



DECONTAMINATION PROCESSES FOR FOOT HEALTH

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Prepared by the Institute's
Academy of Clinical Excellence



Contents



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Introduction	03
Principles of Decontamination	04
Legal, Professional and Regulatory Framework	06
Risk Assessment and Standard Precautions	08
Personal Protective Equipment (PPE)	10
Decontamination Workflow Overview	10
Manual Cleaning of Instruments	11
Ultrasonic Cleaning	13
Rinsing, Drying and Inspection	14
Sterilisation (Autoclave Use)	16
Single-Use Items	18
Environmental Cleaning and Surface Decontamination	20
Management of Spills and Contamination Incidents	21
Waste Management	22
Documentation, Records and Audit	24
Summary of Best Practice	26



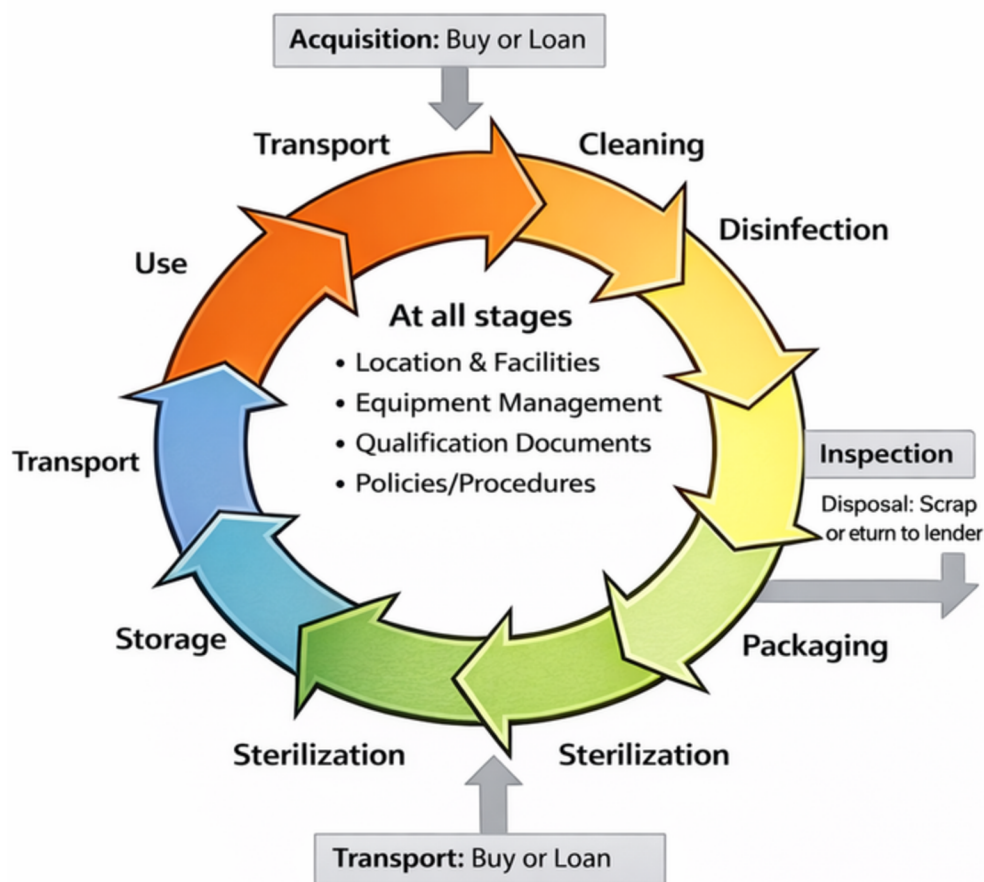
A Practical Guide to Safe Instrument Reprocessing, Environmental Hygiene, and Infection Prevention

Introduction

Effective decontamination is a fundamental component of safe podiatric and foot health practice. Many routine podiatry and foot health procedures are invasive or semi-invasive in nature, creating potential exposure to blood-borne pathogens and environmental microorganisms for both patients and clinicians. Without robust infection-prevention measures, there is an increased risk of cross-infection, compromised wound healing, and avoidable harm.

Clear, consistent, and repeatable decontamination processes are essential to maintaining high clinical standards, protecting public health, and upholding professional accountability. These processes must be embedded into everyday practice and supported by appropriate training, documentation, and audit.

This booklet provides a clear and practical framework for decontamination within both clinic-based and domiciliary settings. It is designed to support HCPC/CORU-registered podiatrists and Foot Health Practitioners (FHP) working within their defined scope of practice, offering guidance that aligns with current infection-control expectations, professional standards, and good clinical governance.





Principles of Decontamination

Decontamination is a multi-stage, sequential process, not a single action. Each stage is dependent on the correct and thorough completion of the previous one. In podiatry and foot health practice—where contact with broken skin, blood, and nail tissue is routine—robust decontamination is essential to prevent cross-infection and to meet professional, legal, and insurance requirements.

The decontamination process consists of cleaning, disinfection, and sterilisation. These stages must be viewed as a linked chain, where weakness at any point compromises the effectiveness of the whole process.

1. Cleaning

Cleaning is the foundation of all effective decontamination. It involves the physical removal of visible debris, organic matter, blood, skin, and nail material from instruments and equipment.

Key principles of cleaning:

- Must always be the first stage of decontamination.
- Removes contaminants that can protect microorganisms from disinfectants and steam.
- May be performed manually or using an ultrasonic cleaner.
- Requires appropriate detergents, correct dilution, and adequate contact time.
- Instruments should be fully dismantled where possible to allow access to all surfaces.
- If cleaning is inadequate, microorganisms may survive subsequent stages, rendering disinfection or sterilisation ineffective.



2. Disinfection

Disinfection reduces the number of microorganisms to a level considered safe for handling and further processing. It is an important intermediate step but does not achieve sterility.

Key principles of disinfection:

- Reduces bacteria, viruses, and fungi, but may not destroy spores.
- Suitable for non-critical items or environmental surfaces.
- Must only be performed on items that have already been thoroughly cleaned.
- Requires the correct disinfectant, concentration, and exposure time.
- Inappropriate use or incorrect dilution significantly reduces effectiveness.

Disinfection alone is not sufficient for reusable invasive or semi-invasive instruments used in podiatry and foot health practice.



