



NEW SOUTH WALES
PODIATRISTS REGISTRATION BOARD
NEWSLETTER TO REGISTERED PODIATRISTS
ISSUE 8 MARCH 2003

PRESIDENT'S MESSAGE

The New Year sees us with the same members of the Board reappointed for a further three year term, except, that is, for Anthony Redmond, who returned to the UK last year and Harriet Farquhar who joined the Board as an educational representative. It is unlikely, however, that the Board, in its present format, will see out those three years. The amendments to the Podiatrists Act 1989, including changes to the composition of the Board are expected to pass through State Parliament sometime this year. We had expected the amendments to be completed by the end of 2002; however, opposition to certain aspects of those amendments expressed by both the Board and the Australian Podiatry Association (NSW) thwarted this process. We await the resumption of State Parliament after the election to continue discussions.

I am pleased to report that the Board received fewer complaints about registered podiatrists in the preceding twelve months than it had in previous years. The most common topic of complaint was a perceived lack of infection control procedures. The Board concerned with this apparent lack of compliance with the regulations has located a suitable education program for registered podiatrists, which is mentioned in this Newsletter. The Board feels that attendance at such a course should be compulsory in order to maintain registration. Though the current legislation does not permit the Board to enforce such a ruling, the amended legislation may.

In conjunction with a suitable education program the Board would like to keep podiatrists informed of changes to regulations

and so **the Board invites tenders to develop and publish an information package, for the practicing podiatrist, in the form of a booklet or pamphlet, which provides a guide to infection control procedures.** The cost of this venture will be born by the Board's Education and Research Account.

You will soon receive your registration renewal documents. Please note that the registration fee is payable on receipt of those documents.

If the fee and completed documents are not received by 30 June your name will be removed from the register. Reinstatement incurs a penalty that doubles the renewal fee. Whilst unregistered it is unlawful to practice. To do so may result in prosecution and fines in addition to the fact that your professional indemnity insurance is rendered null and void. The private health funds are notified, disenfranchising your patients who may request a refund of the professional fees charged for your service. **Be warned.**

Also note that the Board regards professional indemnity insurance as mandatory, though it cannot enforce it. The minimum insurance cover is considered to be \$1million. Please also be reminded that as register details can be accessed you need to consider which address is recorded on the register.

On the subject of education, I was very fortunate to be invited to attend, on behalf of the Board, the Official Opening of the Charles Sturt University Allied Health Clinic on the Albury-Wodonga Campus on Wednesday 19 February. Following official, but short, speeches by Professor David Battersby, Head, Albury-Wodonga Campus; Professor Gail Whiteford,

Head, School of Community Health; Professor Ian Goulter, Vice-Chancellor and the Chancellor, Mr. Lawrence Willett AO, the guests were escorted through the facility by staff and students.

I was very pleased and excited to find the very latest equipment in one of the best clinical facilities that I have ever seen. The staff should be extremely proud of their achievement in persuading the University to use \$500,000 of its own money to fund this resource. Not only is this clinical facility the only one of its type in regional Australia, it is very accessible to the local community and can be utilised by all the health disciplines on campus. This will help to encourage greater team skills among the young health professionals. The School must also be delighted to have retained some of the best academic staff in the country and we look forward to their progress not only at undergraduate level but also in postgraduate and continuing education, though distance-learning programs, for which CSU is renowned.

The other modern laboratory, lecturing and student facilities, plus the delightful country hospitality and relaxed atmosphere on campus made me feel very jealous of the current students!

On the education theme, may I remind those who are, or would like to embark on a research project but need extra funds that the Board has an education and research grant available for successful applicants. Please contact the Secretary of the Board, Gordon Crossley on 02 9219 0237 for details

Ray Harding
President

Certificate Course in Sterilization, Disinfection and Infection Control.

As indicated above the Board has located a Certificate Course in Sterilization, Disinfection and Infection Control.

This three day accredited course is conducted at various locations.

For information about the course please contact:

Ms Lin Lohead

Phone: 07 5590 7080 or

Email: lin@lohead.net

The Board has received a number of complaints associated with the lack of appropriate infection control procedures. The location of the above course means the Board will become more active in this area.



Registrants should have access to and be aware of the following information

INFECTION CONTROL

The **Podiatrists Code Of Professional Conduct** contains two principles (5&6) that address infection control

Principles

(5).

Podiatrists shall be aware of all the legislative and common law requirements pertaining to podiatric practice. In particular they should be familiar with all new legislation vis-a-vis infection control & instrument sterilisation.

(6.)

Podiatrists shall be responsible for conducting their practice facility in a professional manner with due care and attention to safety, client/patient privacy and maintaining an appropriate environment. Podiatrists shall not permit non-registered persons in their employ to undertake podiatric procedures.



