



Infection Control Guidelines
for
Acupuncture



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Statement of purpose

Members of the Australian Acupuncture Association Ltd (AAcA) are aware of and practise a high standard of hygiene in their clinical procedures. As accredited practitioners of the Acupuncture Ethics and Standards Organisation Ltd (AESO), members of AAcA are required to practise in accordance with the standards determined and published by the Board of AAcA. Periodically, the Board reviews any changes and developments in the areas of sterilisation, disinfection and other infection control procedures to ensure members are fully up-to-date in their clinical procedures.

The most recent review was undertaken by Ms Judy James, DipAc, BAc, BA, LLB (Hons), Executive Officer for the Australian Acupuncture Association Ltd, in consultation with the Association's Sterilisation Sub-Committee (constituted by Mr Stephen Janz, RN, BAc, and Ms Cheryl Franici, RN, BAc), following publication of *Infection Control in Office Practice: Medical, Dental and Allied Health* (Australian National Council on Aids (ANCA)). (4) The third draft was reviewed following publication of *Infection Control in the Health Care Setting: Guidelines for the Prevention of Transmission of Infectious Diseases* (ANCA and National Health and Medical Research Council (NHMRC)). (5)

As a result of this review, the original AAcA *Sterilisation Procedures* handbook and the AESO *Compulsory Sterilisation Standards* have been superseded and replaced by this document, which covers all identifiable aspects of infection control in acupuncture practice.

This document, *Infection Control Guidelines for Acupuncture*, is intended as a practice manual. It details the minimum standards for acupuncture clinical procedures and practices in relation to infection control, and is consistent with ANCA and NHMRC guidelines.

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ACU-NEEDS AUSTRALIA P/L

ACUPUNCTURE SUPPLIES

CATHAY HERBAL LABORATORIES

CHINAHERB COMPANY (AUST) P/L

SUN MEDICAL/WEDHILL

Contact details for these suppliers of acupuncture equipment are listed on page 16 of this book.



Definitions

The following definitions apply throughout this document.

Note: Throughout this document, references are cited by number (see list of references, p. 15). Specific page references follow a colon after the reference number, e.g. 5:153.

Additional precautions: precautions, in addition to standard precautions, which apply where patients are known, or suspected to be, infected with highly transmissible pathogens. (adapted from 5:153)

Antiseptic: a product designed to reduce or destroy microbial life (bacteria) on living tissue, particularly on the skin of the patient or practitioner. (17:10)

Bactericidal: able to destroy bacteria.

Aseptic procedures: procedures designed to prevent cross-infection during procedures which involve skin penetration. (17:10)

Cleaning: the physical removal of soil and the reduction in the number of micro-organisms from a surface, by a process such as washing in water and detergent without prior processing. Cleaning must always precede disinfection and sterilisation. (5:153; 9:9)

Contamination: the introduction of (disease-causing) micro-organisms into or onto sterile material or living tissue, or the presence of an infectious agent on skin, tissue, articles or surfaces, or in solutions. (5:153)

Dermal hammer: means 'cutaneous needle', and includes 'plum-blossom needle' and 'seven-star needle'.

Devices: instruments used in clinical acupuncture practice.

Disinfection: the inactivation of non-spore-forming organisms using either thermal (heat) or chemical means on inanimate objects (i.e. not on living tissue). (5:154; 9:10; 17:10)

Non-sharps: devices not intended for or capable of penetrating skin or mucous membrane.

Penetration time: the time required for every part of a load to reach the selected sterilising temperature after that temperature has been reached in the sterilising chamber. (5:155)

Re-usable item: an item designated or intended by the manufacturer as suitable for reprocessing and re-use, and not designed for single use only. (5:155; 9:10)

Sharps waste: sharps which are no longer in use and which are to be discarded.

Sharps: a device capable of penetrating skin or mucous membrane.

Single-use item: an item designed for single use only and not designated or intended by the manufacturer as suitable for reprocessing and re-use. (Adapted from 5:155; 9:10)

Standard precautions: work practices required for the basic level of infection control. They include good hygiene (particularly washing and drying hands before and after patient contact), the use of protective barriers such as gloves, and appropriate handling and disposal of sharps and contaminated or infectious waste. This term replaces the term 'universal precautions' used in previous guidelines. (5:155)

Sterilisation: the complete destruction of all micro-organisms, including spores. (5:155; 9:10)



Abbreviations

AAcA:	Australian Acupuncture Association Ltd
AESO:	Acupuncture Ethics and Standards Organisation Ltd
ANCA:	Australian National Council on AIDS
GMP:	Good Manufacturing Practice
kPa:	kilopascal
psi:	pounds per square inch
NHMRC:	National Health and Medical Research Council
TGA:	Therapeutic Goods Administration



Introduction

1.1 Basic principles

The approach followed in these guidelines is based on the following principles:

- ▲ Equipment used to penetrate skin must be sterile.
- ▲ Equipment used to contact intact skin must be clean.
- ▲ Aseptic practices must be followed for all procedures involving skin penetration.
- ▲ Hygienic practices must be followed for all other procedures.
- ▲ Waste must be handled safely and disposed of safely.
- ▲ A clean and safe clinical environment must be maintained.

1.2 Avenues for disease transmission

Transmission of infectious diseases can occur in one or more of the following situations:

- ▲ patient to patient
- ▲ patient to practitioner
- ▲ practitioner to patient.

Patient-to-patient transmission of blood-borne diseases is prevented by utilising, wherever practicable, pre-sterilised disposable devices and by decontaminating re-usable devices before re-use.

Hygienic practices, and standard and additional precautions suitable to clinical acupuncture practice, reduce and limit the possibility of transmission of other infectious agents.



Acupuncture devices

2.1 Risk factors for devices

Devices which are used to penetrate the skin or mucous membranes have a critical risk of disease transmission and must be sterile before use. (5:41)

Devices which contact, but do not penetrate, intact mucous membranes or non-intact skin have a semi-critical risk of disease transmission and require high-level disinfection before use. (5:41)

Devices which contact intact skin have a non-critical risk of disease transmission and require cleaning before use. (5:41)

2.2 Devices used for skin penetration

All devices used to puncture the skin must be sterile before insertion.

Acupuncture is usually performed with stainless steel filiform needles. Gold or silver needles may be used in some circumstances.

Stainless steel is the material of choice for other devices used to penetrate the skin.

Where available, pre-sterilised single-use disposable devices are recommended for use in all situations involving penetration of the skin or mucous membranes.

Where such pre-sterilised single-use devices are not available, sterilisable re-usable devices may be used, subject to any legislative restrictions, and providing that the practitioner adheres to the cleaning, sterilising and storing procedures outlined in sections 4, 5 and 7 below.

Under no circumstances is a single-use device to be used more than once.

Where pre-sterilised single-use or sterilisable re-usable devices are not available, the practitioner must utilise alternative therapeutic methods which do not involve penetration of the skin or mucous membranes.

2.2.1 Pre-sterilised devices The following devices used to puncture the skin or mucous membranes are available in a pre-sterilised single-use form:

- ▲ stainless steel acupuncture needles
- ▲ stainless steel lancets
- ▲ stainless steel needled dermal hammers
- ▲ stainless steel intradermal needles
- ▲ stainless steel pressure studs.

2.2.2 TGA listing Devices labelled as sterile must comply with Good Manufacturing Practice (GMP) and be approved by the Therapeutic Goods Administration (TGA).

2.2.3 Re-usable devices The following devices used to puncture the skin or mucous membranes are available in a sterilisable re-usable form:

- ▲ gold or silver acupuncture needles
- ▲ stainless steel acupuncture needles*
- ▲ stainless steel intradermal needles*
- ▲ stainless steel dermal hammers*
- ▲ stainless steel prismatic needles*
- ▲ stainless steel spring-loaded prismatic needles*
- ▲ stainless steel pressure studs*.

They must be cleaned, sterilised and stored in a sterile environment before initial use and re-use, in accordance with sections 4, 5 and 7 below.

As the items marked with an asterisk (*) have an alternative pre-sterilised single-use disposable form, they are not recommended for regular use. The pre-sterilised single-use form is recommended. This is particularly the case for intradermal needles and stainless steel pressure studs, due to their construction and nature of use.



Aseptic and hygienic clinical practices

2.2.4 Dermal hammers The use of dermal hammers made of material not suitable for steam or dry heat sterilisation (e.g. non-heat-resistant plastic) is not permitted, except in the pre-sterilised single-use form.

2.3 Other devices

2.3.1 Devices contacting intact skin Re-usable devices used to contact intact skin require cleaning and low-level disinfection as outlined in sections 4 and 6 below. They must be stored in a clean, dry environment. Such devices include:

- ▲ glass or plastic suction cups
- ▲ china/plastic scraping (guasha) instruments
- ▲ skin-rolling instruments
- ▲ point detector probes
- ▲ acupulsers and point stimulators
- ▲ thermometers
- ▲ ear speculums.