3. Sterilisation

Sterilisation is the final and most critical stage of decontamination. It results in the complete destruction of all microorganisms, including bacterial spores.

Key principles of sterilisation:

- Required for all reusable invasive instruments.
- Most commonly achieved using steam sterilisation (autoclave).
- Dependent on precise control of temperature, pressure, and exposure time.
- Instruments must be clean, dry, and correctly packaged prior to sterilisation.
- Sterilisation records and cycle monitoring form part of clinical governance.

Sterilisation cannot compensate for poor cleaning or disinfection. Any residual organic matter may prevent steam penetration and compromise sterility.



4 Clinical and Governance Importance

Failure at any stage of the decontamination process compromises the entire system and increases the risk of cross-infection. Inadequate decontamination may result in:

- Transmission of infection between patients
- Increased risk to clinicians
- Breach of professional standards
- Potential insurance and regulatory consequences

A structured, evidence-based approach to decontamination underpins safe, professional, and defensible practice in both clinic-based and domiciliary settings.

This principle forms the basis for all subsequent sections of this booklet.

Practitioners must comply with:

- Health and Safety at Work Act
- COSHH Regulations
- CQC Fundamental Standards (England)
- HTM 01-05 (best-practice guidance)
- Professional indemnity and governance requirements

Each practitioner remains personally accountable for maintaining safe decontamination standards.

Legal, Professional and Regulatory Framework



All podiatrists and Foot Health Practitioners have a legal, professional, and ethical duty to maintain safe and effective decontamination processes within their practice.

Compliance with recognised legislation, regulatory standards, and professional guidance is essential to protect patients, practitioners, and the public, and to demonstrate robust clinical governance.

Practitioners must comply with the following key frameworks:

Health and Safety at Work Act

This legislation places a duty of care on employers and self-employed practitioners to ensure, so far as is reasonably practicable, the health, safety, and welfare of employees, patients, and others who may be affected by their work. In podiatry and foot health practice, this includes the provision of safe working environments, appropriate equipment, and effective infection-prevention measures, including instrument decontamination.

Control of Substances Hazardous to Health (COSHH) Regulations

The COSHH Regulations require practitioners to assess and manage risks associated with hazardous substances, including blood, bodily fluids, cleaning agents, disinfectants, and sterilisation chemicals. Appropriate storage, handling, use of personal protective equipment, and staff training are essential to minimise exposure risks during decontamination procedures.

HTM 01-05 – Decontamination in Primary Care

HTM 01-05 provides best-practice guidance for the decontamination of reusable medical devices in primary care settings. While not statutory law, it is widely regarded as the benchmark standard and may be used as evidence of good practice during inspections, complaints, or legal proceedings. Practitioners should apply HTM 01-05 principles proportionately to their setting, equipment, and scope of practice.

Professional Indemnity and Governance Requirements

Professional indemnity insurers require practitioners to demonstrate safe systems of work, including appropriate decontamination procedures. Failure to adhere to accepted standards may invalidate insurance cover. Clear governance arrangements—such as written protocols, training records, equipment servicing logs, and audit processes—are essential to support safe practice and professional accountability.



Personal Accountability

Regardless of employment status or practice setting, each practitioner remains personally accountable for maintaining safe decontamination standards. This responsibility cannot be delegated. Practitioners must ensure that their knowledge, skills, equipment, and working practices remain current and compliant, and must take prompt action if deficiencies or risks are identified.

Effective infection prevention begins with thorough risk assessment and the consistent application of standard precautions. In podiatry and foot health practice, practitioners frequently manage broken skin, nail pathology, and minor surgical procedures, all of which present potential routes for infection transmission.



Risk Assessment and Standard Precautions



Universal Approach to Infection Risk

All patients must be treated as potentially infectious, regardless of medical history, diagnosis, or perceived risk. This universal approach ensures consistency in practice and removes reliance on assumptions, which can lead to lapses in infection control.

Risk assessments should be:

- Proportionate to the procedure being undertaken
- Reviewed regularly
- Updated in response to changes in equipment, practice setting, or guidance

Hand Hygiene

Hand hygiene remains the single most effective measure in preventing cross-infection.

Practitioners must:

- Perform hand hygiene before and after every patient contact
- Wash hands with liquid soap and water where hands are visibly soiled
- Use alcohol-based hand rubs where appropriate and hands are visibly clean
- Ensure nails are short, clean, and free from nail products
- Avoid wearing hand or wrist jewellery that may harbour microorganisms





Personal Protective Equipment (PPE)

Appropriate PPE must be selected based on the level of risk and the nature of the procedure being performed. This may include:

- Disposable gloves
- Disposable plastic aprons
- Fluid-resistant masks
- Eye or face protection where splashing or aerosol risk exists

PPE must be:

- Single-use unless otherwise specified
- Changed between patients
- Removed and disposed of correctly to prevent contamination
- Safe Handling of Sharps and Instruments- Sharps and reusable instruments present a significant risk of injury and cross-infection if not managed correctly.



Practitioners must:

- Handle sharps with care at all times
- Never re-sheath blades or needles
- Dispose of sharps immediately after use into approved sharps containers
- Transport used instruments in rigid, closed containers
- Avoid hand-to-hand passing of contaminated instruments

Any sharps injury must be reported and managed in accordance with local incident and exposure protocols.

Environmental Cleaning Between Patients

The clinical environment plays a critical role in infection prevention.

Between each patient, practitioners must ensure:

- Treatment chairs, couches, and work surfaces are cleaned and disinfected
- Equipment controls and frequently touched surfaces are wiped down
- Floors are kept clean and free from visible contamination
- Approved cleaning agents must be used in accordance with manufacturer instructions, including correct dilution and contact time.



Embedding Standard Precautions into Practice

Standard precautions must be applied consistently, not selectively. Their effectiveness relies on:

- Staff training and competency
- Clear written protocols
- Adequate time allocation between patients
- Regular monitoring and audit

By embedding these principles into everyday practice, podiatrists and Foot Health Practitioners create a safer clinical environment and demonstrate professionalism, accountability, and commitment to patient care.

Personal Protective Equipment (PPE)



Purpose of PPE

Personal Protective Equipment (PPE) is used to reduce the risk of cross-infection between clinician and patient and to protect against exposure to blood, body fluids, debris, aerosols, and contaminated instruments. PPE complements – but does not replace – hand hygiene, safe instrument decontamination, and environmental cleaning.

