

Infection prevention and control guidelines for acupuncture practice



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Introduction

These *Infection prevention and control guidelines for acupuncture practice* have been developed by the Chinese Medicine Board of Australia (the National Board) under section 39 of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

The National Law is published under the [Legislation & Publications](#) tab on the AHPRA website.

Guidelines approved by a National Board may be used as evidence of what constitutes appropriate professional conduct or practice for each profession in proceedings against a health practitioner under the National Law, or a law of a co-regulatory jurisdiction.

Who needs to use these guidelines?

The National Board has adopted the National Health and Medical Research Council (NHMRC) *Australian guidelines for the prevention and control of infection in healthcare*¹ (NHMRC Guidelines) to inform acupuncturists on infection prevention and control.

All registered acupuncturists must comply with:

- the NHMRC Guidelines
- these National Board guidelines, and
- relevant state, territory and local government requirements which apply to their place of business.

A copy of these National Board guidelines, in either printed or electronic form, must be on all premises where acupuncture is practised.

This document consists of three main parts.

1. **Part 1** is a guide on how to use the NHMRC Guidelines in conjunction with these guidelines and other requirements
2. **Part 2** consists of the specific requirements of these guidelines, and
3. **Part 3** consists of a list of each state and territory acupuncture guidelines or regulations. Web addresses of each state or territory's regulations or guidelines are listed under *Resources* in Part 2.

Summary

The National Board's guidelines aim to draw attention to those parts of the NHMRC Guidelines that are most relevant to acupuncture **practice**. In addition, the Board provides guidance to clarify areas that are either not specifically addressed by the NHMRC Guidelines, or where the Board believes additional measures are needed to prevent and control the risk of infection.

The NHMRC Guidelines take a risk management approach, which encourages acupuncturists to identify infection risks related to their practice and implement precautions that are proportionate to those risks. Acupuncture involves a variety of clinical techniques practised in a range of clinical settings by various health professionals. The actual risks of infection will vary with the practice style and the environment in which acupuncture is practised.

In addition to what is included in the NHMRC Guidelines, the Board guidelines make specific policy statements on acupuncture in Part 2 of this document.

These statements provide specific guidance on:

- reprocessing/reuse of critical items
- hand hygiene and alcohol-based hand rub
- the appropriate use of gloves
- the disposal of clinical waste
- skin preparation prior to skin penetration in acupuncture practice
- post-treatment considerations, and
- prevention and management of sharps injuries.

National Board guidelines are not a substitute for reading the NHMRC Guidelines and applying them to a specific situation. The Board intends these two documents to be used together.

In addition, some state, territory and local governments have requirements which may differ from the Board guidelines. ACT, Qld, SA and WA currently have specific requirements that apply to acupuncturists. Practitioners must be familiar with their relevant state, territory and local government requirements. When an inconsistency occurs with this document, the relevant state or territory requirements take precedence. A summary of current state and territory acupuncture requirements is included in Part 3.

Throughout this document hyperlinks are used where possible to take the reader directly to the source references. We recommend that this document is used electronically.

1 NHMRC 2010, Australian Government, Canberra (available from www.nhmrc.gov.au/node/30290)

Requirements

Part 1: How to use the NHMRC's Australian guidelines for the prevention and control of infection in healthcare (NHMRC Guidelines)

The NHMRC Guidelines recognise that the risk of developing healthcare-associated infections varies with the specific setting and circumstances. A risk management framework is used when the infection risks associated with specific procedures, human resources and environments are identified and managed accordingly. To promote compliance, the sections most relevant to an office-based acupuncture practice are identified below.

Summary of recommendations (pp.1-5) consists of an indexed summary of recommendations in order of importance.

Part A: Basics of infection prevention and control (pp.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). Registered practitioners are responsible for ensuring that all staff under their direction are familiar with Part A of the NHMRC Guidelines.

Part B1: Standard precautions (pp.31-90) describes standard precautions that are used at all times in acupuncture practice to minimise the risk of infection, including hand hygiene, and should be read in its entirety.

