

# **Standard operating procedure**

**for**

## **Eden Podiatry Clinic Ltd**

**Version 2**

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## **Philosophy of care**

Eden Podiatry Clinic Limited (EPC) aims to offer all our patients high quality evidence-based care. We look to assess, diagnose and treat a variety of foot pathologies together with health education advice tailored to the patient's individual problems enabling them to optimize their foot health. EPC will listen to patients' foot complaints and experiences taking into account their expectations and beliefs with the aim of offering treatment packages. Care will be both for acute conditions and for chronic long-term care foot problems. We aspire to improve functionality, mobility, independence and quality of life for our patients. EPC will always treat our patients with kindness, dignity and with inclusiveness. The clinic has an open access policy and looks to champion equality and diversity with treatment being offered regardless of age, gender, sexuality, race, religion and faith. We offer an honest and accountable approach to a patient's treatment plan. The clinic always strives for improvement and approaches patient care with knowledge, energy and looks to achieve a high standard in conduct, performance and ethics.

This document aims to set out the standards that EPC will intend to deliver and is available to any patients on request. However the appendix will remain confidential as it is business

sensitive but if a patient requires clarification on any issues EPC are happy to discuss further.

EPC will aim to offer foot care with a patient centred approach and look to achieve the following objectives.

- Helping people to stay independent, maximise their well-being and improve health outcomes.
- Working with people to ensure a positive experience of care.
- Supporting people to manage their own condition as appropriate.
- Enabling staff to make every contact with patient count by using excellent communication.
- Taking every opportunity to promote healthy living and life style choices at every contact.
- Instilling commitment and personal accountability for the delivery of care in all staff.
- Facilitating safe practice that optimises patient foot health but also reduces harm to patients and service users.
- Demonstrating person centred care.
- Increasing and maintaining the skills and competence of our staff.
- Podiatrists will take personal responsibility for ensuring they attend regular continual professional development sessions and are up to date with mandatory training.
- Upholding a Professional appearance and compliance with uniform policy.
- Building and strengthening leadership and to ensure we have staff with the right skills in place.
- Staff will listen to patients' experiences with our service and use that feed back to further enhance the treatments on offer and the clinics facilities where possible.

## **The Building**

### **Planning permission and access officer review**

EPC has been granted approval for operating a clinic. Planning permission and design and facilities have been approved by the council access officer.

### **Utilities**

EPC is in line with professional standards.

- Electricity – provided by EON

- Telephone: mobile – Vodafone; land line – BT
- Community charge/Council Tax – Cumberland Council
- Water rates - WaterPlus

### **Deeds/ Solicitor**

Cartmel Shepherd act on behalf of EPC and advise on any legal issues.

### **Insurance**

Building and contents are insured and are compliant with both HCPC and the Royal College of Podiatry guidance and are displayed in the clinic.

### **Upkeep**

The surgery will be reviewed annually to ensure it is up to HCPC and the Royal College of Podiatry standards and a record of any works/action taken will be recorded. The clinic has a rota for cleaning duties undertaken and this is recorded in a housekeeping book.

### **Environmental standards**

EPC follows the Royal College of Podiatry guidance. The following standards are recommended for clinical environments for podiatric practice in primary care.

- The area should be simple and uncluttered:
- The treatment room should be of adequate size for scope of practice. If sharing premises all should be involved in the infection control policy.
- Privacy should be assured; conversations in the room should not be easily overheard.
- The room should be well-stocked for purpose of treatments.
- The room should be heated when required.
- The room should have good general lighting, natural or artificial. There should be an adjustable directional light; preferably colour corrected.
- The flooring should be impervious, non slip with splash-back skirting capable of being cleaned and disinfected.
- Walls and ceilings should be dry and free from cracks or visible defects.
- The examination couch, operator chair and work station should have an intact impervious cover and be capable of being cleaned and disinfected.
- Work surfaces should be impervious and capable of being cleaned with disinfectants.

