COLLEGE OF PODIATRIC SURGEONS
OF
BRITISH COLUMBIA

APPENDIX B to BYLAWS

PRACTICE FACILITY STANDARDS

Approved by CPS-BC Board

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SECTION 1 - PREAMBLE

Purpose and Objectives

The overall purpose of these standards is to ensure that every podiatrist has, maintains and uses facilities, equipment and supplies which are capable of delivering podiatric care, commensurate with the scope of their practice, at a level equal to the generally accepted standards as determined by their peers, for podiatric medicine in British Columbia.

The objective of these standards is to serve the following interests:

1. Protection of the public by ensuring public safety.
2. Consideration of public expectations.
3. Protection of patients by ensuring patient welfare including comfort and safety.
4. Definition of clear, uniform, reasonable and defensible standards.
5. Provision of reasonable flexibility in the means of meeting standards.
6. Capability of effective enforcement.

Approach

This document sets out Appendix B to the CPS-BC Bylaws, the Practice facility Standards of the College. All clinics are required to meet these Standards as they apply to their particular circumstances.

The decision as to what Standards apply to any facility's circumstances is a matter for the Quality Assurance Committee (QAC).

The Standards are the main overarching rules; in every case they must be met unless that particular Standard does not apply because of the scope of the practice of the facility.

The Standards describe or reflect the 'ends' that must be met; there is flexibility in the means by which a facility meets these 'ends'. Where guidelines set out under the Standard describe the usual means to achieve the Standard, the guidelines have the force of a mandatory rule unless the facility can show equivalency. In other words, every facility must show that it has met the Standard by either 1) following the guideline provided, or 2) using an alternative means that is equally effective in serving the interests of efficacy and patient protection.

Practice inspections will be based on the actual usual nature and scope of the practice. Registrants must clearly articulate the normal scope of the practice (e.g., disciplines or modalities used). The facility must meet the Standards that are applicable to that normal scope of practice.

Practices are encouraged to offer as broad a range of services as possible. However, practices that voluntarily limit their range are not required to have those supplies, equipment and facility features that fall outside of their normal scope of activity. Such practices should explain their limits clearly to clients and must make reasonable efforts to refer clients to other practitioners for services required that fall outside of their own voluntary scope.

Specialists are expected to meet the minimum standard outlined in these standards for their area of specialty as well as to meet the requirements as set by their particular specialty boards.

The Standards make reference in places to 'compliance' with other legislation. The QAC will as it sees fit inspect for compliance with requirements such as the *Workers Compensation Act* or Federal Safety Codes. The CPS-BC will not enforce other legislation; it is up to the responsible agency or law enforcement body to determine if there has been a violation of that law.

However, the failure to meet any such Standards that are adopted by reference may constitute a breach of the CPS-BC Practice Standards.

Effective Date

On the date on which these Standards come into effect, they apply to all practices. Practices must comply with them within one year. In the interim, such practices must comply with, and are subject to immediate inspection pursuant to, the Practice Standards previously in effect.

Changes to Standards

Changes to the Standards or the guidelines must be approved by the Board. The Board will provide notice and opportunity for input to the registrants regarding anticipated changes.

The guidelines supporting the Standards are interpreted and applied by the QAC in their discretion as deemed appropriate. The QAC may make recommendations to the Board for changes to the Standards or guidelines from time to time.

SECTION 2 - DEFINITIONS

All terms are as defined in the CPS-BC Bylaws (section 1) unless otherwise stated in this document. Additional definitions are below:

ALARA: As Low As Reasonably Achievable.

Analgesia: The absence of pain sensibility, achieved through the use of drugs or other modes of therapy.

Arthroscopy: A surgical procedure on a joint in which an examination and sometimes treatment of damage is performed using an arthroscope, an endoscope-like instrument that is inserted into the joint through a small incision.

Complementary or alternative medicine: A group of treatments or therapeutic options that lie outside the mainstream of conventional medicine.

Controlled drug: Any substance listed in Schedule I-V of the *Controlled Drugs and Substances Act*, e.g. narcotics, controlled drugs, and targeted substances.

Conventional western medicine: Any element of medical practice generally referred to in popular usage as conventional, or allopathic, medicine.

