

Developed by the BC Provincial Nursing Skin & Wound Committee in collaboration with NSWOC/WCs/FCNs from:



Advanced Foot & Nail Care: Guideline

<p>Endorsement British Columbia & Yukon</p>	<p>Endorsement done: N/A.</p> <p>Endorsement pending: FNHA, FHA, IHA, ISLH, NHA, PHS, VCH/PHC & Yukon; until endorsement has been granted by your health authority (HA), please follow your HA's current document.</p>
<p>DST Indications for Use</p>	<ul style="list-style-type: none"> This Decision Support Tool (DST) guides Foot Care Nurses (FCNs) in the assessment of high-risk foot & nail conditions and the determination of appropriate treatment strategies for adult clients across all care settings. <ul style="list-style-type: none"> The client with high-risk foot & nail conditions requires an interprofessional team approach for the management the conditions. This guideline does not provide direction for basic nail care; please see the Basic Hand & Foot Nail Care guideline (link)
<p>Practice Level</p>	<p><u>British Columbia:</u></p> <ul style="list-style-type: none"> To provide advanced foot & nail care: <ul style="list-style-type: none"> NPs <ul style="list-style-type: none"> Must practice within their scope when providing advanced foot & nail care Have the knowledge, skill and ability to perform advanced foot & nail care. Follow the HA/agency approved advanced foot & nail care guideline, (e.g., this guideline). RNs, RPNs, and LPNs must: <ul style="list-style-type: none"> Follow their HA/agency policy/standard that supports advanced foot & nail care practice for their designation. Have the knowledge, skill and ability to perform advanced foot & nail care. Follow the HA/agency approved advanced foot & nail care guideline, (e.g., this guideline). Each nurse is responsible for maintaining their competency in advanced foot & nail care. <p><u>Yukon:</u></p> <ul style="list-style-type: none"> RNs, RPNs and LPNs refer to organizational policy and practice in accordance with regulatory bodies.
<p>Education</p>	<ul style="list-style-type: none"> Successful completion of an FCN course based on the National Competencies of Advanced Nursing Foot Care for Canada (2025), which includes both a theory and a clinical component followed by a competency assessment. Other education may be required as per HA/agency.
<p>Need to Know</p>	<ul style="list-style-type: none"> Referral from a HA site/unit is required in order for FCN services to be provided. Referral is based upon foot and nail care assessment findings from either a Basic and/or Advanced Lower Limb Assessment indicating a high-risk foot or nail situation. Reduction of callus using sharp tools such as bladed dermal curette, scalpel, or gouge blade is restricted to RNs who have successfully completed Conservative Sharp Wound Debridement additional education. Dremels are not to be used for foot care as they are not medical grade tools. The 2011 British Columbia Ministry of Health and the 2016 Provincial Health Services Authority's Provincial Infection Control Network (PICNet) guidelines defined foot care as 'hygienic' as opposed to 'medical' and state semi-critical reprocessing rather than sterilization is the British Columbia practice standard for non-disposable, multi-use foot care devices (FCDs), (e.g., metal files, rasps, nippers/cutters, blades, scissors, probes, curettes, and rotary tool burrs). <ul style="list-style-type: none"> If feasible, sterilization is preferred for FCDs when the risk assessment determines a higher likelihood of traversing the epidermal layer and/or a HA streamlines the reprocessing decision-making to provide a higher margin of safety.

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	Note: the British Columbia standard varies from the standard set by the Infection Prevention & Control Canada (IPAC) and the Canadian Association of Foot Care Nurses (CAFCN) reprocessing competencies; these organizations identify foot care devices as medical.
Bookmarks	Assessment Determine Care Strategies Interventions Discharge/Transition of Care Client/Family Education Documentation Definitions Bibliography/References Document Management
Related Documents	Guideline: Basic Hand & Foot Nail Care Assessment: High Risk Foot & Nail Assessment Flow Sheet: Advanced Foot Care Assessment & Treatment

Assessment and Determination of Care Strategies

When talking with the client and/or their family regarding the following, keep in mind the client/family's culture and traditions related to nail care, the concepts of Trauma Informed Practice and Indigenous Cultural Safety.

