

# Northern Grampians Shire Foot Care Program



## Guidelines & Resources

October 2014



Allied Health Assistant  
Implementation Project  
Grampians/Pyrenees Cluster



## **NGS Footcare Program Resource Book**

This resource has been produced by the Northern Grampians Shire (NGS) Foot Care Program working group to assist other HACC funded services that provide personal care support to extend their services to include foot care support.

The NGS Foot Care Program was developed in collaboration with the Northern Grampians Shire Council (NGSC) Aged Disability Team, East Wimmera Health Services (EWHS), Stawell Regional Health (SRH), Grampians Region Home & Community Care (HACC), and Grampians Pyrenees Primary Care Partnership (GPPCP).

The work was facilitated by Joanne Richie, the Grampians Pyrenees Cluster Coordinator of the Allied Health Assistant Implementation Project and funded by the Department of Health.

### **NGS Foot Care Program Working Group**

Joanne Richie	AHA Implementation Project (EGHS)
Melissa Mair	Community Partnerships Team Leader, Northern Grampians Shire Council (NGSC)
Pauline Coates	Assessment & Care Coordination Officer, NGSC
Kerryn Cunliffe	Assessment & Care Coordination Officer, NGSC
Kath McClintock	Podiatrist, Stawell Regional Health
Andrew Nashed	Podiatrist, East Wimmera Health Service
Robyn Fletcher	Grampians Region HACC Project Officer
Marlene Goudie	Grampians Pyrenees Primary Care Partnership

### **NGS Foot Care Program Tools & Resources**

The tools and resources developed for the NGS Foot Care Program are available to download from the Grampians Region HACC website at:

<http://wimmerapcp.org.au/hacc-and-community-aged-care/grampians-region/foot-care-program/northern-grampians-foot-care-project/>

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## Background

The Northern Grampians Footcare Program had its beginnings in the Allied Health Assistant Implementation Project in 2013 when the Grampians Pyrenees Cluster Coordinator attended the regional Living at Home Assessors (LAHA) meeting. The other guest speaker at the meeting was a Podiatrist from Stawell Regional Health (SRH).

The discussion turned towards basic nail care and options for people who did not have any other foot care issues that required podiatry intervention.

In the past podiatrists had provided basic nail care to clients who had difficulty performing or choose to get assistance with these tasks. However a growing demand for podiatry services reduced the capacity of podiatrists working in the public health system to provide basic foot care to clients who have healthy feet.

Around the same time the introduction of the Active Service Model (ASM) had also generated a discussion between the NGSC Assessment and Care Coordinator (Assessment Officer) in St Arnaud and the podiatrist at East Wimmera Health Services (EWHS).

The key question that emerged from these meetings was: *Could the role of the direct care worker be extended to support HACCC personal care clients to complete basic foot care tasks?*

The AHA Implementation Project had the capacity to investigate this and found that:

1. Direct care Workers (DCWs) could support HACCC personal care clients to complete basic foot care tasks, and
2. After meeting specific education and training requirements DCWs could complete basic foot care tasks (including cutting and filing nails).

The potential for extending the DCW role was identified as priority in the Grampians Pyrenees Region (Richie 2013) funding was secured to develop the program as a pilot project in the Northern Grampians Shire.

## Collaboration: The NGS foot care program working group

The Victorian HACC program Active Service Model (ASM) was introduced in 2008. It is a quality improvement initiative that aims to ensure the people accessing HACC funded service/support “can attain the greatest level of independence they can and are actively involved in making decisions about their life”, essentially the goal of the ASM is for people “to live in the community independently, actively and autonomously for as long as possible” (Victorian HACC Manual 2013, p. 93).

Within the ASM framework collaboration between key stakeholders is a core element of HACC programs. The framework requires services to be:

1. Goal directed & person/family centred
2. Designed to build capacity & promote a restorative approach to service delivery
3. Flexible & timely responses that is tailored to the individual, and
4. Promote collaborative partnerships between *individuals* and providers and between providers for the benefit of individuals

Collaboration and communication between key stakeholders is considered to be *at* the heart of the ASM. A study by the Municipal Association of Victoria (MAV) into the delivery of HACC services by local governments identified that a key outcome of the implementation of the ASM was the “strengthening of partnerships between AHPs, and intra-agency communication between assessment and service delivery” (Municipal Association of Victoria 2013, p. 56).

The success of the NGS Foot Care Program was due largely to the collaboration between the Northern Grampians Shire Council Aged & Disability Team and the podiatrists from the two publicly funded health services in the Northern Grampians Shire. East Wimmera Health Services (EWHS) which has a campus in St Arnaud and Stawell Regional Health (SRH).

The NGSC Assessment and Care Coordinators from both Stawell and St Arnaud also had an active role in the working group.

The membership of the working group evolved over the development of the program to ensure key stakeholders were engaged. For example, the Service Coordinator at EWHS joined the working group during the development of communication and referral pathways for the program and the Grampians Region HACC Project Officer joined when other HACC service providers in the region expressed interest in the program.

## Basic Foot Care and the direct care worker

Basic foot care is defined as a normal activity of daily living.

*Basic foot care includes the fundamental attention given to normal toe nails and skin surfaces of the foot, including washing and drying, the cutting and filing of toe nails, the removal of superficial dead skin material inter-digitally and the application of drying or softening agents.* Industry Skills Council (2012)

The Victorian HACC Personal Care Policy separates tasks associated with foot hygiene (washing and drying) from basic foot care tasks including cutting and filing toe nails (2013).

### Foot hygiene

Washing and drying feet are activities that are within the current scope of direct care workers who provide personal care support to HACC clients. The Victorian HACC Program Manual (2013) identifies washing and drying as “transferable personal care skills” which means that skills obtained through the attainment of “relevant personal care and first aid competency units and then applied to a number of people” (p.117).

Examples from the Victorian HACC Manual (2013) include:

- The assistance or supervision with bathing, showering or sponging
- Demonstrating and encouraging the use of techniques to improve the person’s capacity for self-management or carer support, and
- Building confidence in the use of equipment or aids.