CPS-BC: The College of Podiatric Surgeons of British Columbia.

Diagnostic imaging area: Any area/s within a practice facility, in, on or from which equipment is used for the production of diagnostic images, using various modalities including but not limited to ionizing radiation, fluoroscope, and ultrasound.

Drug: Any substance or combination of substances used (including biologics), or for use, in or on the body of a person, either:

1. to prevent, diagnose, treat or mitigate a disease, disorder or abnormal physical or mental state or a symptom of the same, or
2. to restore, correct or modify organic functions, and includes a prescribed substance or combination of substances.

Endoscopy: The examination of pedal structures during a surgical procedure with a controlled optical system, i.e. Plantar Fascial Release

Equipment: Includes supplies.

Examination and treatment area: Any area within a practice facility, in, on or from which a patient is examined or treated shall be designated as examination and treatment area.

Fluoroscopy: A special radiographic procedure using a continuous beam of x-rays to image a patient on a fluorescent screen.

Ionizing radiation: Radiation that either directly or indirectly induces ionization of atoms in structures including tissue.

Integrative medicine: The diagnosis and treatment involving the combination of complementary and conventional medicine.

Laboratory/pathology area: Any area/s within a practice facility, on or from which equipment is used to prepare, package, process and report test results from biological samples.

Laboratory diagnostic services: Services involving the collection, identification, preparation, storage, preservation and/ or analysis of biological samples and reporting of subsequent results.

Modality: The therapeutic method or agent used to diagnose, treat or prevent disease or maintain an optimum state of health.

Pharmacy area: Any area/s and or container/s within a practice facility, in, on or from which any drug as defined in the Bylaws is prepared, maintained, stored, dispensed, administered, or destroyed/disposed of.

Practice Facility or Facility: The premises from which the practice of podiatric medicine is conducted and includes the equipment used therein.

Primary care facility: A facility owned and/or operated by a Full registrant from which a patient may be referred for advanced or emergency treatment.

Radiography: The production of a medical diagnostic image on a radiosensitive surface using x-rays as a source of ionizing radiation.

Registrant: A registrant of the College of Podiatric Surgeons of British Columbia.

Scope of the practice: All podiatric services that are normally offered by the practice.

Self-standing facility: A non-ambulatory facility within, on or from which the practice of podiatric medicine is conducted.

Specialist facility: A facility owned and/or operated for the purposes of providing specialty services by a registrant.

Surgery: Any procedure that involves the use of instruments and equipment in the transection and dissection below the dermis of living tissue.

Surgery area: Any area/s within a practice facility, on or from which surgery on patients is performed.

Treatment: Includes but is not limited to medical and medical diagnostic procedures, minor surgical procedures and preparation for major surgical procedures and procedures for alternative/integrative care.

Ultrasonography: A real-time imaging study using the reflection of high frequency sound waves to create a diagnostic image of a body organ or tissue.

Podiatric biologic: Includes bacterins, bacterin-toxoids, immunoglobulin products, diagnostics kits and any podiatric biologic derived through biotechnology.

WCB: The Workers Compensation Board of British Columbia.

WHMIS: The Workplace Hazardous Materials Information System.

SECTION 3 - FACILITY GENERAL

PREFACE

The facility must support delivery of podiatric services consistent with a generally accepted standard of podiatric practice, patient safety and patient comfort, within the normal scope of the practice in a timely manner that meets patient needs. Physical well being of staff and public and patients must be taken into account throughout the facility. All procedures must be conducted in a manner consistent with the safety of clinic personnel and other persons in the vicinity and in compliance with all WCB and other applicable regulations.

STANDARDS

1. The facility must be constructed to allow the delivery of podiatric services which may include but are not limited to:

    a. Physical examination of the patient.

    b. Patient treatments.

    c. Medical procedures.

    d. Preparation, packaging and/or processing biological samples.

    e. Obtaining images of diagnostic quality.

    f. Storage, handling and dispensing of drugs and biologicals.

    g. Anesthetic procedures.

    h. Surgical procedures.

    i. Emergency services.

    j. Ambulatory services.

    k. Orthotic fabrication

2. All areas of the facility must be constructed and equipped to prevent foreseeable harm to the staff, the public and patients.

