

National Competencies for Advanced Nursing Foot Care in Canada



Canadian Association of Foot Care Nurses

CAFCN / ACIISP

Association canadienne des infirmières et infirmies en soins de pieds



Table of Contents

Table of Contents	1
Introduction.....	2
Competencies Development.....	3
The Development of Advanced Nursing Foot Care in Canada	5
CAFCN/ACIISP	7
COMPETENCY FRAMEWORK	8
ASSUMPTIONS.....	9
CANADIAN ASSOCIATION OF FOOT CARE NURSES COMPETENCIES	10
KNOWLEDGE-BASED PRACTICE: THEORY AND APPLICATION	10
RISK ASSESSMENT AND HEALTH PROMOTION	14
QUALITY PRACTICE	15
PROFESSIONAL COMMUNICATION AND RELATIONSHIP	16
COORDINATION AND COLLABORATION.....	17
ADVOCACY.....	18
ETHICAL PRACTICE.....	19
GLOSSARY	20
REFERENCES	23
Acknowledgements.....	26

Canadian Association of Foot Care Nurses/Association canadienne des infirmieres et infirmiers en soins de pieds

president@cafcn.ca

www.cafcn.ca

CAFCN/ACIISP © 2017
All rights reserved.

Introduction

For some time, there has been confusion across Canada, and even within its Provinces and Territories, about the advanced practice of nursing foot care. Wide variations have existed in regard to what represents an adequate education program for these practitioners and there has been a lack of consistency in the practice of advanced nursing foot care from one jurisdiction to another, and even from one practitioner to another. This situation poses problems for the quality and consistency of advanced nursing foot care from one person to another and from one location to another. It has also created a conundrum as to how a national certification process can be developed without some indication of what is included in advanced nursing foot care education and practice.

At its annual meeting and conference in Richmond BC in 2013, the Canadian Association of Foot Care Nurses/Association canadienne des infirmières et infirmiers en soins de pieds (CAFNC/ACIISP) took steps to begin to resolve these discrepancies. This publication is the first outcome of those steps. The publication of these competencies represents a forward step towards the realization of the goals of the CAFNC/ACIISP and is a major plank in furthering advanced nursing foot care practice across Canada. The competencies provide increased clarity to advanced foot care nurses, employers, clients and the general public about what they can and should expect from advanced nursing foot care practitioners. They present the basis for consistency across Canada in the development of advanced nursing foot care education programs and add to the quality of programs which use these competencies as their guide to curriculum development and program outcomes. The products of this competencies development project will also enable CAFNC/ACIISP and the nursing regulatory bodies to identify the education requirements for competent advanced nursing foot care practice across the country. Further, they present the foundation from which researchers can enhance and expand the evidence base for advanced nursing foot care, an area where there is currently a dearth of substantive literature.

CAFNC/ACIISP does not consider this publication an end product with regard to competencies, but rather the beginning. We anticipate that this first publication of advanced nursing foot care competencies in Canada will provide the basis for their ongoing development and refinement from this point forward. The competencies describe the knowledge, skills, attitudes and judgments required for advanced foot care nurses in Canada to provide safe, ethical and competent care to clients.

Competencies Development

The competencies described in this document are the product of an extensive consultative and collaborative process conducted across Canada. First, CAFCN/ACIISP contracted with Dr. John Collins, of JCC Inc., to oversee the work of the project, facilitate workshops and meetings, and to prepare draft documents for approval. The Executive Committee of CAFCN/ACIISP met with the Consultant in 2015 to create a framework for the development of the competencies. In addition to the framework, this group created a number of statements of the assumptions which underpin the competencies. The framework and assumptions were shared with CAFCN/ACIISP's Provincial/Territorial Advisors (PA/TA) and from their feedback edits were made to both the framework and the assumptions. Further to this, Competencies Development Groups were created from CAFCN/ACIISP members who agreed to participate in the development of the competency statements and the statements of indicators for each competency. Due to technical issues and the limited budget available for the work, two main competencies development groups were formed with representation from across the country and including the main categories of advanced foot care nurses (education, private practice, public practice, regulation, CAFCN/ACIISP PA/TA). These group meetings were facilitated by the project consultant.

After these two groups had created competency statements and indicators for each competency area in the framework, the Executive Committee provided feedback, before the document was sent out to 43 volunteer reviewers (all members of CAFCN/ACIISP). The feedback from these processes was incorporated into a new draft of the competencies which was shared with internal stakeholders who attended the National Conference in Montreal in May of 2016. With the feedback from this group addressed, the draft framework, assumptions and competencies statements were shared with external stakeholders in the fall of 2016. Extensive feedback was received from this group after CAFCN/ACIISP agreed to requests for two extensions to its deadline for responses. Stakeholders included respondents from Nursing and Podiatry Regulatory Colleges, Public Health Agency of Canada, Nursing Continuing Education (Universities), Environmental Health, Podiatrists, Canadian Association of Wound Care, Employers, Home Care and Diabetic Foot Care Services Nurses, and Reprocessing Consultants. The feedback received from these respondents was reviewed by both the Executive Committee and one of the competencies development groups, before reaching a final draft of the framework, assumptions statements and competencies.

