



Chinese Medicine Board of Australia

Explanatory Statement: Infection prevention and control guidelines for acupuncture practice

20 May 2013

Background

In September 2012 the Chinese Medicine Board of Australia (the National Board) released for consultation draft infection control guidelines specific to acupuncture practice. The Board has now decided to adopt *Australian guidelines for the prevention and control of infection in healthcare* (NHMRC 2010) (NHMRC Guidelines) to inform registered acupuncturists about infection prevention and control. The Board is also publishing its own complementary guidelines that set out specific requirements about acupuncture practice that are not covered in the NHMRC Guidelines.

The NHMRC Guidelines are not prescriptive but take a risk management approach. Practitioners are encouraged to identify infection risks related to their practice and to take precautions that are proportionate to the relevant 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 environment where acupuncture is practised.

An underlying principle in the NHMRC 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.

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 National Board's guidelines aim to direct practitioners or other readers to those parts of the NHMRC Guidelines most relevant to acupuncture. The Board has also provided guidance to clarify areas that are either not specifically addressed by NHMRC Guidelines, or where the Board believes additional measures should be taken to prevent and control the risk of infection.

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

Public consultation

For the public consultation in September 2012, the National Board sought general feedback and comment on the following questions:

1. Are the NHMRC Guidelines an appropriate primary reference for Chinese medicine practitioners?

2. Is the proposed additional Board 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?

The Board received 10 submissions, with diverse views. All views were taken into consideration and balanced against the available evidence.

There was strong support for adopting the NHMRC Guidelines as an appropriate primary reference for Chinese medicine practitioners. These guidelines are contemporary, credible and widely accepted.

The National Board was requested in some submissions to detail the various state and territory requirements about acupuncture. The Board decided not to do this as state and territory requirements are subject to change within the life of the Board's guidelines, with some already changing since consultation began. The Board decided that the best way to ensure accurate information is to direct practitioners to primary sources in each state and territory. It is part of your professional responsibility to keep informed of changes relevant to the state or territory in which you practise.

There was strong support for the proposed additional Board guidance and it was viewed as accessible and user-friendly.

There were many useful suggestions and requests for further clarification. Main issues included:

- hand hygiene generally, but especially handwashing facilities, and
- skin preparation before needling.

These have all been addressed in the final Board guidelines.

Further details: Board position

Swabbing the skin

The NHMRC Guidelines do not address routine skin preparation prior to acupuncture. It has been common practice to swab the skin with isopropyl alcohol before an acupuncture needle insertion. The Board notes that the most similar skin penetration procedure to acupuncture where national guidelines have been developed is immunisation, which addresses the matter of routine skin penetration [NHMRC 2008, 1.4.4]. Based on the immunisation guidelines and other literature [Hutin Y, Hauri A, Chiarello L, et al 2003; Hoffman 2001; Grant 1986], the Board has developed its guidance on routine skin preparation.

Hands-free handwashing facility

The definition of a hands-free tap includes elbow-operated taps. There is general concern about poor compliance with the proper use of such taps. When constructing or renovating a clinic, you should consider installing foot-operated or no-touch sensor-operated taps to maximise compliance with good handwashing technique.

Appropriate use of gloves

The NHMRC immunisation guidelines [NHMRC 2008, 1.4-1.5] also address the use of gloves. Additionally, the World Health Organization (WHO) has issued a bulletin on best practices for intradermal, subcutaneous and intramuscular injections [Hutin Y, Hauri A, Chiarello L, et al 2003; Hoffman 2001] as well as a guide to best practice for injections and related procedures [WHO 2010]. These guidelines agree that gloves should not be used when giving an injection provided the patient and practitioner have intact skin, unless excessive bleeding is expected. It should be noted that acupuncture results in a reduced risk of blood exposure compared to an injection because fine solid needles (0.10-0.30 mm diameter) are used and no substance is injected into the surrounding tissues.

The unnecessary use of gloves creates an environmental burden and increases the risk of practitioners developing skin sensitivity.

The National Board has drawn on these sources to provide guidance on the appropriate use of gloves for acupuncturists.

Standard precautions

Standard precautions consist of:

- hand hygiene before and after every episode of patient contact
- the use of personal protective equipment
- the safe use and disposal of sharps
- routine environmental cleaning
- reprocessing of reusable medical equipment and instruments
- respiratory hygiene and cough etiquette
- aseptic non-touch technique
- waste management, and
- appropriate handling of linen.

Concluding remarks

Infection prevention and control guidelines are necessarily general, and are not intended to be a substitute for your professional judgment based on the best available evidence in each situation.

The Board intends to revise these guidelines in three years' time, or earlier if necessary.

The final guidelines are now published at www.chinesemedicineboard.gov.au/Codes-Guidelines.aspx