GUIDELINES

Safety measures should include:

a. *A method for contacting law-enforcement when required must be in place.*

b. *In staff areas, there must be separate food storage from patients' refrigerated medical supplies.*

c. *Display and access to merchandise must be free of hazards.*

d. *Items that may harm people must not be readily available for handling by the public or patients except as required and prudent for the purpose of patient care.*

e. *There must be documentation available and accessible at the facility dealing with the safety risks of employees. The information should include:*

    i. *A readily accessible list of hazards for pregnant employees.*

    ii. *WHMIS documentation.*

    iii. *Workers Compensation Act and Regulations.*

f. *The facility must have the capacity to be locked and to secure all podiatric equipment and supplies in a manner that protects the public.*

g. *The facility must have a suitable means for containing and disposing of used needles and other "sharps".*

h. *If utilized compressed gases must be stored throughout the clinic commensurate with patient, staff and public safety:*

    i. *If utilized, tanks containing compressed gases must be physically secured so as to remain in a stable upright position.*
    ii. *If utilized, compressed oxygen must be stored only in areas free from open flames or excessive heat.*

3. Examination and treatment areas must be constructed and equipped to ensure client privacy and confidentiality through sound barriers, visual barriers and/or adequate spatial separation.

4. There must be sufficient podiatric equipment, instruments, drugs and other supplies on site and accessible to support the normal podiatric medical procedures performed within the scope of the practice.

5. All podiatric equipment and instruments must be kept clean and maintained in good working order.

6. The facility must have sufficient room and equipment to safely and comfortably accommodate and allow for movement of patients and staff in the general and treatment areas of the premises.

7. The facility must be constructed to allow the appropriate monitoring of patients.

8. The facility must be cleaned, in good repair and functional.

GUIDELINES

a. The approach to the facility, parking areas and all other exterior physical grounds must be visibly clean and tidy and free of hazards.

b. There must be a means to minimize or mitigate persistent disagreeable odors.

c. The interior and exterior of the facility including its equipment must be visibly clean.

d. Washroom facilities whether for exclusive client use or shared used by the employees of the facility must be reasonably available and clean and tidy.

e. Housekeeping equipment must be thoroughly cleaned and properly stored when not in use.

9. The facility must be constructed, equipped and maintained, so as to reduce cross-contamination, patient-to-patient pathogen transmissions and transmission of pathogens between humans.

GUIDELINES

a. Working surfaces must be fabricated from readily cleanable materials.

b. All working areas of the facility must have safe, effective and or approved disinfectants and disposable towels [or equivalent] readily available for use between patients or procedures.

c. Soiled linens must be handled in such a way as to prevent pathogen transmission to other areas of the facility.

d. Adequate drainage must be provided in areas where build up of significant water or liquid organic matter is likely.

e. There must be a means in place to ensure that garbage and debris is removed in an efficient and timely manner.

f. There must be sufficient supply of products used for cleaning and disinfection of equipment between patients as necessary. These products and their use

must conform to the principles of infection prevention, sterility and public safety.

10. The facility must be constructed so that all podiatric equipment, instruments, drugs and or supplies can be stored, handled and disposed of so as to ensure efficacy of the product and safety to the patients, staff and the public, consistent with applicable legislation / regulation, and in a manner that prevents transmission of pathogens.

GUIDELINES

a. There must be means to ensure that podiatric equipment instruments, drugs and or supplies are stored handled and disposed of as per manufacturer's instructions and Material Safety Data Sheets (MSDS) where available.

b. Protocols must be posted outlining the procedure to be followed in the event of a spill of materials that carry some risk including but not limited to chemicals, anesthetics, preservatives and concentrated cleaners and solvents.

c. All sharps including but not limited to needles, scalpels, saw blades must be disposed of in a container specifically designed to accept sharps.

d. Chemical reagents and supplies must be disposed of in accordance with pertinent regulations.

11. The facility must have a means to separately store drugs and podiatric supplies past their expiry date so as to not allow use or dispensing.

12. Lighting within all areas of the facility must be sufficient to ensure that routine procedures can be carried out safely and accurately.

GUIDELINES

a. The facility must have sufficient emergency lighting available and adequately maintained to allow procedures to be completed safely in the event of a power failure.