### Basic foot care

The cutting and filing of nails are defined by the Victorian HACC Manual (2013) as foot care. The manual states that “*community care workers [or direct care workers] can assist with foot care based on appropriate assessment and care planning, provided they have first completed the relevant personal care and first aid competency units and then completed CHCICS306B Provide basic foot, skin and nail care*” (p. 128).

Foot care (including the cutting and filing nails) is categorised in the Victorian HACC Manual as a “complex care need” (p. 121) which means that an assessment must be undertaken by a health professional to determine if it is appropriate for a community care worker (direct care worker) to undertake the personal care task (in the context of basic foot care) for the person being assessed.

As a complex care need, basic foot care is also classified as a non-transferable skill. Unlike transferable personal care skills which once learnt can be applied to a number of people, the skills learnt to provide basic footcare in the context of supporting a specific client cannot be used when supporting another person. “In other words the direct care worker is not considered competent to undertake these personal care procedures with other people receiving personal care” (Victorian HACC Manual 2013, p. 129).

This means that when a direct care worker has successfully completed the unit *provide basic foot, skin and nail care* they must accompany each client to a podiatry appointment to complete person specific training before they can begin providing basic foot care support as part of the client’s personal care support routine.



### **NGS Foot Care Program: Meeting the policy requirements**

The Victorian HACC Program Personal Care Policy and ASM set the parameters for the design of the NGS Foot Care Program.

The initial task for the working group was to determine the current scope of the direct care worker role and how the role could be extended to include basic foot care.

It was determined that the direct care worker could:

- Support clients to maintain healthy feet within the ASM framework.  
'Do with not for'
- Prompt the client to identify techniques for caring for their feet
- Assist set-up as required to enable client to undertake foot care
- Prompt client to try different ways of performing foot-hygiene tasks if they are having difficulty. They may find long-handled items or other adaptive equipment useful.
- Inform the Assessment officer if a clients is no longer able to complete basic foot hygiene tasks independently.
- Work with the client to complete the foot care checklist to identify any problems with their feet.
- Report any changes in the condition of the clients feet that may indicate a foot problem that needs to be assessed by the podiatrist

The extended role for direct care workers would enable direct care workers to:

- Cut and file client's toenails as part of the clients personal care routine

The initial phase of the education component was designed for all the direct care workers at NGSC.

As illustrated in the previous section, direct care workers are expected to be able to assist their client with foot hygiene tasks and support them to complete their own basic foot care.

The other element of the direct care worker role is to support the client to identify any problems that the client might have with their feet and report these changes to the Assessment Officer so podiatry referral can be made.

### **Tool: Checklist for the identification of foot problems**

The Foot Problem Checklist was developed by the working group that prompted direct care workers and clients to identify changes in the condition of the client's feet that should be assessed by a podiatrist (Fig. 1).

On the reverse side of the checklist information about the client's current podiatrist can be recorded including contact details and the date of any upcoming appointments.

### **Podiatry and foot hygiene information session**

An education session was developed and delivered to the direct care workers by a locally based podiatrist.

The session included information about:

- Foot hygiene and basic foot care
- The role of the Podiatrist
- The role of the direct care worker
- Local options for clients with healthy feet to get assistance with basic foot care (cutting and filing)
- Issues that should be assessed by the podiatrist, and
- Using the Foot Problem Checklist and reporting concerns

A handout was developed to provide the key information in a written format.



## Checklist for the identification of foot problems

Clients Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Does the client have swollen feet? Yes  No

Is the colour of the client's feet blue/black? Yes  No

Does the client have sores or ulcers that haven't healed in 2-3 weeks? Yes  No

Does the client complain of night cramps or do they sit up to sleep (eg. In a recliner)? Yes  No

Does the client complain of numbness in their feet? Yes  No

Does the client have health problems such as diabetes or arthritis? Yes  No

Does the client trip or fall often? Yes  No

Does the client have a visual impairment? Yes  No

Does the client get someone else to cut their toenails because they are unable to do it themselves? Yes  No

**IF THE ANSWER TO ANY OF THESE QUESTIONS IS YES, THE CLIENT NEEDS TO BE ASSESSED BY A PODIATRIST**

**Please complete the information over the page & return to the Assessment Officer today with a NGSC Incident/Concern Form**

Figure 1: Checklist for the identification of foot problems

## Education Resources

- Power-point A copy of the power-point is available to download from the Grampians Region HACC website <http://wimmerapcp.org.au/hacc-and-community-aged-care/grampians-region/foot-care-program/northern-grampians-foot-care-project/>
- Handout Supporting clients to maintain healthy feet (Appendix 1)
- Tool Checklist for the identification of foot problems (Appendix 2)

### **NGS Foot Care Program: Tailoring education to local need**

The NGSC Aged and Disability Team operates from both Stawell and St Arnaud and the education was delivered by podiatrists based in each centre.

The podiatrist from EWHS (St Arnaud) was aware of the historical nature of the relationship between podiatry services at EWHS and the direct care workers which essentially discouraged the involvement of direct care workers from any aspect of foot hygiene or foot care tasks. So the initial emphasis of the education in St Arnaud was on what the direct workers could do to support their clients.

The podiatrists in Stawell were familiar with some of the direct care workers who often accompanied their clients to podiatry appointments so they were aware that these direct care workers were more familiar with the podiatry role.

The education session in Stawell still covered the scope of the direct care worker role, but the podiatrist was able to direct the session towards the strategies direct care workers could use to support their clients.

The engagement of podiatrists from both health services in the LGA allowed the education to be tailored to meet the needs of the local direct care workforce.

## Communication and Referral Pathway

In conjunction with the development of the Foot Problem Checklist the working group reviewed how information was relayed between each stakeholder including the client, direct care worker, NGSC Assessment Officer and the podiatrist.

The communication and referral pathway (Fig. 3) has been developed to ensure that the processes for the foot care program aligned with existing referral processes so the program could be implemented without any unnecessary duplication of tasks.

