

# Podiatrists Regulation 1995

[1995-512]



New South Wales

## Status Information

### Currency of version

Repealed version for 17 November 2000 to 8 December 2005 (accessed 27 December 2024 at 18:51)

Legislation on this site is usually updated within 3 working days after a change to the legislation.

### Provisions in force

The provisions displayed in this version of the legislation have all commenced.

### Notes—

- **Repeal**

The Regulation was repealed by sec 134 of the *Podiatrists Act 2003 No 69* with effect from 9.12.2005.

### Authorisation

This version of the legislation is compiled and maintained in a database of legislation by the Parliamentary Counsel's Office and published on the NSW legislation website, and is certified as the form of that legislation that is correct under section 45C of the [Interpretation Act 1987](#).

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New South Wales

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# Podiatrists Regulation 1995



New South Wales

## Part 1 Preliminary

### 1 Name of Regulation

This Regulation may be cited as the *Podiatrists Regulation 1995*.

### 2 Commencement

This Regulation commences on 1 September 1995.

### 3 Definitions and notes

(1) In this Regulation:

**approved** means approved for the time being by the Board.

**Board** means the Podiatrists Registration Board constituted under the Act.

**the Act** means the *Podiatrists Act 1989*.

(2) Notes included in this Regulation do not form part of this Regulation.

## Part 2 Registration and the register

### 4 Application for registration

(1) An application for registration under the Act must be in the approved form and be accompanied by a fee of \$145.

(2) The fee, or such part of the fee as the Board determines, is to be refunded to the applicant if the application is refused.

### 5 Certificate of registration

(1) On the registration of a person as a podiatrist, the secretary is to issue to the person a certificate of registration in the approved form.

(2) The secretary may, if satisfied that a certificate of registration has been lost, destroyed or defaced, issue a duplicate, clearly marked as such, on payment of a fee

of \$20.

#### **6 Certificate of provisional registration**

A certificate of provisional registration referred to in section 8 (1) of the Act is to be in the approved form.

#### **7 Change of name**

If satisfied that a registered podiatrist has changed her or his name, the Board may:

- (a) enter the particulars of the changed name in the register, and
- (b) issue a certificate in the approved form certifying as to the change.

#### **8 Fee for entry of additional qualifications or other particulars in register**

The fee payable in respect of the entry in the register of any particulars under section 9 (2) of the Act is \$12.

#### **9 Restoration of name to register**

The fee payable for restoration of a person's name to the register under section 10 (5) of the Act is \$270.

#### **10 Surrender of certificate of registration**

If the name of a registered podiatrist is removed from the register or the registration of a registered podiatrist is suspended, the podiatrist must surrender her or his certificate of registration to the secretary within 14 days after the removal or suspension takes effect.

Maximum penalty: 5 penalty units.

#### **11 Fee for extract from register**

The fee to be paid for supplying a person with an extract from the register under section 9 (3) of the Act is \$10.

#### **12 Annual roll fee**

- (1) For the purposes of section 10 (1) of the Act, the prescribed roll fee is \$135 and the prescribed date (on or before which it must be paid) is 1 April.
- (2) For the purposes of section 10 (3) of the Act, the prescribed date is 1 July.

### **Part 3 Complaints**

#### **13 Lodgment and consideration of complaint**

- (1) A person making a complaint under section 14 of the Act must lodge the complaint with the secretary.

- (2) On receipt of a complaint, the secretary is to forward the complaint to the President who must:
  - (a) call a special meeting of the Board to consider the complaint, or
  - (b) place the complaint before the next ordinary meeting of the Board for consideration.
- (3) A copy of the complaint is to be served with the notice of any such meeting on each member of the Board.

#### **14 Conduct of complaint inquiry**

- (1) An inquiry conducted by the Board under section 15 of the Act is to be open to the public unless the Board otherwise determines.
- (2) An inquiry conducted by a Professional Standards Committee under section 15 of the Act is to be closed to the public unless the Professional Standards Committee conducting the inquiry otherwise determines.