13. The facility must stock epinephrine for use in anaphylaxis emergencies. *[Am 170429]*

SECTION 4 - EXAMINATION AND TREATMENT AREAS

PREFACE

The podiatrist must be able to perform a complete physical examination of all patients that are seen within the normal scope of the practice.

STANDARDS

13. All designated examination and treatment areas and equipment so used must, where applicable, conform to all of the preceding standards under the general section for facility standards.

14. All examination areas must have sufficient noise and visual barriers and/or spatial separation between clients to allow a quiet and confidential examination of the patient.

15. The examination area for patients in a self-standing facility must have a surface for examination, constructed of material amenable to disinfection.

16. A self-standing facility must have readily available a drained sink with hot and cold running water.

17. The examination and treatment area must have sufficient supplies and equipment for diagnostic procedures which support routine physical examinations readily available.

18. The examination and treatment area must have adequate equipment and sufficient supplies to enable a thorough physical examination and where applicable, administration of treatments, commensurate with the scope of the practice.

SECTION 5 - DIAGNOSTIC IMAGING AREA

PREFACE

This section applies to all facilities that use equipment for the production of diagnostic images using various modalities including but not limited to ionizing radiation, ultrasound, and Fluoroscopy

When performing podiatric radiography, patient safety is of paramount importance, and all practice owners and operators using ionizing diagnostic imaging equipment must adhere to the ALARA principle. Health and Welfare Canada Safety Code 30 specifies that every practice using equipment that produces ionizing radiation must have a designated "responsible user".

A female operator must be encouraged to notify her employer if she believes herself pregnant. Appropriate steps must be taken with respect to pregnant employees to ensure that their work duties are compatible with the permissible dose equivalent limits in Safety Code 30.

STANDARDS

19. All designated areas and equipment so used must conform where applicable to all of the preceding Standards under the general section for facility standards.

20. The facility must have a current certificate of safety for all equipment in the practice that uses or produces ionizing radiation.

21. Personal radiation monitoring devices must be available to all staff with potential for exposure to ionizing radiation.

22. The beam from any fixed or mobile X-ray source must be collimated.

23. Protocols must be in place to ensure that no person under the age of 18 is permitted to have occupational exposure to ionizing radiation from equipment using/producing ionizing radiation.

24. The diagnostic imaging area must be constructed and shielded so as to minimize or eliminate unnecessary exposure of patients, podiatric staff and the public to radiation emitted by the imaging equipment.

GUIDELINES

a. Shielding must be provided in walls, doors etc. or provided by adequate and strategically placed lead screens or provided by adequate spatial separation from other areas of the workplace when imaging equipment is in use.

25. The diagnostic imaging area must be constructed so as to minimize or eliminate unnecessary exposure of patients, podiatric staff and the public to hazards associated with chemicals and supplies for development of diagnostic images.

GUIDELINES

a. Effective ventilation must be available in any room containing, storing or using diagnostic imaging/developing chemical reagents.

b. The darkroom must have appropriate safelights to allow movement within the room of operators of equipment.

c. Storage for chemical agents used for diagnostic imaging must be provided away from areas normally occupied by staff [e.g., eating areas, change rooms, washrooms and clothing storage lockers etc.].

26. Each practice facility that offers diagnostic imaging using ionizing radiation unless it is using digital or computed radiography systems exclusively must have:

GUIDELINES

a. A darkroom that contains automatic or manual radiographic processing equipment and supplies or;

b. Documented access to an external processing laboratory with the equipment and supplies capable of developing diagnostic quality images in a timely manner that meets the needs of patients, commensurate with the usual scope of the practice.

27. The diagnostic imaging areas must have sufficient equipment and supplies to safely produce, develop and store diagnostic quality images commensurate with the scope of the practice.

GUIDELINES:

a. A protective apron of at least 0.5 mm lead equivalency.

b. Radiographic viewer to adequately display the largest radiograph produced by the facility, or a computer station for the viewing of digitally created images.

c. A focused intense light source for highlighting radiograph films (e.g. a hot light).

d. Permanent labeling and marking apparatus and materials.

e. There must be a storage area for unexposed x-ray films which is protected from direct ionizing radiation.