Minimum PPE – Routine Podiatry & Foot Health Practice.

Applies to low-risk, non-aerosol-generating procedures in clinic or domiciliary settings.

1. Gloves

Single-use, non-sterile (nitrile preferred)
Worn for all direct patient contact
Changed between patients and between tasks
Hands washed or sanitised before and after use

2. Disposable Plastic Apron

Protects uniform and skin from contamination
Single use, changed between patients
Must be removed before leaving the treatment area

3. Face Mask (Fluid-Resistant Type IIR)

Required where there is:

- Close face-to-face contact
- Risk of splash or debris
- Use of rotary instruments

Particularly relevant during nail care and debridement

4. Eye Protection (Risk-Based but Strongly Recommended)

Safety glasses or visor, advised during:

- Nail drilling
- Debridement
- Wound care

Protects against debris, dust, and splashes

Enhanced PPE – When Clinically Indicated

Required for higher-risk procedures or environments:

FFP2 / FFP3 respirator

Aerosol-generating procedures

High-speed drilling without adequate extraction

Poor ventilation

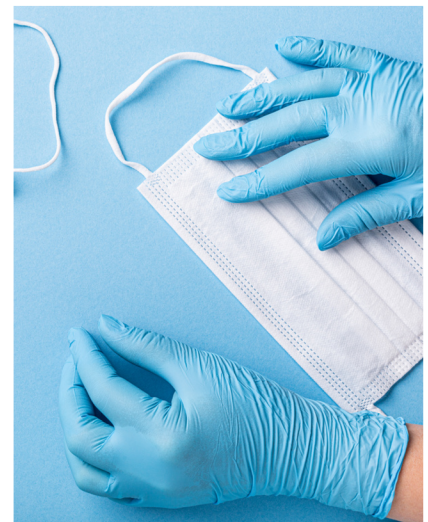
Full face visor

Fluid-repellent long-sleeved gown

Heavily exuding wounds

Known or suspected infection risk

Domiciliary Practice – Additional PPE Considerations - PPE must be transported clean and protected



PPE must:

Be donned and doffed correctly

Be disposed of safely after single use

Never be reused unless specifically designed for reuse

Overuse can be as problematic as underuse – risk assessment is key

PPE selection must reflect: Procedure type. Environment. Patient risk factors

Failure to use appropriate PPE may: Increase infection risk. Breach professional standards.

Compromise insurance and inspection outcomes

Decontamination



Effective decontamination relies on a clear, unidirectional workflow that prevents cross-contamination and ensures patient safety. Each stage must be completed in the correct order, with strict separation between dirty and clean processes.

Correct Decontamination Workflow

Point-of-Use Wipe (Gross Debris Removal)

Immediately after treatment, visible blood, tissue, nail, and skin debris should be removed using an approved wipe. This reduces bioburden and prevents drying of organic material.

Transport in a Closed Container

Instruments must be transferred to the decontamination area in a rigid, closed container to prevent environmental contamination and staff exposure.

Cleaning

Manual or automated cleaning removes residual organic matter and is the most critical stage of the process. Sterilisation cannot be effective if cleaning is inadequate.

Inspection

Instruments should be visually inspected under good lighting (and magnification where appropriate) to confirm they are visibly clean and undamaged. Any item not clean must be re-cleaned.

Packaging

Clean instruments must be packaged in approved sterilisation pouches, correctly loaded, and labelled according to local policy.

Sterilisation

Sterilisation must be carried out using a validated autoclave cycle in accordance with manufacturer instructions and recorded within sterilisation logs.

Storage

Sterile instruments should be stored in a clean, dry, designated area, protected from damage, moisture, and contamination until point of use.

Critical Safety Statement

Cross-contamination must be avoided at all stages.

Any deviation from the correct workflow compromises infection control and patient safety.

Clinical Governance Note

Dirty and clean zones must remain physically and procedurally separate

Staff must be trained and competent in the full workflow

Records must support traceability and compliance with inspection standards

A robust decontamination workflow protects patients, practitioners, and professional credibility.



Manual Cleaning of Instruments

Manual cleaning is the single most critical stage of the decontamination process. Sterilisation cannot be effective if organic debris, blood, skin, or nail material remains on instruments.

Key Principles of Manual Cleaning

1. Use warm (not hot) water

Hot water can coagulate proteins, making debris harder to remove and increasing fixation to instrument surfaces.

2. Approved detergent

Use a clinically approved enzymatic or detergent-based cleaning solution, prepared according to the manufacturer's instructions.

3. Dedicated cleaning brushes

Brushes must be:

- Fit for purpose
- Non-metallic where appropriate
- Cleaned, disinfected, and replaced regularly

Particular attention should be paid to joints, hinges, serrations, and lumens.

Keep instruments fully submerged

Cleaning must be carried out below the waterline to:

- Reduce aerosol and splash risk
- Protect staff from exposure
- Improve cleaning efficiency

4. Systematic inspection

After cleaning, instruments must be:

- Rinsed thoroughly
- Visually inspected under good lighting
- Re-cleaned if any residue remains

Critical Safety Statement & Clinical Governance Note

Failure to clean instruments effectively renders sterilisation ineffective, regardless of autoclave performance.

Residual organic matter can:

- Shield microorganisms
- Compromise sterilisation
- Increase infection risk
- Breach clinical governance and inspection standards

Manual cleaning must be:

- Documented within decontamination protocols
- Undertaken with appropriate PPE
- Supported by staff training and competency assessment

Effective manual cleaning protects patients, clinicians, and the integrity of the entire sterilisation process.

Ultrasonic Cleaning



Ultrasonic cleaning is a valuable adjunct within the decontamination pathway for podiatry and foot health instruments, particularly those with complex surfaces. Ultrasonic cleaners use high-frequency sound waves transmitted through a liquid solution to create microscopic cavitation bubbles. When these bubbles collapse, they generate energy that dislodges debris from areas that are difficult to access manually.