The Podiatrists Regulation 1995

(Updated 17 November 2000)

Under Section 19 of the above Regulations we find:

Cleanliness of premises

19. A registered podiatrist must not practise podiatry in any premises unless the premises comply with the following requirements:

(a) the premises must be provided with adequate facilities for the maintenance of personal cleanliness (including facilities for the washing and drying of hands);

(b) the premises must be provided with adequate, appropriate and well maintained receptacles for the reception of all soiled materials, contaminated and procedural waste, and sharps;

(c) all surfaces on which instruments or other articles that may be used in the practice of podiatry may be placed, must be kept clean and hygienic.

And again under **section 21A** of the **Podiatrists Regulation 1995** can be seen

Infection control standards

21A. (1) A registered podiatrist must not, without reasonable excuse, fail to comply with the infection control standards set out in Schedule 1 to the extent that they apply to the registered podiatrist in the practice of podiatry.

(2) In determining whether or not a registered podiatrist has a reasonable excuse for failing to comply with a standard, particular consideration is to be given to whether the podiatrist's employer failed to provide the necessary equipment, including providing access to it and training in its use, that would have enabled the podiatrist to comply with the standard (and whether the failure to provide such equipment was reported by the podiatrist to the Director-General of the Department of Health).

Podiatrists Regulation 1995 -

Schedule 1

INFECTION CONTROL STANDARDS

(Clause. 21A)

Part 1 Preliminary

Definitions

1. (1) In this Schedule:

"body substance" includes any human bodily secretion or substance;

"invasive procedure" means any one or more of the following:

(a) surgical entry into body tissue, cavities or organs;

(b) surgical repair of traumatic injuries;

"patient" includes (but is not limited to) a person who is accessing medical or health services or who is undergoing any medical or health procedure;

"sharps" means any object capable of inflicting penetrating injury, and includes hollow bore needles, suture needles, scalpel blades, wires, trocars, auto lancets, stitch cutters or broken glassware.

(2) The requirements set out in this Schedule apply to a registered podiatrist who is assisting in performing a procedure in the same way as they apply to a registered podiatrist who is actually in performing the procedure.

Part 2 General standards applying to registered podiatrists General precautions and aseptic techniques

2. (1) Procedures must be followed in order to avoid direct exposure to a patient's blood or other body substances. This requirement applies regardless of whether there is any perceived risk of infection.

(2) Aseptic techniques must be used in the course of complying with the requirements of this Schedule.

Hand and skin cleaning

3. (1) Hands must be cleaned immediately before and after any direct patient care.

(2) Hands may be cleaned by:

(a) using washing facilities involving water and a soap or antiseptic, or

(b) if any of the items specified in paragraph (a) are unavailable, using

non-water cleansers or antiseptics.

(3) Hands or other skin surfaces that are contaminated with a patient's blood or other body substance must be cleaned as soon as it is practicable to clean them.

(4) The requirement to clean hands applies regardless of whether gloves are also required to be worn.

Protective gowns and aprons

4. A gown or apron made of impervious material must be worn during any procedure where there is a likelihood of clothing being splashed or contaminated with blood or other body substances.

Gloves

5. (1) Gloves must be worn while handling blood or other body substances.

(2) In particular, gloves must be worn:

(a) during any procedure where direct contact is anticipated with a patient's blood or other body substances, mucous membranes or non-intact skin; and

(b) while suctioning a patient; and

(c) while handling items or surfaces that have come into contact with blood or other body substances; and

(d) while performing an invasive procedure, venipuncture or a finger or heel stick; and

(e) * * * * *

(3) Sterile gloves must be worn if the procedure involves contact with sterile tissue.

(4) Gloves must be changed and discarded:

(a) as soon as they are torn or punctured; and

(b) after contact with each patient.

(5) Gloves must also be changed if separate procedures are being

performed on the same patient and there is a risk of infection from one part of the body to another.

Masks and protective eye wear

6. (1) A mask and protective eye wear must be worn while performing any procedure where there is a likelihood of splashing or splattering of blood or other body substances.

(2) In cases where a mask is required to be worn, it must be worn and fitted in accordance with the manufacturer's instructions.

(3) A mask must be discarded once it has been worn and it must not be used again.

(4) In cases where protective eyewear is required to be worn, it must be worn and fitted in accordance with the manufacturer's instructions.

(5) Protective eye wear must be discarded once it has been worn and not used again unless it is reusable in which case it is to be cleaned in accordance with the manufacturer's instructions.

Sharps

7. (1) Sharps must not be passed by hand between a registered podiatrist and any other person. However, this requirement does not apply if, in any case involving an invasive procedure, the proper conduct of the procedure would be adversely affected.

(2) A puncture resistant tray must be used to transfer sharps.

(3) A needle must not be removed from a disposable syringe for disposal, or be purposely broken or otherwise manipulated by hand, unless:

(a) it is necessary to remove the needle for technical reasons; or

(b) the registered podiatrist is performing a procedure where a needle is required to be bent.

(4) A needle must not be bent after it is contaminated with blood or body substances.