Next, some CAFCN/ACIISP member volunteers worked with the consultant to develop a glossary of terms for the document and the consultant completed the final draft for approval by the Executive Committee.

The Development of Advanced Nursing Foot Care in Canada

Though it is known that the Victoria Order of Nurses practiced foot care for some decades in Canada, evidence of the existence of formal education programs or guidelines for nursing foot care before 1985 are difficult to find. Since 1985 there have been some significant developments in the field across the country and records of these developments are readily available. (Lazenby¹ 2015, Tetrault² 2016)

Between 1985 and 2002, formal foot care courses for nurses began to emerge. The program duration ranged from one day (eight hours) to five days in length (40 hours), with the exception of a 90-hour course in Montreal. Courses were traditionally called “Basic”, “Advanced” and “Diabetic” courses. In 2003, a foot care course in Montreal, Quebec increased the course length to 135 hours. (Lazenby, 2015)

Although nursing is regulated in Canada, advanced nursing foot care education and practices have been, and remain, unregulated for most provinces and territories, beyond the generic regulation of nursing groups in each province or territory.

Between 2005 and 2010, and initiated by two foot care nurses (Lazenby and Atkinson), efforts were made to establish national guidelines and certification for foot care nurses in Canada. The first discussions with the Registered Nurses Association of Ontario (RNAO) and the Canadian Nurses Association (CNA) in 2005 failed due to a lack of funds on the part of the newly formed Foot Care Nurses Network (FCNN), which had developed from these initial meetings. The concerns about advanced nursing foot care, cited during the meetings, included inconsistent, outdated, and unsafe foot care practices and education programs across Canada. The first meeting of the FCNN was held in Brockville, Ontario, with attendance by an advisory committee of seven foot care nurses. In 2006, the FCNN completed a draft document which included a vision, purpose, values and goals for the organization. However, shortly after this document was developed, the volunteer committee members agreed to dissolve the group, due to the limited availability of the members.

¹ Lazenby C. L. M. 2015.

² Tetrault S. 2016.

In 2007, Foot Care Canada, a precursor to the CAFCN/ACIISP, was formed by fourteen advanced foot care nurses and educators who met at a local foot care conference in Kitchener, Ontario. A consensus was reached to develop a national communication strategy. Consensus was also reached to adopt the name Foot Care Canada. Sixty foot care nurses, including many members of Foot Care Canada, members of the Certified Foot Care Nurses Interest Group (Manitoba), and foot care nursing educators met for a second time in 2007 in Winnipeg at a conference to discuss the future direction of a national foot care association. A draft position statement was presented and formalized by a newly formed ad hoc committee. A motion was passed to formalize the position statement.

In 2008, forty-five foot care nurses, including many members of Foot Care Canada, nursing foot care educators and managers from across Canada, met in Kingston, Ontario for a full day workshop to discuss how to advance national foot care nurse guidelines for skills, education, and eventual certification. The group agreed to develop a national communication strategy, such as a website that could reach foot-care nurses across Canada, as part of the process of forming a new national foot care association. Foot Care Canada had a second committee meeting in 2008 in Halifax, Nova Scotia, to formalize the position statement, which included a mission statement, goals, and organizational structure. In attendance were five executives and eight provincial/territorial advisors. In 2009, Foot Care Canada met in Winnipeg and increased the number of provincial advisors to eleven. The executive committee had monthly teleconferences that year in preparation for launching their website and becoming legally incorporated as a Canadian non-profit nursing association. In 2010, Foot Care Canada was renamed and incorporated as the Canadian Association of Foot Care Nurses (CAF CN/ACIISP) Association canadienne des infirmières et infirmiers en soins de pieds. In May of 2010, CAF CN's first annual general meeting and first annual national foot care conference took place in Kingston, Ontario.

CAFCN/ACIISP

The Canadian Association of Foot Care Nurses/Association canadienne des infirmières et infirmiers en soins de pieds (CAFCN/ACIISP) is a non-profit organization formed by practicing foot care nurses from across Canada whose mission is to advance the practice of foot care through a collaborative and networking process for all individuals providing foot care.

The organization states its goals as, to:

- Collaborate with health care professionals across Canada to promote optimal care and improve client outcomes.
- Develop educational opportunities, national guidelines and a certification process for advanced nursing foot care.
- Promote public awareness of the benefits of foot care and of the role of a foot care nurse within the health care team.
- Facilitate the development and publication of clinical and research based articles related to the advancement of nursing foot care.

CAFCN/ACIISP is organized under an executive committee with six positions: President, President Elect, Past President, Secretary, Membership Chair and Treasurer. The Executive Committee is supported by Advisors in ten Provinces and three Territories – some provinces have up to three Advisors. In addition, it has provision for 8 operational committees: Education, Policy, Conference, Website, Newsletter, Bylaw, Nominations and Public Relations. The members of the association also belong to provincial associations and local networks of foot care nurses.

