

Consultation report

September 2023

Guidelines on infection prevention and control for acupuncture and related practices

Who we are

The role of the Chinese Medicine Board of Australia (the Board) is to work with the Australian Health Practitioner Regulation Agency (Ahpra) and the other National Boards to achieve the objectives of the National Registration and Accreditation Scheme (the National Scheme), which has public safety at its heart.

The Board develops registration standards, codes and guidelines under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law). These documents:

- set out the requirements for registration
- establish obligations for professional practice, and
- can be used as evidence in disciplinary proceedings of what constitutes appropriate professional conduct or practice for the profession.

The Board regularly reviews all its registration standards, codes, guidelines and other policies to ensure they remain relevant, contemporary and effective.

Background

The practice of acupuncture involves a variety of clinical techniques practised in a range of clinical settings by registered acupuncturists. It involves either intentional or potential breaching of the skin of the patient and therefore carries a fundamental obligation to manage the risk of infection. This risk varies with the practices applied, the practice style and the practice environment. The *Guidelines on infection prevention and control for acupuncture and related practices* (the guidelines) explain the Board's expectations of Chinese medicine practitioners to provide safe acupuncture services.

The current guidelines took effect on 20 May 2013. A review scheduled for May 2017 did not happen as the Board decided to delay because the *Australian guidelines for the prevention and control of infection in healthcare* (the Australian guidelines), published by the National Health and Medical Research Council (NHMRC) and the Australian Commission on Safety and Quality in Healthcare, were being updated at the time.

Following publication of the updated Australian guidelines in 2019, the Board carried out its review of the current guidelines.

How we consulted

The revised guidelines were initially circulated to key stakeholders for preliminary consultation in July to September 2020, with 14 responses received. The feedback from this preliminary consultation allowed the Board to test and refine its proposals and improve the clarity of the consultation document.

The revised guidelines were published on the Board's website for public consultation from January to March 2022.

Proposed changes to the current guidelines

The main changes in the proposed revised guidelines for consultation were guidance on:

- hand hygiene and hand washing
- the use of short sleeves and avoiding jewellery and false fingernails
- reusable medical devices

- not using packaged sterile devices that are beyond the expiry date
- procedures for the use and disposal of sharps and for dealing with a sharps injury
- developing an infection control plan, and
- design of facilities, including surfaces in wet areas or treatment tables.

Who we heard from

A total of 97 responses were received during the consultation: 89 from individual practitioners, three from professional associations and five from jurisdictions.

What we heard and how we responded

The response to the revised guidelines yielded some stakeholder concerns, as well as positive feedback. The revised guidelines were not found to be missing anything in terms of content, and were regarded by all respondents to be practical and safe to implement. The majority of respondents agreed with the Board proposal to implement a five-year review period for the guidelines.

There was a large amount of feedback that provided suggestions on how the Board might change the revised guidelines. The Board considered every piece of feedback and suggestion that it received before publishing the updated guidelines (the final update to the revised guidelines consulted on). The major changes that have been made to the revised guidelines following the consultation process are outlined below.

Short-sleeved clothing

A significant number of responses were opposed to the change in the revised guidelines that stated the Board expects practitioners to wear short-sleeved clothing while practising acupuncture. Stakeholders were concerned that the change in guidance would not be fair on practitioners practising acupuncture in cooler climates and that there is no evidence to support such a change.

Noting the overwhelming opposition to this change, the Board decided that as the Australian guidelines suggest that staff may wear clothing with sleeves that can be pushed back securely when engaged directly in patient care, the same measure would be included in the revised guidelines.

Use of alcohol-based rub versus soap and water

Many responses raised concerns over wording in the revised guidelines on the perceived importance that the Board is giving to sanitising hands with alcohol-based rubs over washing hands with soap and water, and that continuous use of alcohol-based rub will make practitioners' hands sticky.

