

## Chinese Medicine Board quick reference guide

December 2013

### Infection control and prevention guidelines for acupuncture practice

#### Introduction

This quick reference guide has been developed by the Chinese Medicine Board of Australia (the Board) to remind Chinese medicine practitioners of the key risks and risk management procedures specific to acupuncture practice regarding infection prevention and control.

All registered acupuncturists must comply with:

- the Chinese Medicine Board of Australia's *Infection prevention and control guidelines for acupuncture practice*
- the National Health and Medical Research Council (NHMRC) *Australian guidelines for the prevention and control of infection in healthcare*<sup>1</sup> (NHMRC Guidelines), and
- relevant state, territory and local government requirements applying to place of business.

The Board's full *Infection prevention and control guidelines for acupuncture practice* are on the Board's websites under Codes and guidelines.

**Standard precautions** must be used at all times to minimise the risk of infection and include:

- hand hygiene
- appropriate use of gloves
- safe disposal of clinic waste and sharps
- reprocessing of reusable medical equipment and instruments
- respiratory hygiene and cough etiquette
- appropriate handling of linen
- aseptic non-touch technique, and
- routine environmental cleaning.

For details see [NHMRC Guidelines Section B1](#).

#### Board specific acupuncture practice guidelines

##### 1. Reprocessing of reusable instruments and equipment

###### 1.1 Acupuncture needles and dermal hammers

<sup>1</sup> NHMRC 2010, Australian Government, Canberra (available from [www.nhmrc.gov.au/node/30290](http://www.nhmrc.gov.au/node/30290))

The Board has determined that these critical items **must not be reprocessed**.

Acupuncture needles and dermal hammers must be single use pre-sterilised and be disposed of immediately after use in a rigid walled sharps container that complies with Australian Standards AS4031 or AS/NZ 4261.

Bamboo cups are not constructed of material suitable for cleaning, disinfecting or sterilising in accordance with Australia Guidelines and are single use items which **must not be re-used**.

Cups (made of glass or plastic), scraping spoons, Gua sha equipment and other equipment that has come into contact with blood or non-intact skin are deemed to be critical items. They must only be reprocessed if a documented sterilisation process is in place that complies with Australian Standards AS/NZ 4187 and AS/NZS 4815 (NHMRC 2010, p 80-81). If not, these contaminated items **must be treated as single use items and be disposed of**.

##### 1.2 Cups, scraping spoons and other equipment

Cups (made of glass or plastic), scraping spoons, Gua sha tools and any other equipment that has only been in contact with intact skin are non-critical items and can be reprocessed by cleaning and/or disinfecting according to table [B1.14 \(NHMRC 2010, p 81\)](#).

##### 2. Hand hygiene and special precautions when using alcohol-based hand rub

Hand hygiene must be performed:

- before and after touching a patient
- before and after a procedure
- after a body substance exposure risk
- after touching a patient's surrounds, and
- after the removal of gloves.

Hand hygiene may be performed by using soap and water or an alcohol-based hand rub. However, when hands are visibly soiled, or after using the toilet, they must be washed with soap and water. Either a hands free sink or alcohol-based hand hygiene station must be located in the immediate proximity of every acupuncture treatment area and must be readily accessible.

Special precautions for alcohol-based hand rub :

- it must be stored and used away from heat and naked flames,
- no tasks should be attempted until hands are completely dry, and
- 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.

### 3. Requirements for appropriate use of gloves

Gloves do not need to be worn if the patient and practitioner both have intact skin and excessive bleeding is not expected. Some states or territories require gloves to be used when inserting and/or removing acupuncture needles.

Single-use gloves may be indicated if excessive bleeding is anticipated.

Direct contact with blood or body substances is unlikely when inserting an acupuncture needle into intact skin. Examples of procedures which may result in direct blood or body fluid contact in acupuncture practice 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, or
- acupuncture point injection.

Any break in the practitioner's skin integrity such as dermatitis or a small cut must be adequately covered or a finger cot or gloves worn.

### 4. Requirements for routine skin preparation and post-treatment procedures

#### 4.1 Requirements for routine skin preparation

- Provided the skin is visibly clean, there is no need to swab it with an antiseptic before inserting needles.
- 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.
- Skin preparation with 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.
- Skin preparation with antiseptic (eg isopropyl alcohol) should be used before treating potentially immunocompromised patients.
- 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. 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 – these become highly contaminated with hand and environmental bacteria.

#### 4.2 Post-treatment procedures

1. Whether or not gloves have been used, a clean dry cotton wool swab should be placed over the site of needle withdrawal immediately following withdrawal to control any pinpoint of blood which may be evident. The used swab must be disposed in accordance with Section 5.
2. Massage should not be applied to an acupuncture site due to the potential for an increased risk of infection at the site.

### 5. Requirements for waste disposal

Some states and territories specify how non-sharp waste should be disposed of. In the absence of specific state or territory requirements, the following applies:

- Clinic waste, such as used swabs which do not contain expressible blood, can be treated as general waste. Used swabs must be discarded into a leak proof plastic bag, kept out of reach of children, and disposed of as general waste.

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

#### 5.1 Sharps disposal containers

Containers that comply with Australian Standards AS4031 or AS/NZ 4261 must be located in the immediate proximity of each acupuncture client and must be kept out of reach of children.

Sharps containers must not be filled beyond three-quarters full and must be disposed of by a waste disposal contractor according to your state, territory or local government regulations.

### 6. Prevention and management of needle stick injuries

Incorrect handling of sharps can result in needle stick injury and health risks to the practitioner.

1. Acupuncture needles should not be re-inserted into guide tubes after use.
2. Where injection techniques are used, needles must never be recapped.

As soon as possible after a sharps injury:

- Seek care immediately.
- If skin is penetrated, wash the affected area immediately with soap and water. Alcohol-based hand rub 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 if relevant.
- Ask about follow-up care, incl. post-exposure prophylaxis, which is most effective if implemented soon after incident (24-72 hrs).