**Podortho Nurse Foot Care Policies & Procedures**

**Business Name/Nurse Name**

**Introduction –** The college of Nurses of (Ontario/other) defines independent practice as those who are: self employed for the purpose of providing nursing service, and/or operating their own nursing business. As a business owner (Nurse Name), I am accountable for complying with the expectations in the college’s practice documents as well as the provincial laws that apply to my business (as well as all nursing staff working with or for me).

**Nursing Registration –** Podortho Nurse(s) (Nurse Name (s)) is/are responsible for maintaining Current Proof of Nursing Registration with the College of Nurses in good standing. Anyone can obtain this status at [**www.cno.org**](http://www.cno.org) and look under the quick link of: FIND A NURSE. Nursing is a protected title and should not be used by anyone not registered with CNO. (Out of providence nurses check your governing body for contact info and add).

**Quality Assurance**- Continued evaluation of processes and open communication with client’s, families, physicians, nursing staff, support staff (agencies) health teams and referral partners, is essential for ongoing improvements, in order to increase effectiveness and efficiency of services/treatments provided to clients. Follow (CNO/other) quality assurance program completing a self assessment and learning plan each year with practice and peer assessment support.

**Professional Liability Protection**- Nurses in independent practice are expected to obtain professional liability protection in accordance with current regulatory requirements. Podortho Nurse (Nurse Name(s)) is/are responsible for maintaining current proof of liability insurance with their nursing association. Podortho Nurse(s) (Nurse Name(s)) will provide a police background check for vulnerable sector if required.

**Podortho/Advanced Foot Care Education**- Specialized in Basic (VON) Advanced & Diabetic Nursing Foot Care (Georgian College) and received Nursing Foot Care Nurse & Educator Certificates (St. Lawrence College). Medical Devices Reprocessing Certificate received in 2014(CSAO). Twenty years of experience in community and professional clinic settings. Added skills include: compression fitter, reflexology, biomechanics, orthotics, laser, and wound care. A minimum of 16 hours of comprehensive continuing education though courses; conferences and associations will be maintained annually. (Use your own qualifications as a RN, RPN, LPN, and NP with your added skills)

**Associations** – As an Independent Practitioner it is important to network and stay current in your field of practice. Current & past memberships include: CNO, RPNAO, OPNA (current VP), NEFCA (past president), CFPM (past member), CSAO (past member). (Use your own associations using full written names with association lettering before)

**Confidentiality & Privacy –** Follow PHIPA (or your own provincial act) (Personal Health Care Information Protection Act for Ontario).This includes all personal information that is verbal, written or in electronic form. Nurses in independent practice are considered custodians and are responsible for the custody and control of the client’s personal information ensuring confidentiality and security.

All inquiries (includes client) to access records and/or request corrections are to provide a written statement describing request to**: (add name, designation, full address including postal code).** The nurse must ensure the information is accurate, complete and up-to-date following the PHIPA act and only give information required.

Clients will be made aware that personal information may be shared with other health team members (e.g. doctor, nurse) to assist in client’s plan of care. A client has the right to withhold or withdraw consent to the sharing of his/her personal health information at any time. The nurse will obtain expressed consent from client before disclosing their information outside the health team (e.g. family)

**Consent** – Follow HCCA (Health Care Consent Act) that requires consent for any treatment except treatment provided in certain emergency situations. The consent form will include nature of treatment, expected benefits, material risks and side effects, alternative courses of action, and consequences of not having treatment. Consent is informed if, before giving it: the person received the information about the treatment that a reasonable person in the same circumstances would require to make a decision; and the person received responses to his/her request for additional information about the treatment.

**Ethics & Therapeutic Nurse-Client Relationship –** Follow CNO Practice standards. Nurses demonstrate a regard for client well-being by: listening to, understanding and respecting clients’ values, opinions, needs and ethno cultural beliefs. The nurse promotes client’s health though professional nursing knowledge, assessment, skill, and caring attitudes and behaviours to provide nursing services that contribute to the client’s health and well being. When a client’s wish conflicts with a nurses personal values, and the nurse believes they cannot provide care, the nurse needs to arrange for another caregiver and withdrawn from the situation. (Follow your provincial practice standards)

**Documentation** –Follow CNO practice standard for regulatory and legislative requirements for nursing documentation. A high Risk Initial Assessment Form will be filled out on all first visits, including health history, and informed consent. All documentation will be kept current, up-to-date and complete. A high risk, progress and treatment record will be kept for all follow up visits. All client files will be kept secure. All files will be kept for a minimum of 10 years after final visit with client. (Follow your provincial practice standards)

**Infection Prevention & Control**- Policies and procedures must be established to ensure that the disinfection processes follow the principles of infection prevention as set out by the Public Health Agency of Canada/Health Canada, the CSA standards and PIDAC best practices.

