



PSW Essential Foot & Lower Limb Care

Standards of Best Practice
& Competences 2025

In Collaboration with
OPSWA & CANSWA



Standards of Best Practice PSW Essential Foot & Lower Limb Care

Introduction

Personal Support Workers (PSW) are valued partners in the circle of healthcare who provide essential support to a diverse population in Ontario and throughout Canada.

A PSW's knowledge, skills and experience often reaches beyond their core education, training and entry to practice competencies. Many PSW's have branched into various areas of healthcare. PSW's along with many other healthcare providers have recognized the need for specialized areas of care such as footcare in order for the public to maintain overall health, wellness and socialization through their lives. This can be accomplished through maintaining good medical foot and lower limb health. PSW's, PodOrtho Foot Specialists (Pod. Fs) deliver this specialized care by promoting comfort, improving mobility and maintaining hygiene with preventative conservative foot and lower limb care. Proper foot health encourages the public to be and remain active members of society in their communities.

Healthcare is fluid and ever changing. All Healthcare providers (HCP), public health, and private healthcare organizations are tasked with interpreting the changing needs of our communities and to recognize the evolving demographics and characteristics of our population in order to meet essential healthcare needs provincially and nationally.

Given our rapidly aging and growing population the Canadian and Ontario Foot Care Association (CFCA, OFCA) continues to acknowledge this growing demand in an effort to meet this essential public need. CFCA, OFCA has recognized significant demand for this specialized care and continues to provide ongoing and continued post graduate education for those HCP who are interested in servicing this public need provincially and nationally. CFCA, OFCA members position themselves to support our aging and senior population in particular who wish to remain mobile, active and healthy while continuing to participate in their communities and live at home for as long as they are able to.

The delivery of community footcare mostly private and in rare cases publicly funded has become a sought after service for our population in order to meet or exceed the public's healthcare goals to remain mobile, free of discomfort, wound free and mobile thus improving one's health related quality of life. This service model aligns with the Ontario health care initiative to ensure our population can live with dignity and independence throughout the aging process and our communities have access to convenient care.

"A plan for connected and convenient care".

<https://www.ontario.ca/page/your-health-plan-connected-and-convenient-care>

OPSWA /CANSWA members have identified this community need in their own practices from a grassroots perspective. OPSWA\CANSWA supports a model of care whereby PSW's are able to acquire the skills and continued education and become experts in this specialty area of healthcare. Specializing in footcare through post graduate education can be done in a time efficient manner that focuses on building upon a PSW's entry to practice competencies. This advanced education offers a theoretical components, independent study and research along with guided one on one skilled hands on clinical training through mentorship from seasoned practitioners who are vetted by the Canadian and Ontario Foot Care Associations approved curriculum. Methodologies consist of conservative, non-invasive procedures that pose little to no risk of harm and therefore fall within the public domain as per the Regulated Health Professions Act (RHPA). PSW's entering this specialized area of healthcare allows for faster access to a grow essential community need and meeting the demand for footcare while engaging qualified PSW's, Pod. Fs.

PSW Standards of Essential Foot & Lower Limb Care Practices

The Ontario Provincial healthcare plan outlines additional funding for home and community care, mental health and addictions, expanding Ontario Health Teams, and expanding primary care.

The Ontario Personal Support Workers Association/Canadian Personal National Support Workers Association (OPSWA/CANSWA) has partnered with the Ontario/Canadian Foot Care Association (OFCA/CFCA) to develop a ***“standard of best practice” that recognizes*** a PSW’s ability to build upon their entry to practice competencies through continued education in footcare to meet this growing essential public need provincially and nationally.

This document serves as a clear and concise guide for PSW’s practicing foot and lower limb care and interprets the Regulated Health Professions Act (RHPA). The RHPA outlines controlled acts that are specific to various regulated healthcare providers. Acts that are not communicated within the RHPA fall within the public domain as they pose little to no risk of harm (conservative in nature) legally referred to the “Basket Claus”.

This document also outlines requisite skills and services that are deemed “conservative” when delivered by various HCP including PSW’s who have met the CFCA, OFCA core competencies through their engagement in continued post graduate education in the field of foot and lower limb care. These supportive measures learned by the PSW qualify them through these developed competences as individualized scope of practice (ISOP). This document also serves as a circumspect reference that will be updated to guide ongoing practices and new developments in this field of care.

