

## Guidance for registered podiatrists and podiatric surgeons: Infection prevention and control

	<b>Why</b>	The Podiatry Board of Australia (the Board) has developed this fact sheet as part of its role to protect the public. Good infection prevention and control is essential to safe practice. This fact sheet will help you understand your obligations and find resources on infection prevention and control.
	<b>How</b>	You need to follow regulatory and legal requirements and maintain your knowledge and skills on infection prevention and control.
	<b>What</b>	You must be familiar and comply with: <ul style="list-style-type: none"> <li>• your professional obligations, as outlined in the Board's regulatory standards, codes and guidelines</li> <li>• state, territory or federal laws relating to infection prevention and control.</li> </ul>
	<b>Who</b>	The Board and the Australian Health Practitioner Regulation Agency (Ahpra) work together to regulate podiatrists and podiatric surgeons.  Government health departments, statutory entities, professional associations, professional indemnity insurers and private consultants can provide guidance and advice on achieving good infection prevention and control.

### Why the Board developed this guidance

#### **Good infection prevention and control is essential to safe practice**

As part of its role to protect the public and regulate all registered podiatrists and podiatric surgeons, the Board publishes guidance, including FAQs and fact sheets such as this. This guidance explains your professional obligations for infection prevention and control and provides information about other legal requirements and useful resources.

In this fact sheet, infection prevention and control refers to the actions you can take to prevent or minimise the spread of infection to patients, practitioners and the community. The Board expects you to practise safely by ensuring the risk of spreading infection is prevented or minimised. Inadequate infection prevention and control has significant consequences for practitioners, patients and the community.

### How to comply

#### **Follow regulatory and legal requirements, maintain your knowledge and skills**

The Board expects you to exercise professional judgment to ensure that the guidance you follow and the processes you use are evidence-based, safe and relevant to your practice setting. You should apply a risk-based approach, having regard to your practice setting.

The Board adopts the National Health and Medical Research Council Australian guidelines for the prevention and control of infection in healthcare (NHMRC guidelines) as amended from time to time. The NHMRC guidelines were developed using the best available evidence at the time they were written and they aim to promote and facilitate the overall goal of infection prevention and control.

The NHMRC guidelines are structured to address the core principles of infection prevention and control and the underpinning key practice principles across a range of healthcare settings. The core principle of

infection prevention and control is to prevent the transmission of infectious organisms and manage infections if they occur. The underpinning key practice principles include:

1. an understanding of the modes of transmission of infectious agents and an overview of risk management
2. effective work practices that minimise the risk of transmission of infectious agents
3. governance structures that support the implementation, monitoring and reporting of infection prevention and control work practices, and
4. compliance with legislation, regulations and standards relevant to infection prevention and control.

A link to the NHMRC guidelines is provided under the Policies, codes and guidelines section of the Board's website.

All practising podiatrists and podiatric surgeons must be familiar with and practise within the recommendations of the NHMRC guidelines applying a risk based approach that is relevant to your practice setting.

The Board expects you to practise in line with the Board's regulatory standards, codes and guidelines by:

- adhering to the [Code of conduct](#)
- following the guidance in the [Guidelines: Registered health practitioners and students in relation to blood-borne viruses](#)
- completing ongoing [continuing professional development](#) (CPD) that contributes to the development, maintenance and enhancement of knowledge, skills and performance
- ensuring you have appropriate [professional indemnity insurance](#) (PII) arrangements in place for all aspects of your practice.

Additionally, you must be aware of and comply with state, territory or federal legal requirements relating to infection prevention and control.

You must maintain your knowledge and skills in infection prevention and control by being aware of

- evidence-based practice resources
- emerging issues relating to infection prevention and control.

## What obligations apply

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### Code of conduct and other professional obligations

The Board's codes, registration standards and guidelines set out your professional obligations to practise safely.

The [Code of conduct](#) outlines the Board's expectations for professional conduct. You should be familiar with all sections of the code and apply it to your practice.

Several sections of the code relate to maintaining good infection prevention and control. For example, you must:

- be aware of your legal obligations and act in accordance with the law
- maintain adequate knowledge and skills to provide safe and effective care
- practise within an evidence-based and patient-centred framework
- retain personal accountability for professional conduct and the care provided when working in a team
- understand and apply the principles of public health, including health education, health promotion, infection and disease prevention and control, and health screening, and use the best available evidence in making practice decisions
- minimise risks to patients by maintaining professional capability through ongoing professional

development and self-reflection and understanding and applying the principles of clinical governance, risk minimisation and management in practice, and

- understand the importance of immunisation against communicable diseases and take appropriate precautions to limit the spread of infectious diseases to yourself and others.

The Board expects all practitioners to know how to use infection prevention and control systems to provide safe and effective patient care. In doing so, you should apply a risk-based approach, having regard to your practice setting.