Key functions of ultrasonic cleaning include:

- Effective removal of organic debris from joints, hinges, serrations, and textured surfaces
- Enhanced cleaning of reusable instruments prior to sterilisation
- Reduction of residual contamination that may compromise subsequent disinfection or sterilisation

Important clinical principles:

- Ultrasonic cleaning must not replace manual cleaning
- Instruments must always undergo thorough manual cleaning first to remove visible contamination. Ultrasonic cleaning is a secondary cleaning stage, not a substitute.
- Instruments should be fully immersed and opened (where applicable) to allow solution penetration.
- Instruments must be rinsed and dried thoroughly after ultrasonic processing before further decontamination steps.

Governance, testing, and maintenance:

- Ultrasonic cleaners require routine performance testing, including foil or cavitation tests, to confirm effective function
- Cleaning solutions must be changed regularly in accordance with manufacturer guidance and local policy
- Tanks must be cleaned and dried daily or after heavy use

Logbooks must be maintained, recording:

- Date and operator
- Solution changes
- Test results
- Faults or maintenance actions

Failure to maintain ultrasonic cleaners appropriately may result in ineffective decontamination and increased risk of cross-infection.

Ultrasonic cleaning should always be viewed as one stage within a validated decontamination workflow, supporting – but never replacing – manual cleaning, disinfection, and sterilisation processes.

Rinsing, Drying and Inspection



Following the cleaning stage, instruments must undergo a systematic post-cleaning process to ensure they are safe, functional, and suitable for further decontamination or clinical use. This stage is critical, as residual moisture, debris, or unnoticed damage can compromise patient safety and invalidate sterilisation.

Rinsing All instruments must be rinsed thoroughly using clean water to remove:

- Residual detergents or enzymatic cleaning agents
- Loosened organic debris
- Cleaning solution residues that may interfere with disinfection or sterilisation

Incomplete rinsing may leave chemical residues that can cause instrument corrosion, patient tissue irritation, or reduced effectiveness of subsequent decontamination stages.

Drying Instruments must be dried completely immediately after rinsing.

Use lint-free cloths, disposable paper towels, or medical-grade air drying systems.

Pay particular attention to joints, hinges, serrations, and hollow areas.

Instruments must never be packaged, stored, or sterilised while damp.

Residual moisture increases the risk of:

- Microbial survival and proliferation
- Corrosion and instrument degradation
- Sterilisation failure due to steam dilution or water retention

Inspection Each instrument must be visually inspected after every cleaning cycle. Inspection should be carried out:

- Under good lighting
- Using magnification where available (e.g. loupes or inspection lamps)
- With instruments fully opened and manipulated

The inspection process should assess:

- Cleanliness (no visible debris or staining)
- Structural integrity
- Functional performance (smooth opening and closing of joints)
- Surface condition

Instrument integrity and removal from service Any instrument showing signs of damage must be immediately removed from service. This includes:

- Rusting or corrosion
- Cracks, chips, or metal fatigue
- Blunted cutting edges
- Loose joints or misalignment
- Pitting, staining, or surface degradation



Damaged instruments pose a risk of:

- Incomplete decontamination
- Tissue trauma
- Breakage during treatment
- Cross-infection

Removed instruments should be:

- Clearly labelled as out of service
- Recorded in maintenance or incident logs
- Repaired by an approved service provider or safely disposed of in accordance with local policy

Clinical governance

Consistent post-cleaning inspection forms part of robust clinical governance and infection prevention practice. Documentation of inspection outcomes supports audit readiness and demonstrates adherence to professional and regulatory standards.

This final post-cleaning stage ensures that only clean, dry, intact, and functional instruments progress to disinfection, sterilisation, storage, or clinical use.

Packaging and Labelling

Instrument pouches play a critical role in maintaining sterility following autoclave processing and during storage prior to clinical use. Only medical-grade sterilisation pouches specifically designed for steam sterilisation must be used. These pouches are manufactured from validated materials, typically a combination of medical paper and transparent polymer film, which are designed to withstand high temperatures and pressures without degradation.

Instrument pouches must allow effective steam penetration and subsequent drying. The packaging material must permit the free passage of steam to all instrument surfaces while also enabling air removal during the sterilisation cycle. Inadequate or inappropriate packaging can prevent full sterilant contact, resulting in incomplete sterilisation and compromised patient safety. Instruments should be placed in pouches in a manner that avoids overcrowding, ensures joints are open, and allows steam to circulate freely around all surfaces.

Each instrument pouch must be clearly and permanently labelled prior to sterilisation. Labelling must include:

- The date of sterilisation
- The autoclave load or cycle number
- The contents of the pouch

Labelling supports full traceability, enabling practitioners to link instruments to specific sterilisation cycles in the event of equipment failure, audit, or infection control investigation. Only approved, sterilisation-safe pens or labels should be used, and writing must not compromise the integrity of the pouch material or obstruct indicator strips.

INSTITUTE OF PODIATRISTS	
Sterile Instrument Set: _____	
Date: ___/___/___	
Load: _____	
Exp: ___/___/___	
Init: _____ <input type="checkbox"/> OK	
	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">QR CODE</div>
<i>Paper side only – Do not use if damaged or indicator failed © Institute of Podiatrists</i>	



Instrument pouches must be checked before use to ensure:

- The pouch is intact with no perforations or seal failures
- The seal is complete and uniform
- Chemical indicators have changed appropriately following sterilisation

Correct selection, loading, labelling, and inspection of instrument pouches are essential components of a validated decontamination and sterilisation pathway, supporting safe clinical practice, regulatory compliance, and patient confidence.

Sterilisation (Autoclave Use)

Safe and effective sterilisation depends on strict adherence to validated autoclave principles. Autoclaves are critical medical devices, and failure to use or maintain them correctly places patients, practitioners, and the wider clinical environment at risk.

Follow manufacturer instructions.

Autoclaves must always be operated in accordance with the manufacturer's instructions for use. This includes guidance on cycle selection, loading configuration, packaging compatibility, water quality, routine testing, and maintenance requirements. Deviating from manufacturer guidance may invalidate sterilisation cycles, breach regulatory standards, and compromise indemnity cover.

Never overload the autoclave

- Autoclaves must not be overloaded. Overloading restricts steam circulation, prevents effective air removal, and can result in incomplete sterilisation or inadequate drying. Instrument pouches must be placed to allow:
 - Adequate space between items
 - Steam penetration to all surfaces
 - Proper drainage and drying



Overcrowded chambers significantly increase the risk of sterilisation failure and wet packs.

