

Oregon State Board of Nursing Interpretive Statement

Foot Care Provided by the Registered Nurse

Purpose: Many RNs contact the Oregon State Board of Nursing (OSBN) asking whether or not a specific procedure, activity or intervention is within their scope of practice. Such a question cannot be answered by Board staff as Oregon's Nurse Practice Act (NPA) does not contain lists of health-related procedures or interventions that may be performed based on one's nursing licensure level.

Within the broader scope of practice set forth in the NPA for each nursing licensure category is each licensee's *individual scope of practice*. Individual scope of practice is a licensee's demonstrated knowledge, skills, abilities, and competencies that have been developed and maintained through practice experience and through engagement in independent and formal learning experiences.

The decision-making framework set forth within this interpretive statement guide the individual licensed RN to determine whether or not a specific foot care-related role, intervention or activity is within their individual scope of practice.

Application of Scope of Practice Decision Making Framework

The RN must clarify or describe the specific foot care-related role, intervention or activity in question. Then, specific and sequential questions will be encountered to which the RN must respond. Depending on the RN's response to the first question, one of two things will happen:

1. Progression through the model will be stopped as it will have been determined that the role, intervention, or activity is not within the RN's scope of practice, or
2. The RN will be allowed to continue to the next question.

It is only when the RN's response to each question allows progression through all questions, and the RN has an affirmative response to the final question, that the RN may engage in the foot care-related role, intervention, or activity to acceptable and prevailing standards of safe nursing care.

1. Is the role, intervention or activity prohibited by the Nurse Practice Act statutes or rules, or prohibited by any other applicable laws, rules, regulations or accreditation standards?

Oregon's NPA Statutes and Rules

The NPA does not expressly prohibit the RN's performance of any foot care intervention or activity.

The NPA does limit the practice privilege of diagnosing conditions and issuing orders for treatment of conditions to the advanced practice registered nurse (APRN). This means that there is no legal authority for the RN to diagnose conditions of the foot, conditions impacting the foot (e.g., fungal or bacterial infection, gout, peripheral neuropathy, venous insufficiency, auto immune disease, pressure injuries, diabetes, peripheral artery disease, etc.) or to issue orders for the treatment of those conditions.

When the client has a documented medical diagnosis of a condition that involves or could impact the conditions of the foot, the RN is responsible to communicate with the LIP involved in the care of the client prior to performing foot care and obtain orders from the LIP to proceed. In such a case,

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the RN is responsible to have ongoing communication with the LIP concerning client assessment, the plan of care, the provision of the foot care and LIP ordered treatment(s), and client outcomes.

When the RN's analysis of client assessment data identifies a lack of documented medical diagnosis for presenting symptoms that involve, or that could impact, the health of the foot, the RN is responsible to make a referral to the client's practitioner in a timely manner and ensure follow-up on the referral.

Oregon Medical Board

The Oregon Medical Board (OMB) Chapter 677 statutes define diagnose as "...to examine another person in any manner to determine the source or nature of a disease or other physical or mental condition, or to hold oneself out or represent that a person is so examining another person. This OMB defined activity is outside of the scope of practice for the RN.

Oregon Health Authority Public Health Division Oregon Health Licensing Office

Oregon Revised Statutes (ORS) Chapter 690 Cosmetic Professionals states that persons licensed by a health professional regulatory board listed in ORS 676.160 who are acting within the scope of their professional license are exempt from the rules regarding certification in nail technology in the provision of nail care of the hands and feet (ORS 690.025). The OSBN is listed in ORS 676.160. This means the RN who performs nail care activities in accordance with the laws and rules of the NPA is not prohibited from doing so by the statutes and rules of the Board of Cosmetology.

The RN who seeks to engage in foot care is responsible to access laws, rules and regulations both within and outside of the NPA to determine if any changes have occurred or if any new laws have been published since the Board's approval of this interpretive statement.

Individual RN's Response to Question 1:

- **Yes** – The RN's performance of the foot care related role, intervention or activity is prohibited by a law, rule, regulation or accreditation standard outside of the NPA. The RN must stop and not proceed with the activity.
- **No** – The RN's performance of the foot care related role, intervention or activity is not prohibited by the NPA or any other applicable law, rule, regulation or accreditation standard. The RN may proceed to the next question of the decision making framework.

2. Is performing the role, intervention or activity consistent with professional nursing standards, evidence-based nursing and health care literature?

Professional specialty nursing organizations such as the American Foot Care Nurses Association (AFCNA) and the Wound, Ostomy and Continence Nursing Certification Board (WOCNCB) publish professional practice standards and identify practice competencies for the provision of foot care interventions within the RN' plan of care. AFCNA also publishes Foot Care Nursing Code of Ethics.

There is a large volume of evidence-based literature within nursing and other health care journals on the inclusion of hygienic and preventive maintenance foot care interventions into the RN's plan

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of care, implementation of the interventions, and client outcomes related to the RN's performance of the interventions.

The individual RN holds the responsibility to verify that performance of the specific foot care role, intervention or activity in question is consistent with professional nursing standards, evidence-based nursing and health care literature for their level of nursing licensure.

Individual RN's Response to Question 2:

- **No** - The performance of the foot care related role, intervention or activity by an RN is not supported by professional nursing standards, evidence-based nursing or health care literature. The RN must stop and not proceed with the activity.
- **Yes** – The performance of the foot care related role, intervention or activity by an RN is supported by professional nursing standards and by evidence-based nursing and health care literature. The RN may proceed to the next question of the decision making framework.