#### **15 Notice of inquiry**

A notice given under section 15 (3) of the Act is to state that:

- (a) the inquiry may be conducted in the absence of the registered podiatrist concerned if she or he fails to appear, and
- (b) the Board can take action against the registered podiatrist as a result of the inquiry even if the registered podiatrist does not appear, and
- (c) the registered podiatrist concerned is entitled to be represented by a barrister or solicitor.

#### **16 Remuneration of Professional Standards Committee members**

For the purposes of section 21 (7) of the Act, a member of a Professional Standards Committee is entitled to be paid such remuneration as the Minister may from time to time determine.

### **Part 4 Advertising**

#### **17 General restriction on advertising**

A podiatrist or a corporation engaged or associated in the practice of podiatry must not advertise except in the manner and to the extent authorised by this Part.

Maximum penalty: 5 penalty units.

## **18 Advertising in general**

- (1) An advertisement by a podiatrist must not:
  - (a) be false, misleading or deceptive, or
  - (b) create an unjustified expectation of beneficial treatment, or
  - (c) promote the unnecessary or inappropriate use of the services of a podiatrist, or
  - (d) claim prominence for a podiatrist in the practice of podiatry, or
  - (e) compare a podiatrist's practice with that of any other podiatrist.
- (2) An advertisement by a podiatrist, other than an advertisement prohibited by subclause (1), is authorised.
- (3) A reference in this clause to a podiatrist includes a reference to a corporation engaged or associated in the practice of podiatry and to each registered podiatrist employed by the corporation.

## **Part 5 Practice of podiatry and provision of basic foot care**

### **19 Cleanliness of premises**

A registered podiatrist must not practise podiatry in any premises unless the premises comply with the following requirements:

- (a) the premises must be provided with adequate facilities for the maintenance of personal cleanliness (including facilities for the washing and drying of hands),
- (b) the premises must be provided with adequate, appropriate and well maintained receptacles for the reception of all soiled materials, contaminated and procedural waste, and sharps,
- (c) all surfaces on which instruments or other articles that may be used in the practice of podiatry may be placed, must be kept clean and hygienic.

### **20 Home practice**

A registered podiatrist who conducts podiatry in a patient's home must ensure that all contaminated and procedural waste and sharps resulting from the conduct of podiatry in the patient's home is or are safely and adequately disposed of.

### **21 Basic foot care**

- (1) For the purposes of section 4 (2) (b) of the Act, the provision of basic foot care in any appropriate manner by:
  - (a) persons who have completed a course of training recognised by the Board for the

purposes of this clause, or

- (b) persons who have, in the opinion of the Board, demonstrated skills in identifying basic symptomology or abnormality in the foot that requires referral to a medical practitioner or health care professional, or
  - (c) persons who are employed by a hospital, nursing home or community health centre and provide the service as part of their normal duties in that employment,
- is prescribed.

- (2) Without affecting section 4 (2) (b) of the Act, in this clause **basic foot care** means the fundamental attention given to normal toe nails and skin surfaces of the foot, including the cutting of toe nails, the removal of superficial dead skin material interdigitally and the application to the skin of emollients or rehydrating agents, when indicated.

**Note—**

Clause 21 does not prevent the provision of basic foot care to another person by:

- (a) a registered podiatrist, or
- (b) a medical practitioner.

## **21A Infection control standards**

- (1) A registered podiatrist must not, without reasonable excuse, fail to comply with the infection control standards set out in Schedule 1 to the extent that they apply to the registered podiatrist in the practice of podiatry.
- (2) In determining whether or not a registered podiatrist has a reasonable excuse for failing to comply with a standard, particular consideration is to be given to whether the podiatrist's employer failed to provide the necessary equipment, including providing access to it and training in its use, that would have enabled the podiatrist to comply with the standard (and whether the failure to provide such equipment was reported by the podiatrist to the Director-General of the Department of Health).

## **Part 6 Miscellaneous**

### **22 Special and urgent meetings of the Board**

- (1) A special meeting of the Board may be called on written requisition given to the secretary by the President or any 3 members and is to be held within 7 days of the receipt of the requisition by the secretary.
- (2) An urgent meeting of the Board may be called by the President for any purpose at any time.



