

## Organisation response to the Chinese Medicine Board of Australia public consultation on the revised Guidelines on infection prevention and control for acupuncture and related practices

### Response from Chinese Medicine and Acupuncture Society of Australia

(Note: All responses have been reproduced as provided and have not been edited or otherwise altered.)

#### Question One: Are there any specific issues or effects from applying the current guidelines? If so, what are they?

##### Response provided to the question: Are there any specific issues or effects from applying the current guidelines? If so, what are they?

###### I. Use of alcohol-based rubs (page 8 of draft revised)

According to the board expectation, practitioners need to perform hand hygiene before/after touching the patient/procedures; hence a complete acupuncture treatment would require the practitioners to clean their hands at least 6 times.

In daily clinical practice, if alcohol-based hand rubs are used repeatedly without washing off with soap and water, it will form layers of residue as all hand rubs contain skin emollient. The effectiveness of the hand hygiene will deteriorate with the increase number of hand rubs.

We do not agree with the statement that:

- Alcohol-based hand rubs are considered better than traditional soap and water because they: result in a significantly greater reduction in bacterial numbers than soap and water in many clinical situations.

The statement may be misleading. The promotion of soap and water for hand hygiene is equally important and should be used in hybrid with alcohol-based hand rubs especially when the practitioners feel their hands are sticky after multiple use of alcohol-based hand rubs.

###### II. Washing with soap and water (page 9-10 of draft revised)

We do not agree with the statement that:

- The Board expects all registered practitioners to wash their hands with soap and water when their hands are visibly soiled, using the correct technique.

The statement may be misleading. The promotion of soap and water for hand hygiene is equally important and should be used in hybrid with alcohol-based hand rubs especially when the practitioners feel their hands are sticky after multiple use of alcohol-based hand rubs.

We recommend to modify the correct technique for use of soap and water in hand hygiene in accordance to 'Hand-washing Steps Using the WHO Technique' by the Johns Hopkins Hospital Department of Hospital Epidemiology and Infection Control: [hopkinsmedicine.org/heic](http://hopkinsmedicine.org/heic)

Furthermore, according to Chapter 8 of Infection Control in Australian Government Department of Health website

(<https://www1.health.gov.au/internet/publications/publishing.nsf/Content/cda-cdna-norovirus.htm-l~cda-cdna-norovirus.htm-l-8>) section 8.2.1 Hand hygiene states:

- Soap and water should be used wherever possible when washing hands during outbreaks. Skin disinfectants formulated for use without water (e.g. 70–80% alcohol-based solutions) can be used to decontaminate hands when handwashing facilities are not available. However, they do not replace the importance of handwashing with soap and water

###### III. Cuts, abrasions and other skin conditions (page 10 of draft revised)

We do not agree with the statement that:

- The Board expects all registered practitioners to cover any cuts and abrasions on their hands with waterproof dressings, to reduce the risk of cross-transmission of infectious agents.

We recommend the practitioners to wear gloves if they are using any dressings as the dressing may impact the effectiveness of hand hygiene.

###### IV. Jewellery, watches, fingernails and clothing (page 11-12 of draft revised)

We do not agree with the statement that:

- The Board expects all registered practitioners to wear short-sleeved clothing when practising acupuncture, to ensure their hands can be effectively decontaminated, and to avoid wearing lanyards or neckties.

Although we agree with the Board the importance of infection control, it is not practical to forcefully order all registered practitioners to only wear short-sleeved clothing especially in regions such as Victoria and Tasmania with colder climate.

We recommend the Board to rephrase the wordings used in a more broader terms to avoid misunderstanding of registered practitioners that they have been deprived of their freedom of clothing. We do not agree with the statement that:

- The Board expects all registered practitioners to wear short-sleeved clothing when practising acupuncture, to ensure their hands can be effectively decontaminated, and to avoid wearing lanyards or neckties. Although we agree with the Board the importance of infection control, it is not practical to forcefully order all registered practitioners to only wear short-sleeved clothing especially in regions such as Victoria and Tasmania with colder climate. We recommend the Board to rephrase the wordings used in a more broader terms to avoid misunderstanding of registered practitioners that they have been deprived of their freedom of clothing.