Part B2: Transmission-based precautions (pp.91-110) states that transmission-based precautions are in addition to standard precautions. These are used to reduce the transmission risk from a particular pathogen through a particular route (through direct or indirect contact, as a droplet or airborne). An example when transmission-based precautions must be used is when treating a patient with chickenpox (contact and airborne precautions apply) or influenza (contact and droplet precautions apply).

Section B5.1: Recommended routine cleaning frequencies (pp.159-164) provides recommendations for routine cleaning, based on a risk assessment matrix.

Section C: Organisational support (pp.191-246) 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.

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*.²

Part 2: Additional National Board requirements for the prevention and control of infection in acupuncture practice

This part covers the following requirements:

- reprocessing of reusable instruments and equipment
- hand hygiene and special precautions when using alcohol-based hand rub
- gloves
- routine skin preparation and post-treatment procedures
- non-sharp waste disposal, and
- prevention and management of sharps injuries.

a) Reprocessing of reusable instruments and equipment

The National Board uses the term 'reprocessing' as this is the term used in the NHMRC Guidelines, which refers to the reuse of instruments and equipment that is reusable.³

Other than the exceptions listed in the table below, all used clinical equipment must be reprocessed according to its classification in [Table B1.14](#) on page 81 in the NHMRC Guidelines.⁴

The Board has determined that the following clinical equipment, categorised as 'critical', must not be reprocessed.

Items that must not be reprocessed/reused	
Item	Requirements
Acupuncture needles and dermal hammers	<p>Acupuncture needles and dermal hammers 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.</p> <p>Ensure that all pre-sterilised equipment is stored in a clean, dry environment. Only use pre-sterilised equipment:</p> <ul style="list-style-type: none"> that is within its expiry date when the packaging is dry, and when the packaging is undamaged and shows no signs of prior exposure to liquids.

2 Available at: www.acupuncture.org.au/Publications/Infection_Control.aspx

3 NHMRC 2010, pp 78-84 www.nhmrc.gov.au/book/australian-guidelines-prevention-and-control-infection-healthcare-2010/b1-5-reprocessing-reusab

4 NHMRC 2010, pp. 78-84

Items that must not be reprocessed/reused	
Item	Requirements
Cups, scraping spoons and other equipment	<p>Cups, scraping spoons, gua sha equipment and other equipment which has come into contact with blood or non-intact skin are to be treated as critical items. Blood exposure may occur, for example when cups are applied following dermal hammering on the same area. These critical items must only be reprocessed/reused if a documented sterilisation process is in place that complies with Australian Standards AS/NZ 4187 and AS/NZS 4815.</p> <p>If such a documented sterilisation process is not in place, these contaminated items must be treated as single-use items and be disposed of.</p> <p>Cups (made of glass or plastic), scraping spoons, gua sha tools and any other equipment which has been in contact with intact skin only are non-critical items and can be reprocessed by cleaning and/or disinfecting according to the NHMRC Guidelines.⁵</p>
Bamboo cups	<p>Bamboo cups are not constructed of a material suitable for cleaning, disinfecting or sterilising in accordance with Australian guidelines and must be discarded after use.</p>

b) Hand hygiene and special precautions when using alcohol-based hand rub⁶

Hand hygiene requirements

Effective hand hygiene is the single most important strategy in preventing healthcare-associated infections.

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 patient's surrounds, and
- after the removal of gloves.⁷

Hand hygiene may be performed by using soap and water or alcohol-based hand rub (see special requirements below). Studies indicate that hand hygiene performed with alcohol-based hand rub is more effective against microbes than plain soap or antiseptic soap and water.⁸

However, when hands are visibly soiled and after using the toilet, they must be washed with soap and water.⁹

A clinic must contain at least one hands-free sink which is dedicated for handwashing and not used for other purposes, such as the reprocessing of equipment or food preparation. A hands-free sink refers to a sink which can be operated by foot pedals, no-touch sensors or (properly used) elbow-operated controls.

Either a hands-free sink or alcohol-based hand hygiene station must be located close to every acupuncture treatment area and must be readily accessible.

Liquid soap and alcohol dispensers should not be topped up or refilled due to the risk of bacterial contamination, which renders hand hygiene ineffective.