Where a non-sharps device is unsuitable for hot-water washing and drying as described in section 4 below, it must undergo low-level disinfection, according to the procedures outlined in section 6 below. This process is applicable to thermometers, point detector probes, acupulsers and point stimulators.

2.3.2 Suction cups and guasha devices For suction cups and scraping (guasha) devices, cleaning and low-level disinfection is adequate decontamination before re-use, providing that they do not contact non-intact skin.

2.3.3 Non-sharps devices contacting non-intact skin Where a suction cup or any other non-sharps device is applied to a skin area directly after the use of a dermal hammer, lancet or prismatic needle, and blood or body fluids are secreted, the suction cup or other device must be cleaned and undergo sterilisation or high-level (thermal) disinfection before re-use, in accordance with sections 4, 5, and 6 below.

Devices made of a material that cannot undergo sterilisation or high-level (thermal) disinfection (e.g. some grades of plastic cupping devices) shall not be used in conjunction with a dermal hammer, lancet or prismatic needle.

Therefore practitioners who apply suction cups to an area directly after using a dermal hammer, lancet or prismatic needle must ensure a distinction in use and storage between those suction cups used on intact skin and those to be used in conjunction with a dermal hammer, lancet or prismatic needle.

Store all cups in a clean, dry environment.

2.3.4 Material unsuitable for some devices The use of bamboo suction cups is not recommended, as bamboo is porous and difficult to clean and disinfect.

3.1 Standard precautions and procedures

As it is not always possible to know if a particular patient or practitioner has or carries an infectious disease, standard procedures and precautions are recommended which reduce and minimise the risk of transmission of infectious agents, whether they be blood-borne, or present on the skin or in other body fluids. (5:11,155)

3.2 Hand-washing (5:13–15)

3.2.1 First step in infection control The first step in infection control is hand-washing.

All surfaces of the practitioner's hands and nails must be clean before any patient contact. Any abrasions, cuts or lesions on the hands should be covered by a waterproof dressing, and if there is exudation (secretion) at the site of an abrasion, cut or lesion, the practitioner must wear a glove over the lesion (1:14; 5:14; 11:8; 14:9).

Nails should be well groomed and cleaned before any patient contact.

Although some regulations (13:r.11; 16:r.14) require the use of nail brushes, the use of nail and scrub brushes is not recommended, as it may cause fine lesions on the skin and increase the risk of transmitting infectious diseases. (5:13; 10:5.1)

3.2.2 Hand-washing procedure The hands are to be washed with soap and water at the following times:

- ▲ before and after contact with each patient
- ▲ after contact with any blood or other body fluid (see sections 10.3.2 and 10.3.3)
- ▲ before and after the use of gloves
- ▲ before and after contact with used instruments, e.g. before and after cleaning instruments
- ▲ before and after eating, immediately after using the lavatory, and after using a handkerchief or nasal tissue.

For routine procedures, the hands shall be washed for a minimum of 10–20 seconds (5:13,15).

Due to reported skin sensitivity by some practitioners, the use of bactericidal/antiseptic soaps or solutions, as an alternative to soap, is optional.

Special requirements The South Australian guidelines (14:9) require the practitioner to rinse the hands with an antiseptic lotion containing chlorhexadine. The New South Wales guidelines (11:8) currently require the practitioner to rinse the hands with an anti-bacterial skin cleanser containing chlorhexadine or povidone-iodine, or an alcoholic or aqueous solution of

chlorhexadine or povidone-iodine. However, this requirement may be deleted in forthcoming new guidelines.

Current opinion in infection control is that, with the exception of cleaning hands with any area of broken skin, or of cleaning the hands after contact with blood, the routine practice of rinsing hands with disinfectant, bactericidal or antiseptic solutions is now no longer necessary.

3.2.3 Liquid-soap dispensers Where re-usable liquid-soap dispensers are used, they should be wall-mounted, and be cleaned with hot water and detergent and dried thoroughly before refilling with fresh liquid soap. Because of the risk of contamination, dispensers should not be 'topped up', but should be used until empty, and then cleaned and refilled. (5:13; 7:25)

3.2.4 Disinfectant hand-washes Disinfectant hand-washes that do not require water are usually for emergency use only and therefore are not a routine part of clinical practice. However, they may be appropriate in some circumstances, e.g. home visits.

3.2.5 Turning off taps If elbow- or foot-operated taps are not available, use paper towels to turn taps off. (5:13, 15)

3.2.6 Drying hands Dry the hands thoroughly using disposable paper towel or an air dryer. If a cloth towel is used, a clean fresh towel (or a new portion of a roller towel) must be used each time. (5:13, 15; 11:8; 14:9) The Victorian guidelines permit only single-use paper towels or an air dryer. (15:21-22)

3.3 Preparation of patient's skin

3.3.1 Preparation for skin penetration Before the insertion of any instrument that punctures the skin, the skin area at and around the site of insertion must be cleaned to reduce the numbers of bacteria. The skin must be swabbed with a disinfectant solution, usually 70% ethyl alcohol or 60-70% isopropyl alcohol.

Individually pre-packaged sterile alcohol wipes (70% w/w ethyl alcohol or 60% v/v isopropyl alcohol) are acceptable for skin preparation. Check that the package is intact before opening.

Alternatively, a sterile swab saturated with one of the following may be used:

- ▲ 70-80% v/v ethyl alcohol
- ▲ 60-70% v/v isopropyl alcohol
- ▲ alcoholic (isopropyl and ethyl) or aqueous formulations of 0.5 to 4% w/v chlorhexadine (4% for skin, 0.5% for face)
- ▲ 10% w/v aqueous or alcoholic povidone-iodine (1% w/v available iodine). (5:28)

For initial skin preparation, the same swab may be

used at more than one site on the same patient, provided that it continues to be saturated with alcohol. If the alcohol swab becomes dry before completing skin preparation, use a fresh swab.

Each swab is to be used for one patient only and disposed of in accordance with the procedures outlined in section 8 below.

Where additional skin preparation is required after initial skin swabbing (e.g. where a second set of needles is to be inserted), then a fresh alcohol-saturated swab is to be used.

Alcohol should not be used for skin preparation before laser treatment, as there is a risk that any residual alcohol on the skin may catch fire. (5:29)

3.3.2 No waiting time required While there is no evidence supporting a 'minimum waiting time' (5:29), the site of insertion should be 'just dry' before the skin is pierced, and should not be touched by the practitioner's hands after swabbing (2:2; 14:10). ACT and NSW require a 30- to 60-second wait after swabbing before needle insertion (10:A2.1; 11:3).

3.3.3 Preparation for non-invasive devices Before the application of any instrument which does not penetrate the skin, the patient's skin should be checked and any visible signs of dirt or grease removed with a clean tissue, gauze swab or bactericidal wipe.

3.4 Hygienic procedures with instruments for skin penetration

When inserting or manipulating any device (e.g. acupuncture needle, lancet, prismatic needle, dermal hammer, intradermal needle), care is to be taken that the portion of the device to be inserted into or to penetrate the skin remains sterile, and does not contact the bare fingers of the practitioner. (17:30)

If the portion of the device to be inserted into the skin touches any non-sterile surface or material, it is likely to become non-sterile. The device must be discarded and a fresh sterile instrument used. For example, if the shaft of the acupuncture needle accidentally touches the patient's clothing or an area of the patient's skin that has not been suitably prepared, then another sterile acupuncture needle must be used.

Where the shaft of the needle requires guidance or assistance on insertion or manipulation, or the tissue at the site of insertion requires stabilisation or displacement during insertion, the following methods are acceptable.

A: Pre-sterilised needle insertion tube Use the pre-sterilised needle insertion tube supplied with some brands of pre-sterilised single-use disposable needles.

The same needle insertion tube may be used to insert needles at different sites in a single treatment on a patient. Care must be taken to ensure the shaft of the

needle is not contaminated while it is being placed in the insertion tube. (17:29).

Single-use needle insertion tubes may be purchased in bulk. If they are not supplied in individually pre-sterilised packages, they are required to be cleaned, sterilised and stored in accordance with sections 4, 5 and 7 below. However, re-usable needle insertion tubes are not recommended.

B: Sterile swab Use a fresh pre-packaged sterile alcohol swab or a fresh sterile dry swab to grasp the shaft of the needle while inserting.

The same sterile swab may be used to assist insertion of needles at different sites in a single treatment on one patient.

Care must be taken to ensure that the area on the swab contacting the needle(s) and the area contacting the fingers are distinctly separate (e.g. by using different surfaces of the swab).

C: Sterile glove Wear a sterile glove to assist in needle insertion or tissue stabilisation.