Collectively OFCA, CFCA, OPSWA, CANSWA recognize foot and lower limb care may be delivered in various environments such as, private practices, LTC, in clients homes and various institutions. PSW’s are able to provide conservative non-invasive essential foot and lower limb care through obtaining post graduate education and may choose to work in either multidisciplinary environments or independently when performing acts that are not considered controlled as per the RHPA and pose little to no risk of harm.

Conservative care suggests protocol based concepts learned through PSW footcare programs adhere to the legal framework of the RHPA in the delivery of safe, ethical and professional care to the public.

Practice guidelines communicated in this document addresses specific practice-related concepts, that best recognize the responsibilities of PSW’s and ensures safe and ethical decisions are formulated while PSW’s are practicing footcare. All HCP’s maintain a standards of best practice (SOBP), particularly when specializing in new and evolving practice areas.

OPSWA, CANSWA, OFCA and the CFCA ensures SOBP are transparent and concise in this document in order to assist PSW’s in their delivery of this specialty area of care and provide recommendations for approved educational programs that meet or exceed these standard's that are ethical, ensure direct hands on skilled clinical placements are offered and examinations are conducted to ensure all competencies within this document are met.

PSW Essential Foot & Lower Limb Care

Post Graduate Education Curriculum

CFCA-101 Introduction to the Foot and Lower Limb	CFCA-102 Developing an Independent Scope of Practice Within Legislated Designations, Core Competencies, Standards of Practice	CFCA-103 Multidisciplinary Concepts	CFCA-104 Characteristics of the Aging Foot	CFCA-105 Anatomy and Physiology of the Foot and Lower Limb and Feet
CFCA-106 Microbiology	CFCA-107 Infection Protection and Control	CFCA-108 Occupational Health and Safety	CFCA-109 Instrumentation and Supplies	CFCA-110 Nail Pathology– Conditions and Diseases
CFCA-111 Soft Tissue Pathology– Conditions and Diseases	CFCA-112 Optimal Foot and Lower Limb Functions Structural Deformities of the Foot	CFCA-113 Foot and Lower Limb Consent (PIDAC), Assessment, and Documentation	CFCA-114 Common Conditions of the Foot and Lower Limb	CFCA-115 Foot and Lower Limb Care Procedures
CFCA-116 High Risk Client Concepts	CFCA-117 Diabetic Foot and Lower Limb Care Concepts	CFCA-118 Understanding and Recognizing Peripheral Vascular System and Disorders	CFCA-119 Understanding the Lower Limb Lymphatic System and Complications	CFCA-120 Compression Leg and Foot Therapy (indications, contraindications, donning)
CFCA-121 Neurological System and Disorders R/T Lower Limbs and Feet	CFCA-122 Biomechanical Assessments– Gait Analysis	CFCA-123 Orthoses–Digital and Foot Appliances, Padding, Strapping, Bracing	CFCA-124 Footwear Concepts– Assessments, Recommendations of Styles and Brands	CFCA-125 Foot and Lower Limb Client Education and Prevention Strategies
CFCA-126 Introduction to Basic Wound Care Concepts	CFCA-127 Introduction to Evolving Conservative Technologies	CFCA-128 In Person Clinical Practice Concepts and Mentor Evaluation	CFCA-129 In Person Entrepreneurial Concepts and Practice Set-Up	CFCA-130 CFCA/OFCA Examination (In Person or Online)

Understanding Scopes of Practice & Healthcare Legislation

Scope of Practice (SOP)

It is important for all HCP to conceptualize what scope of practice (SOP) means. Some have accepted that a SOP is official legislation. Through rigorous validated research our organizations have discovered many conflicting interpretations of a SOP that has seemingly created practitioner and public confusion.

Through this research we have collectively determined in general a SOP is a *“statement” that describes what a profession does superficially based on entry to practice qualifications that interprets legislation of that profession with respect to “controlled acts” communicated by the regulated health professions act (RHPA) in the appropriate provincial jurisdiction.*

Therefore we must consider how a HCP would advance their SOP in order to meet public need while adhering to the RHPA. This has become a crux within the field of footcare that should be considered as a developed individual scope of practice for many HCP. Therefore footcare would fall outside a traditional entry to practice role in some professions that also considers a practitioners continued education initiatives that respects the benchmarks and backstops of the RHPA.