There are three main components within the pathway:

1. Identification of issue & referral
2. Podiatrist assessment & recommendations, and
3. Implementation of podiatrists recommendations

### Identification & Referral

When the direct care worker and/or the client notice a change in the condition of the client's feet the direct care worker is required to complete the checklist for the identification of foot problems.

When completing the checklist, the direct care worker needs to find out:

- Does the client see a podiatrist?
- Do they have an appointment and when?
- If the client doesn't already have an appointment, will the client make one?  
*(this can be done with the direct care worker present)*

This information is recorded on the reverse side of the checklist (Appendix 2)

The checklist is returned to the NGSC Assessment Officer the same day with the NSGC Incident/Concern form.

The NSGC Incident/Concern form (Fig.4) is a tool that direct care workers use to report any issue or concern that they have about a client's health or safety. The checklist does not replace this form, however the Incident/Concern form can be used to provide any additional information about the client.

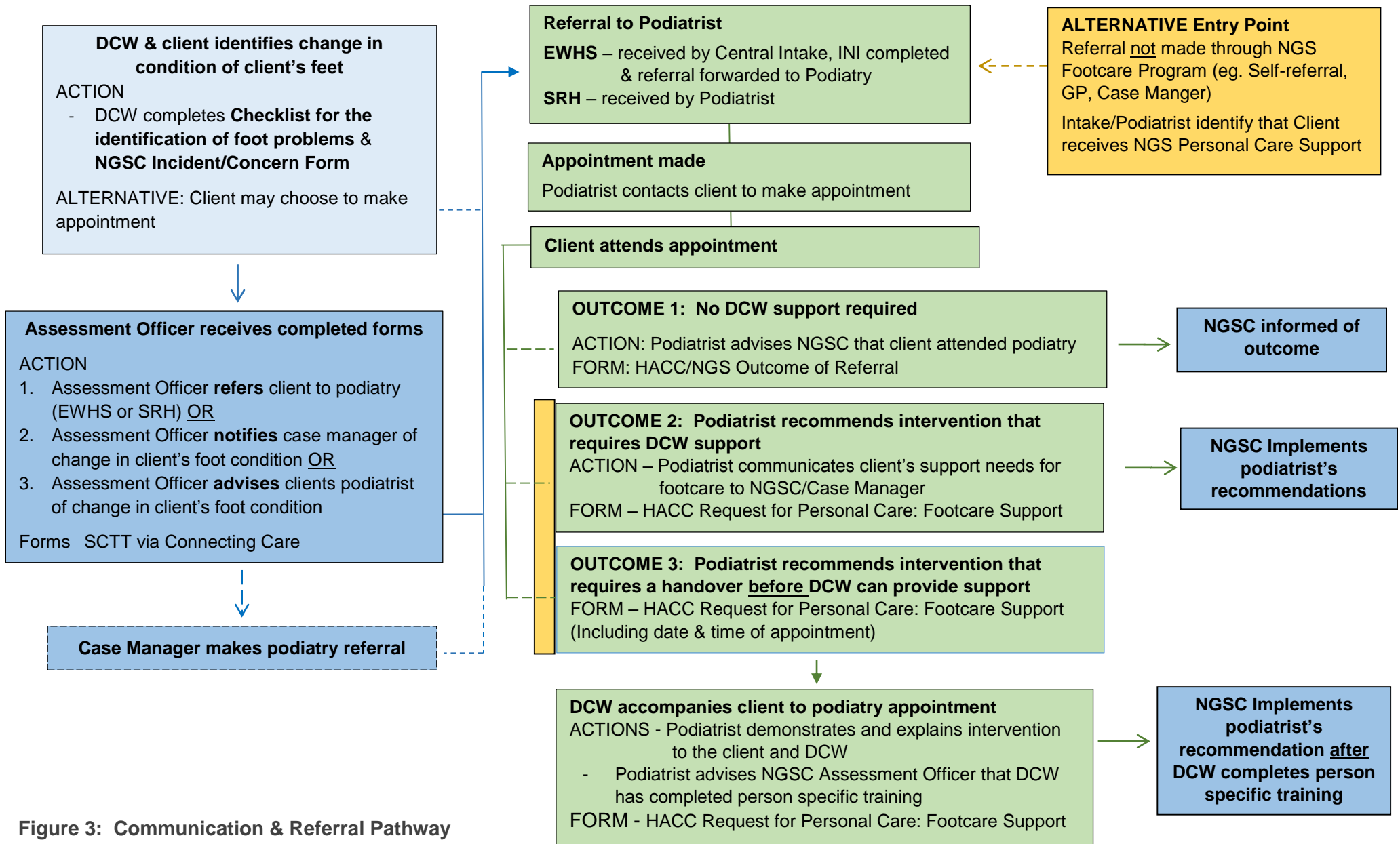


Figure 3: Communication & Referral Pathway



# INCIDENT OR CONCERN FORM



HACC	ISBAR for clear communication
Identify	Date -
	Worker - Signature
	Client -
<b>Situation / Issue</b>	
What has happened?	
<b>Background</b>	
Tell the story	
Relevant information	
<b>Assessment</b>	
Comment/ Concern	
<b>Request</b>	
Suggestions/ Solutions	
What actions do you think should happen?	

Have you completed an incident or near miss report (book located under the first aid box).

- Yes**
 **No**
 **Not Applicable**

Office Use  
 Action Taken /Outcome  
 Date: \_\_\_\_\_ Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

[https://d.docs.live.net/49a7e7b0b80c2462/Documents/Current Work/AHA Extension/NGS/Forms/Final/NGS Incident or Concern Form.doc](https://d.docs.live.net/49a7e7b0b80c2462/Documents/Current%20Work/AHA%20Extension/NGS/Forms/Final/NGS%20Incident%20or%20Concern%20Form.doc)

Figure 4: NGSC Incident/Concern Form

## **Referral or notification**

On receipt of the checklist and Issue/Concern Form the NGSC Assessment Officer needs to determine what action they need to take. The options are:

### **1. A new referral needs to be made to podiatry**

If the client isn't already seeing a podiatrist a referral is made for the podiatry. The referral is made via Connecting Care

If the client has chosen to make the podiatry appointment themselves, the checklist and NGSC Incident/Concern Form is still returned to the Assessment Officer for the client's records.