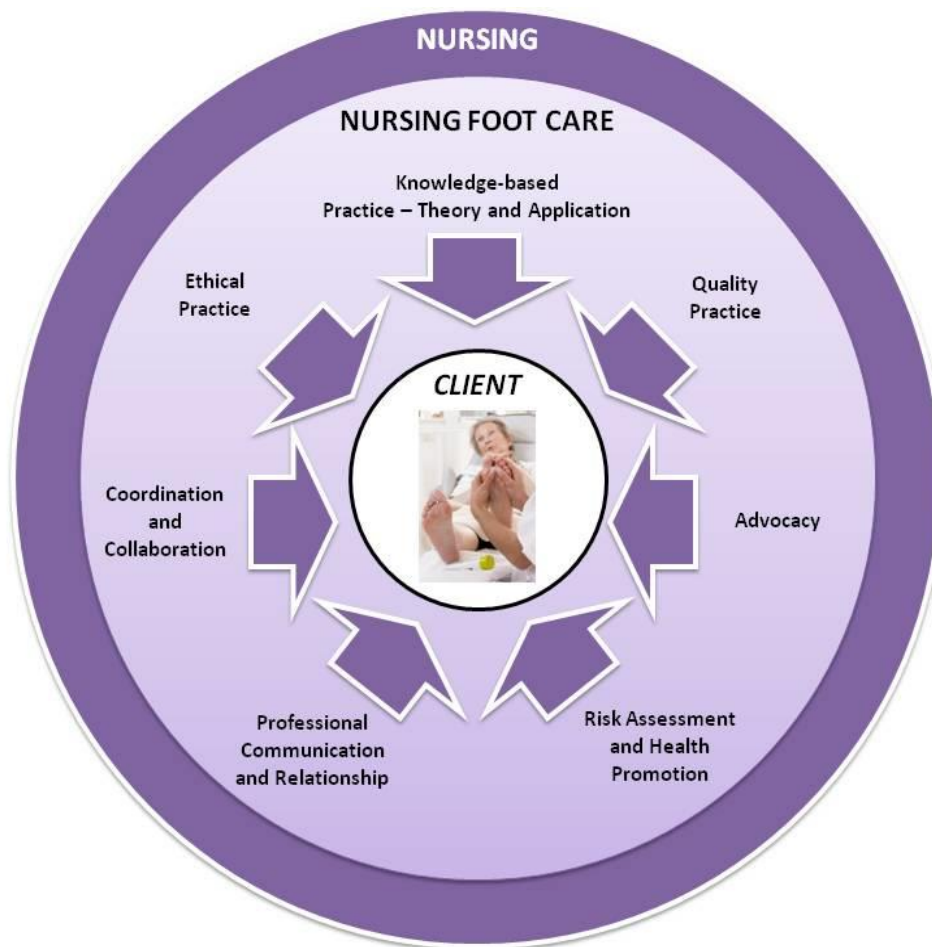
CAFCN/ACIISP was incorporated as a national non-profit organization on February 08, 2010. CAFCN has planned and delivered successful annual conferences in various locations around the country - i.e. Winnipeg MB (Fall 2007), Kingston ON (Spring 2008), Halifax NS (Fall 2008), and again in Winnipeg MB (Fall 2009), Kingston (2010), Calgary (2011), Ottawa (2012) as well as Richmond BC (Spring 2013) and Halifax NS (Spring 2014), Winnipeg MB (Spring 2015), Montreal QC (Spring 2016).

COMPETENCY FRAMEWORK

In 2015, a workshop was held in Winnipeg to begin to develop this much-needed competency document. The CAFCN Executive and one of the CAFCN territorial advisors worked to develop a framework on which the competencies could be developed. Out of this workshop the conceptual framework below was created and formed the basis of all future work on advanced nursing foot care competencies.

The framework was adapted from the client-centred framework used by several health professions throughout Canada and internationally. This seemed most relevant to the Executive group due to the client-centred approach of advanced nursing foot care practice.

The framework organizes the competencies into seven (7) domains and views advanced nursing foot care within the general framework of nursing:



ASSUMPTIONS

CAFCN makes the following assumptions about the practice of advanced nursing foot care:

Advanced foot care nurses hold current registration with the appropriate nursing regulatory body and maintain their 'good standing' status on that register.

Advanced foot care nurses provide client-focused services within their respective nursing scopes of practice.

Advanced foot care nurses are responsible and accountable for maintaining and improving their competence to practice.

Advanced foot care nurses have completed an advanced nursing foot care program that supports the development of competencies for critical thinking and clinical judgment skills to provide safe, competent and ethical advanced nursing foot care.

Advanced foot care nurses promote optimal health, collaborating as integral members of the foot health team.

Advanced foot care nurses adhere to infection prevention and control and reprocessing practices, guided by best practice guidelines, evidence informed literature and manufacturer's instructions.

Advanced foot care nurses recognize when clients' needs are beyond their professional scope of practice or personal level of competence and refer to the appropriate professional.

Advanced foot care nurses practice independently and collaboratively within the health team in a variety of settings.

Advanced foot care nurses have a specialized body of knowledge of lower limb and foot health care.

Advanced foot care nurses apply evidence-informed principles when assessing, planning, implementing and evaluating clients' needs for nursing foot care.