Complete cycle monitoring using chemical indicators.

Every sterilisation cycle must be monitored using appropriate chemical indicators. These indicators provide visual confirmation that key parameters—such as temperature, time, and steam exposure—have been achieved.

External indicators confirm exposure to the cycle.

Internal indicators verify steam penetration within pouches.

Indicators must be checked and documented after each cycle. A failure of any indicator requires the load to be quarantined and not released for use.



Maintain servicing, testing, and validation

Autoclaves require routine servicing and formal validation in line with manufacturer recommendations and recognised best-practice standards. This includes:

- Scheduled servicing by an approved engineer
- Routine testing (e.g. vacuum, steam penetration, and performance tests where applicable)
- Accurate record-keeping in maintenance and validation logs

Ongoing validation ensures the autoclave continues to operate safely and effectively throughout its service life.

Autoclave failure: immediate action and documentation

Any suspected or confirmed autoclave failure must trigger immediate investigation. This includes:

- Removing the autoclave from service
- Quarantining affected instrument loads
- Identifying the cause of failure
- Recording the incident in full within sterilisation and incident logs

Instruments processed during a failed or uncertain cycle must not be used until the issue is resolved and successful validation is confirmed. Clear documentation is essential for audit trails, governance reviews, and regulatory compliance.

Adhering to these key principles ensures that sterilisation processes are reliable, auditable, and defensible, supporting high standards of infection prevention and patient safety in podiatry and foot health practice.

Storage of Sterile Instruments

Correct storage of sterile instruments is a critical component of the decontamination cycle. Even when instruments have been appropriately cleaned, disinfected, and sterilised, poor storage practices can compromise sterility and place patients at risk of cross-infection. All podiatry and foot health practices must therefore implement robust, auditable storage systems.

Sterile instruments must be stored in clean, dry, enclosed cupboards that are clearly designated for sterile items only. Storage areas should be physically separate from dirty utility zones, cleaning sinks, and reprocessing equipment to prevent contamination from splashing, aerosols, or environmental debris. Cupboards should be smooth-surfaced, easy to clean, and included in the clinic's routine environmental cleaning schedule.

Instrument packs must be fully cooled and dry before storage. Moisture trapped within pouches or wraps significantly increases the risk of microbial ingress and compromises sterility. Packs should never be stored on the floor, on windowsills, or in areas exposed to direct sunlight, heat sources, or excessive humidity.

A first-in, first-out (FIFO) stock rotation system must be used. Older sterilised packs should always be used before newer ones to minimise extended storage times and reduce the risk of unnoticed packaging degradation. Sterilisation dates, batch numbers, and load records must be clearly visible on all packs to support traceability and audit requirements.



Packaging integrity must be checked before storage and again immediately prior to use. Any sterile pack that is torn, wet, punctured, poorly sealed, or shows evidence of staining or adhesive failure must be regarded as non-sterile. Such instruments must be removed from use immediately and returned for full reprocessing, starting with cleaning and inspection.

Sterile packs must never be opened in advance of patient treatment. Opening should only occur at the point of care, in front of the patient where appropriate, to maintain sterility and provide visible reassurance of safe practice.

In domiciliary settings, sterile instruments should be transported and stored in rigid, clean, and clearly labelled containers that protect packaging from crushing or contamination. Separate containers must be used for sterile and used instruments, with strict segregation maintained at all times.



Clear written protocols for sterile instrument storage should form part of the clinic's decontamination policy. Regular audits, staff training, and documentation of non-conformances help ensure continued compliance with best-practice guidance and reinforce a strong culture of infection prevention and control.

Single-Use Items

Single-use items play a vital role in infection prevention and patient safety within podiatry and foot health practice. These items are designed to be used once only and must never be reprocessed, cleaned, disinfected, or sterilised for reuse under any circumstances.

Single-use items must be disposed of immediately after use in accordance with local waste management and sharps disposal policies. Once used, they are considered contaminated and pose a significant risk of cross-infection if handled or reused incorrectly.

Examples of single-use items commonly encountered in podiatric and foot health settings include, but are not limited to:

- Scalpel blades
- Needles and lancets
- Disposable curettes
- Certain burs and drill attachments labelled as single use
- Single-use probe tips or files

All single-use items must be clearly identified by the manufacturer's labelling and symbols. Practitioners are responsible for checking packaging and instructions for use (IFUs) to confirm whether an item is intended for single use or is reusable following decontamination.

Reuse of a single-use item constitutes a serious breach of infection control and professional standards. Such practice significantly increases the risk of transmitting blood-borne pathogens, including hepatitis B, hepatitis C, and HIV, and may result in patient harm. Reuse also exposes practitioners to regulatory action, invalidation of professional indemnity insurance, and potential legal consequences.



Sharps, including blades and needles, must be disposed of immediately after use into an approved sharps container that complies with current waste regulations. Sharps containers must never be overfilled and should be securely closed and replaced in line with manufacturer guidance and local policy.



In both clinic-based and domiciliary practice, practitioners must ensure that sufficient supplies of single-use items and appropriate disposal containers are available before commencing treatment. Failure to plan appropriately does not justify deviation from safe disposal protocols.

Clear written policies on single-use items should be embedded within the practice decontamination and infection control framework. Regular staff training, audits, and incident reporting systems support compliance and reinforce the importance of strict adherence to single-use principles as a cornerstone of safe clinical practice.

HOW TO: SAFELY DISPOSE OF SHARPS

Safe disposal is quick and easy, and here is what you can do to safely and properly dispose of **needles, syringes and other medical sharps** to protect yourself and your community.

- 1** Safely place used needles and syringes **POINT SIDE DOWN** into a sealable and puncture-resistant container.
 - At least 2 inches of space from the top of container
 - Use duct tape to seal if there is potential for opening
- 2** Label the container clearly and boldly: **NON-RECYCLABLE MEDICAL WASTE**
- 3** Once you are ready to dispose, secure the lid tightly. Throw container into **TRASH**

Recommended Containers:

- Sharps disposal container
- Empty laundry detergent bottles
- Peanut butter jars
- Jumbo pretzel containers

DO NOT put needles in recycling bins or toilets

Environmental Cleaning and Surface Decontamination



Environmental cleaning and surface decontamination are fundamental components of infection prevention and control within podiatry and foot health practice. Clinical environments can act as reservoirs for microorganisms, and failure to clean and disinfect surfaces effectively between patients increases the risk of cross-contamination.