Assessment

1. Assess for risk factors for high-risk foot & nail conditions:

a. Medical conditions:

- Diabetes Mellitus; Type 1 or Type 2, elevated blood glucose level, elevated A1C.
- Other neuropathic (sensory, motor, or autonomic) conditions; (e.g., spinal cord injury, cardiovascular accident, multiple sclerosis).
- Lower limb conditions, (e.g., venous insufficiency, peripheral artery disease, mixed arterial/ venous, lymphedema, lipedema).
- Impaired oxygenation, (e.g., chronic obstructive pulmonary disease, heart failure).
- Auto-immune disease/immunosuppression, (e.g., cancer, chemotherapy, HIV/AIDs, rheumatoid arthritis, Crohn's Disease, lupus).
- Chronic end-stage disease, (e.g., kidney disease, liver disease).
- High blood pressure.
- Spinal cord injury and level of spasticity, if present.
- Hemorrhagic/bleeding conditions, (e.g., anticoagulation/antiplatelet therapy, hemophilia).
- Hormonal changes, (e.g., thyroid changes, pregnancy, menopause).
- Conditions requiring a medical device on the foot, (e.g., artificial limb, casts, offloading devices) may cause a Medical Device Related Pressure Injury (MDRPI)).
- Lower leg/foot surgery, surgical hardware insitu.
- Mental health concerns.
- Advanced age.

b. Contributing factors:

- Occupation, (e.g., those that involve sitting or standing for long periods of time).
- Nutritional intake see [Nutrition Screening for Wound Prevention & Healing: Guideline for Nurses](#).
- Poor vision.
- Reduced mobility and/or flexibility to reach feet or toes.
- Smoking.
- Substance use.
- Concern re the current appearance of their feet and/or nails.

- c. Social determinants of health, barriers to care:
 - Cost for treatment.
 - Cost of correctly fitted shoes/boots and socks.
 - Food insecurity.
 - Travel distance to receive care.
 - Health education & literacy.
2. Assess client's current skin and nail care routines:
 - a. Lower leg skin care routine for cleansing and moisturizing as well as the products that are being used.
 - b. Nail trimming and/or filing schedule, as well as the equipment that is used (e.g., nail clippers, emery board, and manicure stick), their condition and cleaning process.
 - c. If there is use of over the counter or prescribed topical ointments, lotions, powders, (e.g., topical or oral antifungals, antiseptics, or antibiotics).
 - d. Determine family and community supports, (e.g., Personal Support Worker).
 3. Assess the feet, toes and nails using the [High-Risk Foot & Nail Assessment](#):
 - a. Skin & nail integrity including degree of tyloma, heloma, verruca, length & condition of nails.
 - b. Colour including changes with limb elevation.
 - c. Warmth including skin temperature, capillary refill, [Ankle Brachial Pressure Index](#), Toe Brachial Pressure Index (TBD).
 - d. Movement including bone deformities, (e.g., weight-bearing, gait, foot deformation, footwear).
 - e. Sensation, including day- and night-time pain, tuning fork testing TBD and [monofilament testing](#).
 - f. Nail or skin infection.
 - g. Assess condition of commonly worn footwear.
 4. For clients with diabetes, complete an Inlow's Diabetic Foot Screen test (TBD), if not done within 60 days prior to the High-Risk Foot & Nail assessment being done.
 5. Assess the environment for safety and suitability to carry out foot care:
 - a. A well-lit space to visualize the foot and nails.
 - b. Client can be positioned comfortably and able to maintain the position for the procedure.
 - c. A clean, uncluttered work surface to set up equipment and supplies.
 - d. Sufficient and uninterrupted time to do the procedure.
 - e. A stable chair for the nurse to use while performing the procedure.
 - f. Access to the foot which allows the nurse to maintain good body mechanics during the procedure.
 - g. Availability of timely medical assistance should unexpected outcomes arise.
 - h. Availability of hemostatic agents, (e.g., [Kaltostat](#)) if needed.

