



PRACTICE ADVISORY SERVICES UPDATE

On June 24, 2022, Peter Stavropoulos assumed the role of Acting Practice Advisor from Peter Ferguson. Peter Stavropoulos can be reached at practice@cocoo.on.ca with any practice-related questions.

The following advisories are provided in response to stakeholder inquiries, requests for clarification and/or guidance received by the Practice Advisor.

Can the college clarify what is expected regarding a specific clinical biohazard policy versus a sharps policy? Is one required and when is one not required?

The following is taken from page 14 of the COCOO Infection Control Standard:

“Waste from any clinical office setting is divided into two categories: biomedical and general. Management of contaminated infectious waste shall follow provincial regulations and local bylaws and address issues such as the collection, storage, transport, handling and disposal of contaminated waste, including sharps and biomedical waste. Waste shall be contained in a securely closed plastic bag of sufficient thickness to prevent puncturing. Contaminated sharps, such as needles, scalpel blades and other instruments must be considered potentially infective and hence, handled with extreme care. Precautions should be taken when passing instruments and removing blades from scalpel handles to avoid needlestick/sharps injuries. Needle recapping should be avoided. Single use, safety-engineered needles are mandated according to the Needle Safety Regulation (O. Reg 474/07). www.ontario.ca/laws/regulation/070474

For the purposes of Infection Prevention and Control (IPAC), “biomedical” and “general” waste are defined as follows:

Biomedical waste

Biomedical waste is classified as hazardous waste and must not be disposed with regular garbage. It must be handled safely to protect human health and the environment. In general, all biomedical waste must be: stored in colour-coded containers that are marked with the universal biohazard symbol; and released to an approved biomedical waste carrier for disposal.

Biomedical waste can be further divided into anatomical and non-anatomical waste.

1. Anatomical waste (i.e. human tissue)
2. Non-anatomical waste (i.e. sharps and blood-soaked materials)

It would be **highly** unusual for members to be harvesting anatomical waste. This waste must be handled in accordance with Ontario Regulation 347: General – Waste Management.

Non-anatomical waste includes sharps (e.g surgical blades, needles, clinical glass) which many members will have. Non-anatomical waste includes blood-soaked materials **that release liquid or**



semi-liquid blood if compressed. It must be separated and collected in a YELLOW liner bag that is labelled with the universal biohazard symbol. If blood-soaked materials are to remain on site for more than 4 days, they must be handled in accordance with *Ontario Regulation 347: General – Waste Management*.

In most instances, items such as gauze, cotton rolls and examination gloves that have come in contact with blood, saliva or other bodily fluids are NOT classified as biomedical waste. **Provided that the item does not release liquid or semi-liquid blood if compressed, it should be considered as general office waste.**

General office waste

General office waste is no more infective than residential waste. Therefore, the majority of soiled items generated in clinical settings do not require any special disposal methods, other than careful containment and removal. Some recommendations for all types of general office waste include: Ensure all garbage containers are waterproof and have tight-fitting lids, preferably operated by a foot pedal. Open wastebaskets might be dangerous if children are around them. Use plastic bags to line the garbage containers. The use of double-bagging is not necessary, unless the integrity of the bag is jeopardized, or the outside is visibly soiled. Do not overfill garbage containers. Do not place sharp, hard or heavy objects into plastic bags that could cause them to burst.

Handling of removed or partial toenails relating to “nail surgeries”, do not require any special considerations for IPAC, other than simple cleaning of visible blood and gross debris. If being discarded, avulsed toenails may be disposed as general office waste.

Policies

The inclusion of a “sharps policy” is a requirement of any practice assessment as it is part of the Safety and Practice Environment Standard. Therefore, all members must ensure they have a sharps policy reflective of IPAC standards and local and clinical factors.