The Board has other requirements which apply, outlined in the table below:

<b>Guidelines: Registered health practitioners and students in relation to blood-borne viruses</b>	<p>Explains when a treating practitioner may need to notify Ahpra. Practitioners and students must comply with the Communicable Diseases Network Australia (CDNA) <i>Australian national guidelines for the management of healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses</i>.</p> <p>Provides information on action the Board may take if a practitioner or student is not complying with the CDNA guidelines and may pose a risk to the public.</p>
<b>Continuing professional development registration standard</b>	<p>Requires practitioners to:</p> <ul style="list-style-type: none"> <li>• complete a minimum of 20 hours of CPD activities per year</li> <li>• include a range of activities from the categories set out in the Board's Guidelines for continuing professional development</li> <li>• include a minimum of five hours in an interactive setting with other practitioners, such as face-to-face education (see the Board's Guidelines for continuing professional development for further information about face-to-face education), and</li> <li>• have a focus on aspects of podiatry practice that are relevant to your area of professional practice and have clear learning aims and objectives that meet your requirements</li> </ul> <p>Requires practitioners who are endorsed for scheduled medicines to complete an additional 10 hours of CPD per year related to the endorsement.</p> <p>CPD courses on infection prevention and control are readily available for podiatrists.</p>
<b>Registration standard: professional indemnity insurance arrangements</b>	<p>Requires practitioners to:</p> <ul style="list-style-type: none"> <li>• have adequate PII arrangements for all aspects and locations of practice.</li> </ul> <p>PII providers may provide guidance on infection prevention and control.</p>

## Self-reflective tool

The Board has developed an infection prevention and control self-reflective tool designed to help you meet the obligations in the *Code of conduct* and *Guidelines: Registered health practitioners and students in relation to blood-borne viruses*.

The self-reflective tool includes questions and statements about infection prevention and control for you to consider and respond to. After using the tool, you should be able to identify gaps in your knowledge,

skills, systems and protocols and plan to address them. The tool can help you talk about infection prevention and control with your teams, mentors, assistants and other colleagues in peer-based or CPD settings.

## Concerns about infection prevention and control

The Board takes concerns about infection prevention and control seriously. The consequences of inadequate infection prevention and control are significant for practitioners, patients and the community.

If a [notification](#) is made about you, we may ask you about the processes and policies you follow, and the sources of information you use to guide your practice. We may ask you to explain how you adhere to the Board's standards, codes and guidelines. Your place of practice may be inspected.

The Board takes [regulatory action](#) where necessary to protect the public from the risk of transmission of infection.

## State, territory and federal laws

State, territory and federal laws exist alongside your professional obligations, described above. The laws and organisations responsible for their enforcement will vary by state or territory.

In relation to infection prevention and control, some of the relevant obligations could include:

- public health laws or directives. States and territories have public health laws that could include, for example, reporting obligations or the use of prescribed documents for infection prevention and control.
- rules that affect your place of practice. Some places of practice may have additional regulations, licensing or accreditation that could specify infection prevention and control requirements.
- work health and safety laws. These often impose duties on employers to minimise the exposure (of workers and/or others) to health and safety risks, and on workers to take reasonable care for the health and safety of themselves and others.
- environmental laws. Such laws may require certain waste disposal methods to reduce the risk of spreading infection or injury.

This is not an exhaustive list. Other regulatory requirements may apply and change from time to time. Your responsibility as a registered practitioner is to be aware of what laws currently apply in your jurisdiction and comply with them.



## Who is involved

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### The Board works with Ahpra and develops standards for practitioners

The Board works with Ahpra and the other National Boards and other regulators to implement the National Registration and Accreditation Scheme under the National Law. Its core role is to protect the public by regulating registered podiatrists in Australia.

The Board:

- registers podiatrists, podiatric surgeons and students
- sets professional standards
- manages notifications about practitioners' health, conduct or performance
- publishes guidance to help practitioners meet registration requirements and professional obligations.

The Board's guidance may relate to a specific topic and refer to laws or other regulators where relevant. But the Board does not issue standards or guidelines about specific practice areas, so that practitioners can meet their patients' needs in a range of clinical settings.

## **Other organisations**

Resources are available to podiatrists through government health departments, statutory entities, professional associations, insurers and private consultants. These give more detailed guidance and advice on achieving good infection prevention and control.

You should use professional judgment when selecting resources to guide your practice. Have regard to the infection risks that relate to your practice setting and the type of care provided, as well as any existing policies or procedures required in your place of practice.

Some of the available resources include:

## **National guidance and standards**

Publications on infection prevention and control can help practitioners be informed about accepted infection prevention and control approaches.

- [National Health and Medical Research Council – Preventing infection](#)
- [National Health and Medical Research Council - Australian guidelines for the prevention and control of infection in healthcare](#)
- [Communicable Diseases Network Australia – Publications](#)
- [Australian Commission on Safety and Quality in Healthcare – Standards](#)
- Standards Australia - Australian Standard [AS 5369:2023](#)
- [Australian Immunisation Handbook](#)
- Australian Commission on Safety and Quality in Healthcare - [National Hand Hygiene Initiative](#)

## **Health department resources**

Health departments provide important information about public health issues and infection prevention and control requirements applicable in the various states and territories.

- [Commonwealth](#)
- [Australian Capital Territory](#)
- [New South Wales](#)
- [Northern Territory](#)
- [Queensland](#)
- [South Australia](#)
- [Tasmania](#)
- [Victoria](#)
- [Western Australia](#)

## **Professional association resources**

Professional associations can support you in achieving good infection prevention and control.

- [Australian Podiatry Association](#)
- [Australasian College of Podiatric Surgeons](#)

## **Review**

This guidance will be reviewed as needed, but generally every three years.