The Board considered this feedback and agreed to amend the wording of the revised guidelines to state that soap and water should be used to supplement alcohol-based rubs, particularly when a practitioner's hands have been made sticky by alcohol-based rubs.

The Board recognised that the language in the revised guidelines on hand hygiene was inconsistent and needed improvement. Wording in the revised guidelines has been amended to explicitly state that the Board expects practitioners to use alcohol-based rubs to perform hand hygiene as standard, to be supplemented – not replaced – by washing with soap and water under the circumstances outlined in the National Hand Hygiene Initiative Manual and the Australian guidelines (when *Clostridioides difficile* or non-enveloped viruses are known or suspected), or when a practitioner's hands have been made sticky by using alcohol-based rubs.

The use of gloves

Many responses suggested that practitioners should wear gloves over the top of any dressings applied to cuts or abrasions on their hands. Although the wording in the version of the revised guidelines that went to consultation was consistent with the Australian guidelines, the Board decided that in this instance, further clarification would be helpful on what to do in the event that cuts and abrasions cannot be fully covered by waterproof dressings. The revised guidelines now state that practitioners should wear gloves when any cuts and abrasions on their hands cannot be fully covered by waterproof dressings.

Current COVID-19 guidance

The revised guidelines that were published for consultation were originally written in 2021 during the COVID-19 pandemic. At this time, each state and territory government released its own information about how it was responding to COVID-19, including guidance about safely facilitating access to healthcare in such an environment. When stakeholders submitted feedback to the public consultation in January to March 2022, their comments relating to COVID-19 guidance were also made while more stringent restrictions (public health orders) were in place.

Although restrictions have been mostly lifted since that time, guidance remains in place for the population, including specific guidance for healthcare practitioners. The guidance itself depends on which state or territory practitioners are working in. Although some comments made by stakeholders may no longer be applicable to the COVID-19 pandemic, they may apply to any future pandemic or emergency situation that could occur. Minor alterations were made to the revised guidelines accordingly.

Guideline review timeframe

All organisations that responded agreed that five years was an appropriate length of time between reviews, although several noted that if something came up during that time, such as the Australian guidelines being updated or an event like the COVID-19 pandemic, the Board's guidelines should be reviewed sooner. Similar answers were also given by individuals. Following their publication in 2019, the Australian guidelines are next due for a review in 2024.

The Board decided to adopt a process whereby the guidelines are reviewed within a year of the publication of updated Australian guidelines, which are updated every five years. This will ensure the guidelines are regularly revised to be up to date and relevant to the Australian guidelines. This will mean that the next time the guidelines are due to be revised (assuming that there are no delays to the publication of updated Australian guidelines) will be by 2025. After this, the length of time between reviews will revert to five years, remaining in line with the Australian guidelines.

Other changes

The Board also received other feedback and suggested changes that it acted on and made the following changes in the revised guidelines:

- Refinement and clarity of language.
- Electro-simulation removed from the list of procedures that may require gloves.
- When referring to AS/NZ 4815: 2006 and AS/NZ 4187: 2014, wording has been made clearer about which standard is being referred to and why.
- Stating that first aid should be provided before further medical attention is sought in the event of a sharps injury.
- A more succinct description of what is expected on the infection prevention and control plan.

Other feedback

The consultation process resulted in a significant amount of feedback. Although much of this was taken into account when preparing the revised guidelines, some feedback, while listened to and considered by the Board, was ultimately not able to be included in the revised guidelines. This included:

- Guidance specifically for solo practitioners.
- Guidance on wearing face masks.
- Requests for the Board to run continuing professional development accredited workshops.
- A request not to revise the previous version of the guidelines.
- Guidance on what type of detergent to use for routine cleaning.

What we do next

The Board is grateful to all stakeholders and individuals that responded to the consultation on the [*Guidelines on infection prevention and control for acupuncture and related practices*](#). These contributions have helped improve the quality of the revised guidelines, and will help ensure public safety. The revised guidelines will next be reviewed in 2025, dependent on a review of the Australian guidelines.