

Infection Prevention and Control for Podiatric Care in all Healthcare Settings

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TO:	Health Alert Network
FROM:	Debra L. Bogen, MD, FAAP, Acting Secretary of Health
SUBJECT:	Infection Prevention and Control for Podiatric Care in all Healthcare Settings
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This transmission is a “Health Advisory” provides important information for a specific incident or situation; may not require immediate action.

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Summary

- The Pennsylvania Department of Health (DOH) and Philadelphia Department of Public Health (PDPH) are advising podiatrists and persons practicing podiatric care to:
 - Immediately review and align practices with the [CDC Guide to Infection Prevention for Outpatient Podiatry Settings](#). This includes all settings where health care is provided, including long-term care.
 - Develop specific, written infection prevention and control policies to guide podiatric care, including the cleaning and disinfection of instruments between patients.
- DOH and PDPH expect long-term care facilities (LTCFs) to follow applicable federal regulations, including Federal Regulations at 42 CFR 483.25 for Centers for Medicare and Medicaid Services-regulated LTCFs, which requires that foot care and treatment be provided in accordance with professional standards of practice.
- LTCF leadership and infection preventionists should:
 - Monitor and routinely audit the infection prevention and control practices of persons who provide podiatric care within their facilities, including contracted podiatrists.
 - Maintain facility-specific written policies that outline expectations and procedures for podiatric care provided by employed staff. Outline expectations for podiatric care contracted externally with a staffing agency or an individual provider.

To report outbreaks or unusual clusters of illness, or if you have questions about the information provided in this Advisory, please contact your local health department or call 1-877-PA-HEALTH. Questions or reports for PDPH should be made by calling 215-685-6748.

Background

Infection control breaches in podiatric care related to improper instrument sterilization and cross-contamination of clean and dirty instruments and surfaces have been associated with outbreaks of bacterial infection and blood-borne pathogen transmission including hepatitis B virus outbreaks.¹⁻³ Some of these outbreaks have occurred in long-term care settings.¹⁻³

The Pennsylvania Department of Health (DOH) and Philadelphia Department of Public Health (PDPH) have observed infection control practices by podiatrists that are not aligned with [CDC guidelines](#) in locations across the state, both within the clinic setting and while podiatrists provide services within long-term care facilities (LTCFs). Although not representing a systematic review of practices, observed practices that did not follow the Centers for Disease Control and Prevention (CDC) guidelines included, but were not limited to, poor or absent hand hygiene, failure to clean and disinfect or sterilize semi-critical instruments between patients, cross-contamination of instruments and surfaces, and utilizing potentially ineffective methods of cleaning or disinfection, for both instruments and environmental surfaces.

Infection control recommendations for Podiatric Care

DOH and PDPH are advising that persons practicing podiatric medicine, overseeing the provision of podiatric medicine, or providing podiatric nursing or other supportive care do the following:

- **Immediately review and align practices** with the CDC Guide to Infection Prevention for Outpatient Podiatry Settings, October 2018. The guidance is available at https://www.cdc.gov/infectioncontrol/pdf/Podiatry-Guide_508.pdf.⁴ An easy-to-follow Pocket Guide is also available from the American College of Foot and Ankle Surgeons (ACFAS) at <https://www.acfas.org/practice-management/office-operations/adopt>.⁵
- Develop specific, written infection prevention and control policies to guide podiatric care, including the cleaning and disinfection or sterilization of instruments between patients.

Infection prevention and control standards for podiatric care apply wherever health care is delivered, including outside the primary outpatient office, and include care provided within hospitals, private residences (i.e., home healthcare), and LTCFs.

Although there are many aspects of infection prevention and control that should be implemented for podiatric care, the following are key recommendations from CDC and the ACFAS.⁴⁻⁵

Hand Hygiene and Personal Protective Equipment (PPE)

- **Perform hand hygiene at each of the following moments:**
 - Immediately before touching a patient;
 - Before performing an aseptic task (e.g., preparing an injection) or handling invasive medical devices;
 - Before moving from a soiled body site to a clean body site on the same patient;
 - After touching a patient or the patient's immediate environment;
 - After contact with blood, body fluids, or contaminated surfaces;
 - Immediately after removal of gloves or other PPE.
- Alcohol-based hand rub is preferred for hand hygiene in most clinical situations. Soap and water should be used when hands are visibly soiled or after caring for a patient with known or suspected *Clostridioides difficile* or norovirus during an outbreak.
- Gloves should be worn for potential contact with blood, body fluids, mucous membranes, non-intact skin, or contaminated equipment.
 - Do not wear the same pair of gloves for more than one patient;
 - Do not wash gloves for the purpose of reuse;
 - **Perform hand hygiene before donning gloves and between glove changes.**

Cleaning and Disinfection or Sterilization of Reusable Instruments

- Cuticle and nail nippers, curettes, forceps, dissecting scissors, nail cutting instruments, and electronic nail files are all examples of **semi-critical instruments** used for podiatric care. These instruments have the potential to contact mucous membranes or non-intact skin and are semi-critical instruments according to [CDC guidance](#) following the [Spaulding Classification](#). All reusable semi-critical instruments should undergo a sterilization process using steam sterilization if they are heat resistant (i.e., metal instruments) or at a minimum, high-level disinfection between patients.
 - Reprocessing of semi-critical instruments is a multi-step process that includes cleaning, inspection, disinfection or sterilization, and proper storage. **Following manufacturers' instructions and all steps outlined within the [CDC guidance](#) are critical to the implementation of safe patient care.**
 - If the manufacturer does not provide instructions for reprocessing instruments, they should be considered single-use items, used only once, and then discarded.
- Medical instruments that have contact with sterile body tissue or fluids are considered **critical instruments** and must be cleaned and sterilized before use. These include surgical instruments, scalpel blade handles, and biopsy forceps. If these items are heat resistant, the recommended sterilization process is steam sterilization.
- If cleaning does not begin immediately after the provision of care, pre-cleaning should be performed as soon as practical after use (e.g., at the point of use) to prevent soiled materials from becoming dried onto instruments.
- Refer to the CDC's Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008 for detailed information about sterilization and disinfection (available at: <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/index.html>).