### **2. The client's podiatrist needs to be advised of the change in the clients foot condition**

In some circumstances the client may already be seeing a podiatrist. In these circumstances the Assessment Officer may contact the podiatrist to advise them that a change in the condition of the client's feet has been noted.

This can be done via Connecting Care as a referral. It is advised that a copy of checklist is attached with the referral.

If the podiatrist is a private provider (or not known to the Assessment Officer) information about the foot care program might need to be attached.

### **3. The client's case manager needs to be advised of the change in the clients foot condition so that the case manager can arrange the referral**

The NCGS Aged and Disability Team supports clients who have a case manager. As a general rule any issues that need to be pursued on behalf of the client are forwarded to the client's case manager.

Where an issue has been identified about the condition of a client's feet the information (eg. a copy of the checklist) is forward by the Assessment Officer to the case manager who then makes the referral.



## Podiatrist assessment and recommendations

When the client sees the podiatrist there are three potential outcomes:

### 1. The client has no additional support needs

The client may have an issue that the podiatrist will address but the client doesn't require additional personal care support from a direct care worker.

The podiatrist would advise the assessment officer of the outcome using the HACC Outcome of Referral/Assessment (Fig 5). or SCTT Information Exchange Summary.

Click to insert your logo

**Grampians Region**  
Outcome of Referral/Assessment

**hacc**  
home and community care  
A 2007 Commonwealth and State/Territory funded  
prevention program and assessment for aged people at risk

Client Name:..... Date of Birth:.....  
Address:.....  
Worker Who Referred:..... Date of Referral:.....  
Agency Name:.....  
Reason for Referral:.....

The referral did not proceed to assessment for the following reason(s):

Change in consumer situation – assessment no longer appropriate:  
 Consumer Declined  
 Other (please explain):

Thank you for your referral of this client.

Date of Assessment:..... Planned Review Date:.....

The assessment outcome was as follows:

Goal of Intervention (as agreed by client and Assessor):

Name of Assessor:..... Signature:   
Click to insert signature scan or sign by hand

Contact Details:  
Agency:..... Phone No:.....

**Save As**

This Outcome of Referral/Assessment form was developed by the Ballarat Partnering Project in 2009 and subsequently adopted and adapted by the Grampians Region Living at Home Assessment Services in 2010.

Figure 5: Outcome of Referral/Assessment

## **2. The podiatrist recommends an intervention that requires direct care worker support**

The podiatrist may recommend the application of a cream or another intervention that may require the assistance of a direct care worker as part of the clients personal care routine.

The working group developed the HACC Request for Personal Care: Foot Care Support (Fig 6) in collaboration with the Grampians Region HACC Project Officer.

The form can be completed electronically and includes:

- The client's foot care goal
- A statement indicating that the client has been assessed and is suitable for support from a direct care worker
- Task instructions including diagrams
- The date the support is to cease (if time limited)
- The review date (eg. the next podiatry appointment)
- A request for the direct care worker to attend a handover appointment if person specific training is required, and
- The podiatrists signature and contact details (*on the reverse side*)

On receiving the request, the assessment officer is required to update the client's care plan and ensure that the direct care worker is aware of the intervention requested.

*Note: The podiatrist can make a request for clients who are not currently a NGSC personal care client but are eligible for HACC services. In these circumstances a referral must be made to NGSC.*

## **3. The podiatrist recommends an intervention that requires a handover before the direct care worker can provide support**

This outcome is anticipated to be use primarily when basic foot care support (cutting and filing) is request for the client.

The handover appointment must be attended by the client and the direct care worker who will be providing the support requested by the podiatrist so that the direct care worker can complete person specific training.

The direct care worker will have successfully completed the training requirements (see next section) before they can provide basic foot care support.

Once the handover appointment has taken place, the podiatrist advises the assessment officer that the direct care worker has completed the person specific training using the foot care request form.



Grampians Region HACC Program  
Request for Personal Care:  
Foot Care Support



Date of Request:	
Client Name:	Date of Birth:
Address:	
Podiatrist:	
Request to: <i>(Agency to provide Personal Care Support)</i>	

The agreed Foot Care goal is to:

I have assessed ..... *(Client's name)* on ..... *(Date)* and determined that they are appropriate for foot care support by your HACC Personal Care Service.

**Assist with Footcare as follows:**  
*Specific Instructions (please also use the foot diagrams on reverse to aid the implementation of your instructions):*

Date Foot Care to cease *(if applicable)*: ..... Planned Review date: .....

Client specific training required prior to carrying out the foot care tasks?  Yes  No

If yes, a handover appointment has been made for ..... *(Date)* at ..... *(Time)*

Please Note: If this appointment is not suitable please phone ..... to reschedule.

Original tool developed by NGS Footcare Program, 2014. Adapted from Grampians Region HACC Personal Care Protocol, 2009.

Figure 6: Request for personal care foot care support

## Evaluation: Validating the checklist and reinforcing the process

In the six months after the education sessions were delivered in Stawell and St Arnaud the working group asked the question:

- *Are the direct care workers using the checklist?*

The query arose when after a few months no podiatry referrals were being generated. There had been an initial response, two referrals were generated immediately after the education session in Stawell but none received in the three months after that.

The other question the working group asked was if the checklist was sensitive enough to identify changes in the condition of a client's feet. Essentially, was the checklist doing what it was developed to do?

The working group developed a tool that prompted direct care workers to monitor the feet of their clients over a four week period.

The monitoring tool (Appendix 3) was designed using the questions on the foot problem checklist. It prompts direct care workers to engage with their personal care clients about changes in the condition of their feet that may indicate that they have an issue that a podiatrist should assess.

The monitoring tool has two sections. The first section prompts the direct care worker to ask the clients about factors that can indicate a problem with the clients feet that are long term in nature that is issues that probably won't change over the four week period (baseline data),.