It is commonly accepted that healthcare is forever changing as public need grows. Practitioners are expected to continue to engage in education and skilled training programs to acquire a needed skill to practice in a safe, responsible and competent manner through gaining complementary competencies throughout their health care career.

HCP will obtain continued education in various areas of healthcare based on their interest and chosen career path therefore, and “individual scope of practice” (ISOP) is obtained through the HCP’s own educational initiatives based on the learning outcomes they have set for themselves and achieved gaining the competencies to practice safely and responsibly.

Legislated Scopes of Practice (LSOP)

Refer to limits placed on a profession or discipline and governed by various regulatory health colleges. These controlled acts are governed and communicated within the RHPA. The RHPA outlines procedures and activities various Regulated Health Care Providers can and cannot perform also communicated under each individual health college under their acts i.e. the nursing act. These acts consider “entry to practice competencies” for that specific “discipline”.

Regulated Health Professions Act (RHPA)

Government legislation makes decisions based on risk analysis and communicates what is deemed a controlled act in each province. Regulatory health colleges enforce and communicate controlled acts for their member healthcare providers “disciplines” in provinces across Canada. “Controlled Acts” are listed on each provincial government website under each province’s “healthcare acts”. The Regulated Health Professions Act (RHPA). Controlled acts are procedures or activities that may pose risk of harm to the public if not performed by a qualified practitioner. The RHPA communicates which regulated health care provider or “discipline” is permitted to perform those acts that are controlled. Any procedure or activity that is not communicated in the act is therefore deemed “public domain” posing little to no risk of harm and can be performed by any healthcare provider who has obtained the competencies through continued education initiatives to autonomously deliver.

Regulatory Health College

is a corporation that governs each regulated health profession responsible for regulating the practice of the profession and governing its members consistent with the Regulated Health Professions Act (RHPA) legislation.

What was the Role of the Health Professions Regulatory Advisory Council?

This was an independent, arms-length advisory body to the Minister of Health and Long-Term Care with a mandate to advise the Minister of a number of items related to the regulation of health professions. The Health Professions Regulatory Advisory Council (HPRAC) advised the Minister of Health and Long-Term Care on whether unregulated health professions should be regulated; whether regulated professions should no longer be regulated; amendments to the Regulated Health Professions Act, 1991, a health profession Act or a regulation under those Acts; quality assurance and patient relations programs of Ontario's health regulatory colleges; and on other matters referred to it by the Minister. Members of the Council were appointed by the Lieutenant-Governor in Council. This advisory body is no longer active however, many believe given the rapidly changing needs of the public and the desire for various HCP to service those needs through advanced continuing education it would be beneficial for another committee to be formed to better meet the changing needs of the public thus, improving healthcare provincially and nationally.

It is the duty of the Minister to ensure that the health professions are regulated and coordinated in the public interest, that appropriate standards of practice are developed and maintained and that individuals have access to services provided by the health professions of their choice and that they are treated with sensitivity and respect in their dealings with health professionals, the Colleges and the Board.” (1)



PSW's Deliver Essential Foot & Lower Limb Care

**SENIORS REQUIRE BETTER ACCESS TO FOOTCARE
DUE TO;**

- **Self Care Deficit**
R/T: Reduction in Eyesight
- **Inability to Reach Feet & Lower Limbs**
R/T: Compromised Mobility
- **Hygiene**
R/T: Knowledge Deficit Causing Risk
- **Compromised Dexterity**
R/T: Small Motor Skill Deficit

Rationales for More & Better Community Access to Essential Foot & Lower Limb Care



PSW Individual Scope of Practice in Foot & Lower Limb Care



PSW-PodOrtho Foot Specialist Core Competences

Client Health Education/Informed Consent C.C. Sec.2 Rec. 103

It is a moral duty for RHCPs to inform clients of the benefits of receiving treatment, associated risks, alternative options and the risks of declining treatment, in order for clients to make an informed decision regarding their healthcare. Pod. Fs should engage in ongoing research and opportunities in post graduate education in order to meet and/or improve their patient/client(s) needs rendering positive health outcomes.

Interdisciplinary Health Teams C.C. Sec. 2 Rec. 104

Pod. Fs are encouraged to collaborate with other health care professionals (HCP) within their circle of care and provide referrals, clinical updates to Primary Care Providers (PCP), advocate for client care needs, converse with insurance companies and complete necessary documentation such as; pre-determination plans of care (P.O.C.).