Using these guidelines “a sterile set of tools” is used for each client with an autoclaved monitored infection control program. All foot care equipment and treatment areas are disinfected between each client to further reduce the risk of cross-contamination. Personal Protective equipment will be used by the nurse that includes gloves, mask, eye protection and gown. Hands will be washed before and after any treatment even when gloves are used. A dust collector micro drill is used when filling nails to protect client from air-born pathogens (if you do not use a rotary tool with suction you may delete this sentence, but it is recommended). All non-reusable items are to be discarded after each client (e.g. cotton balls, gloves, masks, disposable cloths or towels, sanding bands, sharps etc.) Review of reprocessing policies and procedures must take place at least annually.

**Foot Care Treatment Fees and services** – All home visit fees will be $65.00(initial) $55.00 (follow-up) per client. Clinic facility (retirement home) will be $45.00 with an added $5.00 for in-room visits (at end of day clinic only); added Fingernail care will be $10.00. Private clinic fees will be $60.00 (initial) $50.00 (follow-up). Clients receiving veteran’s benefits are still required to pay the full amount for treatments (e.g. veterans may receive coverage for a home visit of $50.00, but have to pay fee for service for the remaining amount). Foot Care is usually required every six to eight weeks. Acceptable methods of payment are cash, cheque or credit card (if available). Any fee increase will be discussed with the nursing administration of the facility and 60 days notice will be given to clients and/or POA. Home visits clients will receive 60 days verbal and written notice. Payment for services is the responsibility of the client/resident or their POA. If the service is to be charged to the resident’s account or their trust used at front desk an invoice will be submitted to administration office. All clients using 3rd party insurance will received a receipt containing contact information, nurse’s designation, (CNO registration number and marked paid in full. Receipts will be given to all clients once payment received. A late payment charge of $25.00 will be issued for non-payment after 60 days with written notice. Twenty-four hour notice is required for any cancellations or the client may be charged $25.00 for missed appointment without just cause (sickness, incremental weather, emergences). If a client/POA is consistently missing appointments after reminders, a written letter may be sent terminating any service provided to them. (Set your own fees for treatment, but remember your value, you are a nurse with added skills. Figure out your costs per client, you want to make a living. What added value/service can you bring to your business? Do not go cheaper then others; raise your standards you are worth it).

**Reporting and Referrals**- The Podortho Nurse Nurse (nurse Name(s)) will report to the nurse in Charge at clinic facility with any concerns regarding the clients foot care or related conditions that may need follow up, monitoring or assessment by nursing staff and/or physician. Concerns with clients at home or private clinic will be discussed with client and/or POA. Physicians may be called on their behalf. The nurse may refer a client to another health care professional for further assessment and treatment as necessary. All findings and discussions will by documented in the client’s personal health file.

***Nurse Name or Business/designation/credentials***

***Contact info (phone # & email)***

This is a mini 4 page polices & procedures for Podortho Nurses is not all inclusive. Each nurse or business will have its own education, services, fees etc. Customize to your own business and policy standards of your governing body. You may be able to get it into 3 pages, due to my commentaries thought-out document. You can use this for your clients or as an intro page to your portfolio when applying for clinics, retirement homes etc. This suggested portfolio was in a good binder, with clear document holder pages. You can put original copies if letter size, but have copies in behind to have available. Photocopy your membership cards onto 1 sheet. Put in nursing registration, nursing association registration, all courses related to foot care, including workshops, conferences( not all if too much just proof you keep yourself updated and educated for the past few years), nurse & business insurance, a set of (blank) client documentation (health history, assessment form, consent, care plan, flow sheet if used (if agreed upon, keep a binder at retirement, long term care home in nurses station for communication on treatments performed as client will ask staff, and staff can look up to tell them they were done last week…lol)(e.g. flow sheet for each client). They may want a police check and references as well. Make yourself look awesome. A written breakdown of your infection control practices is also recommended. I used this for all my 6 clinics I have operated in the past with great success. One of my clinics also wanted a signed consent form from each client/POA for permission to go though the client’s chart at their residence to assist with health history & medications. Two clinics also required a Memorandum of Agreement between the residence and the nurse (business). This agreement included what each party was responsible for, what each party would provide, fees, privacy, how long contract would be effect and how to dissolve for either party etc.

If you have suggestions or info to share with the group, feel free to contact us. Working together makes us stronger.

Linda England RPN/Podortho Nurse/V.P. OPNS