Special precautions when using alcohol-based hand rub in an acupuncture practice

The following special precautions must be taken when using alcohol-based hand rub.

- Alcohol-based hand rub must contain between 60% and 80% v/v ethanol or equivalent.¹⁰
- A diagram demonstrating the correct procedure for using alcohol-based hand rub is available at [Hand Hygiene Australia](#)¹¹
- Alcohol-based hand 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 NHMRC 2010, pp. 34-45, available at: www.nhmrc.gov.au/book/australian-guidelines-prevention-and-control-infection-healthcare-2010/b1-1-hand-hygiene

⁶ NHMRC 2010, pp. 34-45

⁷ NHMRC 2010, pp. 34-45

⁸ NHMRC 2010, p. 37

⁹ NHMRC 2010, p. 38

¹⁰ NHMRC 2010, p. 39

¹¹ Hand Hygiene Australia 2013, at www.hha.org.au/AboutHandHygiene.aspx

c) Requirements for appropriate use of gloves¹²

Gloves have two purposes in an office-based acupuncture practice:

1. to protect the patient from the risk of acquiring an infection from the practitioner in the event that the practitioner has non-intact skin on their hands, and
2. to protect the practitioner from the risk of acquiring an infection in the event that the patient's blood or body fluids contact the non-intact skin of the practitioner.

The following special requirements apply when using gloves.

- Gloves do not need to be worn if the patient and practitioner both have intact skin and excessive bleeding is not expected.¹³
- The use of gloves is not an alternative to hand hygiene.
- Single-use gloves may be required if excessive bleeding is anticipated.¹⁴
- Direct contact with blood or body substances is unlikely when inserting an acupuncture needle into intact skin, but is more likely when using certain methods. Examples of procedures which may result in direct blood or body fluid contact in acupuncture practice, and may therefore require glove use, include:
 - > removing needles from an area which has been pre-treated with heat or massage
 - > using a dermal hammer
 - > cupping applied after dermal hammering
 - > vigorous needle technique
 - > electro-stimulation applied to acupuncture needles, and
 - > acupuncture point injection.
- In acupuncture practice, gloves do not need to be sterile but must be changed after every individual patient contact.¹⁵
- Any break in the practitioner's skin, such as dermatitis or a small cut, must be adequately covered or a finger cot or gloves worn.
- Some states and territories require gloves to be used when inserting and/or removing acupuncture needles. Refer to Part 3 of these guidelines for more information.

12 NHMRC 2010, pp. 51-54 available at www.nhmrc.gov.au/book/australian-guidelines-prevention-and-control-infection-healthcare-2010/b1-2-5-gloves

13 Hutin et al 2003; NHMRC 2013; WHO 2010

14 Hutin et al 2003

15 NHMRC 2010, p. 53

d) Requirements for routine skin preparation and post-treatment procedures

Requirements for routine skin preparation

- Provided the skin is visibly clean, there is no need to swab it with an antiseptic before inserting needles.¹⁶
- If the practitioner chooses to swab the skin, then alcohol or other disinfectant must be allowed to dry before the skin is punctured to reduce discomfort or pain.¹⁷
- An antiseptic (such as isopropyl alcohol) must be used if the skin is visibly soiled, or been pre-treated with massage oil or other topical preparations.¹⁸
- An antiseptic (such as isopropyl alcohol) should be used before treating potentially immunocompromised patients.¹⁹
- If a semi-permanent needle is to be used (such as in the ear), then the area must be cleaned with an antiseptic (such as isopropyl alcohol) before insertion.²⁰ Proper advice must be given to the patients about ongoing care and management of such devices.
- Never pre-soak cotton wool in isopropyl alcohol in a container – both the cotton wool and container become highly contaminated with hand and environmental bacteria.²¹

Requirements for post-treatment management

- A clean, dry cotton wool swab should be placed over the site of needle withdrawal immediately after withdrawal to control any pinpoint of blood which may be evident, whether or not gloves have been used. The used swab must be disposed of in accordance with section (e) below.
- Massage should not be applied to a site which has just received acupuncture due to the potential for an increased risk of infection at the site.

