



Public consultation paper

7 September 2012

Infection control guidelines for acupuncture practice

Introduction

This Chinese Medicine Board of Australia (CMBA) consultation paper seeks feedback on draft infection control guidelines specific to acupuncture practice.

The CMBA welcomes your comments on this draft guideline. Please provide written comments in electronic form to chinesemedicineconsultation@ahpra.gov.au by close of business on **2 November 2012**

You may wish to provide general comments and/or responses to the following specific questions.

1. Is the NHMRC guideline an appropriate primary reference for Chinese medicine practitioners?
2. Is the proposed additional CMBA guidance adequate to address the specific risks and context of acupuncture practice?
3. Are the documents sufficiently accessible and user-friendly?
4. Is this general approach appropriate, clear and easy to follow?

Background

From 1 July 2012, the CMBA became responsible for the registration and regulation of Chinese medicine practitioners under the *Health Practitioner Regulation National Law*, as in force in each state and territory (the National Law).

The CMBA has decided to adopt *Australian guidelines for the prevention and control of infection in healthcare* (NHMRC 2010) (*Australian Guidelines*) to inform registered acupuncturists on infection prevention and control. The draft guidelines also set out specific requirements regarding acupuncture practice which are not covered in the *Australian Guidelines*.

Australian Guidelines is not prescriptive but takes a risk management approach. This approach guides the reader to identify infection risks related to their practice and to take precautions that are adequate for the relevant risks.

Acupuncture is practised in a range of clinical settings by a range of health professionals using a range of techniques. The actual risks of infection will vary with the practice style and environment in which acupuncture is practised.

An underlying principle evident in *Australian Guidelines* is that the procedures for prevention and control of infection in healthcare should be the same irrespective of which health worker is practising, and should be informed by evidence.

Most of the other National Boards have also adopted *Australian Guidelines*, but without further guidance provided to practitioners.

Additional elements of infection prevention and control relevant to acupuncture practice in Australia have been identified. It is not the intention to duplicate the content of the NHMRC document which is relevant to all healthcare practices. The aim of this document is to point readers towards those parts of the *Australian Guidelines* which are most relevant to acupuncture. In addition the CMBA has provided specific guidance to clarify areas which are either not specifically addressed by *Australian Guidelines*, or where the Board believes additional measures should be undertaken to prevent and control the risk of infection.

This decision followed the experience in Victoria (where Chinese medicine has been regulated since 2002) when the former Chinese Medicine Registration Board of Victoria developed standalone infection control guidelines for acupuncture. These guidelines were a large and detailed publication specific to acupuncture. Unfortunately, the effectiveness of the guidelines was compromised, as practitioners and educational institutions did not consider the document 'user-friendly' (so it was not referred to as expected) and it required frequent updating, which placed a cost and administrative burden on the board.

It is common for health practitioners to practise multiple-modalities for which infection prevention and control is also relevant, and unnecessarily prescriptive acupuncture guidelines can lead to unintended consequences and contradictions. Cross jurisdictional differences identified in this document further confound the viability of an overly prescriptive approach.

This consultation paper includes:

- Introductory details
- Part 1 – How to use the Australian Guidelines for the prevention and control of infection in healthcare
- Part 2 – Additional CMBA requirements specific to acupuncture practice, and
- Part 3 – Summary table of jurisdictional-based requirements.

Publication of submissions

Your submission will generally be published unless you request otherwise. The CMBA publishes submissions on its website to encourage discussion and inform the community and stakeholders.

It will not place on its website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the reference. Before publication, it may remove personally identifying information from submissions, including contact details.

The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the CMBA.

The CMBA also accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982 (Cth)*, which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission, or want us to treat all or part of it as confidential.

Consultation draft: Guidelines for the prevention and control of infections for acupuncture practice in Australia

Introduction

This document consists of three parts. Registered acupuncturists must comply with all three parts.

- Part 1 is a guide on how to use *Australian Guidelines for the Prevention and Control of Infection in Healthcare*.
- Part 2 consists of specific guidance provided by the Chinese Medicine Board of Australia in addition to *Australian Guidelines*.
- Part 3 consists of a listing of each State and Territory's guidelines or regulations relating to acupuncture. Web addresses of each State or Territory's regulations or guidelines are listed under *Resources* in Part 2.