Advanced foot care nurses obtain informed consent from their clients or the client's substitute decision maker before performing any procedure(s).

Advanced foot care nurses maintain all client information in confidence and in accordance with privacy legislation.

Advanced foot care nurses use their nursing knowledge base to support and advance the practice of nursing foot care.

Advanced foot care nurses assume leadership roles in their areas of practice, in the health team, and in the advancement of nursing foot care (provincially/territorially and nationally).

Advanced foot care nurses work within all relevant federal, provincial and territorial legislation.

CANADIAN ASSOCIATION OF FOOT CARE NURSES COMPETENCIES

KNOWLEDGE-BASED PRACTICE: THEORY AND APPLICATION

Nurses engaged in the specialty of advanced nursing foot care in Canada collaborate on, develop, promote and facilitate best practices for client-centred health. Further enhancing their nursing knowledge base, Advanced Foot Care Nurses integrate a specialized body of knowledge of lower limb and foot health into their daily practice.

THEORY

Competent Advanced Foot Care Nurses:

1. have knowledge of anatomy and physiology, and pathophysiology of the lower limb.
2. have knowledge of terminology specific to advanced nursing foot care.
3. identify the components of a comprehensive lower limb health assessment.
4. understand the implications of biomechanics as it relates to mobility and health of the lower limb.
5. have knowledge of comorbidities and their effects on circulation, nerve function and structure of the lower limb.
6. identify psychosocial factors that impact lower limb health.
7. understand the profound effects of diabetes mellitus on lower limb health, including microvascular, macrovascular and neuropathic complications.
8. demonstrate knowledge of documentation required for advanced nursing foot care practice including, but not limited to, client consent, nursing foot care plan, charting, policies and procedures, auditing, and privacy legislation.
9. explain the principles of infection prevention and control as they relate to foot care practice, instruments and equipment.
10. have knowledge of the safe use, care and maintenance of critical and non-critical instruments for foot care.
11. maintain currency in reprocessing medical devices, reprocessing standards and guidelines specific to foot care.
12. understand the principles of personal and public safety in relation to the management of sharps.

13. describe the relevant national guidelines for single use item disposal.
14. have knowledge of the safe use, care and maintenance of ultrasonic cleaner and autoclave units.
15. identify infection prevention and control best practices.
16. have knowledge of local community resources and practitioners available to support foot care clients.
17. understand communication planning, teamwork and analytical skills required for establishing and managing a nursing foot care business, service and/or program.
18. maintain awareness of regulatory standards for nurses in self-employment/business in each jurisdiction where the business operates.
19. maintain awareness of federal, provincial, territorial and municipal legislation and requirements for operating a nursing foot care business.
20. maintain awareness of, and contribute to, employer and facility policies and procedures related to nursing foot care practice.
21. have knowledge of basic ergonomic principles and workplace policies in the provision of nursing foot care.

APPLICATION

Competent Advanced Foot Care Nurses:

1. identify and address factors that impact functionality and mobility of the lower limb.
2. provide nursing interventions for the common pathologies of the feet (e.g. corns, calluses, dystrophic nails, fungal infections, and other soft tissues pathologies).
3. perform client-centred foot health assessments, including but not limited to health history, psychosocial, physical, client knowledge, and environment.
4. choose from a range of evidence informed foot care assessment tools including but not limited to Doppler ABI, 10g Semmes-Weinstein monofilament, 128Hz vibrating tuning fork, Inlow's 60-second diabetic foot screen, Diabetes Care Program of Nova Scotia Foot Risk Assessment Tool.
5. assess biomechanics, including but not limited to gait, strength, balance, footwear, assistive and off-loading devices, and physical environment.
6. use terminology specific to nursing foot care in all documentation.
7. complete foot care documentation in accordance with legal, ethical and professional requirements.

8. maintain health records in a secure and confidential manner, and in accordance with privacy requirements.
9. establish and annually review/revise policy and procedure documents to reflect current best practice guidelines.
10. obtain documented client consent for all nursing foot care plans and treatments.
11. maintain autoclave processing records to indicate that sterilization has taken place on every occasion.
12. adhere to best practices for cleaning, disinfection and sterilization of instruments and the workplace environment.
13. utilize Personal Protective Equipment (PPE) to prevent the transmission and spread of infection.
14. maintain the sterility of instruments up to the point of use.
15. use locking, secure, biohazard sharps containers to maintain personal and public safety.
16. clean and sterilize equipment according to manufacturer's instructions and in accordance with Canadian Standards.
17. dispose of single use instruments according to relevant (national) guidelines and manufacturer's guidelines.
18. safely use, care for and maintain ultrasonic cleaner and autoclave units for the purpose of critical instrument cleaning and sterilization.
19. use instruments required for foot care only for the purposes for which they are designed.
20. use instruments designed specifically for use on the human body and, specifically, feet (i.e. including rotary device and accessories).
21. differentiate between nursing foot care and treatments requiring sterile and/or clean instruments.
22. use a new set of instruments - disposable or sterilized - for each client interaction.
23. utilize enzymatic transport gel/spray for soiled instruments, and clean said instruments with an enzymatic cleanser, an ultrasonic cleaner, and then autoclave.
24. store sterile instruments as per best practice guidelines, and re-sterilize if sterile pouches are compromised.
25. perform mandatory biological indicator tests, spore tests, Class 5 indicator strips as quality control measures to ensure sterilization has taken place in the autoclave.
26. adhere to their obligation to sterilize critical instruments.

