

Infection Prevention and Control in Podiatry

Infection prevention and control (IPC) should be a priority in podiatry, and podiatrists should have appropriate preventive measures in place to keep patients safe. Lax IPC efforts — such as improper hand hygiene, failure to use appropriate personal protective equipment (PPE), poor injection and medication practices, and inadequate cleaning/sanitizing — can lead to adverse outcomes and liability exposure.¹

Malpractice case data show that infection is noted in 31 percent of cases in which podiatry

is the primary responsible service.² To safeguard patients and reduce liability exposure, podiatrists should adhere to standard precautions, including comprehensive education and training; hand hygiene best practices; proper PPE use; safe injection and medication management; and thorough environmental cleaning and disinfection.

The following risk tips offer guidance for maintaining IPC in the podiatry setting or when practicing offsite.³



Designate appropriate staff and resources to devise, oversee, and maintain an IPC program and protocols. Make sure that at least one staff member in your practice has IPC training and can direct and monitor IPC efforts.



Compile your practice's IPC policies and procedures into a manual. Include a description of the protocols and the necessary supplies to ensure appropriate hand hygiene; PPE use; injection practices; medication storage and management; handling of all medical devices, equipment, soiled linens, and medical waste; cleaning and sterilization of reusable materials; discarding of single-use items; and environmental cleaning.

3

Review your practice's IPC policies and procedures every year to identify any gaps. Encourage annual facility risk assessments to pinpoint potential IPC issues. (Note: Caring for patients in offsite settings, such as skilled nursing facilities, should involve adhering to the same standards of infection control.)

4

Provide IPC training and education for all staff members. Make sure they thoroughly understand and adhere to the practice's policies and procedures. Verify and document whether staff members have received any required and/or recommended immunizations.

5

Gather, analyze, and interpret data about infections that occur in relation to your practice and patients. Make sure that appropriate disease reporting is taking place, infection occurrence is carefully surveilled, and checklists are used to assess compliance with IPC programs.

6

Maintain a quality control program that oversees all cleaning, sterilization, and storage practices; identifies any gaps in these practices; and implements corrective actions.

7

Require staff members to wash their hands with soap and water when visibly soiled and recommend that they use alcohol-based hand sanitizer before and after contact with a patient, before and after using gloves, and after contact with potentially soiled surfaces or devices.

8

Maintain an inventory of PPE — including gloves, gowns, face masks, goggles, and face shields — in various sizes for staff members. Educate them on the proper use of these items and the specific conditions or circumstances in which they should use them.

9

Provide face masks, tissues, no-touch trash cans, and alcohol-based hand sanitizer in patient waiting areas and patient care areas.

10

Educate staff members, patients, and families about respiratory hygiene and cough etiquette. Address the importance of it with any patient or visitor that shows signs of a respiratory illness. Consider using visual cues, such as posters, to reinforce key messaging.

11

Teach staff members how to use and handle the supplies involved in safely preparing and giving injections. Inform them about safe medication storage and handling, as well as managing the use of oral and topical medications.

12

Ensure that routine cleaning and disinfection of the waiting, exam, and surgical areas of the practice are completed, documented, and monitored.

13

Classify medical devices as either single use or reusable. Adhere to manufacturer usage, cleaning, and safety specifications. Never reuse a single-use medical device.

14

Train staff members on how to properly use medical devices, including how to clean, disinfect, and sterilize them.

Resource

For more information about this topic, see the Centers for Disease Control and Prevention's *Guide to Infection Prevention for Outpatient Podiatry Settings*.

Endnotes

This document does not constitute legal or medical advice and should not be construed as rules or establishing a standard of care. Because the facts applicable to your situation may vary, or the laws applicable in your jurisdiction may differ, please contact your attorney or other professional advisors if you have any questions related to your legal or medical obligations or rights, state or federal laws, contract interpretation, or other legal questions.

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¹ Karam, L. M. (2021, May 19). *Does my podiatrist meet CDC standards for infection prevention?* Dental & Podiatry Malpractice Lawyers of New York. Retrieved from https://dentalandpodiatricmalpractice.com/does-my-podiatrist-meet-cdc-standards-for-infection-prevention/

² MedPro Group + MLMIC cases opened 2014–2023 (podiatry as responsible service).

³ The risk tips in this publication are based on the following sources: McDonald, K., & Liao, G. (2018, October). Key principles in preventing infection in podiatry offices. *Podiatry Today*. Retrieved from www.hmpgloballearningnetwork.com/site/podiatry/key-principles-preventing-infection-podiatry-offices; Centers for Disease Control and Prevention. (2018, October). *Guide to infection prevention for outpatient podiatry settings*. Retrieved from www.cdc.gov/infection-control/media/pdfs/Podiatry-Guide-508.pdf