28. All diagnostic imaging equipment used in the facilities must be installed so as to meet the required safety standards set out in "Health and Welfare Canada's" relevant safety codes, specifically:

X-ray Equipment	Code 30
Fluoroscopy equipment	Code 20 A, Part A, section 8.3

29. The practice facility must have apparatus and methodology for permanently identifying diagnostic images including but not necessarily limited to the following: facility name or name of podiatrist, patient name, date, and spatial position indicator where appropriate.

GUIDELINES

a. For radiographic images the label must be within the emulsion, or a tamper proof and permanent label must be applied to the image/study afterwards.

b. For digital images, by software which generates an appropriate label which becomes part of the study and is embedded electronically.

30. The facility must have apparatus and methodology for archiving diagnostic imaging studies.

a. Diagnostic images comprise part of a patient's medical records.

b. Images originally produced in digital format should have a back-up hardcopy or second digitally stored copy.

GUIDELINES

a. Except where otherwise noted, traditional film based radiographic studies must be stored in the original form (digital copies of original film emulsions, obtained with digital cameras or non-medical grade scanners are not suitable substitutes).

b. Fluoroscopy studies must be archived on videotape or in digital format.

c. Original film emulsion studies may be converted to appropriate digital format and stored using a medical grade scanner.

d. Ultrasound studies must be archived using digital storage, videotape or hard copy images on thermal paper or film emulsion.

e. Endoscopy studies must be archived where possible with original photographs, videotapes, thermal paper, or digital image.

f. All diagnostic images must be stored so as to prevent damage or degradation of the image [e.g. protect thermal paper images from UV light, etc.].

g. There must be an accurate collimator on all equipment capable of generating ionizing radiation.

31. X-ray cassettes must never be held directly by hands, gloved or ungloved, during exposures.

SECTION 6 – MEDICATION STORAGE

PREFACE

This section applies to any facility which dispenses or administers, or destroys/disposes of any drug as defined in the College Bylaws and Standards.

The general principles which are of paramount consideration in this section are that drugs must be maintained, dispensed or administered, destroyed/disposed of according to manufacturer's instructions and so as to conform with applicable legislation in order to ensure efficacy of the drug and safety for the staff, the patient and the general public. If Complementary and Integrative medicine is practiced at the facility, the same principles apply to other products used.

There must be clear instructions to patients for whom a drug is dispensed.

There must be no expired drugs readily accessible on shelves or in use.

Controlled narcotics and other drugs as directed by the CPS-BC in the interest of the publicmmust be kept in a locked cabinet designed and constructed to ensure reasonable security of the drugs. There must be reasonable measures in place to ensure that no person other than a registrant or a person designated by, and acting upon the specific direction of, a registrant to dispense or have access to drug cabinet keys (or equivalent) or a controlled drug or narcotic.

There must be measures in place to protect controlled drugs and narcotics from loss and theft and to report any loss, theft of controlled drugs and substances or forgery of records to the police and within ten days to the Compliance, Monitoring and Liaison Division of the Office of Controlled Substances of Health Canada.

STANDARDS

32. All designated medication storage areas must, where applicable, conform to all of the preceding Standards under the general section for facility standards.

GUIDELINES

a. Facilities must have a refrigeration unit or container capable of maintaining temperature sensitive drugs.

b. The facility must have at least one maximum/minimum thermometer in order to determine operating range of any refrigeration unit or container.

c. *The facility must have a container capable of maintaining temperature sensitive drugs, if carried, within their temperature range for the expected period of time the drugs will be away from permanent storage locations.*

d. *Containers must be available that prevent exposure to light for dispensing drugs that are sensitive to light.*

33. The facility must be capable of ensuring that all drugs are prepared, maintained, dispensed or administered, destroyed/disposed of in accordance with patient, staff and public safety.

GUIDELINES

a. *Medications must not be accessible to the public.*

b. *The facility must have a means to separately store drugs and podiatric supplies past their expiry date so as to not allow use or dispensing.*

c. *The facility must have a secure area for storage of prescription pads.*

34. The facility must have drug dispensing labels in use which contain but are not limited to the following information: date dispensed, clinic name, name of podiatrist prescribing or dispensing the drug, client name, patient name, drug identification, strength/concentration, quantity, and instructions for use.