The Chinese Medicine Board of Australia (CMBA) has adopted the *Australian guidelines for the prevention and control of infection in healthcare* (NHMRC 2010) (*Australian Guidelines*), Australian Government, Canberra (available from www.nhmrc.gov.au/node/30290) to inform registered acupuncturists on infection prevention and control. The aim of this document is to draw your attention to those parts of the *Australian Guidelines* which are most relevant to acupuncture. In addition, the CMBA provides specific guidance on areas which are either not specifically addressed by *Australian Guidelines*, or where the CMBA believes additional measures should be undertaken to prevent and control the risk of infection.

Australian Guidelines takes a risk management approach which helps the reader to identify infection risks related to their practice and to educate the practitioner to take precautions commensurate with the relevant risks. Acupuncture involves a variety of clinical techniques practised in a range of clinical settings by a selection of health professionals. The actual risks of infection will vary with the practice style and environment in which acupuncture is practised. In addition to the *Australian Guidelines* the CMBA has made some specific policy statements in Part 2. These statements provide specific guidance on reprocessing of critical items; hand hygiene and alcohol based hand rub, the use of gloves, and the disposal of clinical waste.

This document is not a substitute for reading the *Australian Guidelines* and applying them to a specific situation, but is to be read in conjunction with it. In addition some state, territory and local governments have requirements which may differ from this document. The ACT, Qld, SA and WA all have specific requirements which apply to acupuncturists. Practitioners must be familiar with their relevant state, territory and local government requirements. Where an inconsistency occurs with the Chinese Medicine Board of Australia's guidelines, the relevant State or Territory requirements takes precedence. Current state and territory guidelines regarding acupuncture are listed under Part 3.

Important to note:

- Where *must* is used in the document, the activity is mandatory.
- Where *should* is used in the document, the activity is discretionary and the registrant is expected to apply professional judgment.

Throughout this document hyperlinks are used where possible to take the reader directly to the source references. This document is recommended to be used electronically.

Part 1: How to use the *Australian guidelines for the prevention and control of infection in healthcare*

The *Australian Guidelines* (www.nhmrc.gov.au/node/30290) recognises that the risk of developing a healthcare associated infection varies with the specific setting and circumstances. A risk-management framework is used where the infection risks associated with specific procedures, human resources and environments are identified and managed accordingly. To assist compliance the sections most relevant to an office-based acupuncture practice are identified below.

The Summary of Recommendations. (p1-5) consists of an indexed summary of recommendations prioritised in order of importance.

www.nhmrc.gov.au/book/australian-guidelines-prevention-and-control-infection-healthcare-2010/summary-recommendations

Part A. Basics of infection prevention and control (p 13-30) contains background information on risk management and infection prevention and control and should be read by all clinic staff (management, practitioners and support staff).

www.nhmrc.gov.au/book/australian-guidelines-prevention-and-control-infection-healthcare-2010/part-basics-infection-pr

Part B1. Standard precautions (p31-90) describes standard precautions which are used at all times in acupuncture practice to minimise the risk of infection and should be read in its entirety.

www.nhmrc.gov.au/book/australian-guidelines-prevention-and-control-infection-healthcare-2010/b1-standard-precautions

Part B2. Transmission based precautions (p91-110) Transmission based precautions are in addition to standard precautions and are used to reduce the risk of transmission from a particular pathogen via a particular route (direct or indirect contact, droplet or airborne). An example where transmission based precautions must be used is when treating a patient with chickenpox (contact and airborne precautions used) or influenza (contact and droplet precautions used).

www.nhmrc.gov.au/book/australian-guidelines-prevention-and-control-infection-healthcare-2010/b2-transmission-based-pr

Section B5.1. Recommended routine cleaning frequencies (p159-164) provides recommendations for routine cleaning based on a risk assessment matrix.

www.nhmrc.gov.au/book/australian-guidelines-prevention-and-control-infection-healthcare-2010/b5-1-recommended-routine

Section C. Organisational support (p191-246) discusses the management of healthcare facilities. Much of this section focuses on large organisations, but some of the issues are also relevant to office based practices.

www.nhmrc.gov.au/book/australian-guidelines-prevention-and-control-infection-healthcare-2010/part-c-organisational-su

For an example of how a risk management approach can be applied to an acupuncture practice see *Infection control management plan template for Queensland acupuncture practices*.

www.acupuncture.org.au/Publications/Infection_Control.aspx

Part 2: Additional CMBA required elements for the prevention and control of infection in acupuncture practice in Australia

A) Reprocessing of reusable instruments and equipment (NHMRC 2010 p 78-84)

www.nhmrc.gov.au/book/australian-guidelines-prevention-and-control-infection-healthcare-2010/b1-5-reprocessing-reusab

With the following exceptions all used clinical equipment must be reprocessed according to its Classification in table B1.14 www.nhmrc.gov.au/book/australian-guidelines-prevention-and-control-infection-healthcare-2010/b1-5-6-storage-and-maint [NHMRC 2010 p 78-84]. The CMBA has determined that some clinical equipment categorised as 'critical' must not be reprocessed.