Between every patient, all clinical contact surfaces must be cleaned and disinfected as part of routine standard precautions. This process must be systematic, thorough, and documented where required.

The following areas require particular attention between patients:

Treatment chair

All contact points, including the seat, backrest, armrests, foot supports, headrests, and adjustment levers, must be cleaned and disinfected. Any areas visibly contaminated with blood or body fluids must be addressed immediately using appropriate spill management procedures.

Work surfaces

Clinical worktops, trays, instrument trolleys, and preparation areas must be cleaned and disinfected after each patient. Clutter should be minimised to allow effective surface coverage and to reduce the risk of contamination.

Equipment controls and touch points

Frequently touched items such as drill handpieces, control panels, light switches, foot pedals, drawer handles, taps, keyboards, and mobile devices used clinically must be included in the cleaning schedule. These high-touch surfaces are commonly overlooked but represent a significant infection risk.

Approved surface disinfectants must be used in accordance with manufacturer instructions. Products should be appropriate for healthcare use and effective against a broad spectrum of microorganisms. The correct contact time must always be observed to ensure efficacy; wiping a surface dry before the recommended contact time has elapsed may render the disinfection ineffective.

Cleaning should follow a clean-to-dirty and top-to-bottom approach to avoid re-contamination of surfaces. Disposable wipes or cloths should be used wherever possible and discarded after each use. Reusable cloths must be laundered in accordance with infection control policy.

At the end of each clinical session, a more comprehensive environmental clean should be undertaken, including floors, sinks, waste bins, and non-clinical surfaces within the treatment area. Regular audits and staff training should support consistent adherence to environmental cleaning protocols.

Robust environmental cleaning procedures reinforce patient confidence, protect staff, and form a visible and essential part of professional, compliant podiatric and foot health practice.

Management of Spills and Contamination Incidents



The effective management of spills and contamination incidents is essential to maintaining a safe clinical environment and preventing the transmission of infection. Blood, body fluids, and other potentially infectious materials present a significant risk to patients, practitioners, and support staff if not managed promptly and correctly.

Spill kits must be readily available in all clinical settings, including treatment rooms, decontamination areas, and domiciliary equipment bags where appropriate. All staff must be familiar with the location of spill kits and trained in their correct use.

A clear, written spill management procedure should form part of the practice's infection control and decontamination policy and must include the following key stages:

Immediate Containment

Spills must be dealt with as soon as they occur. The affected area should be isolated to prevent spread, with patients and non-essential staff kept clear. Absorbent materials from the spill kit should be used to contain and absorb the spill, starting from the outer edges and working inwards to avoid further contamination.



Use of Appropriate Disinfectant

Once absorbed, the contaminated area must be treated with an approved disinfectant effective against blood-borne pathogens. The disinfectant must be used in accordance with the manufacturer's instructions, ensuring the correct dilution (if applicable) and recommended contact time are observed. Surfaces must not be wiped dry before the required contact time has elapsed.

Disposable cleaning materials used during the process must be discarded as clinical waste immediately after use.

Personal Protective Equipment (PPE)

Appropriate PPE must be worn at all times when managing spills. This will typically include disposable gloves and a disposable apron, with eye or face protection used if there is a risk of splashing. PPE must be removed and disposed of safely after the procedure, followed by thorough hand hygiene.

Waste Disposal

All materials used in spill management, including absorbent granules, wipes, PPE, and disposable cloths, must be disposed of as clinical waste in accordance with local waste regulations. Sharps involved in a contamination incident must be disposed of immediately into an approved sharps container.

Incident Reporting

All contamination incidents, including blood or body fluid spills, sharps injuries, or exposure events, must be documented and reported in line with practice policy. Incident reporting supports learning, audit, and risk reduction, and may be required for insurance, regulatory, or occupational health purposes.



Where a staff member has been exposed to blood or body fluids, appropriate follow-up actions must be initiated immediately, including first aid measures, medical assessment, and documentation.

Regular staff training, drills, and audits ensure that spill management procedures are understood, consistently applied, and effective. Prompt, calm, and well-documented responses to contamination incidents are a vital part of professional, safe podiatry and foot health practice.¹⁷ Decontamination in Domiciliary Practice

Domiciliary practitioners must:

- Transport contaminated instruments securely
- Never clean instruments in patient homes
- Complete full decontamination on return to base

Waste Management

Effective waste management is a legal and professional requirement in podiatry and foot health practice. Poor handling or disposal of waste presents significant risks of injury, infection transmission, environmental harm, and regulatory non-compliance. All practices must operate clear, auditable waste management systems aligned with infection control and health and safety legislation.

Clinical waste must be segregated at the point of use and disposed of correctly according to its classification. Mixing waste streams is unacceptable and constitutes a breach of safe practice.

Sharps Waste

Sharps waste includes items capable of causing cuts or puncture wounds and must be treated with the highest level of caution.

Examples include:

- Scalpel blades
- Needles and lancets
- Suture needles
- Any sharp contaminated object

Sharps must be disposed of immediately after use into an approved sharps container that is compliant with current regulations. Sharps containers must:

- Be correctly assembled and labelled
- Never be overfilled
- Be closed securely when reaching the fill line
- Be stored safely away from public access

Sharps must never be re-sheathed, bent, broken, or passed hand-to-hand.





Clinical Waste

Clinical waste includes items contaminated with blood or body fluids that are not classified as sharps. Examples include:

- Used dressings and swabs
- Contaminated PPE
- Disposable instruments
- Materials used for spill management

Clinical waste must be placed into appropriately colour-coded clinical waste bags and stored in a secure area prior to collection. Bags must be sealed correctly and never overfilled. Storage areas should be clearly designated, clean, and inaccessible to unauthorised persons.

Domestic Waste

Domestic waste includes non-contaminated items such as:

- Paper towels from handwashing
- Packaging
- Office waste

Domestic waste must be kept completely separate from clinical and sharps waste and disposed of through standard waste streams.

Segregation, Containers, and Collection

Correct segregation, use of approved containers, and licensed waste collection are mandatory.