(5) In any case where resheathing of a needle is required:

(a) the needle must be properly recapped; and

(b) the sheath must not be held in the fingers; and

(c) either a single handed technique or forceps, or a suitable protective guard designed for the purpose, must be used.

(6) Reusable sharps must, immediately after being used, be placed in a puncture resistant container specially labelled for that purpose.

(7) Non-reusable sharps must, immediately after being used, be disposed of in a puncture resistant container.

Management of waste

8. (1) Clinical waste must be properly packaged to protect against potential exposure to infectious agents and to facilitate the proper handling, storage and treatment or disposal of the waste.

(2) Splashing or contamination of skin while disposing of blood or body substances must be avoided as far as practicable.

Part 3 Specific standards applying to registered podiatrists

Sterile medications and solutions

9. (1) A medication or solution may only be taken from a multi-dose vial or ampoule (or other similar container) if the medication or solution is not readily available in another form.

(2) If any medication or solution is taken from a multi-dose vial or ampoule (or other similar container), a sterile needle and syringe must be used to withdraw the contents.

(3) The needle and syringe must be discarded once the needle and syringe have been used.

(4) Precautions must be taken to ensure that the injection of contaminated material or fluid into a multi-dose vial or ampoule (or other similar container) does not happen.

Invasive procedures

10. (1) In cases where it is technically feasible, retractors must be used for exposure and access during an invasive procedure.

(2) Fingers must not be used for the purposes of an invasive procedure to expose or increase access for the passage of a suture.

(3) Only one sharp at a time is to be placed in a puncture resistant tray that is being used in connection with an invasive procedure.

Part 4 Processing of instruments and equipment

Cleaning of instruments and equipment

11. (1) Any instrument or equipment that comes into contact with intact skin must be cleaned before it is used.

(2) Any instrument or equipment that is required to be sterilised or disinfected must be cleaned before it is sterilised or disinfected.

(3) The process of cleaning must involve water and mechanical or physical action (such as washing machines) and a cleaning agent.

(4) All cleaning agents must be removed from instruments and equipment by rinsing prior to further processing.

(5) In this clause, "cleaning agent" means a detergent and includes proteolytic enzyme substances.

Disinfection of instruments and equipment

12. (1) Any instrument or equipment that comes into contact with non-sterile tissue (other than intact skin) must, before it is used, be disinfected with a disinfectant specified in the Australian Register of Therapeutic

Goods, and the relevant manufacturer's instructions must be followed.

(2) The process of disinfection must involve either thermal or chemical methods. Chemical disinfection may only be used in cases where thermal methods are unsuitable.

Sterilisation of instruments and equipment

13. (1) Any instrument or equipment used to enter, or that is capable of entering, tissue that would be sterile under normal circumstances, or the vascular system of a patient, must be sterilised before it is used.

(2) The method of sterilisation must be compatible with the particular type of instrument or equipment.

(3) If a steriliser is used (whether it is a benchtop/portable steriliser or a permanently plumbed or wired steriliser), the following criteria must be met:

(a) the relevant manufacturer's instructions must be followed,

(b) an ongoing monitoring program must be followed which reflects the requirements of Table 7.1 "Sterilizer Tests And Test Frequencies" of Australian Standard AS 4187 1998.

A registered podiatrist should have access to all of the above documentation and ensure that the requirements are met. These documents taken from the Podiatrist Act 1989 and the Podiatrists Regulations 1995 available as follows

New South Wales Government
Information Service

PO Box 256
Regents Park 2143

Telephone 61-2-9238 0950
(Sydney)

Telephone (rest 1800 463 955
of NSW) (freecall)

Facsimile 61-2-9228 7227

e - mail gisinfo@dpws.nsw.gov.au

STUDENT PRIZE

The Board's 1992 award for Outstanding Community or Public

Purposes Activity Connected with the Practice of Podiatry for a final year podiatry student was awarded to Mr Luke Taylor

Mr Taylor from the University of Western Sydney received the award from Mr Harding at a prize giving ceremony in the Podiatry Association's premises on Wednesday 16 October 2002.



REVIEW OF OPERATIONS

Year ended 30 June 2002

Registrations

Registered podiatrists	
As at 30 June 2001	693
As at 1 July 2002	720

New registrations	59
Podiatrists Act	36
NSW	20
Interstate	10
Overseas	2
MR Act *	19
TTMR Act †	4
Restorations	17
Removal of names	2
Unfinancial	54
Changes of name	4

Registrants

Web Site

www.podreg.health.nsw.gov.au

The Board maintains a web site for registrants and the public.

The index is as follows

- About the Board
- How to contact the Board
- Membership of the Board
- How to apply for registration
- Restoration to the Register
- Fees
- Legislation
- Clinical Guidelines for Orthotic Therapy
- Complaints
- Annual Report
- Podiatry Education and Research Account

The site contains copies of all the commonly used forms and links to other sites.



Podiatrist Registration Board Staff

- Secretary
Gordon Crossley
- Acting Assistant Secretary
Corinne Warby