1) Acupuncture needles and dermal hammers

These must be single use pre-sterilised and be disposed of immediately after use in a rigid walled sharps container which complies with AS4031 or AS/NZ 4261.

2) Cups, scraping spoons and other equipment

Cups, scraping spoons and other equipment which have come into contact with blood or non-intact skin are critical items which should not be reprocessed. Blood exposure may occur for example when cups are applied following dermal hammering on the same area. These contaminated items should be treated as single use items and be disposed of. This policy follows consideration of the relatively low cost of these items compared to the costs of implementing a documented sterilisation process which complies with Australian Standards AS/NZ 4187 and AS/NZS 4815. Treating these items as disposable cost effectively reduces a significant potential source of infection. Where a sterilisation process is in place which complies with Australian Standards AS/NZ 4187 and AS/NZS 4815 then these items could still be reprocessed [NHMRC 2010, p 80-81].

Exception

Cups, scraping spoons and other equipment which have been in contact with intact skin only are non-critical items and can be reprocessed by cleaning and/or disinfecting according to table B1.14 [NHMRC 2010, p 81].

3) Sharps containers

Containers which comply with AS4031 or AS/NZ 4261 must be located in the immediate proximity of each client receiving acupuncture. Sharps containers must be kept out of reach of children. Sharps containers must not be filled beyond three-quarters full [NHMRC 2010 p63-64] and must be disposed of by a waste disposal contractor according to respective State, Territory or local government regulations.

B) Hand Hygiene and Special Precaution When Using Alcohol Based Hand Rub. [NHMRC 2010, p34-45]. www.nhmrc.gov.au/book/australian-guidelines-prevention-and-control-infection-healthcare-2010/b1-1-hand-hygiene

The following section is included to emphasise special precautions which must be taken when using alcohol based hand rub in an acupuncture practice. Some practitioners may be unfamiliar with role of alcohol based hand rub in hand hygiene so hand hygiene is reviewed to place the use of alcohol based hand rub in context.

- 1) Hand hygiene must be performed: before touching a patient; before a procedure; after a procedure or body substance exposure risk; after touching a patient; after touching a patients surrounds; after the removal of gloves [NHMRC 2010, p34-45].
- 2) Hand hygiene may be performed by using soap and water or an alcohol based hand rub. Studies indicate that hand hygiene performed with alcohol based hand rub is more effective against microbes than with plain soap or antiseptic soap and water [NHMRC 2010, p37].
- 3) When hands are visibly soiled they must be washed with soap and water [NHMRC 2010, p38].
- 4) Alcohol based hand rub must contain between 60% and 80% v/v ethanol or equivalent. [NHMRC 2010, p 39]

Special Precautions

- Alcohol based hands rub must be stored and used away from heat and naked flames.

- No tasks should be attempted until hands are completely dry.
- Procedures involving exposure to a naked flame such as moxibustion or cupping must not be attempted until alcohol has evaporated and hands are completely dry.

5) A clinic must contain at least one hands free operated sink for hand washing. Either a sink or alcohol based hand hygiene station must be located in the immediate proximity of an acupuncture treatment area.

C) Gloves [NHMRC 2010 p51-54]. www.nhmrc.gov.au/book/australian-guidelines-prevention-and-control-infection-healthcare-2010/b1-2-5-gloves

The *Australian Guidelines* do not specify when gloves are to be used in acupuncture practice. The following guidance is to assist acupuncturists on the appropriate use of gloves.