The second section prompts direct care workers to look for and ask the client about any changes in the condition of their feet over of four week period. The direct care workers are required to record any changes that they and the client observe.

The form includes a diagram of the feet (side views and underneath) and a space for comments so that the direct care workers can add any additional information.

Most importantly, the direct care workers were instructed to report any concerns or issues they/or the client observed to the assessment officer the same day.

### Resources

Evaluation NGS Foot Care Program: Monitoring Client's Feet (Appendix 3)

## Results

Twelve NGSC direct care workers completed the tool monitoring 23 personal care clients over a four week period during April and May 2014.

Of the 23 clients:

- There was insufficient information for four clients
- Fifteen (62.2%) clients were seeing a podiatrist
- Six of the seven clients who were not seeing a podiatrist had baseline indicators that indicated that they need to see a podiatrist for an assessment.

Of the six clients, four clients had no other issues/concerns about their feet. The feedback from the direct care workers for three of the six clients indicated that the direct care worker had had spoken to the client and their family about any potential concerns and with the client/family member determined that a podiatry referral was not required (Fig 6).

Client A:	One baseline indicator – the client has someone cut their toenails because they are unable to do it themselves  Direct care worker spoke to the clients daughter who does her mother's basic foot care. No concerns were identified by her daughter
Client B	One baseline indicator – has a health condition such as diabetes or arthritis. Client is independent in basic foot care  Direct care worker spoke to client about her feet and reported that the client did not have any concerns at present and would go to a podiatrist if issues arise.
Client C	One baseline indicator – the client has someone cut their toenails because they are unable to do it themselves  One indicator – numbness in feet (constant over 4 week reporting period)  Direct care worker reported that the numbness was due to a stroke that affected the client's right side. The client's husband does his wife's basic foot care.

Figure 6: Issues considered by direct care workers when an issue have been identified that indicated that the client should see a podiatrist for a review or assessment



Two clients had indicators (baseline and observed/reported changes) that should have been reported to the assessment officer when they were observed/reported but weren't.

- One direct care worker noted the concern on the monitoring tool but did not complete the checklist and Incident/Concern form. The referral was made but only when the monitoring tools were collated several weeks later.
- The other concern that wasn't reported to the assessment officer was reported directly to the client's case manager. The client was seeing a podiatrist however it is unknown if the case manager acted on the report.

### Implications for the NGS foot care program

The results indicated that:

1. The checklist was sensitive enough to indicate when there were issues/changes in the clients feet that should be assessed by a podiatrist
2. The majority of NGSC personal care clients who have problems/concerns about their feet are seeing a podiatrist
3. The importance of reporting any changes in the condition of the client's feet to the assessment officer on the same day needed to be reinforced to the direct care workers.
4. That the communication and referral pathway needed to be modified so that the assessment officer would be notified of a change in the client's foot condition if the client made the podiatry referral themselves (as would be encouraged with the ASM) or if the direct care worker or client notified the client's case manager.
5. On reflection, the assessment officers indicated that the monitoring tool would be a valuable resource as a training tool for direct care workers who were new to the agency or as an annual exercise for all direct care workers.

### Recommendations for the foot care program

Two changes were made to the NGS foot care program as a result of the evaluation.

1. The podiatry and foot hygiene information session would be incorporated into the annual NGSC direct care worker training and education program and the assessment officers would have the option of using the monitoring tool as a training tool in conjunction with the information session.
2. That the referral pathway was amended so that the checklist and issue/concern form would have to be completed and returned to the assessment officer regardless of who made the appointment (including the client).

The assessment officer is responsible for notifying the client's case manager or podiatrist if an issue/concern with the client's feet was reported.

## Providing Basic Foot Care: Direct Care Worker Competencies

As previously discussed, the initial education session was delivered to all the NGSC direct care workers. This ensured that all the workers were aware of the role of podiatry, the type of foot care issues that should be seen by the podiatrist and the options available for clients who wanted to get assistance with basic foot care (cutting and filing nails). Importantly, the session reinforced the message that basic foot care is not part of the direct care workers normal duties.

The working group developed a training pathway that a direct care worker could do if they wanted to do basic foot care (cutting and filing).

### 1. Unit CHCICS306B Provide basic foot, skin and nail care

The direct care worker must successfully complete the unit *Provide Basic Foot, Skin and Nail Care* with a registered training organisation (RTO). Ten NGSC direct care workers completed the unit in 2013 did the training with Chisholm HACC Training. This represents one third of the NGSC personal care workforce.

Another ten direct care workers from NGSC have indicated that they would like to do the unit in 2014/2015.

### 2. Basic foot care competencies: Cutting and filing

The direct care worker is required to complete a basic foot care competency session with a local podiatrist. The direct care worker must demonstrate that they are competent in cutting and filing nails. They are also required to review the NGSC Guidelines and protocols for providing basic foot care and receive written information about the NGS foot care protocols (Appendix 4).

When the podiatrist determines that the direct care worker is competent they complete the Footcare Competencies Checklist (Appendix 5) and return it to the assessment officer NGSC.

In September 2014 five of the eleven direct care workers at NGSC had completed basic foot care competency training with the Stawell Regional Health podiatrist.

### 3. Person specific training

As specified in the Victorian HACC personal care policy, a direct care worker is required to do client specific training with the individual client and the podiatrist. The direct care worker attends a handover appointment with the client during which the podiatrist demonstrates and explains the procedure. After the handover appointment and the podiatrist determines that the direct care worker can provide basic foot care support to that client they notify the NGCS assessment officer that the direct care worker has completed the person specific training.

When the assessment officer receives the confirmation the direct care worker can start providing basic foot care support to that client

## Resources

Handout      Foot Care: Cutting and filing toenails (Appendix 4)

Training Record      Competency Checklist (Appendix 5)

### **Identifying clients who are suitable for direct care workers to provide basic foot care**

Once the initial group of direct care workers had successfully completed the basic foot care competency session with the podiatrist at SRH, clients who were suitable for the provision of basic foot care by direct care workers could be identified. After the podiatrist determines that a client is suitable for basic foot care support an appointment is made for the client so the nominated direct care worker can do the person specific training.