The same sterile glove may be used to assist insertion of needles at different sites in a single treatment on one patient.

Care must be taken to ensure that the glove does not contact any non-sterile surface.

3.4.1 Discard tube, swab, glove After use, the needle insertion tube, swab, or glove is to be discarded in accordance with the procedures outlined in section 8 below.

Do not re-use or re-sterilise needle insertion tubes, swabs or gloves for any subsequent treatment on the same patient or for another patient.

3.5 Special precautions in relation to pre-sterilised single-use devices

The package should be first checked to ensure it is labelled 'pre-sterilised' and is intact before use. Check 'use-by' dates and/or sterilisation indicator tape (if present) for correct colour coding.

Care is to be taken when removing a pre-sterilised needle or other device from its package, that the portion to penetrate the skin does not contact any non-sterile material (e.g. that the shaft of the needle does not accidentally touch the outside packaging).

The instrument is used once and then discarded in accordance with the procedures outlined in section 7 for the disposal of 'sharps' waste.

A single-use instrument must never be re-used.

3.6 Special precautions in relation to sterile re-usable devices

Follow aseptic and hygienic procedures when removing a re-sterilised instrument from its tray or container.

To prevent contamination of co-sterilised items, use only sterile instruments (e.g. sterile forceps) to remove

an item from the tray or other container in which the item was sterilised and/or stored.

Where two or more items are co-sterilised and sealed within the same sterile pack or container, and not all co-sterilised items are used in the one treatment, the pack or container is not to be resealed and stored for future use. Any unused devices must be re-sterilised before use.

Where a tray of needles is sterilised (with lid and forceps) for use in a clinic session, any unused needles remaining at the end of the session must be re-sterilised before use.

3.7 Hygienic procedures after puncturing the skin

After removal of the acupuncture needle, the site is observed for any abnormal signs.

Where there is a spot of blood at the site after removal of a needle, a clean dry swab is used to remove the blood. If there is bleeding or subcutaneous swelling at the site of the needle removal, pressure may be applied with the swab until the bleeding or swelling stops. (11:10; 15:6)

After a lancet, prismatic needle, or dermal hammer is used on an area, the area is wiped with a clean dry swab to remove any blood.

The practitioner should wear gloves if contact with blood or body fluids is anticipated. (5:14; 15:23)

3.8 Special precautions in relation to the handling of used acupuncture needles and other sharps

As sharps are a potential source of transmission of blood-borne diseases, all contaminated (used) acupuncture needles and other sharps are to be handled with care during and after procedures. Contaminated acupuncture needles and other sharps are not to be passed by hand between persons, but are to be placed in the appropriate container immediately after the relevant procedure. (5:23)

Contaminated re-usable sharps which are not being discarded must be placed in a lidded, puncture-proof tray or container specifically set aside for contaminated re-usable sharps. This container must be clearly distinguishable and set apart from trays or containers of sterile devices, and must not be accessible to children. Reprocessing of re-usable instruments shall be in accordance with the procedures outlined in sections 4, 5 and 7 below.

Contaminated sharps which are to be discarded are to be placed in a suitably labelled sharps waste container, in accordance with the procedures outlined in section 8 below.

Contaminated acupuncture needles and other sharps are not to be left on bench tops, trolleys, sinks, couches, counters or other places accessible to patients and children. (4:18)

Care should be taken to ensure that acupuncture needles are not dropped and left on the floor in treatment rooms and instrument-processing areas. Floors should be checked daily for any accidentally dropped needles.

3.9 Other hygiene factors

3.9.1 Care in handling used devices Care must be taken when handling all used sharps, non-sharps devices and contaminated waste to ensure that there is no contact with blood or body fluid that may be present on these materials. Follow the procedures laid out in section 10.3 if there is direct contact with blood or body fluids.

3.9.2 Skin lesions If the practitioner has any visible skin lesion, including herpetic whitlow, it should be covered with a protective waterproof dressing. (5:14, 65)

Oral herpes lesions may be left uncovered. However standard hygiene precautions are to be followed, including avoiding touching the lesions and washing the hands immediately after any contact with the lesions.

If any patients are neonates or immuno-compromised (e.g. patients on chemotherapy), additional precautions must be taken if the practitioner or any employee or clinic assistants(s) have oral herpes. The practitioner should either not treat such patients, or should minimise contact with them and wear a protective dressing over the herpes lesions. (5:65)

3.9.3 Smoking and eating Practitioners must not smoke or eat while attending patients. (14:9)

3.9.4 Clean clothing Practitioners must wear clean clothing at all times. As blood or body fluid contact with the clothing of the practitioner is not a risk factor in clinical practice, a 'clinic jacket' is not mandatory in all States.

Special requirements The New South Wales (11:8) and Victorian (15:23) guidelines require that the practitioner wear a clean washable garment, such as a clinic coat, intended exclusively for use when attending or treating a client. The Queensland regulations (13:r.12) require the wearing of a clean coat over other garments.

3.9.5 Covered footwear In order to prevent needle-stick injuries from dropped needles, practitioners and other persons working in or near areas where needles and other sharps are used or processed must wear covered footwear at all times. (5:48)

3.9.6 Use of gloves For standard procedures, the use of gloves is not necessary.

General purpose, water-resistant rubber or plastic gloves are to be used when cleaning devices or premises.

Clean disposable protective gloves (conforming to

Australian Standard AS 4011-1995) must be worn when undertaking a procedure on or near the urogenital and anal areas, or when undertaking a procedure close to any weeping or infective skin lesion.

Refer to section 3.7 in relation to wearing gloves while removing needles.

Refer to subsection 3.4 C in relation to the use of sterile gloves to assist in needle insertion or tissue stabilisation. The gloves must conform to Australian Standard AS 4179-1994.



Cleaning procedures

4.1 Devices that must be cleaned

Cleaning before use and re-use is adequate for devices which contact but do not penetrate intact skin. (5:30)

Cleaning is the first step in the sterilisation process for devices intended for skin or mucous membrane penetration, and always precedes disinfection for devices intended to contact intact mucous membranes or non-intact skin. (5:30)

Devices should be cleaned as soon as practicable after use. (5:30)

4.2 Following use of re-usable devices

Immediately following use, re-usable devices must be placed in a tray or container, set aside from trays or containers holding sterile devices. Separate trays or containers are to be used for receiving used sharps and non-sharps devices.

As soon as practicable after the treatment, sharps and non-sharps re-usable devices are to be removed from treatment rooms to the area where devices are cleaned and reprocessed. Devices are to be placed in a warm detergent solution to prevent solidification of fats before routine cleaning. (5:30)

Except in procedures detailed under section 6.3 below, disinfectant solutions are not to be used before or after the cleaning process. (4:8)

4.3 Gloves to be worn when cleaning

Before cleaning instruments, the hands should be washed with soap and water.

General purpose, water-resistant rubber or plastic gloves must be worn when cleaning the devices. Check the gloves to ensure they are intact and without cracks or degeneration. (1:15; 5:31)

4.4 Removal of oil and other residues

4.4.1 Removal of lubricants Remove residues of any lubricant (e.g. massage oil, liniment or vaseline-based products) remaining on a suction cup, scraping (guasha)

device or skin roller by wiping with a tissue, swab or paper towelling, followed by wiping the device with a tissue, swab or paper towel which has been saturated in alcohol (methylated spirits is acceptable here).

4.4.2 Removal of tissue residue on sharps Remove any visible residue on needles or other sharps by rinsing under lukewarm water (15°-30°C) and wiping with an absorbent cloth. (4:7; 9:16). Needles should be wiped in the direction from the handle towards the tip, to reduce the risk of needle-stick injury.

4.5 Wash in warm water and detergent

All re-usable devices must be washed in warm water and detergent. A mildly alkaline or pH-neutral detergent may be used. (7:9; 9:65)

The temperature of the water should be warm, about 45°C. (5:31; 9:16) Water which is too hot for unprotected hands and water which is at or near boiling, are too hot.

Fully immerse all instruments in the water. As far as practicable, dismantle each device (e.g. spring-action prismatic needles, dermal hammers). (5:31; 9:16)

Clean each item individually under the surface of the water using some form of agitation or scrubbing action. The following procedures are acceptable.

A: Scrub brush Scrub items with a clean brush that has firm plastic bristles. Scrub brushes must be disinfected after use in accordance with section 6 below, and stored dry when not in use. (5:31; 9:16)

B: Gauze swab or non-linting cloth Scrub the surface of the device with a gauze swab, non-linting cloth, or non-abrasive scouring pad. (5:31)

If a cloth or scouring pad is used, a fresh clean portion should be used each time. Otherwise, it must be disinfected in accordance with section 6 below, and stored dry when not in use. A separate cloth must be used for devices requiring sterilisation.