- There should be a designated and accessible hand washing basin with sensor or lever operated mixer taps providing hot and cold water.
- Antiseptic hand washing solution and/or alcohol hand rub should be available in wall mounted containers.
- Liquid soap and paper towels should be available.
- A sharps bin container conforming to UN3291 should be accessible in the treatment room above waist height and preferably fixed to the wall.
- Pedal operated waste bins with a yellow bag should be available for clinical and hazardous waste.
- There should be a designated area for the decontamination of instruments, ideally in a separate room or clean/dirty areas clearly defined.
- There should be two sinks (or a sink and a dedicated bowl) for the cleaning of used instruments prior to disinfection.
- There should be secure facilities for the hanging of clothing and keeping of valuables.
- The room should be well ventilated; windows can be opened if it is safe to do so. If air conditioning is in operation it should be serviced regularly to assure safe air quality. Ventilation should be to the outside of building and must be without risk to public.

## **Clinical Standards, governance and environment**

### **Society standards**

EPC is governed by the Royal College of Podiatry which is the professional association and trade union for registered chiropodists and podiatrists in the United Kingdom. The charitable subsidiary of the organisation is the College of Podiatry which was formed in 2012. There details can be found at <https://scpod.org.uk/> and <https://cop.org.uk/> respectively.

### **HCPC standards**

EPC is regulated and accountable to the Health and Care Professions Council (HCPC), who protect the public by regulating 16 health and care professions.

### **To do this they:**

- Set standards for professionals' education and training and practice.
- Keep a register of professionals, known as 'registrants', who meet our standards.
- Take action if professionals on the Register do not meet standards.

They regularly consult service users and carers, health and care professionals and other key stakeholders, to get their views on the work they do. This is underpinned by core values: transparency, collaboration and responsiveness, and a commitment to offering value for money with a high quality service to stakeholders. Further information can be found at <https://www.hcpc-uk.org/>

### **Information governance, GDPR, Information Commissioners Office and record keeping**

EPC needs to collect and use certain types of information about the Individuals or Service Users who attend EPC to carry on our work. This personal information must be collected and dealt with appropriately whether collected on paper, stored in the Private Practice Management System database; e-mails, letters, or recorded on other material. There are safeguards to ensure this under the Data Protection Act 2018 (DPO) and the United Kingdom Data Protection Regulation (UK GDPR).

EPC is registered with the Information Commissioner's Office (ICO) as it processes personal data electronically. Its registration number is ZA501254.

EPC is the Data Controller under the legislation, which means that it determines what purposes personal information held, will be used for. It is also responsible for notifying the Information Commissioner of the data it holds or is likely to hold, and the general purposes that this data will be used for if any of the data is electronic i.e. electronic patient records, CCTV filming, credit card payment.

EPC may be required to share data with other agencies such as the local authority, funding bodies and other voluntary agencies. Patients of the Practice will be made aware in most circumstances how and with whom their information will be shared. **There are circumstances where the law obliges EPC to disclose data (including special category data) without the data subject's consent.**

These are:

- a) Carrying out a legal duty or as authorised by the Secretary of State.
- b) Protecting vital interests of an Individual/Service User or other person.
- c) Conducting any legal proceedings, obtaining legal advice or defending any legal rights.

d) Safeguarding vulnerable adults and children.

EPC regards the lawful and correct treatment of personal information as very important to successful working, and to maintaining the confidence of those with whom we deal. EPC intends to ensure that personal information is treated lawfully and correctly. To this end, EPC will adhere to the principles of data protection, as detailed in the United Kingdom General Data Protection Regulation (UK GDPR). Specifically, the principles require that personal information be:

(a) processed lawfully, fairly and in a transparent manner in relation to individuals ('lawfulness, fairness and transparency');

(b) collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes ('purpose limitation');

(c) adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed ('data minimisation');

(d) accurate and, where necessary, kept up to date ('accuracy');

(e) kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed ('storage limitation');

(f) processed in a manner that ensures appropriate security of the personal data ('integrity and confidentiality').

Article 5(2) adds that:

The controller shall be responsible for, and be able to demonstrate compliance ('accountability').

EPC will, through appropriate management and strict application of criteria and controls:

- Observe fully conditions regarding the fair collection and use of information.
- Meet its legal obligations to specify the purposes for which information is used.
- Collect and process appropriate information, and only to the extent that it is needed to fulfill its operational needs or to comply with any legal requirements.
- Ensure the quality of information used.