#### Clients who have been assessed as suitable for basic foot care support

Four people have been assessed as suitable for the provision of basic foot care support as part of the NGS Foot Care Program. Each of these people are NGSC personal care clients and receive podiatry support at SRH.

**Client A & B**    Are an older couple who live out of town. They rely on their daughter to travel into Stawell for podiatry and other appointments. Both A and B have been assessed as low risk and already receive personal care support from NCGS.

**Client C**        Is a large gentleman who has mobility issues. He relies on NGSC support to travel to podiatry appointments and the NGS Foot Care Program would enable him to receive basic foot care in his home.

**Client D**        Is a 94 year old man who has been catching the local bus service to attend podiatry appointments. His vision has been deteriorating over time and he can no longer catch the bus to attend appointments.



## Basic Foot Care Guidelines

The guidelines were developed by the working group to document the procedures and processes associated with the provision of basic foot care to personal care clients.

The guidelines include:

- The scope of direct care workers role when providing personal care support (normal duties)
- The training requirements required for a direct care worker to provide basic foot care
- Infection control
- Equipment and resources, and
- The protocol for cutting and filing nails

The guidelines were informed by the basic foot care documents produced by West Wimmera Health Service (2012) and the Western Australia Aged and Continuing Care Policy Directorate (2010).

### Resources

Procedures Guidelines for the provision of basic foot care (Appendix 6)

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## Appendix 1: Podiatry and foot hygiene handout



## Foot Care: Supporting clients to maintain healthy feet

### Basic Footcare is a normal activity of daily living

*“Foot hygiene is defined as fundamental attention given to normal toe nails and skin surfaces of the foot, including washing and drying, the cutting and filing of toe nails, the removal of superficial dead skin material inter-digitally and the application of drying or softening agents.”* - Industry Skills Council

### The role of Direct Care Workers

- Support clients to maintain healthy feet within the Active Service Model – “*Do With, Not For*”
- Prompt the client to identify techniques for caring for their feet
- Assist set-up as required to enable client to undertake foot care
- Prompt client to try different ways of performing foot-hygiene tasks if they are having difficulty. They may find long-handled items or other adaptive equipment useful.
- Inform the Assessment officer if a clients is no longer able to complete basic foot hygiene tasks independently.
- Work with the client to complete the foot care checklist to identify any problems with their feet.
- Report any changes in the condition of the clients feet that may indicate a foot problem that needs to be assessed by the podiatrist

Northern Grampians Shire Council Direct Care Workers (DCWs) do not cut/file clients nails as part of their normal duties.

## Foot Problems

If you or your client notice any change in the condition of their feet it is important to consider whether the client should be assessed by a podiatrist.

If there is a change, or the client reports a change in the condition of their feet complete the *Checklist for the Identification of Foot Problems* with the client.

If the answer to any of the questions is ‘Yes’ you must:

- Complete the details on the back of the checklist
- Complete an *Incident/Concern Form* noting that the checklist has been completed, and
- Return both forms to the office that day

## Nail Care – Cutting & Filing

Clients with Healthy feet and healthy nails *do not* need to go to a podiatrist to have their nails cut/filed

If clients don’t want to cut/file their toenails, they can choose to get their nails cut and filed by others including

- Beauticians
- Family members
- Friends of the client
- Podiatry Assistants & others trained in footcare
- Private podiatrist

## Nail Care Support at Northern Grampians Shire Council

Northern Grampians Shire Council DCW’s do not cut/file clients nails as part of their normal duties.

If the client requires assistance with cutting/filing their nails they must be assessed by a podiatrist before a DCW can provide assistance with cutting and filing, and the DCW must complete the additional training requirements.

## Appendix 2: Foot problem checklist



### Checklist for the identification of foot problems

Clients Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Does the client have swollen feet? Yes  No

Is the colour of the client's feet blue/black? Yes  No

Does the client have sores or ulcers that haven't healed in 2-3 weeks? Yes  No

Does the client complain of night cramps or do they sit up to sleep (eg. In a recliner)? Yes  No

Does the client complain of numbness in their feet? Yes  No

Does the client have health problems such as diabetes or arthritis? Yes  No

Does the client trip or fall often? Yes  No

Does the client have a visual impairment? Yes  No

Does the client get someone else to cut their toenails because they are unable to do it themselves? Yes  No

**IF THE ANSWER TO ANY OF THESE QUESTIONS IS YES, THE CLIENT NEEDS TO BE ASSESSED BY A PODIATRIST**

**Please complete the information over the page & return to the Assessment Officer today with a NGSC Incident/Concern Form**

Does the client see a podiatrist? Yes  No

Podiatrist/ Podiatry Service? \_\_\_\_\_

Does the client have a podiatry appointment? Yes  No

If yes, when is the appointment?

Date: \_\_\_\_\_ Time: \_\_\_\_\_

If no, will the client make the appointment? Yes  No

DCW Name: \_\_\_\_\_ Date: \_\_\_\_\_

# Appendix 3: Evaluation tool



## NGS Foot Care Program: Monitoring Client's Feet

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

DOB. \_\_\_\_\_ DCW Name: \_\_\_\_\_

Date monitoring started: \_\_\_\_\_

### Week 1: Baseline information

*(Information that you need to know but only needs to be collected once)*

Do they have health problems such as diabetes or arthritis? Yes  No

Do they trip or fall often? Yes  No

Do they have someone to either cut their nails or take them to a person who cuts their toenails? Yes  No

Do they have a visual impairment? Yes  No

*If the client answers yes to one or more of these questions,*

Does the client see a podiatrist regularly? Yes  No

*If the answer is no, the client does not see a podiatrist regularly it is advisable that they should see one. Please notify the Assessment Officer*

