Self-audit tool

August 2019

Infection control obligations of podiatry practitioners

The Board has published Guidelines on infection prevention and control to describe the infection control obligations of registered podiatrists and podiatric surgeons. The Board's guidelines adopt the National Health and Medical Research Council *Australian Guidelines for the Prevention and Control of Infection in Healthcare* (NHMRC guidelines).

The Board expects podiatrists and podiatric surgeons to practise in a way that maintains and enhances public health and safety by ensuring that the risk of the spread of infection is prevented or minimised.

Why has the Board published the self-audit tool?[1]

The Board has developed this tool for registered podiatrists and podiatric surgeons.

As a registered health practitioner it is your responsibility to ensure that you comply with the requirements of the Board's Guidelines on infection prevention and control. The Board has developed the tool so you can reflect on how well you comply with the requirements in your workplace.

How should you use the self-audit tool?

You need to read the Board's Guidelines on infection prevention and control together with the NHMRC guidelines before using the document.

This tool is not a substitute for the guidelines nor is it a comprehensive or definitive tool. You may find that you wish to add or delete items as appropriate to your workplace.

At the completion of a self-audit on infection prevention and control you should ensure that:

- you have access to the NHMRC guidelines and are practising in accordance with the recommendations of those guidelines as they apply to the practice setting(s) in which you work
- your workplace is in a clean and hygienic state, to prevent or minimise the spread of infectious diseases
- when attending a patient or client you are taking the necessary practicable steps to prevent or minimise the spread of infection, and
- you are aware of your blood-borne virus status (if you perform exposure prone procedures)[2].

What if you identify gaps?

[1] The Board welcomes your feedback on this self audit tool. Please provide any feedback to podiatryboardofaustralia@ahpra.gov.au

[2] Exposure prone procedure (EPP) - See NHMRC guidelines 4.2.5 'Routine procedures undertaken by podiatrists (including nail avulsion performed in the clinical setting)' are non-exposure prone procedures. 'Procedures undertaken by podiatric surgeons including open surgical procedures on bones and soft tissue of the foot and lower leg' are exposure prone procedures

You should take whatever action is needed to meet your obligations with respect to infection prevention and control; this may include discussions with your employer and colleagues, whether or not they are registered.

The Board expects you to continue to maintain and update your knowledge throughout your career across all areas of your practice, and recommend that you regularly undertake a continuing professional development (CPD) course in infection control. As a registered podiatrist or podiatric surgeon, you must meet the requirements of the Board's Continuing professional development registration standard and associated guidelines.

Your professional association, education providers and providers of professional indemnity insurance may be able to provide resources to help you meet your obligations.

	Yes	No	Action needed
1. Documentation and education			
1.1 Do you have a manual setting out the infection control protocols and procedures at your workplace?			
1.2 Is there hardcopy or electronic access to the current *Australian Guidelines for the Prevention and Control of Infection Control in Healthcare* published by the National Health and Medical Research Council (NHMRC guidelines) at your workplace?			
1.3 Are you familiar with the content of the NHMRC guidelines?			
1.4 Does your workplace have a procedure for reporting near miss, potential and actual incidents (to staff and consumers) related to breaches of infection prevention and control policy? E.g. sharps injury			
1.5 Does your workplace have a Dangerous Substance folder that is readily available with current and relevant SDS[3] for all products in the clinic?			
1.6 Have you attended recent continuing professional development on infection prevention and control in the current CPD cycle and do you have evidence of such?			
1.7 Has your workplace undertaken staff training in infection prevention and control recently?			
1.8 If you perform 'exposure prone procedures' (EPP's)[4] are you aware of your blood borne virus status and the CDNA guidelines[5] ?			
1.9 Are you familiar with the NHMRC guidelines recommendations for health screening and vaccinations for healthcare workers and do you maintain a record for staff within the practice?			
2. Personal Protective Equipment (PPE) and hand hygiene			
2.1 Do you have comprehensive procedures/policies for hand hygiene?			
2.2 Have you and other staff at your workplace completed training in hand-hygiene and are you compliant with the requirements of the NHMRC guidelines?			
2.3 Are you familiar with 5 moments for Hand Hygiene and the correct sequence for putting on and removing PPE?			

