



**INCORPORATING:**  
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ASSOCIATION  
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5 November 2012

Consultations  
Chinese Medicine Board of Australia  
[chinesemedicineconsultation@ahpra.gov.au](mailto:chinesemedicineconsultation@ahpra.gov.au)

**Re: Public consultation paper: Infection control guidelines for acupuncture practice**

Thank you for providing the opportunity to comment on the *Public consultation paper – Infection control guidelines for acupuncture practice*.

We wish to commend the Chinese Medicine Board of Australia for setting out a succinct and easy to access document.

Please find our comments outlined below.

**Is the NHMRC guideline an appropriate primary reference for Chinese medicine practitioners?**

It is appropriate for the CMBA to adopt the NHMRC *Australian guidelines for the prevention and control of infection in healthcare* (2010), hereinafter referred to as the NHMRC Guidelines. The NHMRC Guidelines is the definitive statement about contemporary infection control standards and there is little to be achieved by re-inventing the wheel or rewriting large parts of the NHMRC Guidelines into a separate document.

The summary in Part 1 is clear and unambiguous. It sets out the main sections so that readers can quickly go to the relevant pages for detailed information.

The risk management approach taken in the NHMRC Guidelines, rather than a one-size-fits-all prescriptive approach, is the appropriate way to address the risks of infection in acupuncture practice. This means that the preventive/control measures recommended are in accordance with the risks associated with the circumstances.

Adopting the NHMRC Guidelines is also consistent with the approach taken by most other national boards. It means that relevant changes to the NHMRC Guidelines can be notified to registrants by an advisory, a more efficient and cost-effective approach.

We are repeatedly being told that registered practitioners are put to a higher standard than other (unregistered) healthcare providers. One of those higher standards is to be able to access, read, understand, and interpret information relating to their profession, not least of which should be standards and procedures for infection control.

**Is the proposed additional CMBA guidance adequate to address the specific risks and context of acupuncture practice?**

It is appropriate to include additional requirements specific to acupuncture practice, because:

- the NHMRC Guidelines is intended as a generic document and is not specific to acupuncture
- there are specific infection control principles that need to be highlighted
- there are specific issues associated with various techniques and practices utilised by acupuncturists and applying a risk assessment to those techniques/practices may be appropriate.

Under A2 in Part 2 of the consultation paper, the practitioner should still have the option to reprocess contaminated non-penetrating devices using high level disinfection or heat-sterilisation. It should be the choice of the practitioner whether to invest in the necessary equipment or to invest in replacement of potentially contaminated equipment.

Under B5 in Part 2 of the consultation paper, reference is made to a hands-free operated sink. This item of equipment should be referred to as a handbasin, to differentiate it from an equipment cleaning sink or a dish-washing sink. The definition of hands-free operation needs to be further clarified, as it can mean anything from a wrist-flip tap to sensor-driven water flow.

We support the requirement that a handbasin be on the premises, and that either a handbasin or an alcohol-based hand hygiene station be located in the immediate proximity of an acupuncture treatment area.

The section on gloves (section C in Part 2), insert 'or likely' in paragraph 3 after 'anticipated'.

We support the default position on non-sharps waste disposal, as per D2 in Part 2.

**Are the documents sufficiently accessible and user-friendly?**

The documents are accessible, easy-to-follow, and user-friendly. It is in plain English and relevant to acupuncture practice.

References to further reading are useful and do not get in the way of the main points.

**Is this general approach appropriate, clear and easy to follow?**

Yes. This is preferred to a large and complex document that is inaccessible and overly prescriptive.

**Other**

It may be appropriate to include a section on swabbing, as this is a contentious issue with a range of views. Swabbing is not mandated when performing an injection, such as immunisation, and that there is no evidence to support an effect from swabbing

clean skin prior to injection. As acupuncture poses a lower risk than an injection, there is little evidence to support a higher standard of skin preparation for acupuncture.

Nevertheless, swabbing is generally accepted by both acupuncture practitioners and patients as a means to reduce the bacterial load on the skin before treatment, especially where the skin is visibly soiled.

In contrast, the application of massage or similar physical therapy techniques following skin penetration is more likely to result in an increased risk of infection as the integrity of the skin has been breached by the skin penetration.

Therefore, we suggest something along the lines of the following:

- where the skin surface is visibly soiled, the area should be cleaned before any skin penetration procedure is applied
- the use of massage or physical therapy to treatment sites immediately after acupuncture or other skin penetration techniques should be avoided.

## **Summary**

Overall, AACMA supports the approach taken in the public consultation paper. We support a risk assessment approach that focuses on the key issues, rather than a content-heavy prescriptive approach that is inaccessible, not user-friendly and leaves no room to adjust infection control measures to match the level of risk of the procedures.

It is up to professional associations to assist their members to interpret relevant standards and guidelines and to provide more detailed and prescriptive advice or guidance if they believe or find that their members need it and/or that it is in the public interest to do so. This includes developing materials in languages other than English to improve accessibility for their members.

Attached is a detailed review of the applicability of State-based skin penetration regulations and/or codes relevant to registered acupuncturists.

Please contact me at the AACMA national office on \_\_\_\_\_ extension if you wish to discuss the contents of this submission.

