

From:
Sent: Friday, 2 November 2012 4:36 PM
To: chinesemedicineconsultation
Subject: Draft infection control guidelines - Comment

Dear Sir/Madam,

I'm writing to you in response to your request for comment on the proposed infection prevention guidelines for acupuncturists. Please find below my responses to your outlined questions.

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

It is my belief, and also the belief of many other practitioners within the industry as well as medical professionals I have spoken to that the NHMRC guidelines for infection control are not appropriate for adoption by the CMBA.

The feedback I have ascertained as well as researched in my own time has led me to the following conclusions:

- The NHMRC guidelines were developed with specific reference to general healthcare facilities only. This means they were designed to be applied in a general fashion to broad areas of practice and were not intended as an occupation specific infection prevention tool, rather they are supposed to serve as a minimum standard of practice for general healthcare activities. This is in contrast to what we do as professionals in the Acupuncture industry being that we often and repeatedly penetrate or puncture the skin in such a fashion that we would be deemed a high risk category under these guidelines, to which the NHMRC guidelines state "It is recognised that the level of risk may differ according to the different types of facility and therefore some recommendations should be justified by risk assessment. When implementing these recommendations all healthcare facilities need to consider the risk of transmission of infection and implement according to their specific setting and circumstances." It is in my best judgement and that of fellow Acupuncturists that we would be deemed a high risk category for reasons outlined above, but also because of the simple fact that alcohol sanitizers are not effective in ridding the hands of all bacteria, especially when the hands are visibly soiled, as is frequently the case in our line of work. Further, I believe that allowing the use of alcohol sanitizers in such a setting will lead to confusion and incorrectly applied hand hygiene practice because it is often the case that alcohol sanitizers is 'the lesser of two evils', being that it is often available when sinks are not, making it 'better' than nothing. Myself and others I have spoken to therefore propose that it be mandatory for soap and warm water equipped basins to be available in every workspace, much the same as Tattooists. We believe this will not only protect the reputation and image of our industry as a whole, but also ensure proper hygiene is implemented and adhered to, thereby protecting the community from the spread of infectious diseases.

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

- No, there should be basins in every work area, not just one for the practice as a whole. Hand hygiene with soap and running water should be emphasised because alcohol sanitizer is ineffective against soiled hands.

3. Are the documents sufficiently accessible and user-friendly?

- Yes.

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

- No. Soap and warm water should be emphasised and alcohol only as a complementary practice.

Kind regards,

Jim Casella

Hand Hygiene devotee & Acupuncturist