C: Ultrasonic cleaner Ultrasonic cleaners can be used for acupuncture devices only if used in accordance with the manufacturer's instructions. Special attention must be given to safety when using these cleaners.

Ultrasonic cleaners must conform to Australian Standard AS 1487-1994.

4.6 Rinse in hot water and dry immediately

After washing items in water and detergent, rinse them in warm to hot water and immediately set to dry. (4:7)

Some guidelines state that the temperature of the water should not be less than 70°C. (14:4; 15:8) The ANCA/NHMRC guidelines indicate warm water is to be used for rinsing. (5:31)

4.7 Check devices for defects

4.7.1 Sharps After cleaning, re-usable sharps must be checked for irregularities before re-sterilisation.

Acupuncture needles, dermal hammers, lancets and prismatic needles are to be checked for burrs and blunting of points. Blunt needles may be sharpened, but this procedure usually requires the use of a low-resolution microscope. Needles are not to be tested on skin for sharpness (11:10; 14:3; 15:8).

Slight curvatures in acupuncture needles may be manually straightened.

Needles and other sharps which have slight curvatures that cannot be straightened, or that are bent or damaged, have become blunted, or have formed burrs, must be discarded in accordance with the procedures outlined in section 8 below.

Devices which have been repaired must be re-cleaned, rinsed and dried, in accordance with 4.5 and 4.6 above, before being sterilised.

4.7.2 Non-sharps Non-sharps devices are to be checked for surface irregularities or deterioration, such as crazing, cracking, chipping, or irregular or sharp protuberances. If these appear, the devices must be discarded in the manner outlined in section 8 below.

Devices are to be discarded at the first sign of any deterioration of any surface, or by the shelf-life or use-life of the device (if and as stated by the manufacturer), whichever comes first. Particular attention should be paid to examining plastic instruments for any signs of deterioration.



Sterilisation procedures

5.1 General

All devices intended to be used for puncturing the skin must be sterile when used.

5.1.1 Pre-sterilised devices The packaging of pre-sterilised devices should first be checked to ensure the product has been sterilised and the packaging is intact. Ethylene-oxide (EO) gas and gamma radiation are the usual methods of sterilisation for pre-sterilised devices.

Items labelled as sterile are required to be approved by the TGA (see 2.2.2 above).

5.1.2 Re-usable devices Devices which are not supplied in a pre-sterilised form, and those which are being re-used, must first be cleaned and dried in accordance with section 4 above, and then undergo sterilisation in accordance with the steam-pressure or dry-heat methods outlined below.

5.2 Preparing devices for loading

5.2.1 Wrapping: steam-under-pressure sterilisation

Cleaned and dry sharps, instruments (such as forceps) used to remove sterile devices from their containers, and other non-sharps devices to be sterilised are to be prepared for loading into the sterilising chamber by one of the following methods.

A: Devices to be used directly following sterilisation

For steam-under-pressure sterilisation of all devices intended to be used directly on completion of the sterilisation cycle, a perforated tray suitable for steam sterilisation should be used.

Where the devices being sterilised are intended for skin penetration, a non-perforated metal tray with a fitted lid, suitable for containing these devices once they are removed from the sterilising chamber, should be co-sterilised with these devices, or it may be pre-sterilised and stored sterile until required. When sterilising this tray, place the lid at an angle across the top of the tray so that steam can freely circulate inside the tray.

Alternatively, a perforated tray which is capable of sitting or being suspended within the non-perforated tray, and which allows for the free circulation of steam around the devices to be sterilised, is acceptable. Place the lid of the tray at an angle across the top of the tray so that steam can freely circulate inside the tray.

A perforated metal tray is also suitable for loading devices to be sterilised, and which are not required to be stored sterile (i.e. are not intended for skin penetration).

B: Devices to be stored after sterilisation For steam-under-pressure sterilisation of devices which are to be stored sterile before use, place the devices in a perforated metal tray. Wrap the tray in a sealable paper bag suitable for use with steam-pressure sterilisers. Seal the bag according to instructions attached to the bag. This method is suitable only if the steam steriliser has a separate drying cycle. (9:23)

5.2.2 Wrapping: dry-heat sterilisation Cleaned and dry sharps, instruments (such as forceps) used to remove sterile devices from their containers, and other non-sharps devices to be sterilised are to be prepared for loading into the sterilising chamber by one of the following methods.

A: Devices to be used directly following sterilisation

For dry-heat sterilisation of devices that are intended to be used directly on completion of the sterilisation cycle, or that are not required to be stored sterile, a non-perforated tray with a fitted lid, suitable for dry-heat sterilisation, should be used. Place the lid firmly on top of the tray before loading into the sterilising chamber.

B: Devices to be stored after sterilisation For dry-heat sterilisation of devices which are to be stored sterile before use, place the devices in a cleaned and sealable

glass or metal test tube with a screw-on lid, or in some other sealable container suitable for dry-heat sterilisation (9:23). Check the test tube or other container to ensure that the seal and lid are not made of a material that will deteriorate or be damaged during the sterilisation cycle.

The lid should be firmly in place and the test tube or other container sealed before loading into the sterilising chamber.

This method (loading into test tubes) is not recommended for use with steam sterilisers, as steam will not be able to penetrate fully into the test tubes and sterilisation will not be achieved.

C: Devices to be stored or used immediately following sterilisation

Wrap and fold aluminium foil several times around the devices and check the wrapping for stress perforations at corners. The foil wrapping must be sealed and fully intact throughout and after the sterilisation process. (5:84; 9:23)

5.2.3 Co-sterilise a small number of items Only a small number of items should be co-sterilised. No more than the estimated number of devices for use in one clinic session is to be placed in a single tray, pack or other suitable container, in preparation for sterilisation.

Where a sealable test tube is used to hold and store acupuncture needles, no more than the estimated number of needles for use in one treatment is to be placed in a single test tube.

5.2.4 Tilt suction cups Due to the downward displacement of steam in bench-top sterilisers, suction cups should be tilted to reduce the amount of air trapped inside and to minimise condensation within the cup (9:30,69). Suction cups should be placed so as to ensure exposure of the contact surface of the device.

5.2.5 Materials unsuitable for sterilisation For steam-under-pressure sterilisation, the use of cotton wool, gauze, textile, cellulose-based, or synthetic material to 'cushion' a sharp device in a glass or metal container is not appropriate where a steriliser does not have a drying cycle, as the material may retain moisture and hence become non-sterile.

Neither can these materials be used to cushion devices for dry-heat sterilisation, as they may burn or become brittle during the sterilising cycle.

5.3 Steam-under-pressure sterilisation

This sterilisation process is suitable for items able to withstand steam under pressure for periods of up to 15 minutes, and is the preferred method for sterilising all re-usable sharps.

Non-jacketed portable ('bench-top') steam sterilisers are recommended for sterilising devices in clinics (5:83). Bench-top steam sterilisers should conform with

Australian Standard AS 2182-1994: *Sterilisers—Steam—Portable*. Practitioners should require written confirmation from the manufacturer/distributor that the unit conforms to the relevant standard. Machines that do not meet this standard should not be used for sterilisation.

Bench-top sterilisers should be operated in accordance with the manufacturer's instructions, and should be checked regularly to ensure they are operating in accordance with manufacturer's specifications.

Jacketed steam sterilisers conforming to Australian Standard AS 2192-1991 and pre-vacuum steam sterilisers conforming to AS 1410-1987 can also carry out the sterilisation required, but are more appropriate for large-scale sterilisation, e.g. in a hospital, and are impractical for clinics. See section 5.7 below.

5.3.1 Loading Items loaded into the heating chamber must not touch the sides of the chamber, and there must be spaces between the items to allow for adequate steam circulation. (5:84; 9:30)

5.3.2 Sterilisation time The steriliser is operated to reach the required temperature and pressure level and held at that temperature-pressure level for the minimum specified time.

Suitable temperatures, times and steam pressures necessary to ensure sterilisation are as follows:

- ▲ 121°C @ 103 kPa (15 psi) for 15 minutes
- ▲ 126°C @ 138 kPa (20 psi) for 10 minutes
- ▲ 132°C @ 186 kPa (27 psi) for 4 minutes
- ▲ 134°C @ 206 kPa (30 psi) for 3 minutes.

Timing of the sterilisation period should not start until the chamber has been heated to the required temperature and pressure, and must start again if the temperature or the pressure drop below the required levels.

5.3.3 Penetration time When wrapped items are placed in the steriliser, penetration time must be added to the sterilisation times listed in 5.3.2. Penetration time should be calculated for each machine. For all practical purposes, however, penetration time for the small packs used when sterilising acupuncture devices would not exceed 10 minutes.