27. refer clients to supportive community resources, including but not limited to local walking clubs, service clubs, social services.
28. refer clients to appropriate health practitioners to ensure optimal care.
29. build networks of various health practitioners and resources to ensure clients' holistic health needs are met.
30. comply with federal, provincial, territorial, and municipal laws and requirements for operating a business.
31. comply with all jurisdictional regulatory and professional standards, requirements and guidelines for operating a business.
32. establish and maintain insurance coverage for all operations and risks of the nursing foot care business.
33. follow and contribute to the development of employers' policies and procedures for nursing foot care.
34. apply basic ergonomic principles and follow agency occupational health and safety policies in the provision of nursing foot care.
35. attend workshops, access community resources, review the extant literature and relevant government agency publications to maintain currency in reprocessing medical devices, reprocessing standards, waste disposal and guidelines specific to foot care.

RISK ASSESSMENT AND HEALTH PROMOTION

Advanced Foot Care Nurses are committed to providing safe care to clients and to promoting the health of each individual client. They use their critical thinking and clinical judgment to identify potential risks and act to prevent negative health outcomes for the client. Advanced Foot Care Nurses educate clients to assist them in managing and averting risks to their lower limb health.

Competent Advanced Foot Care Nurses:

1. identify physical, psychosocial and environmental risk factors impacting lower limb health, including, but not limited to, ageing, developmental, and mental health.
2. recognize the role determinants of health can have in the development of complications in lower limb health.
3. use current evidence informed clinical practice standards and guidelines to identify risk factors for the client with diabetes mellitus in relation to lower limb health.
4. identify risk factors for ulceration, wounds and amputation, including, but not limited to, diabetes mellitus, peripheral vascular disease, peripheral arterial disease, neuropathy, skin changes, structural abnormalities (e.g. range of motion of ankle and toe joints, callus pattern, bony deformities) skin temperature (by touch), and evidence of infection.
5. recognize the benefits of health promotion, community resources and self-care management as they relate to advanced nursing foot care.
6. reduce risks and promote health by implementing client-centred teaching and resources.
7. utilize a validated, standardized assessment tool to assign risk stratification to clients and apply the relevant advanced nursing foot care interventions to ameliorate the risk.

QUALITY PRACTICE

Advanced Foot Care Nurses participate in processes to promote quality practice. They engage in reflexive practice, policy development, and implementation of evidence-informed care. They are committed to continuous quality improvement in advanced nursing foot care.

Competent Advanced Foot Care Nurses:

1. critically appraise their own nursing foot care practice to identify opportunities to enhance their clinical competence.
2. maintain competence through hours of practice and continuing education within the scope of advanced nursing foot care.
3. develop practice tools and participate in processes that measure care outcomes, including quality of life and client satisfaction with nursing foot care services.
4. evaluate advanced nursing foot care practice against evidence-informed data.
5. engage with colleagues and peers in providing and obtaining mutual mentoring and support to enhance quality of practice.
6. maintain accurate and auditable records of advanced nursing foot care practice, hours and related continuous learning activities.

PROFESSIONAL COMMUNICATION AND RELATIONSHIP

Advanced Foot Care Nurses provide care to clients in the context of professional, therapeutic, business communications and relationships. They are conscious of maintaining boundaries in those relationships in every context of care to protect clients from potential harm or exploitation.

Competent Advanced Foot Care Nurses:

1. maintain professional boundaries in the provision of advanced nursing foot care to clients in all contexts of care.
2. choose interactions that provide therapeutic benefit for the client.
3. utilize client-centred communications in the provision of advanced nursing foot care.
4. use advanced nursing foot care knowledge to educate and support the client's achievement of lower limb health.
5. document lower limb health care provided using current documentation systems.
6. provide support and education to individuals within the client's identified support system.

COORDINATION AND COLLABORATION

Advanced Foot Care Nurses are conscious of the need to coordinate care for their clients through collaborative networks and relationships which promote the lower limb and holistic health of each individual client.

Competent Advanced Foot Care Nurses:

1. communicate the roles and responsibilities of advanced nursing foot care to stakeholders and members of the health team.
2. research local resources available to support lower limb health for clients.
3. build relationships with other health care providers for the purpose of collaboration and coordination in the provision of lower limb health.
4. collaborate, coordinate and liaise with other health care professionals to provide comprehensive lower limb health services to clients.
5. communicate client information to other health professionals in a timely manner.
6. apply professional judgment to the delegation of care to other health care professionals.
7. address potential or actual conflict between health care team members through the use of professional respect, conflict resolution approaches and techniques, and by participating in joint decision-making.

ADVOCACY

Advanced Foot Care Nurses seek to advance the practice of nursing foot care and to make advanced nursing foot care services accessible to all Canadians. They use their influence to support clients in advancing their health and to advocate for evidence-informed practice.