It is a requirement of IPAC that members have a policy or policies, on the handling of biohazardous waste. Again, these should be based on IPAC standards found both in the COCOO Infection Control Standard, measures outlined in this document and additional resources which include, but are not limited, to the following:

1. [https://ipac-canada.org/photos/custom/pdf/IPAC PROGRAM STANDARD 2016.pdf](https://ipac-canada.org/photos/custom/pdf/IPAC_PROGRAM_STANDARD_2016.pdf) (refer to page 57)
2. <https://www.ontario.ca/laws/regulation/070474> (needle safety)
3. Best Management Practices for the Disposal of Biomedical/Pathological Wastes in Ontario
[https://az184419.vo.msecnd.net/rcdso/pdf/positions-and-initiatives/Best Management Practices for the disposal of Biomedical Waste-KEEP.pdf](https://az184419.vo.msecnd.net/rcdso/pdf/positions-and-initiatives/Best_Management_Practices_for_the_disposal_of_Biomedical_Waste-KEEP.pdf)



The College of Chiropodists of Ontario thanks the Royal College of Dental Surgeons of Ontario for their permission to allow content from their Infection Prevention and Controlled Standard to be incorporated into this document.

Access to Care/Barriers to Treatment

As regulated health care professionals and Registrants of the College, it is important to remember that members serve to address the medical needs of patients' lower extremity concerns. Registrants have a duty to provide care to all patients without bias or discrimination. Patients contacting your office or clinic to seek care should be provided access to the care you provide without impediment. When a patient contacts your office or clinic to schedule an appointment, and is denied care if they do not have third party insurance coverage, this may be considered a breach of the Standards of Practice. Registrants have no right to deny a patient access to care on the basis of method of payment. How a given patient intends to pay their fee for the services rendered should not be a barrier to obtaining any treatment by you. This is not in keeping with the equitable and fair access to care that is expected to be provided by Registrants to all patients.

Practice Reminder – Titles and Academic Designations

The College was contacted by a third-party insurance carrier with questions about the use of academic titles. The concern was about members submitting insurance documentation for services provided, signed by the member, along with only their academic designation. That is, only their diploma title, for ex. D.Ch., D.P.M., D.Pod.M., without also specifically identifying their class of registration, either chiropodist or podiatrist.

Registrants are reminded that according to Section 2 of the *Ontario Regulation 746/94* :

(8) In any advertisement, a member who is registered as a chiropodist shall clearly identify himself or herself as a chiropodist and a member who is registered as a podiatrist shall clearly identify himself or herself as a podiatrist.

When completing any insurance documentation for patients, members may use any verified and College recognized academic designations they have obtained, but they must ensure that this documentation also includes their class of registration.

Further, members are reminded that the titles "chiropodist" and "podiatrist" are protected. Section 8(2) of *Ontario Regulation 203/94* states that,

- (2) No member shall hold himself or herself out,
- (a) as a chiropodist unless the member is registered as a chiropodist; or
 - (b) as a podiatrist unless the member is registered as a podiatrist. O. Reg. 746/94, s. 2.



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Members must use the appropriate title in the name of their clinic and in any advertising. For example, a chiropodist cannot use the word “podiatry” in a clinic name, unless a podiatrist is employed at the clinic. The College’s Advertising Guideline prohibits advertising statements that are unclear, untrue, or misleading, and section 7(1)(a) of *Ontario Regulation 203/94* prohibits statements that are false, misleading, or self-laudatory. If the College is informed about the inappropriate use of titles, the Registrar can consider whether she has reasonable and probable grounds to believe that professional misconduct occurred, in which case she may ask a panel of the Inquires, Complaints and Reports Committee to commence an investigation.

The Practice Advisor can answer all types of practice related questions and is available to provide sound, practical advice to help you stay “onside” with the College’s regulations, legislation and standards. Please be advised that the Practice Advisor cannot provide legal advice or a legal opinion.

Contact Peter Stavropoulos, Acting Practice Advisor at: practice@cocoo.on.ca, or leave a message at: T: (416) 542-1333 or 1(877) 232-7653 Ex 230

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