5.3.4 Opening the steriliser After the end of the sterilising phase, the steriliser should not be opened until the gauge indicates that the inside and outside pressures have equalised. Sterilisers with a drying phase must complete the drying cycle before they are opened.

5.4 Dry-heat sterilisation

Dry-heat sterilisation is suitable for materials able to withstand temperatures of 160°C-180°C for 1 hour or more. There are current concerns about the effectiveness of dry-heat sterilisers for devices used in skin

penetration. In addition, temperatures over 170°C can cause softening of the handles of acupuncture needles, and thereby affect needle manipulation. Therefore, steam-under-pressure sterilisation is the preferred method for sterilising re-usable sharps. (5:32, 83)

Dry-heat sterilisers used in clinics should conform with Australian Standard AS 2487-1981: *Dry-heat Sterilisers (Hot-Air Type)*. Practitioners should require written confirmation from the manufacturer/distributor that the unit conforms to the relevant standard. Machines that do not meet this standard should not be used.

Dry-heat sterilisers should be operated in accordance with the manufacturer's instructions, and should be checked regularly to ensure they are operating in accordance with manufacturer's specifications.

Special requirements The ACT (10:A2.1), New South Wales (11:6), Northern Territory (12:11), Victorian (15:13) and South Australian guidelines (14:6) recommend against dry-heat sterilisation as it may cause needles to become brittle and less elastic.

However, this does not discount the effectiveness of dry-heat sterilisation for other devices (e.g. suction cups).

5.4.1 Loading Items loaded into the heating chamber must not touch the sides of the chamber, and there must be spaces between the items to allow for adequate air circulation. (5:84; 9:30).

5.4.2 Sterilisation time The dry-heat steriliser is heated to a temperature of 160°C, and the items subjected to a minimum 160°C temperature for a minimum of 60 minutes. Add extra time to make absolutely sure that sterilisation is achieved, as directed in the operator's manual.

Timing of the 60-minute period should not start until the chamber has been heated to the required temperature (160°C), and must start again if the temperature drops below 160°C or the chamber is opened before the 60 minutes has passed.

Special requirements The South Australian guidelines (14:5) and the Western Australian regulations (16:r.5) require a minimum of 120 minutes at 160°C to effect dry-heat sterilisation.

5.4.3 Penetration time When sealed containers are placed in the steriliser, penetration time must be added to the sterilisation times listed in 5.4.2. Penetration time should be calculated for each machine. For all practical purposes, however, penetration time for the small packs used when sterilising acupuncture devices would not exceed 10 minutes.

5.4.4 Opening the steriliser After the end of the sterilising phase, the steriliser must cool to room temperature before the chamber is opened.

5.5 Unloading sterilisers

5.5.1 Wash hands Wash and dry the hands before removing items from the sterilising chamber.

5.5.2 Removal and checking After cooling (and drying if relevant), the steriliser door is opened and items are removed from the chamber.

Check that sealed containers and packages are intact and not torn or broken. Items which have torn packaging, or are dropped on the floor are no longer sterile, and must be reprocessed. (5:84)

Sharps in unsealed trays are to be used in the next clinic session and not stored for later use. Place the perforated tray inside the sterile non-perforated tray with a fitted lid. Place the lid of the tray firmly in place. If these devices are not used in the clinic session following removal from the chamber, they should be re-sterilised before later use.

Sharps in sealed test tubes or other sealed containers may be stored for later use.

Devices not intended for skin penetration are to be stored in a clean, dry location.

5.6 Labelling, sterilisation indicator tape, and log books

5.6.1 Labelling Packs and containers which will be stored sterile before use must be labelled before loading into the steriliser. Use a non-toxic, felt-tip, solvent-based pen to label all items which will be stored after sterilisation. Commercial labelling systems are available. (9:22)

5.6.2 Sterilisation indicator tape Sterilisation indicator tape (chemical change strip), appropriate to the type of steriliser, is to be used with each set of devices loaded into the steriliser. At the end of the cycle, the indicator tape is checked to verify that the conditions required for sterilisation have been achieved. However, the fact that these conditions have been achieved is not proof that items are actually sterile. (5:85)

When sterilisation indicator tape is applied, a section of the tape may be placed over the sealed section of the container or pack, as an additional indicator that the container or pack has not been opened since sterilisation. For example, with sealed test tubes, the sterilisation indicator tape may be applied over the top of the lid and down the side of the tube, so that the tube cannot be opened without removing or breaking the indicator tape.

5.6.3 Sterilisation log book A sterilisation log book must be maintained. Date of processing, sterilisation mode, contents of sealed sterile packs/containers, and the sterilisation tape indication are noted.

5.6.4 Validation and monitoring Sterilisers must be validated using physical monitors or biological in-

dicators, and serviced regularly, in accordance with the manufacturer's instructions. Contact the manufacturer or supplier for further information on steriliser validation.

5.6.5 Steriliser maintenance log book A steriliser maintenance log book must be kept, in which the details of all monitoring and maintenance work performed on the steriliser are recorded. The sterilisation log book (5.6.3) can also be used to record details of steriliser maintenance.

5.7 Other sterilisation options

Considering the additional cost of monitoring and validating sterilisation, external sterilisation services may be a more cost-effective option. Contact your local hospital sterilisation facility to see if it will sterilise items on a fee-for-service basis.

5.8 Unacceptable procedures

Ultraviolet (UV) chambers, ultrasonic cleaners, glass bead sterilisers, pressure cookers, electric, gas or microwave ovens, boiling, and the use of glutaraldehyde do not result in sterilisation and are not acceptable as substitutes for steam-under-pressure or dry-heat sterilisation. Ethylene oxide, gamma radiation, and chemical sterilisation methods are not practical or acceptable methods of sterilisation in acupuncture clinics.

Wiping needles with disinfectant before insertion, or storing sterilised needles in disinfectant solution, are unacceptable practices, do not result in sterilisation, and provide an additional potential source of contamination of sterile needles. (14:5)

Used needles are contaminated devices and potential sources of infection, and must never be re-used on the same patient or on different patients without cleaning and re-sterilising. Pre-sterilised single-use needles must never be re-used.



Disinfection procedures

6.1 Disinfection is not sterilisation

Disinfection is not sterilisation, and is not to be used as a substitute for sterilisation, as it is unable to remove all contaminants from equipment. (4:8; 9:50)

Devices and other items to be disinfected should be clean and dry (see the procedures outlined in section 4).

6.2 High-level (thermal) disinfection

Thermal disinfection achieves high-level disinfection and can be carried out by immersing items in boiling water. Thermal disinfection is suitable for decontaminating devices used to contact intact mucous

membranes and non-intact skin (i.e. non-sharps devices such as cups or guasha devices used after, or in conjunction with, a dermal hammer or lancets), and for cleaning re-usable devices such as brushes and cloths.

6.2.1 Devices used on non-intact skin Sterilisation is preferred for devices used to contact non-intact skin (i.e. non-sharps devices such as suction cups or scraping (guasha) devices used after, or in conjunction with, a dermal hammer or lancet). (5:33) (See section 5.3 on steam-under-pressure sterilisation, and section 5.4 on dry-heat sterilisation.)

However, if sterilisation of these devices is not possible or practicable, high-level (thermal) disinfection by boiling is acceptable. (See section 6.2.2 below.)

6.2.2 Disinfection by boiling Thermal disinfection by boiling is appropriate for the treatment of scrub brushes, and re-usable non-linting cleaning cloths and scouring pads. (5:34; 9:50) This method is also appropriate for decontaminating non-invasive devices used to contact non-intact skin, if sterilisation is not possible. (See also 6.2.1 above.)

Place previously clean, dry items in boiling water. They must remain immersed in boiling water for a minimum of 5 minutes.

Timing of the disinfection period should not start until the water has re-boiled after immersing the last item, and should start again if additional items are immersed in the boiling water before the 5-minute period has elapsed. (5:34)

Purpose-built disinfectant boilers are suitable for carrying out thermal disinfection. A large stainless steel or glass saucepan with a lid for use on a heating element is also acceptable, as long as it is used only for thermal disinfection in the clinic, and not for any other purpose.

Special requirements For thermal disinfection, Western Australia (16:r.5) requires immersion in boiling water for a minimum of 15 minutes.

6.3 Low-level disinfection

Low-level disinfection is suitable for devices which contact but do not penetrate intact skin. These include suction cups, scraping (guasha) devices, thermometers and the contact surfaces of acupulsers, point stimulators, and point detector probes.

After cleaning and drying, wipe suction cups, scraping (guasha) devices and thermometers with an alcohol solution (70% isopropyl or ethyl alcohol is appropriate). Store dry and protected from environmental contamination. (5:41; 7:25)

The contact surfaces of acupulsers, point stimulators, and point detector probes should be wiped with a dry cloth to remove any grease or dirt, and then wiped with an alcohol preparation (70% isopropyl or ethyl alcohol is appropriate). Store dry and protected from environmental contamination.