- Ensure that the rights of people about whom information is held, can be fully exercised under the Act. These include:
  - The right to be informed that processing is being undertaken.
  - The right of access to one's personal information.
  - The right to prevent processing in certain circumstances.
  - The rights to correct, rectify, block or erase information which is regarded as wrong information.
- Take appropriate technical and organizational security measures to safeguard personal information.
- Ensure that personal information is not transferred abroad without suitable safeguards.
- Treat people justly and fairly whatever their age, religion, disability, gender, sexual orientation or ethnicity when dealing with requests for information.
- Set out clear procedures for responding to requests for information.

EPC is the Data Controller of all information collected from the Patients using the services of the Practice. **Informed consent** is when

- An Individual/Service User clearly understands why their information is needed, who it will be shared with, the possible consequences of them agreeing or refusing the proposed use of the data.
- And then gives their consent.

When collecting data, EPC will ensure that the Individual/Service User:

- a) Clearly understands why the information is needed.
- b) Understands what it will be used for and what the consequences are should the Individual/Service User decide not to give consent to processing.
- c) As far as reasonably possible, grants explicit consent, either written or verbal for data to be processed. Where verbal consent is given, an official script will be read to the Individual/Service User explaining the processing and a record will be kept of the data and time that consent has been given, together the correct version of the script that was used.
- d) Is, as far as reasonably practicable, competent enough to give consent and has given so freely without any duress.
- e) Has received sufficient information on why their data is needed and how it will be used.

**Information and records relating to service users will be stored securely and will only be accessible to authorised staff.** Information will be stored for only as long as it is needed or required statute and will be disposed of appropriately. Patient records will be kept for 30 years following either the departure of the patient from the Practice or 30 years on from the death of the patient.

All Patients have the right to access the information EPC holds about them. EPC will also take reasonable steps ensure that this information is kept up to date by asking data subjects whether there have been any changes. In addition EPC will ensure that:

- It has a Data Protection Officer (Shona Johnston) with specific responsibility for ensuring compliance with data protection.
- Everyone processing personal information understands that they are contractually responsible for following good data protection practice.
- Everyone processing personal information is appropriately trained to do so.
- Everyone processing personal information is appropriately supervised if appropriate.
- Anybody wanting to make enquiries about handling personal information knows what to do.
- It deals promptly and courteously with any enquiries about handling personal information.
- It describes clearly how it handles personal information.
- It will regularly review and audit the ways it holds, manages and uses personal information.
- It regularly assesses and evaluates its methods and performance in relation to handling personal information.
- All staff are aware that a breach of the rules and procedures identified in this policy may lead to disciplinary action being taken against them.

This policy will be updated as necessary to reflect best practice in data management, security and control and to ensure compliance with any changes or amendments made to data protection legislation.

Records will be completed promptly and will be clear and accurate. They will be written in black ink, dated and signed by the podiatrist. Each sheet of paper will have two forms of patient identification and the front file will only contain name and address for identification purposes. They will be stored in a locked filing cabinet.

In line with Society guidance a patient is allowed to record their assessment and treatment whilst attending EPC, providing it does not interfere with care, affect infection control and will be noted as such in the patients notes. This must be discussed with staff prior to any recording and may only be used for their own personal use; it must not be circulated on social media or any other platform without consent /permission from EPC. It is a criminal offence contrary to section 1 of the Protection from Harassment Act 1997, an offence contrary to section 4, 4A or 5 of the Public Order Act 1986, an offence contrary to section 1 of the Malicious Communication Act 1988 or an offence to section 127 of the Communication Act 2003.

In case of any queries or questions in relation to this policy please contact the Data Protection Officer (Shona Johnston). Patients are entitled to request a copy of their notes formally through a Subject Access Request (SAR) made under the United Kingdom General Data Protection Regulation (UK GDPR). If a patient wishes to access any personal data held by EPC about them, they may make a request verbally or in writing. The practice will then discuss their request with them before responding formally. Copies of data will be provided within one calendar month of receipt of a request. Staff cannot discuss any data or information with regards to a third party.

### **Safeguarding adults and children.**

All staff have a duty of care to be aware of the definition of abuse, what they should do and who they should contact if they have any concerns at all about the welfare or treatment of adults who may be at risk. Look on the internet for current contact details and if appropriate contact the patient's GP.

In addition, all staff have a duty of care to be aware of their role and the system's in supporting in safeguarding the welfare of children and families in Cumbria and in working with other agencies of the Cumbria Local Safeguarding Children Board (LSCB). Look on the internet for current contact details and if appropriate contact the patient's GP. All staff must adhere to the mandatory requirements in relation to training in this regard.