Pod. Fs ensure their clients health and wellness goals are established through a collaborative P.O.C. and is delivered in a satisfactory ethical client-centered manner. If interventions are not appropriate or the practitioner strongly believes a client's health care need(s) can be met, improve or benefit from alternative medical treatments, the Pod. Fs will take responsible steps to provide their clients with alternative options or a referral for alternative treatment from the appropriate healthcare provider.

Client Safety C.C.Sec.2 Rec. 105

- Practice protocols include safety procedures and appropriate medical interventions performed when necessary and ensures a safety protocol is in place within their practice considering the various health care modalities that may be utilized when performing care procedures.
- Pod. Fs must be prepared to contact next-of-kin or P.O.A. in the event of medical emergency.
- Pod. Fs should ensure they have updated their First Aid and CPR certificates.

Professionalism in Practice C.C. Sec. 2 Rec. 106

Pod. Fs ensure they conduct their practice in a professional, ethical, solution-oriented manner with the goal of ensuring care is accessible in the community, cost effective and considers the most appropriate plan of care with the consent of client/patient, family members and/or POA that considers their healthcare goals.

This is demonstrated by;

- Obtaining informed patient/client consent prior to delivering care.
- Ensure health teaching is provided prior to initiating the P.O.C.
- Provide an initial assessment with each client/patient.
- Maintain client/patient health records securely as per PHIPA regulations.
- Ensure client /patient confidentiality is maintained as per PHIPA regulations.
- Formulate an achievable P.O.C. in agreement with the client and/or POA and communicate effectively.
- Maintain human dignity and respect towards every client/patients when providing all health care services in professional practice.
- Ensure clients/patients are aware of fee's for the care that will be provided.
- Direct clients/patients to their own private health insurers (PHI) as this is a relationship between the client and the PHI only however, if required by the insurer the Pod. Fs may need to provide a pre-determination and request a PCP note to approve the P.O.C. and signed client consent must be obtained to do so.

PSW-PodOrtho Foot Specialist Core Competences

It is the Pod. Fs responsibility to regularly;

- Research and remain current with best practices and standards of medical foot, lower limb and wound care practices communicated herein and made available on the OFCA website <https://www.ofcassociation.ca/wp-content/uploads/2024/08/OFCA-STANDARD-OF-PRACTICE.pdf>
- Ensure evolving healthcare needs of the public is considered the basis for initiating care procedures.
- Engage in post graduate continued education programs to ensure competences in practice to meet the evolving needs of the public safely and competently through evidenced based practice.
- Reference PodOrtho® Foot Specialist Core Competencies (PFSCC) guide to accepted practices
- Utilize critical thinking skills in order to develop a plan of care for clients that is solution-oriented, cost effective and considers what is in the best interest of the client.

It is the Pod. Fs responsibility to regularly research and remain current with best practices and satisfy any educational requirements to competently practice in the field of medical foot, lower limb and wound care.

The Pod. Fs is accountable for their actions regardless of their practice setting.

The PodOrtho® Foot Specialist Standards of Best Practice (SOBP) and Core Competencies (PFSCC) should be referenced to guide their practice and will be updated by the OFCA Board of Director's in a time efficient manner to reflect current accepted practices and the evolving needs and technological advancements available to meet public need.

Practitioner Health & Wellness considerations C.C. Sec.3 Rec. 108

A practitioner should protect their body mechanics by;

- Utilizing the appropriate stools, chairs and leg rest
- Avoid sitting on the floor
- Stretch between clients
- Exercise
- Consider self care such as;
 - Chiropractic, Physiotherapy, Reflexology, Acupuncture and/or RMT

PSW-PodOrtho Foot Specialist Core Competences

Health Records C.C. Sec.3 Rec. 109

Pod. Fs must adhere to Personal Health Information Protection Act (PHIPA) (6) regulations as it relates to personal health information, documentation and storage.

Tracking all patient/client care related activities can be managed by electronic medical record (EMR) software platforms that are safe and secure. Consider documentation that utilizes;

- Reputable and/or validated assessment tools
- Intake forms
- Lower Leg and Foot diagrams
- Downloadable images
- Allows for multidisciplinary reporting and referral forms
- Safe and Secure
- Customizable software is ideal

OFCA/CFCA lists available documents for active members to access on the website through the “foot tools” section for members.