Determine Care Strategies

Based upon the assessments above, determine care strategies considering:

- Client and/or family's level of understanding of overall goal of care, and the role of the foot and nail assessment and treatment in achieving the goal.
- Client and/or family's willingness to participate in the care plan.
- Potential healability of the skin/nail due to known risk factors, (e.g., arterial circulation, edema, lymphedema, footwear, fungal infection).
- Client and/or family's ability to manage any treatments which needs to be done at home, (e.g., doing foot care routines, wearing appropriate footwear, using offloading devices).
- Impact of foot/nail complications on client's body image and quality of life.
- Financial concerns that could affect engagement in care plan.
- Emotional, cognitive, and behavioural concerns that could affect engagement in care plan, (e.g., dementia, substance use).

Interventions

1. a. Considerations for high-risk foot and nail care:
 - [MRP](#)'s order is needed when a patient or resident/person-in-care is to have their foot care done by an FCN who is not an employee of the HA (e.g., a private FCN contracted to provide foot care services to a Long-Term Care site).
 - Obtain, if possible, the client's verbal informed consent for the procedure or family/Substitute Decision Maker.
 - **Do not soak** feet prior to providing nail care. By consensus, the British Columbia Provincial Nursing Skin & Wound Committee has determined that soaking feet prior to providing nail care is not to be done. Soaking causes the skin around the nail to swell which minimizes visualization of the nail edge which can lead to injury when trimming or filing.
 - If a wound is present on a toe or a wound has been caused by a nail; do not provide nail care to that toe, refer to the [NSWOC/WC](#).
 - If a wound has a callused peri-wound area; do not reduce the callus, refer to NSWOC.
 - If ingrown nail present, refer to podiatry unless trained and competent in the management of this nail concern.
 - If a detached nail is present, refer to MRP unless trained and competent in the management of this nail concern.
 - b. Set up workspace:
 - Gather equipment and supplies; take note of the number of tools to be used during treatment.
 - Ensure sufficient lighting for good visualization of the foot and nails.
 - Ensure safe ergonomic space in which to provide care, (e.g., nurse's chair at the correct height)
 - Ensure a safe and comfortable position for the client.
 - Wear appropriate personal protective equipment, see [Infection Prevention & Control principles](#) below.
 - Place clean and/or sterile foot care equipment and supplies on an appropriate work field.
 - Ensure safe ergonomic position to minimize awkward and/or static positions while providing care.
 - c. Provide nail care using a Blacks file, rotary tool and/or nippers for the following:
 - Thickened and/or misshapen nail.
 - Broken nail below the free nail edge.
 - Conservative management of fungal nails. Refer to MRP if fungal infection is not contained or reduced with conservative treatment.
 - d. Provide foot care using a using a Blacks file, rotary tool, and/or non-bladed curette for the following:
 - Reduction of corns
 - Reduction of callus.
 - Reduction of callus using sharp tools such as bladed dermal curettes, scalpels, or gouge blades is restricted to registered nurses who have successfully completed additional education through a HA approved Conservative Sharp Wound Debridement course..
 - Refer to the [NSWOC/WC](#) if an open wound is noted resulting from a corn or callus reduction.
 - e. Treat plantar warts conservatively, (e.g., filing or use of duct tape for non-fragile skin), and/or with Liquid Nitrogen as per HA/agency policy.
 - k. Determine, as per competency, offloading management of foot/toe deformity. Consult with MRP for an OT, orthotist or pedorthist referral when needed.
 - l. Clean up the workspace and take note of number of tools at the end of the treatment. Follow HA/agency/site-specific policies for cleaning/disinfecting and storing of any reusable client-specific nail equipment if used, (e.g., emery board).
 - m. Refer to MRP for new or changing abnormal foot bone structure.
2. Management of advanced foot care equipment:
 - a. The British Columbia Ministry of Health and the Provincial Health Services Authority Infection Control Network (PICNet) have laid out the following for the reprocessing of multi-use FCD:
 - Multi-Use FCDs used by FCNs within British Columbia are classified as [semi-critical devices](#) and as such, require low-level cleaning followed by high-level disinfection. Follow the *Instructions For Use* (IFU) as per the FDU manufacturer regarding what cleaning and disinfecting products are to be used.
 - Sterilization of these devices is preferred when:

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- The risk assessment determines a higher likelihood of traversing the epidermal layer and/or
 - A HA streamlines decision-making to provide a higher margin of safety (applicable to HA FCN employees).
3. Infection Prevention and Control principles:
- a. Personal Protective Equipment (PPE), including gown, N95 mask, eye protection and gloves, is to be worn while providing care to prevent the transmission and spread of infection,
 - b. Clean and disinfect workspace (e.g., table, leg rest/wedge) prior to and at the end of each episode of foot care.
 - c. Set instruments on a clean working surface in a manner that maintains their level of high disinfection or sterilization (according to site policy) until the point of use.
 - d. Gather tools used during care episode, ensuring the count of the tools matches the count at beginning of procedure.
 - e. Process for **single-use** foot care devices after use:
 - Dispose in designated sharps container.
 - f. Process for **multi-use** foot care devices after use:
 - **Pre-Clean**
 - At the point of use, remove gross soiling, preclean with an enzymatic cleaner if available, or a non-lint disposable towel dampened with water or as per FCD manufacturer's instructions.
 - Identify any FCDs needing high-level disinfection versus sterilization (e.g., contamination by blood requires a FCD to be sterilized).
 - If the precleaned FCDs cannot immediately be high-level disinfected or sterilized, lay them out separately in a sealed puncture-resistant container on a towel well-moistened with water (not normal saline) or with a foam, spray or gel specifically intended by the manufacturer for this purpose, do not wrap the FCDs in the damp towel. Securely close the lid, the towel will provide humidity which will minimize any remaining soiling from drying out.
 - **High-Level Disinfection:**
 - On unit/site, in a designated area:
 - Clean each FCD with a low-level cleaner as per manufacturer's instructions.
 - Do a [high-level disinfection](#) for each FCD with a high-level disinfectant solution (e.g., Accel PREempt HLD5), soak time is determined by the manufacturer of the solution and rinse with water. Allow FCD to dry.
 - Store FCDs in secure puncture-resistant container to maintain their high level of disinfection, label the container as "high level disinfected".
 - If unit/site disinfection not available, the FCDs need to be transported to a department/site that does high-level disinfection:
 - Lay out the FCDs separately in a sealed puncture-resistant container on a towel well-moistened with water (not normal saline) or with a foam, spray or gel specifically intended by the manufacturer for this purpose. Do not wrap the FCDs in the damp towel. Securely close the lid and ensure container is labelled "soiled/ biohazard".
 - As per unit/site's process, place container at the designated pick-up area for transport to high-level disinfections department/site or arrange for pick-up.
 - When disinfected FCDs are returned to the unit, store them in secure puncture-resistant container to maintain their high level of disinfection; label the container as "high level disinfected".
 - **Sterilization:**
 - Prepare FCDs for transport to a department/site that provides [sterilization](#):
 - Lay out the FCDs separately in a sealed puncture-resistant container on a towel well-moistened with water (not normal saline) or with a foam, spray or gel specifically intended by the manufacturer for this purpose, do not wrap the FCDs in the damp towel. Securely close the lid and ensure container is labelled "soiled/ biohazard".
 - As per site's process, place container at the designated pick-up area for transport to reprocessing department/site or arrange for pick-up.

- When sterilized FCDs are returned to the unit, store them by date to maintain their sterility. Use earlier dated FCDs first.

Note: the site must have a Transportation of Dangerous Goods (TDG) certificate for biohazard transportation.

Client/Family Education

For the client living at home and the client and/or family are doing their own nail care:

- a. The importance of keeping the FCN appointments to ensure regular treatment is done for foot and advanced nail care concerns.
- b. Guide them to:
 - Establish a routine schedule for basic trimming/filing of nails that they can do.
 - Check each nail prior to doing care to ensure there is a free nail edge. If there is no free nail edge, do not do nail care to that nail.
 - Correctly cleanse, trim and file the nails and to moisturize the hands and feet.
 - Identify signs of concern and what nail care should/should not be done as well as to whom to report the concern, (e.g., client's FCN or MRP):
 - Black scab-like areas and/or open areas on the toes – do not do nail or skin care.
 - Change of colour in a limb – do not do nail care.
 - New or increasing pain and/or numbness/tingling in the limb – do not do nail care.
 - A nail that is broken below the free nail edge, detached, ingrown, green in colour, bleeding and/or draining purulent drainage - do not do nail care.
 - Ensure footwear fits well to minimize injury to nails or foot, (e.g., ingrown nails, callus development).
 - Identify the roles of interdisciplinary team, (e.g., FCN, podiatrist, pedorthist, NSWOC/WC, MRP) and when each should be contacted.
- c. Provide client/family with appropriate written materials that support and reinforce their learning.
- d. Document specific written materials reviewed and provided to the client and/or family.