Competent Advanced Foot Care Nurses:

1. educate clients with regard to expectations, required credentials and competencies of advanced nursing foot care services.
2. advocate for resources to improve the quality of, and access to, advanced nursing foot care in Canada.
3. educate the public, government and stakeholders about the specialty of advanced nursing foot care.
4. enhance the evidence base of the specialty by contributing to and/or participating in advanced nursing foot care research.
5. represent the profession of advanced nursing foot care to various levels of government and health authorities.
6. provide mentorship and support opportunities for new and inexperienced advanced foot care nurse colleagues.
7. participate in professional development activities, such as attending local, provincial/territorial and national advanced nursing foot care group meetings and events.

ETHICAL PRACTICE

Advanced Foot Care Nurses are aware of the particular ethical challenges in their practice. They are committed to protecting the public and providing services in an environment of safe, competent, evidence informed clinical and business practices.

Competent Advanced Foot Care Nurses:

1. practice within, and adhere to, best practice guidelines, nursing standards, established procedures and policies for advanced nursing foot care.
2. accept responsibility for maintaining respect, empathy, trust, honesty and integrity in the relationship with clients of advanced nursing foot care.
3. adhere to the ethical practice of providing beneficence and non-maleficence in the practice, the relationship, and the business of advanced nursing foot care.
4. charge clients fees that are comparable with that of other advanced foot care nurses and health care providers who have similar competencies and provide similar services.
5. recognize actual or potential conflicts of interest in the practice of an advanced nursing foot care business.
6. endeavour to avoid potential or actual conflicts of interest in the operation of an advanced nursing foot care business.

GLOSSARY

Best Practices: Derived from best practice guidelines, these are “recommendations that may evolve based on ongoing key expert experience, judgment, perspective and continued research (Health Canada, 2008). They are also known as systematically developed statements of recommended practice in a specific clinical or healthy work environment area, are based on best evidence, and are designed to provide direction to practitioners and managers in their clinical and management decision making (Field & Lohr, 1990)” (RNAO, 2012, p. 7).

Client Centred: an approach in which clients are viewed as whole persons; it is not merely about delivering services where the client is located. Client centred care involves advocacy, empowerment, and respecting the client’s autonomy, voice, self-determination, and participation in decision-making.

Registered Nurses Association of Ontario (2002). *Client Centred Care*. Toronto, ON: Author. Retrieved from http://rnao.ca/sites/rnao-ca/files/Client_Centred_Care.pdf

Competency: The integrated knowledge, skills, abilities and judgment required to practice advanced nursing foot care safely and ethically. (Adapted from CRNBC, 2013)

Critical Items and Noncritical Items: The definitions of these two terms in this document are those ascribed to them in the table below.

Classification	Definition	Level of Processing/Reprocessing	Examples
Critical Device	Device that enters sterile tissues, including the vascular system	Cleaning followed by Sterilization	<ul style="list-style-type: none"> - Surgical instruments - Biopsy instruments - Foot care equipment - Cystoscopes*
Semi-critical Device	Device that comes in contact with non-intact skin or mucous membranes but does not penetrate them	Cleaning followed by High-Level Disinfection (as a minimum) Sterilization is preferred	<ul style="list-style-type: none"> - Respiratory therapy equipment - Anaesthesia equipment - Tonometer - Cystoscopes*
Noncritical Device	Device that touches only intact skin and not mucous membranes, or does not directly touch the client/patient/resident	Cleaning followed by Low-Level Disinfection (in some cases, cleaning alone is acceptable)	<ul style="list-style-type: none"> - ECG machines - Oximeters - Bedpans, urinals, commodes

*Cystoscopes – 2012 appear in Critical and Semi-critical classification section. The preferred level of reprocessing is sterilization.

Spaulding, E.H. (1971). The role of chemical disinfection in the prevention of nosocomial infections. In Brachman, P.S., & Eickoff, T.C. (Eds.), *Proceedings of the International Conference on Nosocomial Infections, 1970* (pp. 254–274). Chicago: American Hospital Association.

Documentation Systems: is the creation of a digital record or analog records detailing the care provided to the client.

Doppler ABI is a non-invasive vascular screening test to identify large vessel, peripheral arterial disease by comparing systolic blood pressures in the ankle to the higher of the brachial systolic blood pressures, which is the best estimate of central systolic blood pressure. ABI is performed using a continuous wave Doppler, a sphygmomanometer and pressure cuffs to measure brachial and ankle systolic pressures.

Wound Ostomy and Continence Nurses Society Clinical Practice Wound Subcommittee. (2012). Ankle brachial index: Quick reference guide for clinicians. *Journal of Wound, Ostomy & Continence Nursing*, 39(2S), S21-S29.

Health Team: Any health care provider who participates in the care of the client, including the client and those in the client's identified support system.

Identified Support System: those individuals involved in the client's care who are identified by the client as part of their support system and who may be privy to information in relation to the care of the client.