Accountability in Practice C.C. Sec.3 Rec. 110

It is the Pod. Fs responsibility to regularly research and remain current with best practices and satisfy any educational requirements to competently practice.

The PodOrtho Foot Specialist Core Competencies (PFSCC) document can be utilized to guide practice and will be updated regularly to reflect current accepted practices, evolving practice concepts and continuing education opportunities.

INFECTION CONTROL

All practitioners must complete *Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices In All Health Care Settings.*

It is recommended a copy is stored of this regulation as part of your policy and procedures within your practice. If you have staff they must all complete this certification if they are dealing with critical instruments in your practice.(4)

- Cleaning and sterilization should be in a designated area.
- Proper PPE used when engaging in infection control.
- Manufactures directions should be posted in the infection control area.
- All critical instruments must be inspected, cleaned and dried before packaging for sterilization.
- Keep a log- date when new bottles opened, testing solutions, discarded and old solutions as per manufactures recommendations, etc.
- Instrument packages should be stored in a clean dry area to avoid damage if damaged it is not deemed sterilized and instruments must be sterilized again.
- Disposable instruments are one time use only.

***OFCA/CFCA lists additional resources on the topic of Reprocessing Medical Devices in our members portal on our website
<https://www.ofcassociation.ca>***

PSW-PodOrtho Foot Specialist Core Competences

Infection Control and Prevention C.C. Sec.4 Rec. 111

All HCP practicing medical foot and lower limb care must follow Infection control and prevention practices reflecting the guidelines as outlined by Provincial Infectious Diseases Advisory Committee on Infection Prevention and Control (PIDAC-IPC). (4)

Precautions and appropriate PPE is required when delivering care the Pod. Fs should consider;

- Wearing a face mask (surgical, N95 or cloth) when using rotary files or when infectious diseases are present
- Adequate hand hygiene
- Using non-sterile gloves during treatments and change between clients
- Ear protection for example: hair bands or surgical hats
- Dust extractor if set up in clinical setting
- All equipment, furniture and objects in the treatment area should be disinfected with a high level disinfectant solution.
- Floors should be swept, vacuumed and mopped between clients and mopped daily.
- If visiting a home or LTC facility, suggest someone vacuum, sweep and mop the area and wash linen after each visit.

Critical Instruments & Medical Devices C.C. Sec.4 Rec. 112

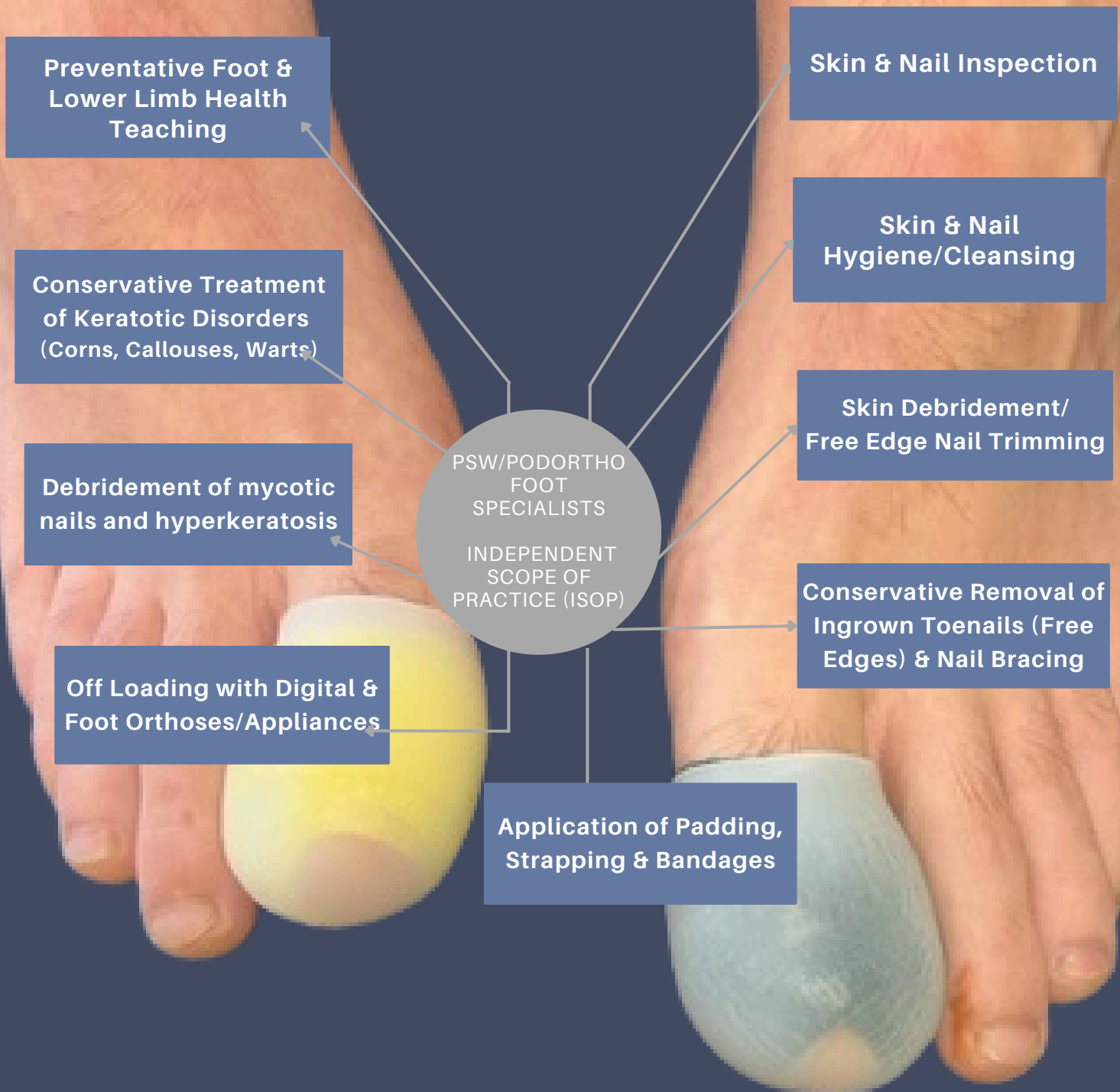
Instruments and medical devices must be properly cleaned and sterilized between treatment procedures to prevent the spread of infections diseases.

