hygiene and client preparation:
 - Wash hands, apply gloves and apron and set out an aseptic work area with protector pad or apron. Maintain the general aseptic field throughout the procedure.
 - Disinfect the client’s feet with disinfectant wipes. See the “Safety and quality” section above.

- Identify toenails that are long or rough and are in need of care.
- Thoroughly inspect feet including between the toes for signs of redness and impairment to skin integrity.

2. Toenail care:

- Choose clippers or a file for each toenail requiring care. Note that not all toenails may require the use of clippers. Determine the order for care, considering the clients presentation. Generally, care commences at the most lateral digit first. See the “Safety and quality” section above.
 - If nail clipping:
 - Use the tip of the clippers to start cutting. Ensure the clippers are kept at 90 degrees to the toenail to maintain a comfortable yet straight cut. Adjust the hand grip on the nail clippers as you go to maintain your comfort.
 - Ensure the entirety of the nail is cut. Never tear off part of the nail. See the “Safety and quality” section above.
 - If nail filing:
 - Once the nails are sufficiently trimmed with clippers, use the nail file to smooth the distal edges.
 - Use the file in a dorsal to plantar motion (top to bottom). Never file side to side on the distal edges as this may result in skin tears or discomfort.
 - Once the toenails are satisfactorily smooth, use the Blacks file on any sharp medial or lateral edges and gently clear any loose debris around the nail edge as required.

3. After care:

- Once toenail treatment is complete, re-wipe the feet with wipes, ensuring all debris has been removed from between the toes.
- apply medicaments including emollients, astringents, moisturisers, and antiseptics.

4. Complete hand hygiene, equipment, and work surface infection control procedures.

- During the task:
 - monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the Safety and quality section above including CTI D-WTS01 When to stop.
- At the conclusion of the task:
 - encourage feedback from the client on the task.
 - provide summary feedback to client. This may include implementation of local processes e.g. education on referral pathways for ongoing low risk foot care management including contact details of local providers or the provision of standardised foot care advice i.e. CTI D-FC02.
 - ensure the client is comfortable and safe.

6. Document

- Document the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures. Include observation of client performance, expected outcomes that were and were not achieved, and difficulties encountered or symptoms reported by the client during the task.

- For this task, the following specific information should be presented:
 - general appearance of the client’s feet including skin integrity, foot and nail conditions and wounds.
 - toenails that care was provided to.
 - requirements for first aid including details of care provided. This may also include the implementation of local procedures and recording requirements for skin tears e.g. PRIME, RiskMan.
 - application and name of medicaments including emollients, astringents, moisturisers, antiseptics.
 - education provided e.g. CTI D-FC02.

7. Report to the delegating health professional

- Provide comprehensive feedback to the health professional who delegated the task.

References and supporting documents

- Queensland Health (2015). Clinical Task Instruction D-WTS01 When to stop. Available at: <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp>
- Queensland Health (2017). Guide to Informed Decision-making in Health Care (2nd edition). Available at: https://www.health.qld.gov.au/_data/assets/pdf_file/0019/143074/ic-guide.pdf

Assessment: performance criteria checklist

D-FC03: Low risk foot care

Name:

Position:

Work Unit:

Performance criteria	Knowledge acquired	Supervised task practice	Competency assessment
	<i>Date and initials of supervising AHP</i>	<i>Date and initials of supervising AHP</i>	<i>Date and initials of supervising AHP</i>
Demonstrates knowledge of fundamental concepts required to undertake the task.			
Obtains all required information from the delegating health professional, and seeks clarification if required, prior to accepting and proceeding with the delegated task.			
Completes preparation for the task including gathering the required equipment and cleaning/maintaining the work area for infection control.			
Introduces self to the client and checks client identification.			
Describes the purpose of the delegated task and seeks informed consent.			
Positions self and client appropriately to complete the task and ensure safety.			
<p>Delivers the task effectively and safely as per delegated instructions and CTI procedure.</p> <p>a) Clearly explains the task, checking the client's understanding.</p> <p>b) Washes hands, prepares, and maintains an aseptic work area.</p> <p>c) Disinfects the client's feet and checks for debris.</p> <p>d) Identifies long and/or rough toenails for foot care, including inspecting the feet and between the toes.</p> <p>e) Performs toenail care including appropriate use of clipping and filing. For filing, this includes a dorsal to plantar motion.</p> <p>f) Identifies the need for and correctly uses a Blacks file.</p> <p>g) If required, correctly applies basic first aid.</p> <p>h) Repeats disinfection of feet and checks for debris.</p> <p>i) Applies medicaments as delegated.</p> <p>j) And if part of the delegation instruction implements local processes for ongoing management e.g. referral pathway, provision of standard education, access to wound management.</p> <p>k) During the task, maintains a safe clinical environment and manages risks appropriately.</p> <p>l) Provides feedback to the client on performance during and at completion of the task.</p>			

Documents the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures.			
Provides accurate and comprehensive feedback to the delegating health professional.			

Comments:

Record of assessment competence:

Assessor name:		Assessor position:		Competence achieved:	/ /
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Scheduled review:

Review date:	/ /	
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Low risk foot care: Learning resource

Required reading

- During the training phase the AHA will read and discuss with the delegating health professional local relevant resources and documents that support the service model, for example:
 - Procedures and protocols for management of skin tears
 - Procedures and protocols for wound dressings
 - Low risk foot care clinic workplace instruction document
 - Service and referral pathways for foot care management
 - Telehealth procedures (if relevant).

Required viewing

(open in Microsoft Edge or Firefox Mozilla)

- State of Queensland (Queensland Health) (2016). Darling Downs Hospital and Health Service: Cunningham Centre. Diabetes management for allied health: Foot screening and low risk foot care. Available at:
https://player.vimeo.com/external/173558847.sd.mp4?s=29b17903f926dee4b444c7ae29dba7c202f59c93&profile_id=165

Optional reading

- Ausmed Editorial Team. (2020). Skin Tear Prevention and Management. Ausmed. Available at: <https://www.ausmed.com.au/cpd/articles/skin-tears>
- Wounds International
 - Best Practice Recommendations for the Prevention and Management of Skin Tears in Aged Skin (2018)
 - Best Practice Recommendations for Holistic Strategies to Promote and Maintain Skin Integrity (2020)Available at: <https://www.woundsinternational.com/>

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- Queensland Government (2020). Cairns and Hinterland Hospital and Health Service. Procedure. Skin Tear Prevention and Management. V4.0. CHSD-CoC-Proc-Wound-203-V4-06/23. Available at: https://qheps.health.qld.gov.au/_data/assets/pdf_file/0024/583314/pro_skin_tear.pdf