Discharge/Transition of Care

When transitioning the client to another care setting, provide the receiving unit's staff with the high-risk foot & nail care plan and when the next FCN treatment is scheduled.

Client Clinical Outcomes

The intended client clinical outcomes are to reflect the goals of the care and be developed in collaboration with the interprofessional team, the client and family.

1. Intended
 - a. Client's nails are kept at an appropriate length with smooth edges.
 - b. Client's nails, cuticles and surrounding skin are intact with no signs of infection.
 - c. Client's foot corns and/or callus are reduced and managed.
2. Unintended
 - a. Client develops a nail infection related to nail care.
 - b. Client's skin around nail is injured in the course of care leading to prolonged bleeding.
 - c. Client develops a new or worsening corn or callus on their foot/toes.
 - d. Client develops a wound on their foot/toes related to foot & nail care.

Quality Assurance Indicators

The HA/agency can use the following quality assurance indicators to ensure that the nail care interventions are in place:

1. High Risk Foot & Nail assessment is completed, and a foot & nail care plan has been developed and implemented.

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2. Interventions are implemented to prevent infections related to foot and nail care.
3. Interventions are implemented to prevent foot and/or nail injury.
4. If skin breakdown/injury occurs, appropriate wound care strategies are implemented.

Documentation

1. Document initial and ongoing high-risk foot & nail assessment, foot & nail care plan, interventions provided, clinical outcomes, and care plan revisions as per HA/agency policy/standard.
2. Documentation care provided as per HA/agency policy, (e.g., PNSWC's [Advanced Foot Care Assessment & Treatment Flow Sheet](#)).
3. If there is an injury related to foot and/or nail care, report the patient safety event as per HA/agency policy.

Definitions

Cleaning: The physical removal of foreign material, (e.g., dust, soil) and organic material, (e.g., blood, secretions, excretions, microorganisms). Cleaning physically removes rather than kills microorganisms. It is accomplished with water, detergents, and mechanical action. Cleaning must be performed before high level disinfection or sterilization.

Client: Generic term used to describe a person accessing care regardless of care setting; patient in the hospital, client in community; resident in long-term care.

Family: Family is two or more individuals who come together for mutual aid. Families are self-defined, and family is 'who the client says their family is'; this is individualized.

FCD(s): Foot Care Device(s)

Foot Care Nurse (FCN): A NP, RN, RPN or LPN who has successfully completed a HA/agency approved foot care course.

High-Level Disinfection (HLD): A process capable of killing vegetative bacteria, mycobacteria including *Mycobacterium tuberculosis*, fungi, and lipid and nonlipid viruses, as well as some, but not necessarily high numbers of, bacterial spores. High-level disinfection is considered to be the minimum level of disinfection required for semi-critical medical devices. Medical devices shall be thoroughly cleaned prior to high-level disinfection.

Inlow's Diabetic Foot Screen: a 60-second screening tool with 12 elements used to identify an at-risk diabetic foot.

LPN: Licensed Practical Nurse.

MRP: Most Responsible Provider.

NP: Nurse Practitioner.

NSWOC: Nurse Specialized in Wound Ostomy & Continence.

RN: Registered Nurse.

RPN: Registered Psychiatric Nurse.

Semi-critical Medical Device: Medical device that comes into contact with non-intact skin or mucous membranes but ordinarily does not penetrate them, (e.g., respiratory therapy equipment, transrectal probes, specula and for foot care: metal files, corn and callus rasps, nail nippers/cutters, scissors, probes, non-bladed curettes, and non-disposable rotary tool burr if they are used for multiple clients. Reprocessing semi-critical devices requires meticulous cleaning followed by high-level disinfection.

Sterilization: a process used to ensure products and devices are free from viable microorganisms.

WC: Wound Clinician.

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Document Management

This guideline is based on the best information available at the time of its Provincial Partners Review and relies on evidence, expert consensus, and avoids opinion-based statements where possible.

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