[3] Safety Data Sheet (SDS)

[4] Exposure prone procedure (EPP) - See NHMRC guidelines 4.2.5 'Routine procedures undertaken by podiatrists (including nail avulsion performed in the clinical setting)' are non-exposure prone procedures. 'Procedures undertaken by podiatric surgeons including open surgical procedures on bones and soft tissue of the foot and lower leg' are exposure prone procedures

[5] Communicable Disease Network Australia (CDNA), *Australian National Guidelines for Management of Health Care Workers known to be infected with blood-borne viruses.*

	Yes	No	Action needed
2.4 Is there alcohol-based gel or liquid available for waterless hand- hygiene?			
2.5 Is there PPE available appropriate to the requirements of the clinic, readily accessible and stored in a manner to avoid contamination from wet hands and splashes?			
2.6 Are there protocols and procedures for the use of latex/non latex and sterile/non-sterile gloves?			
2.7 Are there protocols and procedures for the wearing of gowns/ aprons?			
2.8 Are there protocols and procedures for the wearing of masks?			
2.9 Are there protocols and procedures for the wearing of protective eyewear for clinical staff?			
2.10 Are there protocols for staff presentation and management of broken skin/ dermatitis on hands? I.e. appropriate clean attire (shoes/ hair/ fingernails/jewellery) and no uncovered lesions.[6]			
3. Environment and Cleaning			
3.1 In your clinical area are there clearly designated 'clean' and 'contaminated' areas?			
3.2 Are there established protocols and procedures including a schedule for cleaning the clinic and shared clinical equipment?			
3.3 Is the clinic clean and tidy, horizontal surfaces free from clutter and floor and entrance surfaces intact and free from trip hazards?			
3.4 Are the toys that are available to children in the clinic made of suitable non-porous material than can easily be disassembled and be cleanable as per the clinic cleaning schedule using hot water, neutral detergent and dried?			
3.5 Are floor coverings impervious to moisture, easy to clean and disinfect and resealed when required?			
3.6 Does the treatment chair have a covering impervious to moisture?			
3.7 Are paper towels or drapes available to be used under patient's feet?			
3.8 Is there a designated hand-washing sink?			
4. Clinical equipment and stock management			

[6] See NHMRC guidelines, including 3.1.1; 4.3 and 5.3.

	Yes	No	Action needed
4.1 Are critical, semi-critical and non-critical instruments stored appropriately?[7]			
4.2 Are there established protocols and procedures on the disposal of single-use items?			
4.3 Are there protocols and procedures for the removal of contaminated instruments from the clinical area?			
4.4 Are there protocols and procedures for storing, maintaining and monitoring sterile stock? E.g. stored protected from natural sunlight, rotating stock and checking expiry dates?			
4.5 Are all substances housed in appropriate vessels and clearly labelled with evidence of use by date?			
5. Sharps, waste disposal and linen management			
5.1 Are there protocols and procedures in place for the safe handling and disposal of sharps both from within the clinical area and from the practice?			
5.2 Are there sharps containers, which comply with Australian Standards available for use if necessary?			
5.3 Are used disposable sharps discarded into an approved sharps container at the point of use?			
5.4 If you are using a multi-use scalpel blade removal system are there policies in place to ensure scalpel handles are not re-used after removal of the blade? Reusable scalpel handles must be sterilised before re-use.			
5.5 Are there protocols and procedures for the disposal of general waste?			
5.6 Are there protocols and procedures for management of sharps injuries and splash exposure?			
5.7 Are there protocols and procedures for management of clean/soiled/used/dirty linen?			
6. Reprocessing area			
6 .1 Is there hardcopy or electronic access to the current version of AS/NZS 4815, 'Office-based health care facilities – Reprocessing of reusable medical and surgical instruments and equipment, and maintenance of the associated environment' (or AS/NZS 4187 if applicable) at your workplace or if you outsource your sterilising do you have evidence the external provider complies with this standard?			
6.2 Is the reprocessing at your workplace a dedicated area?			

[7] See NHMRC guidelines 3.1.4 re Storage and maintenance, including Table 8 for explanation of 'critical', 'semi-critical' and 'non-critical.'

	Yes	No	Action needed
6.3 Is the reprocessing area at your workplace suitably located and sized for the workload?			
6.4 Are there protocols and procedures for work flow in and out of the reprocessing area?			
6.5 Do you have appropriate documentation for your reprocessing equipment including validation and calibration certification, maintenance logs and operating manuals?			
6.6 Are there protocols and procedures for all required tests of your reprocessing equipment?			
6.7 Is the autoclave serviced regularly according to the manufacturer's instructions and printouts recorded correctly?			
6.8 Does each re-usable sterile item have batch control identification?			
6.9 Is there a record of the date of sterilisation and cycle or load number?			
6.10 Does your workplace have a system in place to track the individual reusable sterile items to the level of the individual patient?			
6.11 Are you aware of the reprocessing and maintenance requirements for the individual re-usable items within your workplace to ensure compliance with the manufacturer's instructions and **AS/NZS 4815/ AS/NZS 4187**?			