e) Requirements for non-sharp waste disposal²²

The NHMRC Guidelines do not make specific recommendations about waste disposal and refer practitioners to relevant state or territory legislation and regulations.²³

16 Hutin et al 2003; NHMRC 2010

17 Hutin et al 2003

18 Hutin et al 2003

19 Hoffman 2001

20 Grant 1986

21 WHO 2010

22 NHMRC 2010, B1.8 p. 89, available at www.nhmrc.gov.au/book/australian-guidelines-prevention-and-control-infection-healthcare-2010/b1-8-waste-management

23 NHMRC 2010, B1.8 p. 89

Some states and territories treat used swabs as clinical waste and have additional requirements for waste disposal. Refer to Part 3 of this document for the requirements in specific states and territories. Where specific state or territory requirements are not in place the following guidance applies:

1. clinic waste such as used swabs which do not contain expressible blood can be treated as general waste,²⁴ and
2. used swabs must be:
 - > discarded into a leak-proof plastic bag
 - > kept out of reach of children, and
 - > disposed of as general waste.²⁵

Standard precautions should be used when handling or disposing of all waste.²⁶

Sharps disposal containers

Containers that comply with AS4031 or AS/NZ 4261 must be located close to each patient receiving acupuncture and must be kept out of reach of children. Sharps containers must not be filled beyond three-quarters full²⁷ and must be disposed of by a waste disposal contractor according to respective state, territory or local government regulations.

f) Prevention and management of sharps injuries²⁸

Incorrect handling of sharps can result in a sharps injury and associated health risks to the practitioner.

Immunisation for hepatitis B may offer some protection from a sharps injury, but provides no protection from other blood-borne viruses.²⁹

The requirements for the handling of sharps are that:

- acupuncture needles should not be reinserted into guide tubes after use, and
- when injection techniques are used, needles must never be recapped.

Procedure for dealing with a sharps injury³⁰

Important note: In cases of a sharps injury, immediate medical attention is suggested as, for some conditions, prophylactic treatment is ideally begun one to two hours

after exposure and is most effective if administered within 24–72 hours of exposure.

If you receive a sharps injury:

- seek care immediately
- if skin is penetrated, wash the affected area immediately with soap and water. Alcohol-based handrub can be used to clean the area if soap and water are not available
- do not squeeze the affected area
- report the incident immediately to your supervisor (where relevant)
- ask about follow-up care, including post-exposure prophylaxis, which is most effective if implemented soon after the incident, and
- complete an accident/incident report form, including the date and time of the exposure, how it happened, and name of the source individual (if known).

If a sharps injury happens to you, you can be reassured that only a small proportion of accidental exposures result in infection. Taking immediate action will lower the risk even further.

24 RACGP 2006, 2010; Qld DERM 2010

25 RACGP 2010

26 NHMRC 2010, B1.8 p. 89

27 NHMRC 2010, pp. 63-64

28 AACMA 2011; NHMRC 2010

29 AACMA 2011

30 AACMA 2011, pp.20-21; NHMRC 2010, B1.10 p. 64 www.nhmrc.gov.au/book/australian-guidelines-prevention-and-control-infection-healthcare-2010/b1-3-3-disposal-single-use-sharps

Part 3: State and territory guidelines and regulations relevant to acupuncture practice

Jurisdictions marked with * apply to registered acupuncturists (that is, they are NOT exempted)