Inlow's 60-second Diabetic Foot Screen "screening tool aids clinicians in identifying at-risk feet. The basic 12 elements of the tool require only a 10-g monofilament, as well as good clinical knowledge and assessment skills. The tool allows the clinician to assign a value to each of the 12 elements of the screening tool. Based on the value for each category, care recommendations may be provided specific to the patient's needs. The sum of the scores for each foot will dictate the recommended follow-up. The tool has been validated."

Canadian Association of Wound Care. (n.d.). *Diabetic foot screen*. Retrieved from <http://cawc.net/en/index.php/resources/60-second-diabetic-foot-screen/>

Canadian Association of Wound Care. (n.d.). *Inlow's 60-second diabetic foot screen screening tool*. Adapted from Inlow S. (2004). A 60 second foot exam for people with diabetes. *Wound Care Canada*, 2(2), 10-11. Retrieved from http://cawc.net/images/uploads/store/inlow_Tool.pdf

Reflexive Practice: this term is derived from qualitative research and, in the context of advanced nursing foot care, it entails the ability and willingness of foot care nurses to acknowledge and take account of the many ways they themselves influence the care they provide.

10g Semmes-Weinstein Monofilament: monofilaments are calibrated, single-fiber nylon threads. Monofilament testing is an inexpensive, easy-to-use, and portable test for assessing the loss of protective sensation, and it is recommended by several practice guidelines to detect peripheral neuropathy.

Dros, J., Wewerinke, A., Bindels, P.J., & van Weert, H.C. (2009). Accuracy of monofilament testing to diagnose peripheral neuropathy: A systematic review. *Annals of Family Medicine*, 7(6), 555-558.

Sharps include needles, as well as items such as scalpels, lancets, razor blade, scissors, metal wire, retractors, clamps, pins, staples, cutters, and glass items. Essentially, any object that is able to cut the skin can be considered a "sharp".

Canadian Centre for Occupational Health and Safety. (2014, February 7). *Needlestick and sharps injuries*. Retrieved from https://www.ccohs.ca/oshanswers/diseases/needlestick_injuries.html

Specialty: In the context of this document, this term refers to a particular area of nursing practice. Similarly, one could refer to any other area of nursing as a specialty, such as cardiac nursing, surgical nursing in orthopedics, and so on. The term is not intended to imply that a nurse working in this specialty is a "specialist".

Therapeutic Benefit is the expected outcome from advanced nursing foot care interventions performed by the nurse and based on client needs.

128Hz Vibrating Tuning Fork is a sensory assessment tool used to assess loss of vibratory sensation due to neuropathy.

Lazenby, C.L.M. (2015). *Art & science of foot care: A clinical resource for nurses in Canada*. Kingston, ON: Foot Care Kingston.

REFERENCES

- Alberta Health. (June 2012). *Standards for cleaning, disinfection and sterilization of reusable medical devices for health care facilities and settings*. Edmonton, AB: Author. Retrieved from <http://www.health.alberta.ca/documents/IPC-Medical-Device-Cleaning-2012.pdf>
- BC Ministry of Health. (December 2011). *Best practice guidelines for cleaning, disinfection and sterilization of critical and semi-critical medical devices in BC health authorities*. Victoria, BC: Author. Retrieved from <http://www.health.gov.bc.ca/library/publications/year/2011/Best-practice-guidelines-cleaning.pdf>
- Bowering, K., & Embil, J.M. (2013). Canadian Diabetes Association 2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada: Foot care. *Canadian Journal of Diabetes*, 37(1), S145-S149.
- Canadian Association of Wound Care. (n.d.). *Diabetic foot screen*. Retrieved from <http://cawc.net/en/index.php/resources/60-second-diabetic-foot-screen/>
- Canadian Association of Wound Care. (n.d.). *Inlow's 60-second diabetic foot screen screening tool*. Adapted from Inlow S. (2004). A 60 second foot exam for people with diabetes. *Wound Care Canada*, 2(2), 10-11. Retrieved from http://cawc.net/images/uploads/store/inlow_Tool.pdf
- Canadian Centre for Occupational Health and Safety. (2014, February 7). *Needlestick and sharps injuries*. Retrieved from https://www.ccohs.ca/oshanswers/diseases/needlestick_injuries.html
- Canadian Diabetes Association Clinical Practice Guidelines Expert Committee. (2013). Canadian Diabetes Association 2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada: Appendix 9 – Diabetes and foot care: A patient's checklist. *Canadian Journal of Diabetes*, 37(1), S211.
- Canadian Diabetes Association Clinical Practice Guidelines Expert Committee. (2013). Canadian Diabetes Association 2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada: Appendix 10 – Diabetic foot ulcers: Essentials of management. *Canadian Journal of Diabetes*, 37(1), S212.
- Canadian Nurses Association. (November 2015). *Framework for the practice of registered nurses in Canada* (2nd ed.). Ottawa, ON: Author. Retrieved from <https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/framework-for-the-practice-of-registered-nurses-in-canada.pdf?la=en>
- Canadian Standards Association. (2014). *User handbook for medical device reprocessing in community health care settings*. (Catalogue number SPE-1112-14). Toronto, ON: Author.
- Canadian Standards Association. (2014). *Decontamination of reusable medical devices*. (Catalogue number Z314.8-14). Toronto, ON: Author.
- Canadian Standards Association. (2014). *Effective sterilization in health care settings by the steam process*. (Catalogue number Z314.3-14). Toronto, ON: Author.