Refer to EPC Safeguarding Children and Vulnerable Adults statement.

### **Health and Safety.**

#### **➤ Fire**

- **First aid**
- **Accidents and ill health**
- **Sharp injuries**
- **Electrical safety**
- **Employment liability**
- **Clinical waste and sharps disposal**
- **Clinical risk assessment**
- **COSHH and storage of medicaments**

EPC takes the Health and Safety of its employees, associates, patients, visitors etc. very seriously. We are also obliged to meet legal requirements designed to protect the environment. Advice has been sought from the Society and also from the government website: Health and Safety Executive <http://www.hse.gov.uk/index.htm>. We have undertaken a risk assessment for the premises. Please refer to the poster: Safe Manual Handling.

### **Fire.**

Once you have identified the risks, you can take appropriate action to control them. Consider whether you can avoid them altogether or, if this is not possible, how you can reduce the risks and manage them. Also consider how you will protect people if there is a fire.

- Carry out a fire safety risk assessment.
- Keep sources of ignition and flammable substances apart.
- Avoid accidental fires, e.g. make sure heaters cannot be knocked over.
- Ensure good housekeeping at all times, e.g. avoid build-up of rubbish that could burn.
- Consider how to detect fires and how to warn people quickly if they start, e.g. installing smoke alarms and fire alarms or bells.
- Have the correct fire-fighting equipment for putting a fire out quickly.
- Keep fire exits and escape routes clearly marked and unobstructed at all times.
- Ensure your workers receive appropriate training on procedures they need to follow, including fire drills.
- Review and update your risk assessment regularly.

### **First aid**

You must have first-aid arrangements in your workplace. EPC is responsible for making sure that its employees receive immediate attention if they are taken ill or are injured at work. Accidents and illness can happen at any time and first aid can save lives and prevent minor injuries from becoming major ones.

As a minimum, we must have:

- A suitably stocked first-aid box.
- An appointed person to take charge of first-aid arrangements (Shona Johnston).
- Information for all employees giving details of first-aid arrangements.

### **Accidents and ill health.**

Under health and safety law, you must report and keep a record of certain injuries, incidents and cases of work-related disease. Keeping records will help you to identify patterns of accidents and injuries, and will help when completing your risk assessment. EPC has an incident book ; further details can be found at <http://www.hse.gov.uk/simple-health-safety/firstaid.htm>.

### **Sharps injuries.**

Sharps injuries are a well-known risk in the health and social care sector. Sharps contaminated with an infected patient's blood can transmit more than 20 diseases, including hepatitis B, C and human immunodeficiency virus (HIV). Every precaution should be taken to avoid a sharp injury but if this should occur:

- Encourage the wound to gently bleed, ideally holding it under running water.
- Wash the wound using running water and plenty of soap.
- Don't scrub the wound whilst you are washing it.
- Don't suck the wound.
- Dry the wound and cover it with a waterproof plaster or dressing.
- Seek urgent medical advice.
- Report the injury to your employer and enter the incident into the accident book.
- Report the injury through RIDDOR – the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 if appropriate. Refer to the health education poster on the wall: Sharps Disposal and Needle stick Injuries.

### **Electrical safety.**

All electric equipment should be fit for purpose and only used for the purpose it was designed/ sold for. There is no legal requirement for inspection and testing at set intervals. The legal requirement is simply to maintain the installation in a safe condition. A competent person, normally an electrician, will carry out any inspection and testing deemed by EPC to be required, which is likely to be at no more than five year intervals.

In addition to the 5-year inspection and testing, regular visual checks of the installation are an essential part of any preventative maintenance programme. Checks will be carried out by staff trained in what to look for, e.g. broken socket covers, but they should not dismantle or attempt to repair equipment, unless they are competent to do so. Please consult the upkeep manual in the surgery.

### **Employment liability**

All of our employees have a contract of employment are trained, insured and supervised and have access to a Health and Safety information and poster. They are remunerated via instruction from dahaccountancy and have access to a work based pension if required.

### **Clinical waste and sharps disposal**

The management of healthcare waste is an essential part of ensuring that health and social care activities do not pose a risk of infection. To manage healthcare waste effectively, EPC will need to consider:

- Infection control and health and safety legislation.
- Environment and waste legislation.
- Transport legislation.