- 1) The use of gloves is not an alternative to hand hygiene.
- 2) Gloves must be worn when it is anticipated that there may be direct contact with blood or body substances, mucous membrane, non-intact skin and other potentially infectious material including potentially contaminated patient-care equipment and contaminated surfaces. [NHMRC 2010, p51].
- 3) An example of some procedures which may result in direct blood or body fluid contact in acupuncture practice include; when removing needles from an area which has been pre-treated with heat or massage; when a dermal hammer is used; when cupping is applied after dermal hammering; when vigorous needle technique is used, when electro-stimulation is applied to acupuncture needles.
- 4) Direct contact with blood or body substances is unlikely when inserting an acupuncture needle into intact skin.
- 5) In acupuncture practice gloves do not need to be sterile but must be changed after every individual patient contact [NHMRC 2010, p53].
- 6) Some states or territories require gloves to be used when inserting and/or removing acupuncture needles. Refer to Part 3.

D) Non Sharp Waste Disposal [NHMRC 2010, B1.8 p 89] www.nhmrc.gov.au/book/australian-guidelines-prevention-and-control-infection-healthcare-2010/b1-8-waste-management

The *Australian Guidelines* do not make specific recommendations on waste disposal and refers practitioners to relevant State or Territory legislation and regulations [NHMRC 2010, B1.8 p 89]. The following guidance in given is the absence of any specific State or Territory requirements.

- 1) Clinic waste such as used swabs which do not contain expressible blood can be treated as general waste [RACGP 2006, 2010; Qld DERM 2010].
- 2) Used swabs must be discarded into a leak proof plastic bag, kept out of reach of children, and disposed of as general waste [RACGP 2010].
- 3) Standard precautions should be used when handling or disposing of all waste [NHMRC 2010, B1.8 p 89].
- 4) Some states & territories treat used swabs as clinical waste and have additional requirements for waste disposal. Refer to Part 3 for State & Territory guidelines.

References:

1. Australian Acupuncture and Chinese Medicine Association Ltd. *Infection Control Management Plan Template for Queensland Acupuncture Practices* (2011). Australian Acupuncture and Chinese Medicine Association Ltd. Brisbane. Available from http://acupuncture.org.au/Publications/Infection_Control.aspx last accessed 8 August 2012.
2. National Health & Medical Research Council. Australian guidelines for the prevention and control of infection in healthcare (2010). Australian Government. Canberra. Available from www.nhmrc.gov.au/node/30290 last accessed 8 August 2012.
3. Queensland Health Centre for Healthcare Related Infection Surveillance and Prevention (CHRISP) Infection Control Management Plans (ICMP) Available at www.health.qld.gov.au/chrisp/resources/choose_icmp.asp last accessed 8 August 2012.
4. Queensland Government Department of Environment and Resources Management. Information sheet: Waste management; Defining clinical waste (September 2010). Available from www.ehp.qld.gov.au/register/p00786aa.pdf last accessed 8 August 2012.
5. The Royal Australian College of General Practitioners National Expert Committee on Standards for General Practice. Infection control standards for office based practices 4th edition (2006). The Royal Australian College of General Practitioners. South Melbourne.
6. The Royal Australian College of General Practitioners. RACGP Standards for general practices 4th edition (2010). The Royal Australian College of General Practitioners. Available from www.racgp.org.au/standards/contents last accessed 8 August 2012.

Resources:

Australian Standards

Standards Australia www.standards.org.au/Pages/default.aspx last accessed 8 August 2012

National

Australian Guidelines for the Prevention and Control of Infection in Healthcare

www.nhmrc.gov.au/node/30290. last accessed 8 August 2012

Hand Hygiene Australia www.hha.org.au/home.aspx last accessed 8 August 2012

ACT

Infection Control for office practices and other community based services

Code of Practice 2005 <http://health.act.gov.au/publications/codes-of-practice/infection-control-for-office-practices-and-other-community-based-services> last accessed 8 August 2012

Infection Control Guidelines for office practices and other community based services

2006. <http://health.act.gov.au/publications/codes-of-practice/infection-control-for-office-practices-and-other-community-based-services> last accessed 8 August 2012

NSW

Acupuncture hygiene standards.

www.health.nsw.gov.au/factsheets/environmental/acupuncture.html last accessed 8 August 2012

NT

Standards for Commercial Skin Penetration Hairdressing, and Beauty and Natural Therapy.

www.health.nt.gov.au/library/scripts/objectifyMedia.aspx?file=pdf/27/98.pdf&siteID=.. last accessed 8 August 2012

QLD

Infection Control Management Plan.

www.health.qld.gov.au/chrisp/resources/choose_icmp.asp last accessed 8 August 2012

Infection Control Management Plan Template for Queensland Acupuncture Practices (2011).