State	Title	Regulates	Registered health professionals	Legislation	Guideline update
ACT*	<ol style="list-style-type: none"> <i>Infection control for office practices and other community based services: code of practice 2005</i> ACT Health <i>Infection control guidelines for office practices and other community based services 2006</i> 	<p>Health and allied health services (including dental, pharmacies, diagnostic clinics, acupuncturists, podiatry, pathology collection centres)</p> <p>Personal services (tattooing and beauty)</p>	<p>Exemptions:</p> <ul style="list-style-type: none"> medical practitioners or people working under the direction of a medical practitioner, and health care facilities. 	Section 20 of the <i>Public Health Act 1997</i>	2006
NSW	<i>Public Health Act 2010 and Public Health Regulation 2012: Summary of requirements in relation to environmental health</i>	<ul style="list-style-type: none"> Acupuncture Beauty treatments Body, nose and ear piercing Cosmetic enhancements Colonic lavage Tattooing Blood cholesterol and glucose measurement 	<p>Registered health practitioners are exempt.</p> <p>Only applies to unregistered persons practising acupuncture.</p>	<i>Public Health Act 2010 and Public Health Regulation 2012</i>	2012
NT	<i>Standards for commercial skin penetration hairdressing, and beauty and natural therapy</i>	<p>Commercial operators involved in:</p> <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. 	<p>Registered health practitioners are exempt.</p> <p>These standards apply to unregistered persons practising acupuncture.</p>	Published by NT Health: Environmental Health	March 1998
QLD*	<i>Infection control management plan: template for acupuncturists available from www.health.qld.gov.au/chrisp/resources/choose_icmp.asp</i>	<ul style="list-style-type: none"> Public and 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' GPs Offender Health Services 	Applies to practitioners and facilities listed under 'Regulates'.	Chapter 4 of the <i>Public Health Act (Qld) 2005</i>	April 2010

State	Title	Regulates	Registered health professionals	Legislation	Guideline update
SA*	<i>Safe and hygienic practice of skin penetration</i>	Operator of premises where acupuncture, tattooing, body piercing and beauty industry carried out.	No exemptions specified.	<i>Public and Environmental Health Act 1987</i> and Regulations	Sept 2004
TAS	<i>Guidelines for acupuncture</i>	All persons who perform acupuncture procedures (unless exempted under the <i>Public Health Act 1997</i>). The premises in which acupuncture is performed. All equipment, instruments and materials used for the purpose of acupuncture.	Registered health practitioners are exempt. These standards apply to unregistered persons practising acupuncture.	<i>Public Health Act 1997</i>	2 April 1998
VIC	<i>Public Health and Wellbeing Act 2008</i>	Requires the registration of certain businesses, including those involving skin penetration.	Exemptions for registered: <ul style="list-style-type: none"> • acupuncturists • dentists • medical practitioners • podiatrists, and • nurses. 	Public Health and Wellbeing Regulations 2009	2009
WA*	<i>Skin penetration code of practice</i>	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 registered: <ul style="list-style-type: none"> • dentists • medical practitioners • podiatrists, and • nurses. 	Section 344A(2) of the <i>Health Act 1911</i> and Health (Skin Penetration Procedure) Regulations 1998	Undated Based on <i>Infection control in the health care setting, guidelines for the prevention of transmission of infectious disease 1996</i>

Definitions

Acupuncture

In these guidelines, acupuncture is narrowly defined as the therapeutic practice of inserting and manipulating fine needles into specific points of the body.

Acupuncture needles

Special fine solid needles used to penetrate the body surface for a therapeutic purpose.

Acupuncture point injection

The injection of a substance approved by the Therapeutic Goods Administration (TGA) (often normal saline) into an acupuncture point via a syringe for a therapeutic effect.

Alcohol-based hand rub

A preparation containing alcohol that is included on the Australian Register of Therapeutic Goods as a medicinal product. This product is designed for reducing the number of viable microorganisms on the hands without the use or aid of running water.

Antiseptic

A substance that prevents or arrests the growth or action of microorganisms by inhibiting their activity or by destroying them. The term is used especially for preparations applied topically to living tissue.

Cleaning

The physical removal of foreign matter using water, detergent and mechanical action, to reduce the number of microorganisms from a surface.

Clinical waste

Clinical waste means waste that has the potential to cause disease, including animal waste, discarded sharps, human tissue waste and laboratory waste.

Contact

The touching of any patient, their immediate surroundings or performing any procedure.

Dermal hammer

A hammer-like device, the head of which contains several short needles. It is used in acupuncture practice to stimulate the skin surface and to promote superficial bleeding. Also called 'plum-blossom needle', 'seven-star needle' or 'cutaneous needle'.