Practices must ensure:

- All waste containers are clearly labelled and colour coded
- Staff are trained in waste segregation procedures
- Waste is collected by a licensed contractor

Waste transfer notes and consignment documentation are retained in accordance with regulatory requirements.

In domiciliary practice, practitioners must transport waste safely and return it to the clinic or approved disposal point without delay. Waste must never be disposed of in patients' household bins.

Robust waste management policies protect patients, staff, waste handlers, and the wider community. Regular training, audits, and documentation ensure ongoing compliance and reinforce professional standards within podiatry and foot health practice.

<p>SHARPS Red Sharps Container</p> <ul style="list-style-type: none"> ✓ Needles ✓ Ampules ✓ Broken Glass ✓ Blades ✓ Razors ✓ Staples ✓ Trocars ✓ Guide Wires ✓ Other Sharps 	<p>BIOHAZARD Red Container or Red Liner in Container</p> <ul style="list-style-type: none"> ✓ Infectious Waste ✓ Blood Products (albumin, etc) ✓ Contaminated Personal Protective Equipment (PPE) ✓ IV Tubing ✓ Cultures, Stacks 	<p>TRACE CHEMO Yellow Container</p> <ul style="list-style-type: none"> ✓ Empty vials, ampules ✓ Empty Syringes, Needles ✓ Empty IVs ✓ Gowns ✓ Gloves ✓ Tubing ✓ Aprons ✓ Wipes ✓ Packaging 
<p>RCRA HAZARD Black Container</p> <ul style="list-style-type: none"> ✓ Hazardous meds (RCRA) ✓ Half/Partial doses (RCRA) ✓ Hazardous bulk meds ✓ P-listed drugs, packaging ✓ Bulk chemo ✓ Pathological Waste (Incineration Only) 	<p>PHARMACEUTICAL Blue Container</p> <ul style="list-style-type: none"> ✓ Pills ✓ Injectables ✓ Antibiotics 	<p>RADIOACTIVE Shielded Containers with Radioactive Symbol</p> <ul style="list-style-type: none"> ✓ Fluorine-18 (F-18). 110 minutes half-life. ✓ Technetium-99 (T-99m). 6 hours half-life. ✓ Iodine-131 (I-131). 8 days half-life. ✓ Strontium-89 (Sr-89). 52 days half-life. ✓ Iridium-192 (Ir-192). 74 days half-life. ✓ Cobalt-60 (Co-60). 5.3 years half-life. 



Documentation, Records and Audit

Comprehensive documentation underpins safe clinical practice and is a fundamental component of effective decontamination, infection control, and governance. Accurate, up-to-date records provide evidence that appropriate procedures have been followed, support quality assurance, and act as a legal safeguard for practitioners and organisations.

All podiatry and foot health practices must maintain clear, accessible, and auditable records relating to decontamination and infection control processes.

Essential Records

Autoclave Logs

Autoclave records must be completed for every sterilisation cycle and retained securely. These should include:

- Date and time of cycle
- Load contents
- Cycle parameters (temperature, pressure, duration)
- Confirmation of successful cycle completion
- Batch or load identification
- Signature or identifier of the operator

Daily, weekly, and periodic testing records (including vacuum and validation tests where applicable) must also be retained in line with best-practice guidance.

Cleaning Schedules

Written cleaning schedules must be in place for:

- Treatment rooms
- Decontamination areas
- Equipment and work surfaces
- Non-clinical areas where relevant

Schedules should clearly identify what is cleaned, how often, by whom, and with which products. Completion must be documented, signed, and reviewed regularly to demonstrate consistency and accountability.

Servicing and Maintenance Certificates

All clinical equipment, including autoclaves, ultrasonic cleaners, and mechanical devices, must be serviced and maintained in accordance with manufacturer guidance. Records should include:

- Installation and commissioning documentation
- Routine servicing certificates
- Repair and fault reports
- Validation or performance testing results

These documents demonstrate that equipment is safe, functional, and fit for clinical use.





Training Records

Training and competency records must be maintained for all staff involved in decontamination and infection control processes. Records should evidence:

- Initial induction training
- Ongoing updates and refresher training
- Equipment-specific training
- Infection control and health and safety education

Training records support professional accountability and demonstrate that staff are competent to undertake delegated tasks.

Audit and Review

Regular audits of documentation and processes are essential to ensure standards are maintained and gaps are identified early. Audits should be recorded, reviewed, and used to inform improvements in practice. Any non-conformances must be documented, addressed promptly, and followed up.

Good documentation protects patients, supports staff, and provides defensible evidence of safe practice. In the event of a complaint, inspection, or legal challenge, clear and complete records demonstrate professionalism, compliance, and a robust commitment to infection prevention and control.²⁰ Staff Training and Competency

All staff involved in decontamination must:

- Receive formal training
- Demonstrate competency
- Undertake regular updates

Common Errors and Risk Reduction

Despite clear guidance and established protocols, errors in decontamination and infection control can occur. Understanding common risks and implementing structured systems to reduce them is essential for maintaining patient safety, regulatory compliance, and professional protection.

Common Errors and Risks

Inadequate Cleaning

Failure to thoroughly clean instruments before disinfection or sterilisation is one of the most significant risks in the decontamination process. Residual organic matter can shield microorganisms from disinfectants and prevent effective sterilisation. Rushed workflows, insufficient training, or lack of appropriate equipment all contribute to inadequate cleaning and compromised outcomes.

Overloading Autoclaves

Autoclaves must never be overloaded. Overpacking instrument trays or pouches restricts steam penetration and prevents effective sterilisation. This can result in instruments that appear sterile but remain contaminated. Overloading is often linked to time pressures or poor stock management and represents a serious patient safety risk.





Poor Storage Practices

Incorrect storage of sterile instruments, including exposure to moisture, dust, heat, or handling, can compromise packaging integrity and sterility. Storing sterile packs in inappropriate areas or failing to rotate stock increases the likelihood of contaminated instruments being used inadvertently.

Incomplete or Inaccurate Records

Gaps in documentation weaken clinical governance and remove the evidence needed to demonstrate safe practice. Missing autoclave logs, unsigned cleaning schedules, or absent training records leave practitioners vulnerable in the event of an audit, complaint, or legal challenge.