6.4 Unacceptable procedures

Ultraviolet (UV) chambers and ultrasonic cleaners do not result in disinfection.

Glutaraldehyde is not suitable for use as a disinfecting agent in acupuncture clinics. (5:34-35)



Storage of devices

7.1 General

All devices must be stored in a clean, dry environment. Sterile devices are not to be stored near any sharp objects or in any other situation where they may become non-sterile. (5:30; 9:47)

The area where devices are stored must be away from the public, and inaccessible to children.

While UV cabinets may be useful for storing first-aid and other clinical equipment, they cannot be relied on to maintain sterilisation. (7:18)

7.2 Expiry period

Sterile devices may be stored, unopened, for as long as the container remains intact. However, it is recommended that sterile devices, other than pre-sterilised pre-packaged devices, be stored for no longer than four weeks before use, after which time they should be re-sterilised. (11:6)



Disposal of sharps and other waste

8.1 Disposal of sharps

It is the responsibility of the acupuncturist to ensure safe disposal of discarded acupuncture needles and other sharps.

All acupuncture needles and other sharps to be discarded must be disposed of in a puncture-resistant rigid yellow container, which conforms to Australian Standard AS 4031-1992 for sharps waste containers. (5:23)

Sharps waste containers must be provided in every room or place where skin penetration occurs. These containers must be set apart from trays or containers of sterile instruments, and must not be accessible to children. Sharps waste containers must be replaced when full, but should preferably be replaced soon after they are $\frac{3}{4}$ full.

The use of a sharps waste disposal service is recommended where a licensed contractor is available. Ring your local council and request a list of recognised medical waste disposal/collection agencies.

Where location makes this impractical (e.g. in rural areas where no collection and disposal service is available) then the practitioner must contact the local council or shire health officer for advice on appropriate disposal methods.

Contaminated or uncontaminated sharps waste must never, under any conditions, be disposed of in paper bins, domestic or industrial waste bins or by any method other than the approved procedures.

8.2 Disposal of non-sharps waste

All non-sharps waste is to be discarded immediately into an appropriate container.

The practitioner may place non-sharps waste temporarily in a tray or container set aside for that specific purpose, and which is emptied into a suitable waste bin immediately after each treatment.

Non-sharps waste is to be discarded into a waste bin which has a lid and is lined with a black, buff, green or white plastic waste bag (5:26).

The waste bin must be emptied daily and a fresh plastic liner inserted. After removal, the plastic liner is tied off and disposed of according to normal waste disposal and collection methods. The waste bins must be cleaned frequently.

In some parts of Australia, a double plastic and/or yellow wrap is required for all waste contaminated by blood or body fluid. Contact your local council for information on acceptable waste disposal procedures.



Premises

9.1 Minimum requirements for premises

9.1.1 Clinics Each clinic must have the following:

- ▲ at least one handbasin with running water, with a single outlet for hot and cold taps*
- ▲ access to hot water*
- ▲ a separate sink to be used solely for cleaning and reprocessing devices**
- ▲ soap and/or disinfectant hand-washing solution
- ▲ adequate towelling for drying the hands#
- ▲ a bench, table, trolley or other area with a smooth, impervious work surface, to be used for cleaning, processing and drying of used devices and other clinical equipment
- ▲ a clean, dry cabinet, cupboard or similar fitting for storing instruments, equipment and linen
- ▲ adequate waste bin(s) (with lids and plastic liners; see section 8.2) for non-sharps waste
- ▲ where washable linen is used on couches, a lidded receptacle suitable for receiving soiled linen
- ▲ general-purpose, rubber or plastic gloves.

***Handbasins** must be located in, or be easily accessible from, the areas where acupuncture treatments are performed. (5:17)

Approved hands-free tap fittings (i.e. operated with the elbow or foot) are preferred. Where hands-free tap fittings are not installed, taps must be turned off using a paper towel. (5:15)

Although access to hot running water for hand-washing is not a factor in infection control, it is a legal requirement in most areas that both hot and cold running water are provided with every handbasin. In established clinics without running hot water, access to hot water (e.g. from an electric kettle or urn) is necessary for cleaning devices.

Special requirements The New South Wales (11:9), Northern Territory (12:15), South Australian (14:12) and Victorian (15:17) guidelines require both hot and cold running water issuing from a single outlet, with hands-free tap operation. The Victorian regulations do not permit elbow-operated or surgeons taps (15:17). The Queensland regulations (13:r.11) require a minimum of one handbasin per 5 treatment rooms.

Some local councils have interpreted regulations and guidelines as requiring a handbasin in each treatment room. However, this requirement may be in excess of legal requirements in some States. See section 10.4 below on disputes with local councils.

****Sink** A dual sink system is acceptable under some States'/Territories' legislation, with one sink used as a handbasin and the other solely for cleaning and processing of devices. In established clinics where a separate sink is not available, a large, benchtop stainless steel or smooth plastic bowl may be used for cleaning and washing devices. This bowl must not be used for any other purpose. It is to be stored dry when not in use. (5:18; 9:16)

Where re-usable devices are not used in an acupuncture clinic, there is no need to provide a separate sink dedicated to the use of cleaning and reprocessing devices.

#**Towelling** Disposable paper towelling is recommended for drying hands.

Due to the risk of contamination, linen/cotton towels are not recommended for drying hands, unless a clean towel is available for each individual hand-wash, or, in the case of a roller towel, a fresh clean portion is used each time.

9.1.2 Treatment rooms Each treatment room is to have the following facilities:

- ▲ a bench, table or tray, made of smooth, impervious and easily cleaned material, suitable for carrying devices and other equipment to be used in clinics
- ▲ a rigid yellow container suitable for disposal of discarded sharps waste

- ▲ a tray or other container suitable for receiving contaminated sharps to be reprocessed
- ▲ a bin, tray or other container suitable for receiving contaminated non-sharps waste.

9.1.3 Surfaces, furniture and fittings All surfaces, furniture and fittings in clinics must be clean and in good repair.

9.2 Work surfaces

Work surfaces must be of an easily cleaned, smooth, impervious material. (5:18; 13:r.11)

Work surfaces include benches where cleaning and reprocessing is undertaken, surfaces on which devices and other equipment are placed for use during a treatment, and surfaces on which trays or other containers for contaminated waste are placed.

9.3 Flooring

Flooring requirements differ in different States. The minimum requirement is that the flooring can be maintained in a clean, hygienic and safe condition, and occupational health and safety risks are minimised.

Flooring material must meet fire safety and building code requirements (e.g. it must be non-flammable). Carpets must be short-piled, easily cleanable, and of a colour that, should a needle be dropped on the floor, it can be easily found and removed.

The use of loose mats over linoleum or other smooth flooring is not recommended as it may increase the risk of injury through slipping.

Special requirements Some States require smooth, impervious flooring in all treatment areas. In States that do not prescribe smooth flooring, some local councils have interpreted regulations and guidelines as requiring smooth, impervious flooring in each treatment room. However, this requirement may be in excess of legal requirements in those States. See section 10.4 below on disputes with local councils.

9.4 Linen and laundering

Practitioners must ensure that they have an adequate supply of linen to cater for daily clinic requirements. Linen is to be replaced when soiled and/or contaminated.

A fresh, clean couch cover and pillow cover should be used for each patient. Disposable covers are acceptable.

Where washable covers are used, they are to be washed in hot water and detergent, and dried according to standard domestic laundry practice. When washed in this way, re-usable linen does not pose any measurable risk of transmitting any infectious agent. (5:24)

Soiled linen should be placed in a suitable laundry receptacle, and washing done at least once a week.

Commercial laundering of linen is acceptable, subject to the laundry facility meeting Australian Standard AS 4146-1994 for laundry practice.

Clean linen is to be stored in a clean, dry place.

Special requirements The New South Wales guidelines (11:7) require laundry to be washed at a temperature of not less than 80°C. The Queensland (13:r.11) and Western Australian (16:r.13) regulations require laundry receptacles to be of a smooth, impervious material and to have close-fitting lids. The Queensland regulations (13:r.11) require laundry receptacles to be labelled, using letters not less than 100 mm in height, with the words 'SOILED LINEN'. Soiled linen must be removed from Queensland premises daily.

9.5 Cleaning of premises

9.5.1 Surfaces Work surfaces must be cleaned with detergent and warm water before and after contact with contaminated devices or other material, and before and after cleaning procedures carried out on the work surfaces.

Couches may also be regularly wiped with an alcohol-based solution to help remove grease and other soils, and immediately after direct contact with the skin of a patient (e.g. this applies to face holes in couches).

9.5.2 Flooring Flooring must be swept/vacuumed daily. Impervious flooring is to be mopped regularly. Carpet is to be shampooed when soiled (7:22).