Particular attention will be given to:

- Managing the waste and ensuring compliance.
- Types / classification of waste and how it should be safely stored.
- Transportation of waste.

Currently provided by an approved contractor. The clinical waste will be audited and recorded in the rota in Appendix 10.

In line with local NHS policy (Cumbria Partnership Foundation Trust ): skin , nails, couch role, patient wipes etc. can go into general waste and only items contaminated with bodily fluids needs to go into clinical waste. Please refer to the poster in the Surgery: Bin it right.

### **Clinical risk assessment**

Completed every five years

## **COSHH**

COSHH is the law that requires employers to control substances that are hazardous to health. You can prevent or reduce workers exposure to hazardous substances by:

- Finding out what the health hazards are.
- Deciding how to prevent harm to health ([risk assessment](#)).
- Providing control measures to reduce harm to health.
- Making sure they are used.
- Keeping all control measures in good working order;
- Providing information, instruction and training for employees and others.
- Providing monitoring and health surveillance in appropriate cases.
- Planning for emergencies.

This forms part of the risk assessment and is recorded.

Please refer to the poster: C.O.S.H.H.

## **Standards of Proficiency**

The HCPC expects podiatrists to practice safely and effectively within their scope of practice, acknowledge the legal and ethical boundaries of the profession, whilst using reasoned decision making and initiative. Podiatrists need to respect and uphold rights, dignity, values and autonomy of patients. They must maintain fitness to practice and exercise duty of care in a non-discriminatory manner, ensure appropriate consent is gained and confidentiality is upheld.

### **Equipment needs**

Podiatry equipment should be fit for purpose, sourced from a reputable supplier and maintained. The equipment should aid in both the care of the patient and ensuring the health and safety of the practitioner e.g. hydraulic chair, dust extraction drill: all should have wipeable surfaces and be in good condition.

### **Autoclave and sonic cleaner**

All instruments used at EPC are first washed in a sonic cleaner and then sterilized in an autoclave at 134 degrees and 2 bars of pressure. This is in line with society guidance. The autoclave is serviced and calibrated at least annually by a registered contractor.

### **Continuing Professional Development**

Podiatrists need to learn and develop throughout their careers. The HCPC does not set out a format for CPD but request a series of mixed media, covering appropriate topics to cover the practitioner's scope of practice that will contribute to the quality of their practice. It needs to be continuous, up to date, accurate and recorded. These records may be called upon for audit purposes.

#### Suggested topics

Subject	Rotation	recording
Safe guarding adults and children	3 yearly	Portfolio
Infection control	3 yearly	Portfolio
Diabetes and chronic illness	3 yearly	Portfolio
Wound management	3 yearly	Portfolio
First aid	3 yearly	Portfolio
Information governance	2 yearly	Portfolio

### **Insurance; professional –medical malpractice, public liability, product liability, pressure valve insurance.**

As a registrant of the HCPC it is a condition that podiatrists have adequate cover for potential claims arising out of provision of podiatry treatments. Also, it is required podiatrists have public liability, product liability and with the use of autoclaves pressure valve insurance. This is being covered by the Society membership.

### **Trading arrangements**

EPC is a limited company but may engage associates and locums.

### **Accountant: Tax, national insurance and VAT**

EPC presents annual accounts to HMRC managed by dahaccountancy.

### **Business banking**

Cumberland Building Society.

### **Printing**

Managed by Border Offset.

### **Advertising your services**

The HCPC and the Royal College of Podiatry recommend that podiatrists when advertising their services must be professional and honest. The adverts must be clear what is on offer and not breach any professional standards especially around confidentiality and clinical care. EPC abides by these regulations.

### **Avoid conflicts of interest**

Clinicians must declare to any other employer or professional partner any association they have with EPC and declare any interests they have to EPC with regards to either work or goods and services. If a podiatrist works for the NHS they must sign a second employment form.

### **Do you intend to play music in your practice?**

If clinicians choose to play music in a public space they need to purchase a license. The license is issued by the government --PPL PRS Ltd and is called TheMusicLicence., available at <https://www.gov.uk/licence-to-play-live-or-recorded-music>. If EPC decided to play music in the waiting room or surgery a license will be purchased and displayed on the premises.