http://acupuncture.org.au/Publications/Infection_Control.aspx last accessed 8 August 2012

SA

Safe and hygienic practice of skin penetration.

www.dh.sa.gov.au/pehs/publications/skin-penetration-guide-10feb05.pdf last accessed 8 August 2012

TAS

Guidelines for Acupuncture.

www.dhhs.tas.gov.au/_data/assets/pdf_file/0015/53322/pehguide_acupuncture.pdf last accessed 8 August 2012

VIC

Guidelines on Infection Prevention and Control for Acupuncturists.

www.cmr.vic.gov.au/information/p&c/practiceconduct/gipca.html last accessed 15 April 2012 but no longer available – document available upon email request to chinesemedicineconsultation@ahpra.gov.au

WA

Skin Penetration Code of Practice.

www.public.health.wa.gov.au/cproot/1482/2/Code_of_Practice_for_Skin_Penetration.pdf last accessed 8 August 2012

Part 3. State and Territory guidelines and regulations relevant to acupuncture practice

State	Title	Regulates	Registered health professionals	Legislation	Latest guideline update
ACT	1) Infection Control for office practices and other community based services: Code of Practice 2005. 2) ACT Health Infection Control Guidelines for office practices and other community based services 2006	Health & Allied Health Services (including Dental, Pharmacies, Diagnostic clinic, Acupuncturists, Podiatry, Pathology Collection Centres) Personal Services (Tattooing & Beauty)	Exemptions: <ul style="list-style-type: none"> Medical practitioners or people working under the direction of a medical practitioner Health care facilities 	<i>Section 20 of the Public Health Act 1997</i>	2006
NSW	Acupuncture hygiene standards	Acupuncturists	Exempt. From 1 July 2012 these only apply to unregistered persons practising acupuncture	The Public Health Act 1991 and Public Health (Skin Penetration) Regulation 2000	10 August 2011
NT	Standards for Commercial Skin Penetration Hairdressing, and Beauty and Natural Therapy	Commercial operators involved in: <ul style="list-style-type: none"> skin penetration including tattooing, acupuncture, ear piercing and electrolysis; beauty treatments including facials, waxing, massage, skin peels, manicures and pedicures, and hairdressing services including cutting, shaving, colouring, perming and transplanting. 	Does not apply to registered health professionals.	Published by NT Health: Environmental Health	March 1998
QLD	Infection Control Management Plan: Template for Acupuncturists available from www.acupuncture.org.au/Publications/Infection_Control.aspx	<ul style="list-style-type: none"> Public & Private Hospitals Qld Health Oral Health Services Dentists, Acupuncturists, Podiatrists Independent practice midwives Family Planning Queensland Queensland Ambulance Service St John Ambulance Service Royal Flying Doctor Service 'Non-accredited' General Practitioners Offender Health Services 	Applies to facilities listed under "Regulates"	Chapter 4 of the Public Health Act (Qld) 2005	April 2010
SA	Safe and hygienic practice of skin penetration	Operator of premises where acupuncture, tattooing, body piercing & and beauty industry carried out.	No exemptions specified	<i>Public and Environmental Health Act 1987 and Regulations</i>	Sept 2004
TAS	Guidelines for Acupuncture	All persons who perform acupuncture procedures unless exempted under <ul style="list-style-type: none"> the <i>Public Health Act 1997</i>; and the premises in which acupuncture is performed; and all equipment, instruments and materials used for the purpose of acupuncture 	Exempt. From 1 July 2012 these standards will only apply to unregistered persons practising acupuncture	Public Health Act 1997	2 April 1998
VIC	Guidelines on Infection Prevention and Control for Acupuncturists	Registered Acupuncturists only	Applied to Registered Acupuncturists in Vic – now expired	Health Professions Registration Act 2005	2009. Authority expired on 1 July 2012.
WA	Skin Penetration Code of Practice	<ul style="list-style-type: none"> All persons who perform skin penetration procedures; The premises in which such skin penetration procedures are performed; The business of cleaning and/or sterilising appliances for the purpose of skin penetration. 	Exemptions for: <ul style="list-style-type: none"> Dentists Medical Practitioners Podiatrists Nurses. 	Section 344A(2) of the Health Act 1911. Health (Skin Penetration Procedure) Regulations 1998.	Undated. Based on "Infection Control in the Health Care Setting, Guidelines for the Prevention of Transmission of Infectious Disease" 1996