9.5.3 Buckets and mops Buckets and mops used for cleaning must be washed in hot water and detergent after use, rinsed in hot water, allowed to dry, and stored dry. (5:19)

9.5.4 Blood spots Spots of blood on any surface should be removed by wiping immediately with a damp cloth, tissue or paper towel, or an alcohol wipe. Discard wipes in accordance with waste disposal guidelines above (see section 8.2). The hands should then be washed. (5:21)

9.5.5 Use of disinfectants Current opinion in infection control is that the routine use of disinfectants in clinics should be discouraged. Detergent and warm water and/or alcohol-based wipes are sufficient to ensure surfaces are adequately cleaned. (5:19)

9.5.6 Waste bins Waste bins are to be emptied daily.

9.6 Other matters regarding premises

With the exception of trained dogs for the visually or hearing impaired, animals are not permitted to enter the area where acupuncture is to be performed.

Special requirements The Victorian (15:20) and New South Wales (11:9) guidelines do not permit any animals in treatment rooms, and the Western Australia regulations (16:r.16) do not permit animals on the premises at all. Please note that no exception is made for guide dogs.



Miscellaneous matters

10.1 Home visits

Practitioners undertaking home visits must carry any devices and equipment in a bag which enables their safe and secure transport.

Any such instrument bag must contain a sealable, rigid, yellow container for sharps waste, and a sealable plastic bag or other sealable container for non-sharps waste. Pre-sterilised single-use devices must be used for all procedures involving skin penetration on home visits.

No sharps or non-sharps clinical waste is to be left on premises following a home visit.

10.2 Employees and student assistants

Acupuncturists have a duty of care to provide a safe working environment for employees and student assistants, and to ensure that they are properly instructed in the risks and responsibilities of working in an environment where they risk contact with infectious hazards. (1:9; 5:44)

This obligation includes ensuring that employees and student assistants receive adequate instruction in cleaning, disinfecting, sterilising and other clinical procedures, where those procedures are a regular or foreseeable part of their duties.

Employees and student assistants have a responsibility to comply with prescribed safety standards and procedures. (5:44)

Employees and student assistants should not be required to undertake duties that, for professional and health and safety reasons, ought to be undertaken by the practitioner (e.g. needle insertion).

10.3 Accidents and injuries in clinic

10.3.1 First Aid and CPR All practitioners must have successfully completed a First Aid Certificate which includes general first aid and cardiopulmonary resuscitation (CPR), before accreditation by AESO and subsequent admission to membership of AAcA.

Under the Continuing Professional Education (CPE) Policy, practising members of AAcA are required to update their cardiopulmonary resuscitation (CPR) skills every 3 years. Regular practice of CPR skills (at least every 6 months) is recommended.

10.3.2 Minor accidents and injuries Minor accidents and injuries in a clinic, including accidental burns resulting from moxibustion, are to be treated according to standard first-aid procedures for such injuries.

Minor accidents and injuries include:

- ▲ 'needle-stick' injury inflicted by a needle or other sharp device not contaminated with blood or body fluid; or
- ▲ blood or body fluid coming into contact with intact skin (i.e. skin without lesions or cuts).

After such accidents or injuries, immediately wash the affected area with soap and water. (1:14; 5:123)

10.3.3 Serious injury More serious accidents and injuries include:

- ▲ 'needle-stick' injury inflicted by a needle or other sharp device which is contaminated with blood or body fluid
- ▲ blood or body fluid coming into contact with non-intact skin (i.e. skin that has prior lesions or cuts). (3:2)

The likelihood of the second kind of accident is remote, but accidental 'needle-stick' injury is possible where standard precautions are not followed.

After such accidents and injuries, immediately wash the affected area with soap and water. (1:14; 5:123)

Record the date and time of the accident or injury, how it occurred and the name of the person (if known) who is the source of the contamination. (3:3; 5:124)

Report all serious accidents and injuries to a medical practitioner or to the accident and emergency section of your local hospital. Place the contaminated needle in a rigid container (e.g. lunch box or plastic drink container) and take it with you to the medical practitioner. (3:3)

10.3.4 Immunisation Hepatitis B vaccination for practitioners, employees and student assistants is optional and is available through a medical practitioner (5:3,48). The AAcA Board recommends that practitioners make their own enquiries on the safety and efficacy of hepatitis B vaccination.

10.4 Disputes with local councils

On some occasions, a local council may impose a structural requirement on a clinic, and there may be doubt about the validity of that imposition.

Local councils are only permitted to impose structural or other requirements within the scope of the empowering State legislation. Where a local council imposes a requirement that is outside of the scope of the related State law, that requirement may not be legally enforceable.

Due to the impracticality of legal action for most practitioners, it is best to try to resolve the matter by negotiation. Request the local council officer to explain

the legal basis of the requirement. Ask the officer to point to the empowering State law as well as the local council by-law.

If you still think the council requirement is unjustified, contact your local councillor/alderman and request intervention.

If, after exploring the above options, you have not received satisfaction, contact the Australian Acupuncture Association for further advice.

Another avenue is to approach your State Ombudsman's office and request a review of the local council's requirement. The Australian Acupuncture Association may be able to help you draft your application.

You may also consider whether you can apply for a 'statement of reasons' under your State's judicial review legislation. It may be appropriate to check with your community legal service to see if it is worth pursuing the matter further through legal channels.



Regulations and guidelines

Most States and Territories have enacted legislation or developed guidelines/standards on procedures involving skin penetration. These are usually implemented and administered by local councils.

At present, due to differing interpretations placed by local councils on enactments and published guidelines, as well as differences between States as to the standards required, these guidelines may differ in minor aspects in some areas.

Acupuncture practitioners must operate in accordance with any legally enforceable requirements.

Any requirements particular to a State or Territory have been raised at the relevant point in this book.

Practitioners are expected to obtain a copy of, and become familiar with the relevant sections of, legislation, guidelines and standards which apply to the States or Territories in which they practise acupuncture.

See section 10.4 above regarding disputes with local councils.

11.1 National

Infection Control in the Health Care Setting: Guidelines for the Prevention of Transmission of Infectious Diseases (ANCA, NHMRC) was published in April 1996. These are the most up-to-date national guidelines applicable to acupuncture practice.

11.2 Australian Capital Territory

The *Skin Penetration Procedures Code of Practice 1995* applies according to the *Skin Penetration Procedures Act 1994*. The ACT legislation applies to all skin penetration procedures in the ACT, and licenses both the premises and the practitioner for skin penetration.

Registration as a health care professional is deemed to license the practitioner to carry out procedures involving skin penetration.

11.3 New South Wales

The *Skin Penetration Guidelines 1991* operate according to the *Public Health Regulations 1991*, the relevant provisions of which are in Part 3, regulations 11 and 12. At the time of publication of this book, the guidelines were under review. NSW Health *Infection Control Policy Circular 95/13* also applies, but has not been cited in this document.

11.4 Northern Territory

Standards for Commercial Skin Penetration, Hairdressing, and Beauty and Natural Therapy were published in January 1996.

11.5 Queensland

The *Skin Penetration Regulations 1987* operate according to the *Health Act 1937*. At the time of publication of this book, these guidelines were under review. Industry-based codes are being developed.

11.6 South Australia

Guidelines on the Safe and Hygienic Practice of Skin Penetration were published by the South Australian Health Commission in August 1995.

11.7 Tasmania

There are no specific guidelines or regulations covering skin penetration.

11.8 Victoria

Standards of Practice for Acupuncture operate according to the *Health (Infectious Diseases) Regulations 1990*. The relevant regulations are in Part 6 ('Special Provisions Relating to Premises'), Regulations 30 to 33.

11.9 Western Australia

The *Health (Skin Penetration) Regulations 1987* operate according to the *Health Act 1911*. At the time of publication of this book, new guidelines were being developed.

11.10 Environment protection legislation

Most States and Territories have, or are intending to introduce, environment protection legislation and/or guidelines, covering the disposal of sharps and non-sharps waste. Contact your local council for details on specific waste disposal requirements for your area.