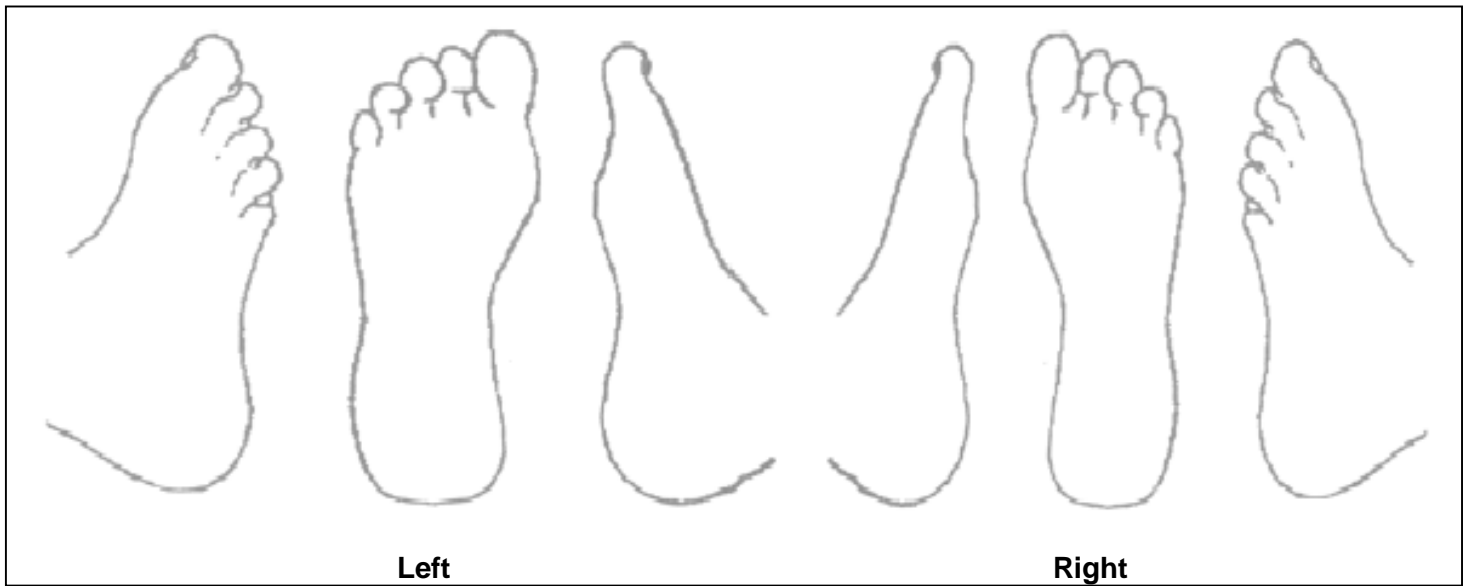
*If the answer is yes, continue the monitoring questions below*

### Monitoring: Weeks 1- 4

	Week 1		Week 2		Week 3		Week 4	
	Yes	No	Yes	No	Yes	No	Yes	No
Does the client have swollen feet?								
Is the colour of the client's feet blue/black?								
Do they have sores or ulcers that haven't healed in 2-3 weeks?								
Do they complain of numbness in their feet?								
Does the client complain of cramps at night or do they sit up to sleep?								
Have they had a trip or fall this week?								

**Please note:** If you observe and/or the client reports any of these concerns please advise the Assessment Officer that day

Please indicate the location of any areas of concern (and date) that you have about the client's foot on the diagram below.



Have additional visual diagrams been used to document observation & changes (Monitoring Foot Care Attachment)

Yes

No

If yes, please attach to this page

**Feedback** –this might include any difficulties you have or any comments made by the client  
(Please initial & date any comments that you make)

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Foot care issue/concern reported to assessment officer?

Yes

No

Date reported: \_\_\_\_\_



## Appendix 4: Basic foot care competencies handout



### Foot Care: Cutting and filing toenails

Northern Grampians Shire Council HACC personal care services only provides nail cutting/filing when the following conditions have been met:

- A Podiatrist has assessed the client and determined that they are low risk
- The direct care worker has successfully completed the *Foot, Skin & Nail Care Unit* through Chisholm HACC Training (or another RTO)
- The podiatrist has determined that direct care worker is competent in cutting/trimming nails, and
- The direct care worker has attended a podiatry appointment with the client for a handover

After you have done the handover a day and time will be scheduled for you to cut/file the clients toenails

#### What to Take

NGSC has a footcare kit that contains most of the items you will need when you are cutting/filing toenails. The Kit includes:

- Gloves
- Alcohol hand rub
- Alcohol wipes
- Protective sheets/blueys
- Foot dressers/emery boards

#### Clippers

Clients will be required to purchase a pair of clippers once the podiatrist has determined that their toenails can be cut by a DCW.

The clippers will be provided in a resealable plastic container for storage and the client will be advised that the clippers are to be used for their feet only and not to use the clippers for any other use.

#### Other Items

The client will be asked to provide a clean towel.

## **Infection Control**

Please ensure that you:

- Wash or apply alcohol rub to your hands before & after gloves are donned and removed
- Wear gloves during the procedure
- Minimise loose gross matter (eg. nail clippings) & attempt to catch on the towel.
- Dispose of waste materials correctly and sweep up visible debris.

## **What to do (Protocol)**

- Apply alcohol rub to hands
- Ensure that the client is seated comfortably
- Set up equipment and place clippers on a protective sheet
- Ensure that you (the DCW) is positioned in the correct and comfortable position
- Place towel under the client's feet to catch debris
- Don gloves
- Remove footwear & hosiery noting condition and fit
- Inspect feet thoroughly including between the toes noting any changes
- Wipe feet with alcohol wipe
- Cleanse between toes noting dead skin build up or maceration
- Cut nails carefully, starting at edge and move in short snips across. Do not cut too short.
- File using foot dresser/emery board with strokes in one direction
- Ensure no skin breaks
- If a skin break occurs, apply pressure to stop bleeding and apply a Band-Aid if necessary
- When finished filing, wipe toes and feet with an alcohol wipe
- Apply the client's own emollient if skin is dry
- Put clients socks and shoes back on.
- Clean clippers with a alcohol wipe to remove debris and return to plastic container
- Remove gloves
- Dispose of debris, wipes, gloves and protective sheet/bluey in bin.
- Use alcohol hand wipe.