### **Dealing with complaints –accidents and incidents**

At EPC our aim is to offer our patients a friendly, professional high quality service; if you feel this has not been achieved we would like to know. If you are not happy following any treatment at EPC we would appreciate it if you would talk to us first. If we cannot resolve the problem please put your complaint in writing and send it to the surgery address. On

receiving a written complaint the podiatrist will contact you and if we uphold your complaint but can't take any action then a refund will be offered. At that point you will be informed as to whether any future treatments will be offered to you at EPC. This does not affect your statutory rights. If the complaint can't be resolved the Society of Chiropractors and Podiatrists have a complaints procedure, which allows for an independent review. For further information see the Royal College of Podiatry website <https://cop.org.uk/about-us/>

A poster is on display in the clinic informing patients of this.

All staff have a duty to ensure incidents are reported so that lessons are learned to prevent similar occurrences. Incidents which should be reported using the EPC accident book including:

- Falls.
- Sharps incidents.
- Violence and Aggression.
- Unexpected death.
- Medication incidents.
- Professional misconduct.
- Deterioration of clinical condition.
- Pressure Ulcers – preventable condition. (Only if podiatrist is the initial health professional to find wound).

If a complaint is about how EPC processes personal information or any other information security issue we will investigate the complaint and respond within one calendar month. If the complainant isn't satisfied with the response they will be directed to the Information Commissioner's Office (ICO) which will decide whether or not to uphold EPC's decision. If EPC is found to be at fault it will follow ICO guidance on how to rectify this.

## **Social media**

The HCPC recommends that social media for the purpose of business for EPC should maintain appropriate professional boundaries. Posts should not identify patients without their permission and should not be offensive or derisory. Posts should be honest and trustworthy.

## **Employment.**

EPC employ staff providing them with a contract and following receipt of a certificate from the Disclosure and Barring Service. EPC employs an accountant to ensure employees are

paid and taxed appropriately and offered a work place pension and are covered with appropriate employment liability insurance. EPC looks to provide the right work place facilities-- <http://www.hse.gov.uk/simple-health-safety/workplace.htm>. We aim to provide the right workplace facilities for everyone in our workplace, including people with disabilities. Basic things to consider are outlined below.

#### Welfare facilities

For your employees' well-being we need to provide:

- Toilets and hand basins, with soap and towels or a hand-dryer.
- Drinking water.
- A place to store clothing (and somewhere to change if special clothing is worn for work).
- Somewhere to rest and eat meals.

#### Health issues

To have a healthy working environment, we will make sure there is:

- Good ventilation – a supply of fresh, clean air drawn from outside or a ventilation system.
- A reasonable working temperature (usually at least 16°C, or 13°C for strenuous work, unless other laws require lower temperatures).
- Lighting suitable for the work being carried out.
- Enough room space and suitable workstations and seating.
- A clean workplace with appropriate waste containers.

#### Safety issues

To keep our workplace safe we must:

- Properly maintain our premises and work equipment.
- Keep floors and traffic routes free from obstruction.
- Have windows that can be opened and also cleaned safely.
- Make sure that any transparent (e.g. glass) doors or walls are protected or made of safety materials.

EPC offers training and supervision to their employees but if an employee infringes the conditions laid out in their contract, breaches confidentiality or any standards laid out in this SOP, EPC has a disciplinary procedure if required. In exceptional circumstances as an employee we need to aware of RIDDOR. RIDDOR is the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. These Regulations require employers, the self-employed and those in control of premises to report specified workplace incidents.

Mainly, related to a death or a work related injury that results in an employee being taken to hospital, for further information refer to: <http://www.hse.gov.uk/index.htm>.

### **Engaging an Associate**

EPC would look to consult current Society and HCPC guidelines and our patients' well-being would be our main consideration. EPC would look to inform patients appropriately.

### **Selling or Closing your practice**

EPC would refer to the up to date Society and HCPC procedures and recommendations with the patients' comfort and inconvenience being a priority and they would be notified promptly of any changes.

### **Confidentiality**

EPC will treat all patient information with respect and confidentiality in line with standards in the HCPC and Society. For example:

- All files when not in use will be kept locked in a secure filing cabinet.
- Front of files will only display patient name and address for identification purposes.
- Rotadex information will be kept secure and only carry essential information and dates of appointments.
- Surgery windows will be filmed and doors shut during treatment to prevent patients being seen in the clinic
- Staff will abide by the information governance and UK GDPR principles laid out at the beginning of the SOP.