###### V. Use of personal protective equipment (page 11-12 of draft revised)

We agreed all procedures the Boards listed that may result in direct blood or body fluid contact therefore may require glove use except electro-stimulation applied to acupuncture needles as the procedure is not likely to cause any direct blood or body fluid contact.

#### Question Two: Is the content and structure of the draft revised guidelines helpful, clear, and relevant?

##### Response provided to the question: Is the content and structure of the draft revised guidelines helpful, clear and relevant?

The content and structure of the draft revised CMBA guideline are helpful, clear and relevant with the amendments as per above suggestions.

If it is edited in a hand book form would promote its convenience in clinical practice. It should also be published in other languages besides English, especially Mandarin due to the high population of Chinese Medicine practitioners are of Chinese ethnicity.

#### Question Three: Is the level of detail too much, too little, or about right?

##### Response provided to the question: Is the level of detail too much, too little, or about right?

It is inevitable to have great amount of details due to the nature of the practice. Having said that its circulation could be greatly promoted if selected sections can be put in bullet-point fact sheets to improve its portability and use in the real practice.

#### Question Four: Is there anything missing that needs to be added to the draft revised CMBA guidelines, if so please provide details?

##### Response provided to the question: Is there anything missing that needs to be added to the draft revised guidelines, if so please provide details?

Please refer to Question 5

**Question Five: Taken as a whole, are the draft revised CMBA guidelines practical to implement and sufficient for safe practice of acupuncture?**

Response provided to the question: Taken as a whole, are the draft revised CMBA guidelines practical to implement and sufficient for safe practice of acupuncture?

As a whole, the practicality of implementation could be improved if the guideline is modified as mentioned in question 6. The Board should also support professional association to include guideline workshop as continuous professional development in the sense of financial grants.

**Question Six: Do you support a review period for the CMBA Guidelines of at least every five years, noting that the period is influenced by when the Australian guidelines are updated?**

Do you support a review period for the CMBA Guidelines of at least every five years, noting that the period is influenced by when the Australian guidelines are updated?

We support a review period for the CMBA Guidelines of at least every five years except for the time of pandemic such as the COVID pandemic starting from 2019. We hope the Board could liaise with government health authority and provide clearer instructions and updated information as guideline for practitioners.

**Question Seven: Do you have any comments about how the Board might launch the CMBA guidelines to make sure that registered practitioners understand their obligations?**

Response provided to the question: Do you have any comments about how the Board might launch the CMBA guidelines to make sure that registered practitioners understand their obligations?

Please refer to the content as in our question 6 and 9.  
Long story short, firstly the guidelines should be made into in a portable hand-book form and published in English and Mandarin (as mentioned in our question 6 above)  
The Board should also support professional association to include guideline workshop as continuous professional development in the sense of financial grants. (as mentioned in our question 9)

**Question Eight: Do you have any other comments?**

Response provided to the question: Do you have any other comments?

As practitioners registered under CMBA, we expect the Board to give us strong leadership and act in the best interest of its registered members in the areas such as to submit application to the relevant authority for the eligibility of registered acupuncturist for item 173, 193, 195, 197 and 199 in the Medicare Benefits Schedule.  
To ensure public safety, we expect the Board to take a strong stance in regulating the safe practice of acupuncture in Australia. All healthcare practitioners who wish to practice acupuncture should be registered under CMBA in the form of full registration or undertakings, and be regulated under the same set of rules as other acupuncturists registered with CMBA.  
We also expect the Board to seek consultation in dry needling regulation to protect public safety as realistically, dry needling is a form of acupuncture.