3. Are there practice setting policies and procedures in place to support performing the role, intervention or activity?

The RN holds the responsibility to ensure that policies and procedures support their engagement in the identified role, intervention or activity and are accessible where foot care is delivered. Such policies and procedures must identify nursing assessment and documentation requirements of the activity or the intervention and identify absolute "stops" when nursing consultation with an LIP is required.

When an RN has their own foot care business, the policies and procedures of the RN's business must support the RN's engagement in the activity; even if the policies and procedures are authored and followed by the same individual.

Individual RNs Response to Question 3:

- **No** - There are no policies and procedures in the environment of care which support the RN's engagement in foot care related role, intervention or activity making the activity not within scope of practice. The RN must stop and not proceed with the activity.
- **Yes** – There are policies and procedures in the environment of care which support the RN's engagement in the foot care related role, intervention or activity. The RN may proceed to next question of the decision making framework.

4. Has the nurse completed the necessary education to safely perform the role, intervention or activity?

The RN must have successfully completed education, obtained through their employer or acquired independently, in the specific foot care-related nursing role, intervention or activity. The burden rests with the individual RN to obtain and complete education in the specific foot care-related nursing role, intervention or activity and produce evidence of such when asked to do so by the Board.

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The NPA does not contain a list of foot care-specific education requirements. The professional specialty nursing organizations referenced in question number two of this interpretive statement publish resources which identify the expected education for the nurse who engages in foot care.

Individual RN's Response to Question 4:

- **No** – The RN does not have evidence of the successful completion of education in the specific foot care-related nursing role, intervention or activity making the activity not within scope of practice. The RN must stop and not proceed with the activity.
- **Yes** - The RN has documented evidence of successful completion of education in the specific foot care-related nursing role, intervention or activity. The RN may proceed to the next question of the decision making framework.

5. Is there documented evidence of the nurse's current competence (knowledge, skills, abilities and judgement) to safely perform the role, intervention or activity?

Division 45 of the Nurse Practice Act identifies the responsibility of the individual RN to ensure competency in the cognitive and technical aspects of any nursing activity prior to its performance and to maintain documentation of the method that competency was acquired and maintained. Evidence of the RN meeting this requirement may be demonstrated by the documented completion of a formal educational program that validates attainment of competency objectives or by documented completion of continuing education courses that validate attainment of competency objectives. Competency documentation is an individual responsibility of the RN and may be subject to audit by the Board.

Individual RN's Response to Question 5:

- No - There is no documented evidence of the RN's current competencies with performance of the specific foot care-related nursing role, intervention or activity making the activity not within the RN's scope of practice. The RN must stop and not proceed with the activity.
- Yes - The RN has documented evidence of competencies in the performance of the specific foot care-related nursing role, intervention or activity. The RN may proceed to the next question of the decision making framework.

6. Would a reasonable and prudent nurse perform the role, intervention or activity in this setting?

A reasonable and prudent nurse is one who uses sound nursing judgment in the provision of nursing services according to accepted standards and that another nurse with similar education and experience, in similar circumstances, with a similar client, in the same setting would provide.

Individual RN's Response to Question 6:

- No - A reasonable and prudent RN would not perform the specific foot care-related nursing role, intervention or activity for this client in this setting. The RN must stop and not proceed with the activity.
- Yes - A reasonable and prudent RN would perform the specific foot care-related nursing role, intervention or activity for this client in this setting. The RN may proceed to the final question.

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7. Is the nurse prepared to accept accountability for the role, intervention or activity and the related outcome?

The individual RN remains accountable for their actions and for the outcome of RN services provided.

Individual RN's Response to Question 7:

- No - The individual RN whose response to each of the previous questions has allowed the progression to this final question but who is not prepared to accept accountability for performance of the specific foot care-related nursing role, intervention or activity and the related outcome, should decline the assignment. When this decision is made by the RN, the choice to decline the nursing assignment is not a scope of practice issue.
- Yes - The individual RN whose response to each of the previous questions has allowed the progression to this final question, and who is prepared to accept accountability for performance of the identified treatment, procedure, or intervention and its outcome, may consider the activity to be within their individual scope of practice. The RN may perform the activity to acceptable and prevailing standards of safe nursing care which includes, but is not limited to: the RN's documented engagement in nursing practice as required by 851-045-0060(3)(a) through (f).

References:

American Foot Care Nurses Association <https://afcna.org/>

Arizona State Board of Nursing (January, 2019) Advisory Opinion Foot Care.

Institute for Preventive Foot Health (2020). Healthcare professionals. www.ipfh.org/health-care-professionals

Massachusetts Board of Registration in Nursing (2018). Advisory Ruling on Nursing Practice: Foot care.

Nationals Council of State Boards of Nursing Scope of Practice Decision Making Framework (2016). www.ncsbn.org/2016JNR_Decision-Making-Framework.pdf

Oregon's Nurse Practice Act.

Wound, Ostomy and Continence Certification Board (2019) Examination Handbook. www.afcna.org/PracticeStandards.

Wound, Ostomy and Continence Certification Board (n.d.). Foot Care Certification. www.wocncb.org/certification/foot-care-certification

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The Oregon State Board of Nursing (OSBN) is authorized by Oregon Revised Statutes Chapter 678 to exercise general supervision over the practice of nursing in Oregon to include regulation of nursing licensure, education, and practice in order to assure that the citizens of Oregon receive safe and effective care. The OSBN further interprets statute and rule and issues opinions in the form of policies and interpretive statements, which are advisory in nature and used as guidelines for safe nursing practice.