### **Podiatry**

#### **Price**

The cost of EPC treatment and any goods will be clearly displayed and is inclusive. Price increases will be notified to patients via a poster being displayed in the surgery 12 weeks prior to any implementation.

#### **Consent**

Consent; verbal and written will be sought before any intervention or treatment is offered. The treatment on offer will be fully explained (informed consent) to the patient and agreed before undertaken. The patient is entitled to ask any questions and risk and benefits should be explained prior to care being administered. Patients will be asked to sign

consent voluntarily at the initial assessment and then annually, together with verbal consent every time they attend an appointment. Patients' wishes will always be respected and at any time patients have the right to withdraw consent and treatment will stop. Children up until the age of 16 must have a parent or carer's signature, preferably the principal carer, but the "Gillick" competence principle can apply and the child may sign, but EPC will only treat a minor in the presence of a responsible adult. There is no lower age limit for Gillick competence to be applied. That said, it would rarely be appropriate or safe for a child less than 13 years of age to consent.

Photographs and visual documentation form part of your medical records and can be used to assist diagnosis, treatment and outcome of your condition. You will be given an explanation of why the photographs and visual documentation are being taken and recorded and you will be asked to sign consent. If you refuse consent your standard of care will not be affected. You may withdraw consent at any time. You may ask a relative, friend or nurse etc. to be present while the photo or visual documentation is being taken. If the photo or visual documentation is to be shared with another health care professional as part of a referral you will be asked to sign consent for this too. Once the photo or visual documentation has been deemed fit for purpose a copy will be printed and added to your clinic notes.

**At all times patients must have capacity to use, acknowledge and understand the information discussed regards their treatment before they can consent.**

### **Sharps policy**

All sharps used at EPC will be disposed of in a designated sharps bin and collected by a registered clinical waste disposal contractor.

### **Infection control and Sterilization policy**

EPC aims to demonstrate a high standard of infection control. Patients will receive a tea tree foot bath or patient sensitive skin wipes to cleanse their feet prior to treatment. All instruments are washed and sterilized between patients and stored securely. Instruments during treatment are kept in a designated field to stop cross infection and this field is disposed of in-between patients. Staff are issued with and have to wear designated EPC uniform (for clinic use only) and have access to both sterile and non-sterile gloves as required. However with the increase in contact dermatitis the Society recommends gloves should only be worn only when bodily fluids are a risk and staff perceive a health hazard. Patients need to inform the podiatrist if they have any concerns or if they may pose a

health risk to staff due to blood borne infections etc. and should be asked about this before treatment.

The Standard Infection Control Precautions include:

- Hand decontamination
- Use of Personal Protective Equipment (PPE)
- Occupational Exposure Management including sharps
- Safe disposal of clinical waste
- Correct dealing with spillages of blood and body fluids
- Management of the Healthcare Environment
- Management of Equipment.
- Safe Care of Linen including Uniforms.

Refer to the **How to Wash your Hand** poster.

### **Standards of conduct, performance and ethics.**

The HCPC expects podiatrists to treat patients with respect, ensure consent is gained before any treatment undertaken, challenge any discrimination and maintain professional boundaries. Podiatrists must be able to communicate effectively, work with colleagues and develop their knowledge and skills within their scope of practice. They need to be able to identify risks and minimize any harm, looking to report concerns appropriately. Podiatrists must keep accurate records which are secure, adequately deal with complaints and not bring the profession into disrepute.

## **Podiatry Services**

**This is just a simple overview.**

### **Initial assessment**

On first attending EPC we will ask you for demographic information: name address, DOB etc., also contact details and possible occupation and hobbies as these pursuits affect your foot health. We will discuss our standard operating procedure and give you a copy of our terms and conditions. We will then follow up with questions around your general

health, medication and allergies as these have a marked bearing on your foot health and certain conditions such as diabetes need a few extra tests and considerations. Following on from cleansing your feet we will then ask you to explain your foot problems, pain levels, how it is affecting you and after an examination the podiatrist will discuss probable causes and treatment plans. You will then be asked to sign a consent form. EPC will then apply a bland hand cream to your heels and apply cling film, as most people attending the clinic have dry skin with heel fissures and this is a safe effective way of treating this.

### **Annual review**

Once a year the podiatrist will ask if you have changed address, GP, telephone number etc. to update your records and then ask you about your health and medication followed by you being asked to sign to give consent again.