Disinfectant

A TGA-registered chemical agent (but sometimes a physical agent) that destroys disease-causing pathogens or other harmful microorganisms but might not kill bacterial spores. It refers to substances applied to inanimate objects.

Disinfection

Thermal or chemical destruction of pathogenic and other types of microorganisms. Disinfection is less lethal than sterilisation because it destroys most recognised pathogenic microorganisms but not necessarily all microbial forms (such as bacterial spores).

Finger cot

A close-fitting sheath (often made of latex) worn at the end of a finger, for protection of the finger or to avoid soiling the object touched.

General waste

Waste that is not categorised as clinical or related waste; general waste produced by health care facilities is of no more risk to public health than household waste.

Hand hygiene

A general term applying to processes aiming to reduce the number of microorganisms on hands. This includes:

- application of a waterless antimicrobial agent (such as alcohol-based hand rub) to the surface of the hands, and
- use of soap/solution (plain or antimicrobial) and water (if hands are visibly soiled), followed by patting dry with single-use towels.

Healthcare-associated infections

Infections acquired in healthcare facilities ('nosocomial' infections) and infections that occur as a result of healthcare interventions ('iatrogenic' infections), and which may manifest after people leave the healthcare facility.

Must and should

Whenever 'must' is used in this document, the instruction is mandatory.

Whenever 'should' is used in this document, the instruction given is considered 'best practice'. It is the practitioner's responsibility to make decisions based on individual circumstances, apply professional judgment and be able to justify this.

Office-based practice

The provision of health care services in sites outside routine hospital in-patient and operating room settings. Such sites include private consulting rooms and health clinics.³¹

Pathogen

Any microorganism that can cause infection in a susceptible host.

Reprocessing

Any process to prepare a device for reuse (which can include pre-cleaning, cleaning and disinfecting or sterilising).

Semi-permanent needle

An acupuncture needle that is left in situ after a treatment either until it falls out, or until it is removed.

Sharps

Instruments used in delivering healthcare that can inflict a penetrating injury, such as needles, dermal hammers, lancets and scalpels.

Single use

Single-use devices are medical devices that are labelled by the original manufacturer as 'single use' and are only intended to be used once: www.tga.gov.au/devices/daen-entry.aspx

Standard precautions

Work practices that constitute the first-line approach to infection prevention and control in the healthcare environment. These are recommended for the treatment and care of all patients.

Sterile or sterility

A state of being free from all living microorganisms. In practice, usually described as a probability function, such as the probability of a microorganism surviving sterilisation being one in one million.

References

Australian Acupuncture and Chinese Medicine Association Ltd (2011) *Infection control management plan template for Queensland acupuncture practices*. Australian Acupuncture and Chinese Medicine Association Ltd: Brisbane. Available from <http://acupuncture.org.au/Publications/InfectionControl.aspx> Accessed 8 August 2012.

Centers for Disease Control and Prevention (2008) *Guideline for disinfection and sterilization in healthcare facilities*. www.cdc.gov/hicpac/Disinfection_Sterilization/toc.html Accessed 21 February 2013.

Grant, A (1986) 'Skin swabbing', *Acupuncture in medicine* 3:15. doi:10.1136/aim.3.1.15.

Hand Hygiene Australia. www.hha.org.au/home.aspx Accessed 10 February 2013.

Hoffman, P (2001) 'Skin disinfection in acupuncture', *Acupuncture in medicine* 19(2):112-116. doi:10.1136/aim.19.2.112.

Hutin, Y, Hauri, A, Chiarello, L, et al (2003) 'Best infection control practices for intradermal, subcutaneous, and intramuscular needle injections', *Bulletin of the World Health Organization* 81:491-500. Available from www.who.int/bulletin/volumes/81/7/Hutin0703.pdf Accessed 10 January 2013.

National Health and Medical Research Council (2013) *The Australian immunisation handbook 10th edition*. Australian Government: Canberra. Available from www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home Accessed 20 May 2013.

National Health and Medical Research Council (2010) *Australian guidelines for the prevention and control of infection in healthcare*. Australian Government: Canberra. Available from www.nhmrc.gov.au/node/30290 Accessed 8 August 2012.