GUIDELINES

a. *Drug names must be either generic name plus concentration/strength plus name of manufacture, or brand name plus concentration/strength [if the product has more than one strength available].*

b. *Recording the DIN is strongly advised but not required for prescription drugs if the generic drug name is listed as in 69(a) above.*

35. Facilities that use and/or store any narcotic or controlled substances must be capable of ensuring that all drugs are maintained, dispensed or administered, destroyed/disposed of in accordance with patient, staff and public safety.

GUIDELINES

a. *The facility must have a secure and locked container or enclosure designed and constructed so as to ensure restricted access to controlled drugs and narcotics.*

b. The facility must have a controlled drug log containing but not limited to: date dispensed, patient name, drug identification, strength/concentration and quantity of drug dispensed and quantity of drug remaining after dispensing.

c. There must be reasonable measures in place to ensure that no person other than a registrant or a person designated by, and acting upon the specific direction of, a registrant to dispense or have access to drug cabinet keys (or equivalent) or a controlled drug or narcotic.

d. There must be measures in place to protect controlled drugs and narcotics from loss and theft.

e. Report any loss, theft of controlled drugs and substances or forgery of records to the police and within ten days to the Compliance, Monitoring and Liaison Division of the Office of Controlled Substances of Health Canada.

SECTION 7 - SURGERY AREA

PREFACE

This section applies to all facilities that perform surgery on patients. All areas designated for surgery in a practice facility are expected to comply with all of the Standards in the general sections of facility standards especially those with respect to cleanliness prevention of contamination or cross-contamination and safety for patients, staff and the general public.

In addition, it is expected that any facility that performs surgery must do so in an area physically separated from other multipurpose areas, *and solely dedicated for this purpose.* It is understood that procedures and those involving contaminated wounds may be performed outside of this designated area.

STANDARDS

36. Designated surgery areas and equipment so used must where applicable conform to all of the preceding Standards under the general section for facility standards.

37. The surgical facility must be constructed and equipped so as to minimize the possibility of contamination of the surgical site by microorganisms.

GUIDELINES

Due to the fact that most Podiatrists perform foot surgery in an office setting which requires the use of certain materials, these rules are set forth in order to help better protect both the patient and the practitioner.

a. All surgical instrumentation (i.e. scalpel handles, retractors, hemostats, power equipment, etc.) should be thoroughly cleaned and sterilized prior to each and every procedure.

b. All single use items should be used as such and disposed of in an appropriate manner. This would include but not be limited to internal fixation devices (K-wires, screws, etc.), blades, needles, sutures. Under no circumstances should single use items be re-sterilized and reused.

c. All surgical drapes, gloves, and gowns should be sterile for each case being performed.

d. Appropriate sterile technique including a sterile field should be maintained at all times throughout a case. Surgeons, assistants, and those involved staff must be appropriately trained in surgical sterile techniques.

e. The operatory should be large enough to house all necessary equipment and be clean and professional.

f. Appropriate back-up equipment, instruments, material, power, medicines, lighting, etc. should be maintained in the event of unforeseen circumstances, emergencies, or disruptions that may otherwise negatively affect the safety of the patient or the outcome of the procedure.

g. The office/surgical facility must be prepared to recognize and treat adverse responses utilizing appropriate equipment and drugs when necessary. All surgeons and involved staff must have the training and ability to perform basic cardiac life support techniques, and must be capable of initiating definitive treatment for medical emergencies.

h. The Surgical Standards Committee may make recommendations to the Board as it deems necessary or appropriate.

SECTION 8 - COMPLEMENTARY AND INTEGRATIVE MEDICINE

PREFACE

Facilities in which Complementary and Integrative podiatric medicine are offered must follow the CPS-BC's "Guidelines for the Responsible Use of Alternative Therapies" There must be evidence of formal education and current continuing education in any complementary modality used in podiatric medicine as a major component of the case management unless there is evidence that the podiatrist has consulted an experienced clinician in this modality, e.g., 10 years or more.

STANDARDS

38. Designated examination and treatment areas for complementary and integrative medicine and equipment so used must where applicable, conform to all of the preceding Standards under the general section for facility standards.