### **Routine podiatry**

EPC will look at your feet and offer to treat any nail, corn and callous conditions you may have. Corns and callous develop as we get older and are a mechanical response to shearing stress (friction) and pressure. This is mainly due to loss of elasticity in the skin and loss of fibro fatty padding together with bony changes associated with wear and tear. The reduction of nails and hard skin will be done using sharp instruments and there is a fine boundary around the lesions and healthy skin so there is always the risk of a small bleed, the podiatrist will give you advice on how to manage this. You can refuse any aspect of this care e.g. decline nail care but request only a certain corn be treated, this will then be documented in your notes. Following reduction of any corns or callouses you will be offered, if appropriate, devices to reduce the pressure over the area, EPC provide one free silicone per appointment but more can be purchased if the patient requires them. Once the treatment has completed the patients feet will be emolliated/ creamed.

### **Diabetic review**

All patients who have diabetes will have their foot pulses and neurologic status checked annually, this is a quick pain free examination. From this the podiatrist will give you a risk category, low, medium and high. This is in accordance with NICE and appropriate health education will be given to you to keep your feet well. A copy of this assessment will be given to you to share with your practice nurse. As advised by the Royal College of Podiatry this information belongs to the patients and as such the form is given to the patients for them to share as they choose.

## **Verrucae**

A verruca (also known as a plantar wart) is a wart on the sole of the foot and often has central dark spots which are blood vessels and nerve endings, they may be painful.

Mosaic warts occur when plantar warts coalesce into larger plaques on the feet. Verrucae are caused by infection of keratinocytes with certain strains of the human papilloma virus (HPV). As such there is no direct treatment which actively kills the virus. Warts may clear spontaneously at any time, or persist for years, in children clearance may occur after a few months but in adults clearance may be prolonged to 5-10 years. Treatments available are topical salicylic acid, your local pharmacist can advise which one is suitable, applied for up to 12 weeks. Alternatively there is cryotherapy, possibly available at your GP surgery where the nitrous oxide blisters the skin, this can however be very painful. EPC prefers a more holistic approach and will give you advice on self-care and prevention of further infections.

## **Biomechanics**

EPC offers basic advice around how the foot works and muscular skeletal problems; together with over the shelf insoles patients can trial, and footwear advice. If it is felt a more detailed biomechanical assessment is required the podiatrist will give the patient a form to self-refer into the NHS team. This is because insole therapy is very complex, expensive and not always successful but if it is found to be of benefit to the patient the therapy will need to be continued and monitored.

## **Nail surgery**

EPC can deal with acute, in-growing toenails and involuted nails but if it is felt that a nail requires removal with local anesthetic the patient will be given a form to apply to the NHS. Guidance will be given on filling in the form to ensure appropriate triage.

## **Wound care**

EPC will treat any condition which arises in the clinic but if your foot problem is complex and beyond the resources and scope of practice of the clinic e.g. ischemic wounds, diabetic ulcer etc. the patient will be given a form to apply to the NHS. Guidance will be given on filling in the form to ensure appropriate triage and EPC will decline further care if it was not felt safe or in the patient's best interest to continue.

## **Health education**

EPC has a range of educational leaflets that will be given to patients as required.

**Domiciliary care**

EPC does not offer home visits but has a number of appropriately qualified colleagues who we can refer you on to to receive home care.

**Urgent care.**

EPC will endeavor to see you as soon as possible if you have an urgent foot problem, when phoning for an appointment please give as much detail as possible so the appointment can be offered which is appropriate.

**Terms and conditions for patients attending EPC**

On assessment and annually patient will be asked to review EPC terms and conditions and sign to say they agree.

**Cancellation and Did Not Attend policy**

Ideally EPC would be grateful if patients who don't need their podiatry appointment or can't keep the one agreed cancel with 24 hours' notice. However if the patient fails to do so EPC will phone the patient to clarify the situation or send a letter enquiring the patient's current status. If the patient requests a further appointment EPC will endeavour to accommodate the patient but due to the clinic being very busy patients may experience a delay in care. Patients who repeatedly fail to attend appointments may be charged for the missed appointments or denied access to EPC in the future.

**Relationship with NHS and interagency working**

EPC will look to work with other health and social care professionals both private and NHS with the aim of keeping their patients' best interests at the forefront, taking into account consent and confidentiality and in line with the information governance and UK GDPR.