- (3) At least 24 hours' notice of the time and place of any special or urgent meeting is to be given by the secretary to each member.

### 23 Service of documents

Any document required by the Act or this Regulation to be served on a person (whether the word "serve", "give" or "send" or any other word is used) may be served in person or by post.

### 24 Repeal

- (1) The *Podiatrists Regulation 1990* is repealed.
- (2) Any act, matter or thing that was done for the purposes of or, immediately before the repeal of the *Podiatrists Regulation 1990*, had effect under that Regulation is taken to have been done for the purposes of or to have effect under this Regulation.

## Schedule 1 Infection control standards

(Clause 21A)

### Part 1 Preliminary

#### 1 Definitions

- (1) In this Schedule:

**body substance** includes any human bodily secretion or substance.

**invasive procedure** means any one or more of the following:

- (a) surgical entry into body tissue, cavities or organs,
- (b) surgical repair of traumatic injuries.

**patient** includes (but is not limited to) a person who is accessing medical or health services or who is undergoing any medical or health procedure.

**sharps** means any object capable of inflicting penetrating injury, and includes hollow bore needles, suture needles, scalpel blades, wires, trocars, auto lancets, stitch cutters or broken glassware.

- (2) The requirements set out in this Schedule apply to a registered podiatrist who is assisting in performing a procedure in the same way as they apply to a registered podiatrist who is actually in performing the procedure.

## **Part 2 General standards applying to registered podiatrists**

### **2 General precautions and aseptic techniques**

- (1) Procedures must be followed in order to avoid direct exposure to a patient's blood or other body substances. This requirement applies regardless of whether there is any perceived risk of infection.
- (2) Aseptic techniques must be used in the course of complying with the requirements of this Schedule.

### **3 Hand and skin cleaning**

- (1) Hands must be cleaned immediately before and after any direct patient care.
- (2) Hands may be cleaned by:
  - (a) using washing facilities involving water and a soap or antiseptic, or
  - (b) if any of the items specified in paragraph (a) are unavailable, using non-water cleansers or antiseptics.
- (3) Hands or other skin surfaces that are contaminated with a patient's blood or other body substance must be cleaned as soon as it is practicable to clean them.
- (4) The requirement to clean hands applies regardless of whether gloves are also required to be worn.

### **4 Protective gowns and aprons**

A gown or apron made of impervious material must be worn during any procedure where there is a likelihood of clothing being splashed or contaminated with blood or other body substances.

### **5 Gloves**

- (1) Gloves must be worn while handling blood or other body substances.
- (2) In particular, gloves must be worn:
  - (a) during any procedure where direct contact is anticipated with a patient's blood or other body substances, mucous membranes or non-intact skin, and
  - (b) while suctioning a patient, and
  - (c) while handling items or surfaces that have come into contact with blood or other body substances, and
  - (d) while performing an invasive procedure, venipuncture or a finger or heel stick, and

(e) (Repealed)

- (3) Sterile gloves must be worn if the procedure involves contact with sterile tissue.
- (4) Gloves must be changed and discarded:
  - (a) as soon as they are torn or punctured, and
  - (b) after contact with each patient.
- (5) Gloves must also be changed if separate procedures are being performed on the same patient and there is a risk of infection from one part of the body to another.

## **6 Masks and protective eye wear**

- (1) A mask and protective eye wear must be worn while performing any procedure where there is a likelihood of splashing or splattering of blood or other body substances.
- (2) In cases where a mask is required to be worn, it must be worn and fitted in accordance with the manufacturer's instructions.
- (3) A mask must be discarded once it has been worn and it must not be used again.
- (4) In cases where protective eye wear is required to be worn, it must be worn and fitted in accordance with the manufacturer's instructions.
- (5) Protective eye wear must be discarded once it has been worn and not used again unless it is reusable in which case it is to be cleaned in accordance with the manufacturer's instructions.