According to the *CPSA Medical Device Reprocessing (MDR) standards for best practices (5)*. Instruments need to be cleaned in an enzymatic solution or detergent proceeding subsequent high-level disinfection and then sterilization.

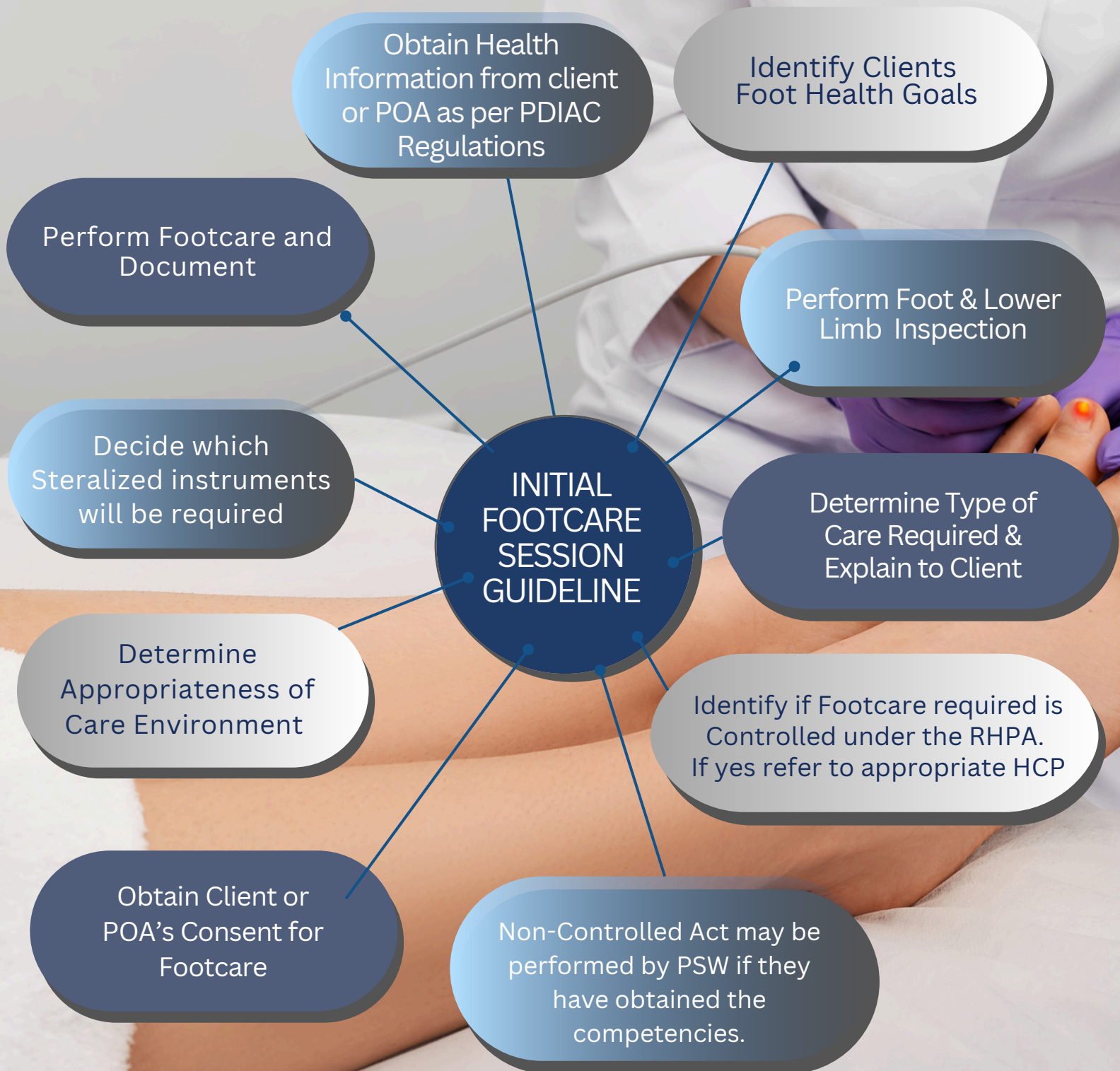
Autoclave reprocessing is considered best practice and must be used to sterilize all footcare instruments as they are deemed critical items.