## **Reporting**

Please report any changes in the condition of the client's feet that you or the client have observed using the *Checklist for the Identification of Foot Problems*

## Appendix 5: Basic foot care competencies checklist



### Foot Care Competencies Checklist

DCW Name: \_\_\_\_\_

Date: \_\_\_\_\_ Venue: \_\_\_\_\_

Podiatrist: \_\_\_\_\_

#### Nail Reduction

- |                                     |                              |                             |
|-------------------------------------|------------------------------|-----------------------------|
| 1. Initial check of feet and nails. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Set up of equipment              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Clipper technique                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Filing and finishing             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

#### Resources

- |                                     |                              |                             |
|-------------------------------------|------------------------------|-----------------------------|
| 1. NGS Footcare Guidelines          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Footcare: Cutting & Filing Nails | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

This to confirm that \_\_\_\_\_ (Direct Care Worker) is competent in the basic footcare tasks of cutting & filing.

Podiatrist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health Service/Agency: \_\_\_\_\_

## Appendix 6: Guidelines for the provision of basic foot care



# Northern Grampians Shire Foot Care Program: Basic Foot Care Guidelines

## Basic Footcare is a normal activity of daily living

*“Foot hygiene is defined as fundamental attention given to normal toe nails and skin surfaces of the foot, including washing and drying, the cutting and filing of toe nails, the removal of superficial dead skin material inter-digitally and the application of drying or softening agents.” - Industry Skills Council*

## The role of Direct Care Workers

Direct Care Workers (DCWs) are expected to support personal care clients to maintain healthy feet within the Active Service Model (ASM). This includes:

- Assist the client to set-up so the client can complete footcare hygiene tasks
- Prompt the clients to identify & try different techniques to perform footcare hygiene tasks
- Inform the Assessment Officer if a client is no longer able to complete footcare hygiene tasks independently
- Work with client to complete the footcare checklist to identify any problems with their feet.
- Report any changes in the condition of the clients feet that may indicate a foot problem that needs to be assessed by the podiatrist

## Cutting & Filing Nails

Northern Grampians Shire Council HACC personal care services only provides nail cutting/filing when the following requirements have been met:

- A Podiatrist has assessed the client and determined that they are low risk
- The DCW has successfully completed the *Foot, Skin & Nail Care Unit* through Chisholm HACC Training (or another RTO)
- The podiatrist has determined that DCW is competent in cutting/trimming nails, and
- The DCW has attended a podiatry appointment with the client for a handover

## **Credentialing**

As indicated to provide basic foot care support with cutting/filing the DCW must successfully complete the training unit, a nail cutting/filing competency session and attend a handover with a Podiatrist for each client.

## **Review & monitoring**

The podiatrist determines the planned review date for each client and communicates this to NGSC.

All DCWs providing personal care support are expected to report any changes in the condition of the client's feet that they or the client have observed using the *Checklist for the Identification of Foot Problems*.

## **Infection Control**

- Wash or apply alcohol rub to hands before and after gloves are donned and removed
- Wear gloves during the procedure
- Minimise loose gross matter (eg. nail clippings) and attempt to catch these on a towel.
- Sweep up any visible debris and dispose all waste materials in the client's household waste bin.

## **Equipment**

### Clippers

Clients will be required to purchase a pair of clippers once the podiatrist has determined that their toenails can be cut by a DCW. The clippers are purchased from the Podiatrist/Health Service.

The clippers will be provided in a resealable plastic container for storage and the client will be advised that the clippers are to be used for their feet only and not to use the clippers for any other use.

### Nail Care Kit

NGSG provide a kit that DCWs will take with them when they visit clients to cut/file nails. The Kit includes:

- Gloves
- Alcohol hand rub
- Alcohol wipes
- Protective sheets/blueys
- Foot dressers/emery boards

The client will be asked to provide a clean towel and all waste (used gloves, clippings, protective sheet etc.) is disposed of in the client's household waste bin.

## **Nail cutting/filing Protocol**

- Apply alcohol rub to hands
- Ensure that the client is seated comfortably
- Set up equipment and place clippers on a protective sheet
- Ensure that you (the DCW) is positioned in the correct and comfortable position
- Place towel under the client's feet to catch debris
- Don gloves
- Remove footwear & hosiery noting condition and fit
- Inspect feet thoroughly including between the toes noting any changes
- Wipe feet with an alcohol wipe
- Cleanse between toes noting dead skin build up or maceration
- Cut nails carefully, starting at edge and move in short snips across. Do not cut the nail too short.
- File using foot dresser/emery board with strokes in one direction
- Ensure that there are no skin breaks
- If a skin break occurs, apply pressure to stop bleeding and apply Band-Aid if necessary
- When finished filing, wipe toes and feet with an alcohol wipe
- Apply the client's own emollient if skin is dry
- Put clients socks and shoes back on.
- Clean clippers with a alcohol wipe to remove debris and return to plastic container
- Remove gloves
- Dispose of debris, wipes, gloves and protective sheet/bluey in waste bin.
- Use alcohol hand rub to clean hands

# References

Aged and Continuing Care Policy Directorate 2010, *Policy and Framework on the Provision of Basic Foot and Nail Care*, accessed 20 September 2014, <[http://www.health.wa.gov.au/hacc/docs/WA\\_HACC\\_Foot&Nail\\_Care\\_Policy.pdf](http://www.health.wa.gov.au/hacc/docs/WA_HACC_Foot&Nail_Care_Policy.pdf)>.

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Municipal Association of Victoria 2013, *Trends and changes in delivery of HACC ASM services through the role of home support workers*, State Government of Victoria, Accessed January 23, 2014. [http://www.health.vic.gov.au/hacc/projects/downloads/mav\\_asm\\_report.pdf](http://www.health.vic.gov.au/hacc/projects/downloads/mav_asm_report.pdf).

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