Yours faithfully



**Judy James**  
**AACMA CEO**

# INFECTION CONTROL SUPPLEMENT

## Update on State & Territory Skin Penetration Regulation

### DRAFT CMBA INFECTION CONTROL GUIDELINES

Consultations on the Chinese Medicine Board of Australia's DRAFT Infection Control Guidelines for acupuncture practice closed on 2 November 2012.

Once the revised CMBA Guidelines have been published, AACMA will finalise the revised draft of our Infection Control Guidelines for Acupuncture which will provide more specific information for members on complying with the standard. Members will have the opportunity to provide comment.

### UPDATE ON STATE-BASED SKIN PENETRATION REQUIREMENTS

#### ACT

Premises in the ACT providing services involving skin penetration, including acupuncture, dental and podiatry practices, are required to be licensed by ACT Health. This requirement, which extends to include dry needling and point injection therapy, is not affected by national registration.

#### References

- Section 20 of the Public Health Act 1997
  - Infection Control for office practices and other community based services (Code of Practice) 2005
  - Infection control guidelines for office practice and other community based services 2006
- <http://health.act.gov.au/publications-reports/codes-of-practice/infection-control-for-office-practices-and-other-community-based-services>

#### NSW

In New South Wales, registered health practitioners, including registered acupuncturists, are exempt from the Public Health (Skin Penetration) Regulation 2000. However, unregistered health practitioners providing acupuncture, dry needling, or point injection therapy are still covered by the Skin Penetration Regulations.

Ref: [http://www0.health.nsw.gov.au/publichealth/environment/general/body\\_grooming.asp](http://www0.health.nsw.gov.au/publichealth/environment/general/body_grooming.asp)

#### NT

Registered acupuncturists are no longer covered by the NT Standards for Commercial Skin Penetration, Hairdressing, and Beauty and Natural Therapy March 1998. In its current version, the Standard includes 'acupuncture'; however the Standard is due for review and references to acupuncture will be updated as part of that review. AACMA understands that, in the interim, NT enforcement staff may ask for evidence of your acupuncture registration status. Unregistered health practitioners providing acupuncture, dry needling, or point injection therapy are still covered by the NT Standards.

Ref: <http://www.health.nt.gov.au/library/scripts/objectifyMedia.aspx?file=pdf/27/98.pdf&siteID=>

#### QLD

Acupuncture practices in Queensland are required to have an Infection Control Management Plan in place for the premises. Members should refer to the Queensland Health endorsed Infection Control Management Plan – Template for Acupuncture Practices. This can be accessed at [http://www.acupuncture.org.au/Publications/Infection\\_Control.aspx](http://www.acupuncture.org.au/Publications/Infection_Control.aspx).

Our understanding is that providers of dry needling services or point injection therapy are also required to have an infection control management plan.

#### SA

Acupuncture practices are required to comply with the SA Guidelines on the Safe and Hygienic Practice of Skin Penetration and to be subject to an annual inspection by local councils. A submission has been lodged with the SA Department of Health to amend the Guidelines as a result of national registration. In the meantime, practitioners are required to be subject to the annual inspection process. Further information and advice will be provided when it becomes available. Unregistered health practitioners providing acupuncture, dry needling, or point injection therapy are still covered by the SA Guidelines.

Ref: <http://www.dh.sa.gov.au/pehs/publications/skin-penetration-guide-10feb05.pdf>.

#### TAS

Under Section 94 of the Public Health Act 1997, registered practitioners are no longer required to apply for an annual Public Health Risk Activity Licence. Unregistered practitioners providing acupuncture, dry needling or point injection therapy are still required to apply for the annual licence. Members who have already paid their licence fees for a period commencing on or after 1 July 2012, should apply to their local council for a refund. AACMA has made a submission on this issue to the Department of Health and Human Services and further advice will be provided to affected members when it becomes available.

## UPDATE ON STATE-BASED SKIN PENETRATION REQUIREMENTS - *continued*

### VIC

Registered acupuncturists are exempt from the requirement to have business premises registered under the Public Health and Wellbeing Act 2008 and Public Health and Wellbeing Regulations 2009. Other practitioner groups whose businesses are exempt from having to register their businesses are registered dentists, medical practitioners, podiatrists, and nurses. All other health practitioners, whether registered or unregistered, including physiotherapists, are required to have their businesses registered if skin penetration activities are being conducted on the business premises. Skin penetration activities include dry needling and point injection therapy.

[Note: The exemption relies on the Victorian Health Professions Registration Act 2005 which was repealed on 1 July 2012. A submission is being lodged with the Victoria Department of Human Services to update the Regulation to reference the National Law.]

### WA

Acupuncture practitioners in WA are required to abide by the WA Skin Penetration Code of practice. Special requirements for acupuncture are listed under Appendix 2. Under the Health (Skin Penetration Procedure) Regulations 1998, only medical practitioners, dentists, podiatrists and nurses are exempt from complying with the Code. All other practitioners, including physiotherapists, are required to comply with the Code of Practice when providing acupuncture, dry needling, or point injection therapy. A submission has been lodged with the WA Health Department to have registered acupuncturists also exempt from the Code. AACMA has been verbally advised that implementing a change to the legislation to exempt registered acupuncturists is still some time away.

Ref: [http://www.public.health.wa.gov.au/cproot/1482/2/Code\\_of\\_Practice\\_for\\_Skin\\_Penetration.pdf](http://www.public.health.wa.gov.au/cproot/1482/2/Code_of_Practice_for_Skin_Penetration.pdf)