Public Protection
AT WORK

ESSENTIAL FOOTCARE PROCEDURES (NON-CONTROLLED)



PSW-PODORTHO FOOT SPECIALISTS NEW CLIENT FOOTCARE SESSION



PSW-PodOrtho Foot Specialist Core Competences

Keratotic Disorders C.C. Sec. 5 Rec. 113

Callous Care

Callouses Requires the removal of hyperkeratotic tissue that lies above the epidermal layer of skin. This tissue is often hardened, thick and can become uncomfortable placing additional pressure to the lower tissues that can result in damage to the underlying tissues, discomfort and can lead to skin breakdown due to pressure with loading when ambulatory.

Corn Care

Corns may be hard, soft, seed or vascular and can pose a risk to the underlying soft tissues. Most corns need to be removed by a skilled health care practitioner with a specialization in medical foot and lower limb care. It is necessary the practitioner uses the correct instrument for the procedure.

Pressure from all keratotic disorders are related to; compressional, tortional, frictional and tensile stressors. Therefore, assessment of the cause of these stressors must be considered when developing a suitable P.O.C. that considers preventative measures.

Warts

Are considered a viral condition however, may also place unnecessary pressure on underlying soft tissues causing discomfort and/or pain. They are contagious therefore, removal of warts are recommended. This can be accomplished through minimally invasive procedures that are performed by Pod. Fs .

These minimally invasive procedures do not require an order or delegation as the Pod. Fs. does not work below the dermis and procedures should not cause pain. Therefore deemed conservative and falls within the public domain and not considered “controlled acts” under the RHPA. The Pod. Fs has acquired advanced post graduate education and skilled hands on training through their continued education programs and once passing an accredited program will have acquired the knowledge, skill and judgement to perform wart treatments conservatively.

Some common procedures include however, not limited to;

- Cryotherapy (not beyond the dermal layer of the skin as per the RHPA).
- Conservative Thermal Laser Therapy (not beyond the dermal layer of the skin as per RHPA).
- Sharpe debridement (not beyond the dermal layer of the skin as per the RHPA).
- Application of Salicylic Acid (not beyond the dermal layer of the skin as per the RHPA).

The Pod. Fs. considers weather they possess advanced manual dexterity and small motor skills to perform this care and are working in the appropriate practice environment.

PSW-PodOrtho Foot Specialist Core Competences

Toenail Disorders C.C. Sec. 5 Rec. 114

Mycotic Nails

Thickened, dystrophic nails can cause discomfort and create risk for skin breakdown if the toes are structurally deformed (overlapping, hammered, clawed or mallet).