- Canadian Standards Association. (2013). *Medical device reprocessing - General requirements*. (Catalogue number Z314.0-13). Toronto, ON: Author.
- College of Nurses of Ontario. (June 2014). *Independent practice*. Toronto, ON: Author. Retrieved from https://www.cno.org/globalassets/docs/prac/41011_fsindeprac.pdf
- Dros, J., Wewerinke, A., Bindels, P.J., & van Weert, H.C. (2009). Accuracy of monofilament testing to diagnose peripheral neuropathy: A systematic review. *Annals of Family Medicine*, 7(6), 555-558.
- Information and Privacy Commissioner of Ontario. (August 2015). *Circle of Care Sharing Personal Health Information for Health-Care Purposes*. Toronto, ON: Author. Retrieved from <https://www.ipc.on.ca/wp-content/uploads/Resources/circle-of-care.pdf>
- Lazenby, C.L.M. (2015). *Art & science of foot care: A clinical resource for nurses in Canada*. Kingston, ON: Foot Care Kingston.
- Mujoomdar, M., & Nkansah, E. (2009, August 27). *Sterilization of foot care instruments: A review of the guidelines*. Ottawa, ON: Canadian Agency for Drugs and Technologies in Health. Retrieved from https://www.cadth.ca/media/pdf/L0128_Sterilizing_Foot_Care_Instruments_final.pdf
- Ontario Agency for Health Protection and Promotion. Provincial Infectious Diseases Advisory Committee. (May 2013). *Best practices for cleaning, disinfection and sterilization of medical equipment/devices* (3rd ed.). Toronto, ON: Queen's Printer for Ontario. Retrieved from http://www.publichealthontario.ca/en/eRepository/PIDAC_Cleaning_Disinfection_and_Sterilization_2013.pdf
- Ontario Nurses' Association. (June 2010). *ONA needlestick/sharps safety and prevention handbook*. Toronto, ON: Author. Retrieved from https://www.ona.org/wp-content/uploads/ona_ohs_needlesticksafetyhandbook.pdf?x72008
- Public Health Agency of Canada. (2012). *Hand hygiene practices in healthcare settings*. Ottawa, ON: Author. Retrieved from http://publications.gc.ca/collections/collection_2012/aspc-phac/HP40-74-2012-eng.pdf
- Public Health Agency of Canada. (2012). *Routine practices and additional precautions for preventing the transmission of infection in healthcare settings*. Ottawa, ON: Author. Retrieved from http://publications.gc.ca/collections/collection_2013/aspc-phac/HP40-83-2013-eng.pdf
- Registered Nurses' Association of Ontario. (September 2012). *Toolkit: Implementation of best practice guidelines* (2nd ed.). Toronto, ON: Author. Retrieved from http://rnao.ca/sites/rnao-ca/files/RNAO_ToolKit_2012_rev4_FA.pdf
- Registered Nurses Association of Ontario (2002). *Client Centred Care*. Toronto, ON: Author. Retrieved from http://rnao.ca/sites/rnao-ca/files/Client_Centred_Care.pdf
- Sandra Tetrault. (2016, September 20). Innovation series: Advancing foot care nursing in B.C. one step at a time [Web log post]. Retrieved from <http://www.arnbc.ca/blog/innovation-series-advancing-foot-care-nursing-in-b-c-one-step-at-a-time-by-sandra-tetrault-rn/>

Spaulding, E.H. (1971). The role of chemical disinfection in the prevention of nosocomial infections. In Brachman, P.S., & Eickoff, T.C. (Eds.), *Proceedings of the International Conference on Nosocomial Infections, 1970* (pp. 254–274). Chicago: American Hospital Association.

The Canadian Medical Protective Association. (n.d.). *Circle of care*. Retrieved from https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/communication/Privacy_and_Confidentiality/circle_care-e.html

Wound Ostomy and Continence Nurses Society Clinical Practice Wound Subcommittee. (2012). Ankle brachial index: Quick reference guide for clinicians. *Journal of Wound, Ostomy & Continence Nursing, 39*(2S), S21-S29.

Acknowledgements

A significant number of individuals and groups were involved in the development of this publication. CAFCN wishes to thank all those who were involved in any way for their contributions to the publication of the first version of the National Competencies for Advanced Nursing Foot Care in Canada.

Contributions were made in various forms and formats from members of the CAFCN Executive, the CAFCN Provincial/Territorial Advisors, the Competencies Development Groups (who attended weekend and late night meetings - in some parts of the country), the volunteer reviewers (who became known as “the 43”), the attendees at the national conference in Montreal, our internal and external stakeholders (identified on page 4 of this document), and the Consultant (Dr. John Collins PhD, MA, Dip. Ed.(NT), BA(Hons), DPSN, CMS(dist.), RN, RPN) who saw the process through from beginning to end.

All in all, it has taken an extraordinary effort to create, carefully craft and review the numerous drafts of this document to arrive at this first publication. We needed all of your input and you provided it.

Thank you!