Multi-dose medications

- Use medications labeled for single or one-time use *for one patient, only one time*.
- Multi-dose ointments and topical treatments, whether prescription or over-the-counter, must be handled according to CDC standards:
 - Single-use products are recommended whenever possible and should only be used on one patient.
 - Multi-dose ointments and topical treatments that are used for more than one patient should be kept in a centralized medication area and a small amount of medication should be dispensed onto a clean or sterile surface, as appropriate, for patient use. If multi-dose ointments enter the patient treatment area (i.e., resident room or podiatric care clinic room), they should then be dedicated for single-patient use.
 - Information about safe injection practices related to multi-dose injectable medications is available at <https://www.cdc.gov/injectionsafety/index.html>.

Recommendations for Long-term Care Facilities

Within LTCFs, the same infection control standards for podiatric care must apply, as described above; however, additional challenges to implementation are likely present. Podiatrists and LTCF leadership should work together to ensure there is dedicated treatment space to provide podiatric care and make plans for providing adequate cleaning and disinfection or sterilization, if these processes will be performed on-site. A supply of clean and disinfected or sterilized patient-care instruments, or new single-use instruments, should be brought to (or available at) the facility for each resident receiving podiatric care. After use, single-use instruments should be immediately discarded, and reusable instruments should be placed in a separate pre-cleaning solution for contaminated instruments. Cleaning and disinfection or sterilization of reusable instruments should be performed in a designated area, not in the same area as patient care.³ For contracted podiatry services, cleaning and disinfection or sterilization

may occur at a location other than the LTCF, such as a central processing service or at the podiatrist's private clinic.

Federal Regulations at [42 CFR 483.25](#) require that Centers for Medicare and Medicaid Services (CMS)-regulated LTCFs provide residents foot care and treatment to maintain mobility and good foot health. Foot care and treatment must be provided in accordance with professional standards of practice. Additional guidance in the [CMS State Operations Manual](#) (see page 317) includes, but is not limited to, the following:

- Staff must follow proper infection prevention practices for foot care equipment/devices including but not limited to nail clippers, scalers, files, and burr tools.
- Staff must separate used or contaminated foot care equipment from clean equipment. Reusable medical devices (e.g., scalers, electronic nail file, and surgical instruments) that are used on one resident must be cleaned and reprocessed (disinfection or sterilization) for use according to manufacturers' instructions prior to use on another resident.
- For the purposes of this guidance, "staff" includes employees, the medical director, podiatrists, consultants, contractors, volunteers, students, and caregivers providing care on behalf of the facility.

DOH and PDPH expect LTCFs to follow applicable federal regulations. Additionally, given the risk to residents when proper infection prevention and control procedures are not followed during podiatric care, DOH and PDPH also expect LTCFs not regulated by CMS to provide the same standard of podiatric care to their residents.

LTCF leadership and infection preventionists should monitor and routinely audit the infection prevention and control practices of persons who provide podiatric care within their facilities, including contracted podiatrists. Facility-specific written policies should outline expectations and procedures for podiatric care provided by employed staff. For podiatric care contracted externally with a staffing agency or an individual provider, the facility should provide written expectations to the contracted entity that care must align with [CDC guidance](#) and this Advisory. In committing to future contracts with external providers, including for podiatric care, always include infection prevention and control expectations within written contracts and review the company or provider's written policies.

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DEFINITIONS

Long-term Care Facility: For the purposes of this guidance, LTCF includes, but is not limited to, skilled nursing facilities, personal care homes, assisted living residences, Community Residential Rehabilitation Services, Long-Term Structured Residence, Residential Treatment Facility for Adults, and Intermediate Care Facilities.

REFERENCES

1. Centers for Disease Control and Prevention. Health Care-associated Hepatitis B and C Outbreaks (≥ 2 cases) Reported to the CDC 2008-2019, August, 2023. Available from <https://www.cdc.gov/hepatitis/outbreaks/healthcarehepoutbreaktable.htm#ref15>
2. Wise ME, Marquez P, Sharapov U, Hathaway S, Katz K, Tolan S, et al. Outbreak of Acute Hepatitis B Infections at a Psychiatric Long Term Care Facility. *Am J Infect Control*. 2012;40:16-21.
3. Wise ME, Bancroft E, Clement EJ, Hathaway S, High P, Kim M, et al. Infection Prevention and Control in the Podiatric Medical Setting: Challenges to Providing Consistently Safe Care. *J Am*

Podiatr Med Assoc. 2015;105:264-72. Available from <https://pubmed.ncbi.nlm.nih.gov/26146975/>

4. Centers for Disease Control and Prevention. Guide to Infection Prevention for Outpatient Podiatry Settings, October, 2018. Available from https://www.cdc.gov/infectioncontrol/pdf/Podiatry-Guide_508.pdf
5. American College of Foot and Ankle Surgeons. A Quick Guide to CDC's Guide to Infection Prevention for Outpatient Podiatry Settings, October 2018. Available from <https://www.acfas.org/practice-management/office-operations/adopt>

Individuals interested in receiving future PA-HANs can register at <https://ondemand.mir3.com/han-pa-gov/login/>.

Categories of Health Alert messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of March 5, 2024 but may be modified in the future.
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