Debriding (reducing thickness) and cutting the free edges of the toenails, provide comfort and is a hygienic practice similar to that of a dental hygienist scaling and cleaning one's teeth. This also helps to prevent nail infections, ingrown toenails and wounds.

Toenail Inflections can be Fungal, Bacterial, Viral or Parasitic.

These microbes may invade the nail plate, nail bed and may also lie under the nail bed in the germinal matrix or nail root and may also transfer to the skin adjacent to the toenails. Nail infections can be challenging for practitioners to eliminate.

Due to advancements in technology (photobiomodulation Therapy PBM) and topical non-prescription remedies nail infections can be eliminated conservatively without requiring surgical interventions. It is important to ensure health education is provided to the client as these conservative strategies encompass a poly-therapeutic approach therefore the client must be involved in a home care regimen and agree to a P.O.C. that often requires several weekly appointments to gain nail clearance.

Onychocryptosis (Ingrown Toenails)

These are common nail conditions that often effect the great toenails and may also effect the smaller digit nails. The Pod. Fs must consider the causative factors. Such as inappropriate foot wear and/or various activities the client may be engaged in. Often the client will attempt to remove them themselves as a first measure. They may also become infected. The client will sometimes seek that assistance of there PCP who may Rx. antibiotics however, this being the secondary diagnosis will only treat the infection in relation to the ingrown nail. The Pod. Fs will conservatively remove the offending spicula without the need to cause discomfort and re-shape the nail. *(Pod. Fs does not work beyond the dermal layer as per the RHPA)*

Orthonyxia

The Pod. Fs may also consider applying a nail brace (Orthonyxia) superficially that adheres to the nail plate to encourage the nail to lift away from the sulcus. This occurs over a period of a few days or up to a few weeks depending on the plan of care (POC). This is a successful conservative approach to removing the offending spicula and an alternative to invasive nail surgery.

PSW-PodOrtho Foot Specialist Core Competences

Health Care Entrepreneurship-Product Sales C.C. Sec.6 Rec. 121

Pod. Fs are encouraged to explain all available treatment options, services and complementary supportive products available to their clients with integrity and conduct fair dealings with the general public.

In no way should a Pod. Fs mislead patients/client(s) for personal gain and only make recommendations if appropriate to the needs of the clients and include all available treatment options.

It is expected sales and transactions are representative of the company's business model and for the convenience and benefit of the patient/client(s) plan of care.

It is understood by offering products and services to the patient/client(s) it aims to assist the clients accessibility to the product ensuring the right product is utilized by the client for the right condition when purchased from the Pod. Fs. The Pod. Fs has made the appropriate assessments when determining what product or service would most benefit the patient/client(s) in the essence of health promotion, wellness and convenience.

This also serves to eliminate confusion for the patient/client(s) as if they were expected to go somewhere else to purchase a product they may be unsure what product is appropriate and/or comparable to the researched product the Pod. Fs has recommended.

References:

- (1) 1991, c. 18, s. 3." -Regulated Health Professions Act, 1991, 5.O. 1991, c. 18
- (2) <https://www.ontario.ca/laws/regulation/960107/v11>
- (3) <https://ofcassociation.ca/wp-content/uploads/2023/10/Model-of-Foot-Care-In-Ontario-HPRAC-Report-Chiropody-report-Final-AODA-approved-2015-08-26.pdf>
- (4) <https://www.publichealthontario.ca/en/About/External-Advisory-Committees/PIDAC-IPC>
- (5) <https://www.csagroup.org/article/medical-device-reprocessing-standards-medical-device-reprocessing-training-infection-prevention/>
- (6) <https://www.ontario.ca/laws/statute/04p03>

Authors/Contributions:

Ontario Foot Care Association 2025
Canadian Foot Care Association (CFCA 2025)
Ontario Personal Support Worker Association 2025
Canadian Personal Support Worker Association 2025

Additional Organization Information Researched

Regulated Health Professions Act of Ontario (RHPA)

Registered Practical Nursing Association of Ontario (We RPN)

Public Services Health & Safety Association

Health Quality Ontario

Health Professions Regulatory Advisory Council (HPRAC 2017)

Infection Protection and Control (IPAC)



“Competence is the virtue that enables a civilization to survive and flourish”.

John Leake, 2025