References

Australian national guidelines and standards

- 1 ANCA. *Infection Control Guidelines — AIDS and Related Conditions*. Bulletin No 7, July 1990.
- 2 ANCA. *Infection Control Recommendations for Skin Piercing Procedures Such As Acupuncture, Hair Electrolysis, Ear Piercing and Tattooing*. Bulletin No 9, August 1991.
- 3 ANCA. *Needlestick and Blood Accidents*. Bulletin No 16, July 1994.
- 4 ANCA. *Infection Control in Office Practice: Medical, Dental and Allied Health*. July 1994.
- 5 ANCA and NHMRC. *Infection Control in the Health Care Setting: Guidelines for the Prevention of Transmission of Infectious Diseases*. Australian Government Publishing Service (AGPS). April 1996.
- 6 National Occupational Health and Safety Commission. *HIV and Hepatitis B in the Workplace: National Code of Practice for Health Care Workers*. AGPS. 1993
- 7 Royal Australian College of General Practitioners. *Sterilisation/Disinfection Guidelines for General Practice*. 2nd ed., 1994.
- 8 Standards Australia. AS 4146-1994 *Laundry Practice*.
- 9 Standards Australia. AS 4187-1994 *Code of Practice for Cleaning, Disinfecting and Sterilizing Reusable Medical and Surgical Instruments and Equipment, and Maintenance of Associated Environments in Health Care Facilities*. Including Amendment 1 1996.

Australian State Legislation, Guidelines and Standards of Practice

- 10 Australian Capital Territory: ACT Department of Health and Community Care. *Skin Penetration Procedures Code of Practice*. 1995
- 11 New South Wales: NSW Health Department. *Skin Penetration Guidelines*. 1991.
- 12 Northern Territory: Territory Health Services. *Standards for Commercial Skin Penetration, Hairdressing, and Beauty and Natural Therapy*. January 1996.
- 13 Queensland: *Skin Penetration Regulations 1987*.
- 14 South Australia: SA Health Commission. *Draft Guidelines on the Safe and Hygienic Practice of Skin Penetration*. August 1995.
- 15 Victoria: Victorian Department of Health. *Health (Infectious Diseases) Regulations 1990: Standards of Practice for Acupuncture*. August 1996.
- 16 Western Australia: *Health (Skin Penetration) Regulations 1987*.

Overseas Guidelines/Standards

- 17 National Commission for the Certification of Acupuncturists (NCCA). *Clean Needle Technique for Acupuncturists: A Manual*. 3rd ed. NCCA. 1989.



Contact list for acupuncture equipment

ACU-NEEDS AUSTRALIA P/L

622 Camberwell Road
Camberwell Vic 3124
Phone: (03) 9889 4100
Free-call: 1800 678 789
Fax: (03) 9889 1200

- ▲ acupuncture needles
- ▲ other acupuncture equipment
- ▲ moxibustion products
- ▲ suction cups
- ▲ magnets
- ▲ electro-acupuncture equipment
- ▲ laser equipment
- ▲ Chinese herbal products
- ▲ plasters and topical applications
- ▲ alcohol prep swabs
- ▲ sharps containers
- ▲ other clinic equipment
- ▲ books, charts and models

ACUPUNCTURE SUPPLIES

32 Hope Street
Pymble NSW 2073
(PO Box 107, Pymble NSW 2073)
Phone: (02) 9144 5767
Free-call: 1800 065 767
Fax: (02) 9449 8366

- ▲ acupuncture needles
- ▲ other acupuncture equipment
- ▲ moxibustion products
- ▲ suction cups
- ▲ magnets
- ▲ electro-acupuncture equipment
- ▲ laser equipment
- ▲ other clinic equipment
- ▲ Chinese herbal products
- ▲ plasters and topical applications
- ▲ alcohol prep swabs
- ▲ sharps containers
- ▲ soap products
- ▲ paper towelling
- ▲ books, charts and models

CATHAY HERBAL LABORATORIES

Level 1, 78 Wentworth Avenue
Surry Hills NSW 2010
Phone: (02) 9212 5151
Free-call: 1800 226 038
Fax: (02) 9212 7944

- ▲ acupuncture needles
- ▲ other acupuncture equipment
- ▲ moxibustion products
- ▲ suction cups
- ▲ electro-acupuncture equipment
- ▲ laser equipment
- ▲ other clinic equipment
- ▲ Chinese herbal products
- ▲ plasters and topical applications
- ▲ alcohol prep swabs
- ▲ sharps containers
- ▲ education services
- ▲ books, charts and models

CHINAHERB COMPANY (AUST) P/L

82-84 George Street
Redfern NSW 2016
Phone: (02) 9698 5555
Free-call: 1800 024 286
Fax: (02) 9698 5755

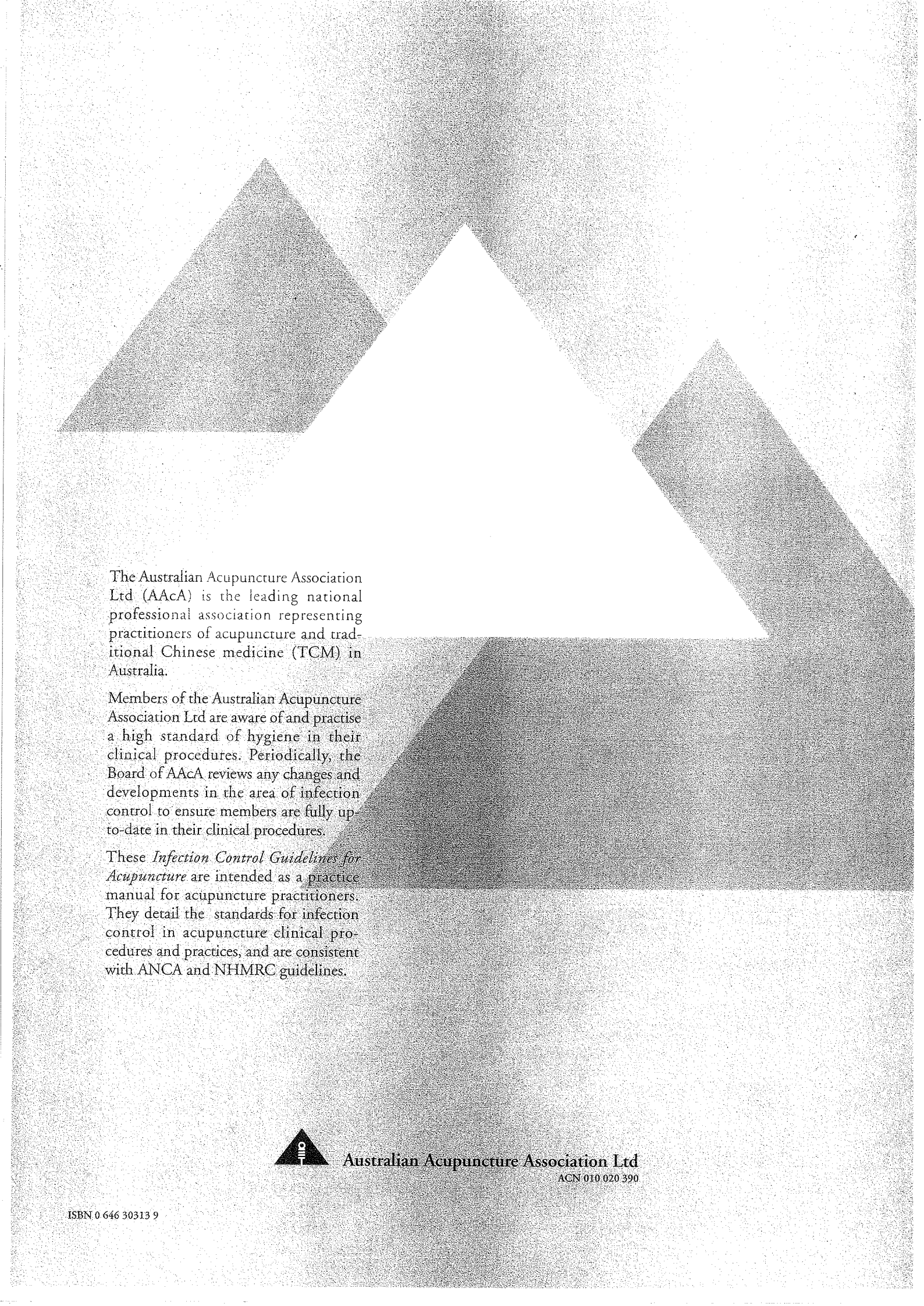
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- ▲ sharps containers
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- ▲ books, charts and models

SUN MEDICAL/WEDHILL

65 Montpelier Road
Bowen Hills Q 4006
Phone: (07) 3257 1013
Fax: (07) 3252 5130

- ▲ acupuncture needles
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The Australian Acupuncture Association Ltd (AAcA) is the leading national professional association representing practitioners of acupuncture and traditional Chinese medicine (TCM) in Australia.

Members of the Australian Acupuncture Association Ltd are aware of and practise a high standard of hygiene in their clinical procedures. Periodically, the Board of AAcA reviews any changes and developments in the area of infection control to ensure members are fully up-to-date in their clinical procedures.

These *Infection Control Guidelines for Acupuncture* are intended as a practice manual for acupuncture practitioners. They detail the standards for infection control in acupuncture clinical procedures and practices, and are consistent with ANCA and NHMRC guidelines.



Australian Acupuncture Association Ltd

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