Risk Reduction Strategies

Effective risk reduction relies on robust systems, not memory. Key strategies include:

- Standardised written protocols for all stages of decontamination
- Clear checklists for cleaning, sterilisation, and storage
- Defined roles and responsibilities within the team
- Regular training and competency updates
- Routine audits and spot checks
- Prompt reporting and review of errors or near misses

Systems should be designed to support consistency, even during busy clinics or staff absence. Where possible, visual prompts, logs, and workflow layouts should reinforce correct practice and reduce reliance on individual recall.

A proactive approach to identifying common errors and strengthening systems supports safer care, protects practitioners, and reinforces a culture of accountability and continuous improvement within podiatry and foot health practice.

Summary of Best Practice

Safe and effective decontamination is not a single task but a continuous, integrated process that underpins all aspects of podiatry and foot health practice. It requires a consistent commitment to high standards, supported by clear systems, regular training, and professional accountability. Best practice in decontamination relies on four essential pillars:

Knowledge

Practitioners must understand the principles of cleaning, disinfection, sterilisation, and infection prevention. This includes awareness of current guidance, manufacturer instructions, and the risks associated with poor practice. Ongoing education ensures that knowledge remains current and that emerging risks or updated standards are incorporated into daily clinical work.

Discipline

Safe decontamination demands disciplined, repeatable processes that are followed every time, without exception. Shortcuts, assumptions, or deviations from protocol undermine safety. Discipline ensures that procedures are carried out correctly, even during busy clinics or under time pressure.



Documentation

Accurate and complete records provide evidence that safe systems are in place and being followed. Documentation supports traceability, audit, and accountability and serves as a vital legal safeguard for practitioners and organisations. If a process is not documented, it cannot be proven to have occurred.

Continuous Review

Regular review and audit of decontamination processes are essential to maintaining high standards. Continuous review allows practices to identify gaps, respond to incidents or near misses, update procedures, and embed improvements. This proactive approach supports a culture of learning and quality improvement.

Safe decontamination is fundamental to patient safety, protecting individuals from avoidable infection and harm. It is also central to professional credibility, demonstrating competence, integrity, and adherence to regulatory and ethical standards. Consistently applied best practice reinforces public trust and reflects the professionalism expected of podiatrists and foot health practitioners.

Appendices – Checklists and Supporting Documentation

The following appendices are recommended to support safe practice, audit readiness, and robust clinical governance. These documents provide clear, contemporaneous evidence of compliance with infection prevention and decontamination standards and should be reviewed regularly and updated as required.

Appendix A – Daily Cleaning Checklist

Purpose:

To confirm that environmental cleaning and surface decontamination have been completed to the required standard for each clinical day.

Daily Cleaning Confirmation

- Treatment chairs cleaned and disinfected (including armrests, footrests, controls)
- Clinical work surfaces and trays cleaned and disinfected
- Equipment controls, pedals, lights, and high-touch points wiped down
- Floors cleaned in treatment and decontamination areas
- Sinks and taps cleaned and disinfected
- Waste bins emptied and cleaned where appropriate
- Sharps containers checked and replaced if required
- Clinical and domestic waste segregated and disposed of correctly

Completed by: _____

Signature: _____

Date: _____



Appendix B – Autoclave Log Sheet

Purpose:

To provide a mandatory, auditable record of every sterilisation cycle and to support full traceability.

Autoclave Cycle Record

- Date
- Autoclave identification / serial number
- Cycle number
- Load contents (instrument sets / packs)
- Cycle parameters recorded:
 - Time
 - Temperature
 - Pressure
- Cycle outcome (Pass / Fail)
- Any faults or irregularities noted
- Operator name and signature

Autoclave logs must be completed for every cycle, retained securely, and made available for inspection and audit.

Appendix C – Instrument Tracking Sheet

Purpose:

To track instruments throughout the full decontamination cycle and provide accountability in the event of a failure or incident.

Instrument Tracking Record

- Instrument or set identification
- Date of clinical use
- Cleaned (date / initials)
- Disinfected (if applicable)
- Sterilised (cycle number and date)
- Storage location
- Released for use (date / initials)

This record ensures that instruments can be traced from use through cleaning, sterilisation, and storage, supporting patient safety and governance requirements.



Appendix D – Incident Report Form

Purpose:

To provide a formal mechanism for reporting, investigating, and learning from incidents and near misses.

Incident Reporting Checklist

- Date and time of incident
- Location
- Type of incident:
 - Sharps injury
 - Equipment failure
 - Decontamination error
 - Near miss

- Description of incident
- Immediate actions taken
- Individuals involved or affected
- Follow-up actions required
- Reported by (name and signature)
- Reviewed by (manager / lead clinician)
- Date of review

All incidents must be reported promptly, investigated appropriately, and reviewed to reduce recurrence and improve safety.

Governance Statement

Robust documentation underpins safe clinical practice and is central to effective clinical governance. Clear, accurate, and contemporaneous records demonstrate professional accountability, support patient safety, and provide verifiable evidence that infection prevention and decontamination standards are being consistently applied.

All governance documentation and appendices must be treated as active working documents, not passive paperwork. Their purpose is to support safe systems of work, guide staff behaviour, and provide assurance to patients, regulators, and insurers that the practice operates to recognised professional standards.

Appendices and supporting records should be:

Easily Accessible to Staff

All staff involved in clinical care, decontamination, and environmental cleaning must be able to locate and use governance documents without delay. Records may be held in physical folders, digital systems, or a combination of both, but access must be straightforward, clearly signposted, and appropriate to the clinical setting, including domiciliary practice where relevant.



Used Consistently

Documentation must be completed accurately and in real time. Checklists, logs, and incident forms should be used as intended and not completed retrospectively or selectively. Consistent use ensures continuity, reduces variation in practice, and strengthens accountability across the team.

Reviewed as Part of Routine Audits and Inspections

Governance documentation must be reviewed regularly as part of internal audits, quality assurance processes, and external inspections where applicable. Reviews should confirm that records are complete, up to date, and reflective of current practice. Any gaps, trends, or recurring issues identified must be addressed promptly through training, system improvement, or procedural change.

A strong governance framework, supported by comprehensive documentation, protects patients, staff, and the organisation. It demonstrates a proactive commitment to safety, quality, and continuous improvement and reinforces the professional credibility and integrity of podiatry and foot health practice.



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