## **7 Sharps**

- (1) Sharps must not be passed by hand between a registered podiatrist and any other person. However, this requirement does not apply if, in any case involving an invasive procedure, the proper conduct of the procedure would be adversely affected.
- (2) A puncture resistant tray must be used to transfer sharps.
- (3) A needle must not be removed from a disposable syringe for disposal, or be purposely broken or otherwise manipulated by hand, unless:
  - (a) it is necessary to remove the needle for technical reasons, or
  - (b) the registered podiatrist is performing a procedure where a needle is required to be bent.
- (4) A needle must not be bent after it is contaminated with blood or body substances.
- (5) In any case where resheathing of a needle is required:

- (a) the needle must be properly recapped, and
  - (b) the sheath must not be held in the fingers, and
  - (c) either a single handed technique or forceps, or a suitable protective guard designed for the purpose, must be used.
- (6) Reusable sharps must, immediately after being used, be placed in a puncture resistant container specially labelled for that purpose.
- (7) Non-reusable sharps must, immediately after being used, be disposed of in a puncture resistant container.

## **8 Management of waste**

- (1) Clinical waste must be properly packaged to protect against potential exposure to infectious agents and to facilitate the proper handling, storage and treatment or disposal of the waste.
- (2) Splashing or contamination of skin while disposing of blood or body substances must be avoided as far as practicable.

## **Part 3 Specific standards applying to registered podiatrists**

### **9 Sterile medications and solutions**

- (1) A medication or solution may only be taken from a multi-dose vial or ampoule (or other similar container) if the medication or solution is not readily available in another form.
- (2) If any medication or solution is taken from a multi-dose vial or ampoule (or other similar container), a sterile needle and syringe must be used to withdraw the contents.
- (3) The needle and syringe must be discarded once the needle and syringe have been used.
- (4) Precautions must be taken to ensure that the injection of contaminated material or fluid into a multi-dose vial or ampoule (or other similar container) does not happen.

### **10 Invasive procedures**

- (1) In cases where it is technically feasible, retractors must be used for exposure and access during an invasive procedure.
- (2) Fingers must not be used for the purposes of an invasive procedure to expose or increase access for the passage of a suture.
- (3) Only one sharp at a time is to be placed in a puncture resistant tray that is being used

in connection with an invasive procedure.

## **Part 4 Processing of instruments and equipment**

### **11 Cleaning of instruments and equipment**

- (1) Any instrument or equipment that comes into contact with intact skin must be cleaned before it is used.
- (2) Any instrument or equipment that is required to be sterilised or disinfected must be cleaned before it is sterilised or disinfected.
- (3) The process of cleaning must involve water and mechanical or physical action (such as washing machines) and a cleaning agent.
- (4) All cleaning agents must be removed from instruments and equipment by rinsing prior to further processing.
- (5) In this clause, **cleaning agent** means a detergent and includes proteolytic enzyme substances.

### **12 Disinfection of instruments and equipment**

- (1) Any instrument or equipment that comes into contact with non-sterile tissue (other than intact skin) must, before it is used, be disinfected with a disinfectant specified in the Australian Register of Therapeutic Goods, and the relevant manufacturer's instructions must be followed.
- (2) The process of disinfection must involve either thermal or chemical methods. Chemical disinfection may only be used in cases where thermal methods are unsuitable.

### **13 Sterilisation of instruments and equipment**

- (1) Any instrument or equipment used to enter, or that is capable of entering, tissue that would be sterile under normal circumstances, or the vascular system of a patient, must be sterilised before it is used.
- (2) The method of sterilisation must be compatible with the particular type of instrument or equipment.
- (3) If a steriliser is used (whether it is a benchtop/portable steriliser or a permanently plumbed or wired steriliser), the following criteria must be met:
  - (a) the relevant manufacturer's instructions must be followed,
  - (b) an ongoing monitoring program must be followed which reflects the requirements of Table 7.1 "STERILIZER TESTS AND TEST FREQUENCIES" of Australian Standard AS 4187-1998.

(4), (5) (Repealed)