Queensland Health Centre for Healthcare, *Related infection surveillance and prevention (CHRISP) infection control management plans (ICMP)*. Available from www.health.qld.gov.au/chrisp/resources/choose_icmp.asp Accessed 8 August 2012.

Queensland Government Department of Environment and Resources Management (August 2012) Information sheet: *Waste management; defining clinical waste*. Available from www.ehp.qld.gov.au/licences-permits/business-industry/waste-management/pdf/info-define-clinical-waste-em1250.pdf Accessed 21 February 2013.

Standards Australia, AS/NZS 4815:2006, *Office-based health care facilities – reprocessing of reusable medical and surgical instruments and equipment, and maintenance*

of the associated environment. Available from www.standards.org.au/Pages/default.aspx Accessed 8 August 2012.

The Royal Australian College of General Practitioners National Expert Committee on Standards for General Practice (2006) *Infection control standards for office based practices 4th edition*. The Royal Australian College of General Practitioners: South Melbourne.

The Royal Australian College of General Practitioners (2010) *RACGP standards for general practices 4th edition*. The Royal Australian College of General Practitioners: South Melbourne. Available from www.racgp.org.au/publications/ordering/standards/ Accessed 20 May 2013.

World Health Organization (2010) *WHO best practices for injections and related procedures toolkit*. World Health Organization: Geneva. Available from www.who.int/injection_safety/toolbox/9789241599252/en/ Accessed 12 February 2013.

Useful resources

Australian Standards

- Standards Australia. www.standards.org.au/Pages/default.aspx Accessed 8 August 2012.

National

- Australian guidelines for the prevention and control of infection in healthcare*. www.nhmrc.gov.au/node/30290 Accessed 8 August 2012.
- Hand Hygiene Australia. www.hha.org.au/home.aspx Accessed 10 February 2013.

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> 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> Accessed 8 August 2012.

NSW

- Public Health Act 2010 and Public Health Regulation 2012*. www.health.nsw.gov.au/publichealth/environment/general/body_grooming.asp Accessed 10 February 2013.
- Public Health Act 2010 and Public Health Regulation 2012. Summary of requirements in relation to*

environmental health. www.health.nsw.gov.au/phact/Documents/summ_env.pdf Accessed 10 February 2013.

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=.. Accessed 8 August 2012.

QLD

- *Infection control management plan*. www.health.qld.gov.au/chrisp/resources/choose_icmp.asp Accessed 8 August 2012.
- *Infection control management plan template for Queensland acupuncture practices* (2011). http://acupuncture.org.au/Publications/Infection_Control.aspx Accessed 8 August 2012.

SA

- *Safe and hygienic practice of skin penetration*. www.health.sa.gov.au/pehs/publications/skin-penetration-guide-10feb05.pdf Accessed 20 May 2013.

TAS

- *Guidelines for acupuncture*. www.dhhs.tas.gov.au/_data/assets/pdf_file/0015/53322/pehguide_acupuncture.pdf Accessed 8 August 2012.

VIC

- *Public Health and Wellbeing Act 2008*. [www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/f932b66241ecf1b7ca256e92000e23be/8B1B293B576FE6B1CA2574B8001FDEB7/\\$FILE/08-46a.pdf](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/f932b66241ecf1b7ca256e92000e23be/8B1B293B576FE6B1CA2574B8001FDEB7/$FILE/08-46a.pdf) Accessed 28 February 2013.
- *Public Health and Wellbeing Regulations 2009*. [www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/b05145073fa2a882ca256da4001bc4e7/A3B0A9845FD0980ACA25768D002AB0B5/\\$FILE/09-178sr.pdf](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/b05145073fa2a882ca256da4001bc4e7/A3B0A9845FD0980ACA25768D002AB0B5/$FILE/09-178sr.pdf) Accessed 28 February 2013.

WA

- *Skin penetration code of practice*. www.public.health.wa.gov.au/cproot/1482/2/Code_of_Practice_for_Skin_Penetration.pdf Accessed 8 August 2012.

Review

These guidelines will take effect on 20 May 2013. The Board will monitor these guidelines for effectiveness and review them at least every three years.